

## 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;"> <span style="border: 1px solid black; padding: 2px;"><b>RSSTRESC/RSSTRESN</b></span> <span style="margin-left: 200px; border: 1px solid black; padding: 2px;"><b>RSORRES</b></span> </div> <div style="border: 2px solid blue; 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	<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	<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	<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	<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	<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.)

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.
7 <b>RSTESTCD = HAMD107</b>	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 <b>RSTESTCD = HAMD108</b>	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 <b>RSTESTCD = HAMD109</b>	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 <b>RSTESTCD = HAMD110</b>	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 <b>RSTESTCD = HAMD111</b>	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.)

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.
12	Somatic Symptoms Gastrointestinal <b>RSTESTCD = HAMD112</b>	___ 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 <b>RSTESTCD = HAMD113</b>	___ 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 <b>RSTESTCD = HAMD114</b>	___ 0 Absent. ___ 1 Mild. ___ 2 Severe.
15	Hypochondriasis <b>RSTESTCD = HAMD115</b>	___ 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) <b>RSTESTCD = HAMD116A</b>  <b>RSTESTCD = HAMD116B</b>	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 <b>RSTESTCD = HAMD117</b>	___ 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.