

Hamilton Depression Rating Scale 17-Item

Item Number	Item Description	Below are the possible ratings for each item. Each rating includes a numeric rating and the typical characteristics that number represents. Rate the subject based on these characteristics.
1	Depressed Mood	<div style="text-align: right; margin-bottom: 5px;"> RSSTRESC/RSSTRESN RSORRES </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> 0 Absent. <input type="checkbox"/> 1 These feeling states indicated only on questioning. <input type="checkbox"/> 2 These feeling states spontaneously reported verbally. <input type="checkbox"/> 3 Communicates feeling states non-verbally, i.e. through facial expression, posture, voice and tendency to weep. <input type="checkbox"/> 4 Patient reports virtually only these feeling states in his/her spontaneous verbal and non-verbal communication. </div>
2	Feelings of Guilt	<div style="border: 1px solid black; padding: 5px;"> RSTESTCD = HAMD101 </div> <input type="checkbox"/> 0 Absent. <input type="checkbox"/> 1 Self-reproach, feels he/she has let people down. <input type="checkbox"/> 2 Ideas of guilt or rumination over past errors or sinful deeds. <input type="checkbox"/> 3 Present illness is a punishment. Delusions of guilt. <input type="checkbox"/> 4 Hears accusatory or denunciatory voices and/or experiences threatening visual hallucinations.
3	Suicide	<div style="border: 1px solid black; padding: 5px;"> RSTESTCD = HAMD103 </div> <input type="checkbox"/> 0 Absent. <input type="checkbox"/> 1 Feels life is not worth living. <input type="checkbox"/> 2 Wishes he/she were dead or any thoughts of possible death to self. <input type="checkbox"/> 3 Ideas or gestures of suicide. <input type="checkbox"/> 4 Attempts at suicide (any serious attempt rate 4).
4	Insomnia: Early in the night	<div style="border: 1px solid black; padding: 5px;"> RSTESTCD = HAMD104 </div> <input type="checkbox"/> 0 No difficulty falling asleep. <input type="checkbox"/> 1 Complains of occasional difficulty falling asleep, i.e., more than ½ hour. <input type="checkbox"/> 2 Complains of nightly difficulty falling asleep.
5	Insomnia: Middle of the night	<div style="border: 1px solid black; padding: 5px;"> RSTESTCD = HAMD105 </div> <input type="checkbox"/> 0 No difficulty. <input type="checkbox"/> 1 Patient complains of being restless and disturbed during the night. <input type="checkbox"/> 2 Waking during the night – any getting out of bed rates 2 (except for purposes of voiding).
6	Insomnia: Early hours of the morning	<div style="border: 1px solid black; padding: 5px;"> RSTESTCD = HAMD106 </div> <input type="checkbox"/> 0 No difficulty. <input type="checkbox"/> 1 Waking in early hours of the morning but goes back to sleep. <input type="checkbox"/> 2 Unable to fall asleep again if he/she gets out of bed.

CDISC created this case report form to represent the HAMD 17. CDISC believes this instrument is in the public domain, but you should perform your own assessment. This is not a validated CRF or an endorsement of the HAMD 17. CDISC specifies how to structure the data that has been collected in a database, not what should be collected or how to conduct clinical assessments or protocols.

Hamilton Depression Rating Scale 17-Item (cont.)

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7 RSTESTCD = HAMD107	Work and Activities	<p> <input type="checkbox"/> 0 No difficulty. <input type="checkbox"/> 1 Thoughts and feelings of incapacity, fatigue or weakness related to activities, work or hobbies. <input type="checkbox"/> 2 Loss of interest in activity, hobbies or work - either directly reported by the patient or indirect in listlessness, indecision and vacillation (feels he/she has to push self to work or activities). <input type="checkbox"/> 3 Decrease in actual time spent in activities or decrease in productivity. Rate 3 if the patient does not spend at least three hours a day in activities (job or hobbies) excluding routine chores. <input type="checkbox"/> 4 Stopped working because of present illness. Rate 4 if patient engages in no activities except routine chores, or if patient fails to perform routine chores unassisted. </p>
8 RSTESTCD = HAMD108	Retardation	<p> <input type="checkbox"/> 0 Normal speech and thought. <input type="checkbox"/> 1 Slight retardation during the interview. <input type="checkbox"/> 2 Obvious retardation during the interview. <input type="checkbox"/> 3 Interview difficult. <input type="checkbox"/> 4 Complete stupor. </p>
9 RSTESTCD = HAMD109	Agitation	<p> <input type="checkbox"/> 0 None. <input type="checkbox"/> 1 Fidgetiness. <input type="checkbox"/> 2 Playing with hands, hair, etc. <input type="checkbox"/> 3 Moving about, can't sit still. <input type="checkbox"/> 4 Hand wringing, nail biting, hair-pulling, biting of lips. </p>
10 RSTESTCD = HAMD110	Anxiety Psychic	<p> <input type="checkbox"/> 0 No difficulty. <input type="checkbox"/> 1 Subjective tension and irritability. <input type="checkbox"/> 2 Worrying about minor matters. <input type="checkbox"/> 3 Apprehensive attitude apparent in face or speech. <input type="checkbox"/> 4 Fears expressed without questioning. </p>
11 RSTESTCD = HAMD111	Anxiety Somatic	<p> <input type="checkbox"/> 0 Absent. <input type="checkbox"/> 1 Mild. <input type="checkbox"/> 2 Moderate. <input type="checkbox"/> 3 Severe. <input type="checkbox"/> 4 Incapacitating. </p>

Hamilton Depression Rating Scale 17-Item (cont.)

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12	Somatic Symptoms Gastrointestinal RSTESTCD = HAMD112	___ 0 None. ___ 1 Loss of appetite but eating without staff encouragement. Heavy feelings in abdomen. ___ 2 Difficulty eating without staff urging. Requests or requires laxatives or medication for bowels or medication for bowels or medication for gastrointestinal symptoms.
13	General Somatic Symptoms RSTESTCD = HAMD113	___ 0 None. ___ 1 Heaviness in limbs, back or head. Backaches, headaches, muscle aches. Loss of energy and fatigability. ___ 2 Any clear-cut symptom rates 2.
14	Genital Symptoms RSTESTCD = HAMD114	___ 0 Absent. ___ 1 Mild. ___ 2 Severe.
15	Hypochondriasis RSTESTCD = HAMD115	___ 0 Not present. ___ 1 Self-absorption (bodily). ___ 2 Preoccupation with health. ___ 3 Frequent complaints, requests for help, etc. ___ 4 Hypochondriacal delusions.
16	Loss of Weight (Rate either A or B) RSTESTCD = HAMD116A RSTESTCD = HAMD116B	A) According to the patient: ___ 0 No weight loss. ___ 1 Probable weight loss associated with present illness. ___ 2 Definite (according to patient) weight loss. ___ 3 Not assessed. B) According to weekly measurements: ___ 0 Less than 1 lb weight loss in week. ___ 1 Greater than 1 lb weight loss in week. ___ 2 Greater than 2 lb weight loss in week. ___ 3 Not assessed.
17	Insight RSTESTCD = HAMD117	___ 0 Acknowledges being depressed and ill. ___ 1 Acknowledges illness but attributes cause to bad food, climate, overwork, virus, need for rest, etc. ___ 2 Denies being ill at all.

References:

- Hamilton M. A rating scale for depression. *J Neurol Neurosurg Psychiatry* 1960; 23:56–62.
- Development of a Rating Scale for Primary Depressive Illness BY MAX HAMILTON, *Department of Psychiatry, University of Lee*, *Brit. J. soc. Clin. Psychol.* (1967), 6, pp. 278-296, Printed in Great Britain.
- Assessment Scales in Depression, Mania and Anxiety, Raymond W Lam, MD, FRCPC, Erin E. Michalak, PhD, Richard P Swinson, MD, FRCPsych, FRCPC, Copyright 2005 Taylor & Francis, an imprint of the Taylor & Francis Group.
- Guy W, *ECDEU Assessment Manual for Psychopharmacology*. Rockville, MD: US Department of Health, Education, and Welfare, 1976.
- The Hamilton Rating Scale for Depression: The making of a “gold standard” and the unmaking of a chronic illness, 1960–1980.