**OVERVIEW**

The Hamilton Rating Scale for Depression (HAM-D, HRSD) is the most widely utilized rating scale to assess symptoms of depression. The HAM-D is an observer-rated scale consisting of 17 to 21 items (including two 2-part items, weight and diurnal variation). Ratings are made on the basis of the clinical interview, plus any additional available information, such as nursing or family member report. The items are rated on either a 0 to 4 spectrum (0 = none/absent and 4 = most severe) or a 0 to 2 spectrum (0 = absent/none and 2 = severe). The HAM-D heavily emphasizes somatic symptoms of depression and works best for the assessment of individuals with relatively severe illness. The HAM-D also relies on the clinical interviewing skills and experience of the rater in evaluating individuals with depressive illness. As most patients score zero on rare items in depression (depersonalization, obsessive and paranoid symptoms), the total score on the HAM-D generally consists of only the sum of the first 17 items. A typical baseline score for a depressed patient in a treatment trial is 15-20. The strengths of the HAM-D include its excellent validation/research base, and ease of administration. Although the author intended the scale to be utilized only in patients with primary depression, in real-life settings the scale is sometimes used to evaluate depressive symptoms in patients with other disorders, such as schizophrenia or bipolar disorder. The HAM-D has been translated into nearly all European languages, and is used all over the world.

The scale is generally done by a clinician or trained rater and takes 20-30 minutes to complete.

**REFERENCES**


Hamilton Rating Scale for Depression (HAM-D)

INSTRUCTIONS
For each item, select the one “cue” which best characterizes the patient.

1. **Depressed Mood** (sadness, hopeless, helpless, worthless)
   - 0 = Absent
   - 1 = These feeling states indicated only on questioning
   - 2 = These feeling states spontaneously reported verbally
   - 3 = Communicates feeling states nonverbally (ie, through facial expression, posture, voice, and tendency to weep)
   - 4 = Patient reports virtually only these feeling states in his spontaneous verbal and nonverbal communication

2. **Feelings of Guilt**
   - 0 = Absent
   - 1 = Self-reproach, feels he has let people down
   - 2 = Ideas of guilt or rumination over past errors or sinful deeds
   - 3 = Present illness is a punishment. Delusions of guilt
   - 4 = Hears accusatory or denunciatory voices and/or experiences threatening visual hallucinations

3. **Suicide**
   - 0 = Absent
   - 1 = Feels life is not worth living
   - 2 = Wishes he were dead or any thoughts of possible death to self
   - 3 = Suicide ideas or gesture
   - 4 = Attempts at suicide (any serious attempt rates 4)

4. **Insomnia Early**
   - 0 = No difficulty falling asleep
   - 1 = Complains of occasional difficulty falling asleep (eg, more than 1/2 hour)
   - 2 = Complains of nightly difficulty falling asleep

5. **Insomnia Middle**
   - 0 = No difficulty
   - 1 = Patient complains of being restless and disturbed during the night
   - 2 = Waking during the night – any getting out of bed rates 2 (except for purposes of voiding)

6. **Insomnia Late**
   - 0 = No difficulty
   - 1 = Waking in early hours of the morning but goes back to sleep
   - 2 = Unable to fall asleep again if he gets out of bed
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7. Work and Activities
   0 = No difficulty
   1 = Thoughts and feelings of incapacity, fatigue, or weakness related to activities, work, or hobbies
   2 = Loss of interest in activity; hobbies or work – either directly reported by patient, or indirect in listlessness, indecision and vacillation (feels he has to push self to work or activities)
   3 = Decrease in actual time spent in activities or decrease in productivity. In hospital, rate 3 if patient does not spend at least 3 hours a day in activities (hospital job or hobbies) exclusive of ward chores
   4 = Stopped working because of present illness. In hospital, rate 4 if patient engages in no activities except ward chores, or if patient fails to perform ward chores unassisted

8. Retardation (slowness of thought and speech: impaired ability to concentrate; decreased motor activity)
   0 = Normal speech and thought
   1 = Slight retardation at interview
   2 = Obvious retardation at interview
   3 = Interview difficult
   4 = Complete stupor

9. Agitation
   0 = None
   1 = Fidgetiness
   2 = Playing with hands, hair, etc
   3 = Moving about, can’t sit still
   4 = Hand wringing, nail biting, hair-pulling, biting of lips

10. Anxiety Psychic
    0 = No difficulty
    1 = Subjective tension and irritability
    2 = Worrying about minor matters
    3 = Apprehensive attitude apparent in face or speech
    4 = Fears expressed without questioning

11. Anxiety Somatic
    0 = Absent
    1 = Mild
    2 = Moderate
    3 = Severe
    4 = Incapacitating

   Physiological concomitants of anxiety, such as:
   Gastro-intestinal – dry mouth, wind, indigestion, diarrhoea, cramps, belching
   Cardio-vascular – palpitations, headaches
   Respiratory – hyperventilation, sighing
   Urinary frequency
   Sweating

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12. Somatic Symptoms – Gastro-intestinal
   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 GI symptoms

13. Somatic Symptoms General
   0 = None
   1 = Heaviness in limbs, back, or head. Backaches, headaches, muscle aches. Loss of energy and fatigability
   2 = Any clear-cut symptoms rates 2

14. Genital Symptoms
   Symptoms such as: Loss of libido, menstrual disturbances
   0 = Absent
   1 = Mild
   2 = Severe

15. Hypochondriasis
   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)
   A. When rating by history:
      0 = No weight loss
      1 = Probable weight loss associated with present illness
      2 = Definite (according to patient) weight loss
   
   B. On weekly ratings by ward psychiatrist, when actual weight changes are measured:
      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

17. Insight
   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