

**HAMILTON  
RATING SCALE  
FOR DEPRESSION**

**Patient Name:** \_\_\_\_\_

**Rater Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Activity** \_\_\_\_\_ **Score** \_\_\_\_\_

**Depressed mood**

Sad, hopeless, helpless, worthless

0 = Absent

1 = Gloomy attitude, pessimism, hopelessness

2 = Occasional weeping

3 = Frequent weeping

4 = Patient reports highlight these feelings states in his/her spontaneous verbal and non-verbal communication.

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**Feelings of guilt**

0 = Absent

1 = Self-reproach, feels he/she has let people down

2 = Ideas of guilt or rumination over past errors or sinful deeds

3 = Present illness is punishment

4 = Hears accusatory or denunciatory voices and/or experiences threatening visual hallucinations. Delusions of guilt.

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**Suicide**

0 = Absent

1 = Feels life is not worth living

2 = Wishes he/she were dead, or any thoughts of possible death to self

3 = Suicide, ideas or half-hearted attempt

4 = Attempts at suicide (any serious attempt rates 4)

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**Insomnia, early**

0 = No difficulty falling asleep

1 = Complaints of occasional difficulty in falling asleep i.e. more than half-hour

2 = Complaints of nightly difficulty falling asleep

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**Insomnia, middle**

0 = No difficulty

1 = Patient complains of being restless and disturbed during the night

2 = Walking during the night – any getting out of bed rates 2 (except voiding bladder)

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**Insomnia, late**

0 = No difficulty

1 = Waking in the early hours of the morning but goes back to sleep

2 = Unable to fall asleep again if he/she gets out of bed

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**Page 1 Score** \_\_\_\_\_

**Work and activities** \_\_\_\_\_

- 0 = No difficulty
- 1 = Thoughts and feelings of incapacity related to activities: work or hobbies
- 2 = Loss of interest in activity – hobbies or work – either directly reported by patient or indirectly seen in listlessness, in decisions and vacillation (feels he/she 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 three hours a day in activities
- 4 = Stopped working because of present illness. In hospital rate 4 if patient engages in no activities except supervised ward chores

**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 = Interview impossible

**Agitation** \_\_\_\_\_

- 0 = None
- 1 = Fidgetiness
- 2 = Playing with hands, hair, obvious restlessness
- 3 = Moving about; can't sit still
- 4 = Hand wringing, nail biting, hair pulling, biting of lips, patient is on the run

**Anxiety, psychic** \_\_\_\_\_

Demonstrated by:

- subjective tension and irritability, loss of concentration
- worrying about minor matters
- apprehension
- fears expressed without questioning
- feelings of panic
- feeling jumpy

- 0 = Absent
- 1 = Mild
- 2 = Moderate
- 3 = Severe
- 4 = Incapacitating

**Page 2 Score** \_\_\_\_\_

**Anxiety, somatic**

Physiological concomitants of anxiety such as:

- gastrointestinal: dry mouth, wind, indigestion, diarrhea, cramps, belching
- cardiovascular: palpitations, headaches
- respiratory: hyperventilation, sighing
- urinary frequency
- sweating
- giddiness, blurred vision
- tinnitus

- 0 = Absent
- 1 = Mild
- 2 = Moderate
- 3 = Severe
- 4 = Incapacitating

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**Somatic symptoms: gastrointestinal**

- 0 = None
- 1 = Loss of appetite but eating without encouragement
- 2 = Difficulty eating without urging. Requests or requires laxatives or medication for GI symptoms

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**Somatic symptoms: general**

- 0 = None
- 1 = Heaviness in limbs, back or head; backaches, headaches, muscle aches, loss of energy, fatigability
- 2 = Any clear-cut symptom rates 2

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**General Symptoms**

Symptoms such as: loss of libido, menstrual disturbances

- 0 = Absent
- 1 = Mild
- 2 = Severe

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**Hypochondriasis**

- 0 = Not present
- 1 = Self-absorption (bodily)
- 2 = Preoccupation with health
- 3 = Strong conviction of some bodily illness
- 4 = Hypochondrial delusions

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**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 Actual weight changes (weekly):
- 0 = Less than 1 lb (0.5 kg) weight loss in one week
  - 1 = 1-2 lb (0.5 kg-1.0 kg) weight loss in week
  - 2 = Greater than 2 lb (1 kg) weight loss in week
  - 3 = Not assessed

**Insight**

- 0 = Acknowledges being depressed and ill \_\_\_\_\_
- 1 = Acknowledges illness but attributes cause to bad food, overwork, virus, need for rest, etc.
- 2 = Denies being ill at all

**Page 4 Score** \_\_\_\_\_

**TOTAL Score** \_\_\_\_\_

**Reference**

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Hamilton M. "Development of a rating scale for primary depressive illness."  
*Br J Soc Clin Psychol.* 1967;6:278-296.