Referral No. Randomisation ID.

STRUCTURED INTERVIEW FOR HAMILTON DEPRESSION RATING SCALE

The interview is semi-structured with certain standard questions that should be asked in a standardised way. If circumstances necessitate some modifications, then please feel free to make them. When an answer is affirmative, you should always follow up the answer with further questions of your own to amplify the answer, and clarify the nature, frequency and severity of the symptom. A few of the listed questions need not be asked if evidence indicates that they are not relevant. In general the order of items permits comfortable clinical interviewing. In case of very severe illness or if other circumstances require departure from the standardised order, this is permissible.

Ratings

For most items, the time period to be rated is the last week, averaging where symptom levels have fluctuated. The condition is to be rated retrospectively over the last week on the basis of the history supplied by the patient. The rating is an average of typical symptoms over the time, taking into account frequency if the symptoms are episodic. In a few items, such as suicide, which are indicated in the text, maximal rather than average behaviour is rated.

For the remaining items, indicated specifically in the schedule, the rating is of observable behaviour or verbal interaction at interview.

When the scale has been completed, transfer the scores onto this sheet and total them.

	Score		**Score**
HAM 1		**HAM 10**	
HAM 2		**HAM 11**	
HAM 3		**HAM 12**	
HAM 4		**HAM 13**	
HAM 5		**HAM 14**	
HAM 6		**HAM 15**	
HAM 7		**HAM 16**	
HAM 8		**HAM 17**	
HAM 9		**TOTAL**	

Referral No: Randomisation ID No:

Date: Timepoint:

Date completed

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'I am going to ask you some questions about how you have been feeling over *the last week*.'

Depressed Mood

Rate the average severity of the subjective feelings of depressed affect, as judged by verbal complaints of depression, sadness, gloom, dejection, etc. Do not include such aspects as pessimism, worthlessness, suicide, depressed appearance, which are to be rated separately. Where feelings fluctuate, take into account frequency.

'*Over the last week* have you felt depressed? How would you describe it? How often does it come and go? How long does it last? Moody? Down hearted? Dejected? Sad? Blue? Does crying relieve it? Do you feel beyond tears? How bad is it? So bad that it is excruciating or very painful?'

HAM 1 ☐

0 = Absent.
1 = Gloomy attitude, pessimism, hopelessness only on questioning.
2 = Occasional weeping, depressed mood reported spontaneously verbally.
3 = Frequent weeping, depressed mood communicated non-verbally/look sad (no eye contact etc.)
4 = Patient reports virtually only these feeling states in his/her spontaneous verbal and non-verbal communication.

Anxiety Psychic Symptoms

Demonstrated by tension, difficulty in relaxing, irritability, worry over trivial matters, apprehension and feelings of panic, fears, difficulty in concentration and forgetfulness, feeling 'jumpy'.

'*Over the past week* have you been feeling nervous, anxious, frightened, scared, or panicky? Have you worried about things, you didn't even need to worry about? Have you found it hard to relax? Have you had a feeling of dread as though something terrible were about to happen?'

HAM 2 ☐

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

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Somatic Anxiety

This encompasses a number of somatic complaints common in anxious patients, and presumed to represent autonomic concomitants of anxiety. Consider frequency, intensity, and number of symptoms.

'In the past week have you suffered from anything such as: trembling, shakiness, excessive sweating, feelings of suffocation or choking, attacks of shortness of breath, dizziness, faintness, headaches, pain at the back of the neck, butterflies, or tightness in the stomach? How often? How badly?'

HAM 3 ☐

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

Weight loss

Assess weight change from start of illness (or from usual weight if onset was at a very exceptional time, e.g. during pregnancy).

'How is your weight now compared with the start of your recent episode?'

HAM 4 ☐

0 = No weight loss.
1 = Slight or doubtful weight loss associated with present illness.
2 = Definite (according to patient) weight loss (clothes size decreased).

Somatic Symptoms: Gastro-intestinal

Reported pattern in appetite over last week compared to usual. Where appetite has *fluctuated*, take an average.

'How has your appetite been over the *past week*? How much do you eat?'

HAM 5 ☐

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

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Sleep Disturbances

Establish whether the patient is taking sleeping tablets. *Rate the disturbances on the nights he or she is not taking sleeping tablets* if there are any, otherwise rate the disturbance experienced with medication. Ask questions to establish the pattern of sleep on a typical night. Consider the average disturbance during the past week. If problems are variable make allowances for frequency.

'Have you been taking sleeping tablets in the past week? Every night? Have you had any difficulty sleeping or getting off to sleep? When you do get to sleep, do you sleep well, are your restless, or do you keep waking? Do you wake early in the morning? If so do you keep awake or fall asleep again? Have you been able to manage with less sleep than usual without seeming to get tired?'

Insomnia Early – In last week

HAM 6 ☐

Difficulty falling asleep.

0 = No difficulty falling asleep.
1 = Complains of occasional difficulty falling asleep, i.e. more than half an hour (less than 5 nights per week).
2 = Complains of nightly difficulty falling asleep (5 nights or more per week).

Middle Insomnia

Sleep difficulty occurring up to five hours after retiring provided it is preceded and followed by a spell of sleep. If the latter criteria are not met, code as initial or delayed insomnia.

HAM 7 ☐

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 voiding or checking on something/toilet/babies).

Insomnia Late

Early wakening. Include all difficulty occurring between five and eight hours after retiring, and also final awakening earlier than five hours after retiring, provided in both cases patient has been asleep at some earlier stage – not due to shifts or habitual e.g. retired milkman.

HAM 8 ☐

0 = No difficulty.
1 = Waking in 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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THE FOLLOWING TWO *ITEMS RELATE ENTIRELY TO THE PATIENT'S STATE AT INTERVIEW*

Retardation

Assess solely on *basis of observation at interview*, not subjective complaint of slowing. Rate slowness and diminution of thought and speech, impaired ability to concentrate, decreased motor activity, lack of facial expression.

HAM 9 ☐

0 = Normal speech and thought.
1 = Slight retardation at interview.
2 = Obvious retardation at interview (you are dragging out answers).
3 = Interview difficult.
4 = Interview impossible.

Agitation

Motor restlessness associated with subjective discomfort or tension. Typical features include moving in chair, biting or pursing of lips, tapping fingers, moving feet, pulling at skin or hair, nail-biting, pulling on handkerchief or clothing, biting pencil open, hand wringing, pacing. It should be differentiated from anxiety. It refers to observable phenomena. *Rate on basis of behaviour throughout the interview.*

HAM 10 ☐

0 = None.
1 = Fidgetiness.
2 = Playing with hands or hair, obvious restlessness – constant.
3 = Moving about, can't sit still.
4 = Hand wringing, nail biting, hair pulling, biting of lips, patient is on the run (only if constant).

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Somatic Symptoms: General (energy and fatigue)

Subjective feelings of fatigue, tiredness, lethargy, lack of energy. Consider average in intensity and frequency.

'*Over the past week* have you felt tired easily? All the time? Had you much energy? Was it an effort to do anything? Did you spend a lot of time resting? In bed?'

HAM 11 ☐

0 = None.
1 = Heaviness in limbs, back or head, headaches, muscle aches, loss of energy, fatigability.
2 = Any clear-cut symptoms.

Guilt and Self-depreciation

This refers to patient's verbal expressions which indicate the extent to which his evaluation of himself and his self-esteem are abnormally lowered, and the degree to which he feels to blame for a variety of acts and omissions. Consider intensity and pervasiveness of both guilt and worthlessness.

'In the *past week* have you had a low opinion of yourself? Have you blamed yourself for things you have done in the past or recently? Have you felt guilty about things? Have you felt you have let your friends and family down? Have you felt you are to blame for your illness? In what way? A lot? A little?'

HAM 12 ☐

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

Suicidal Tendencies

This refers to the *maximum* degree of suicidal thought and behaviour experienced *over the last week*.

'Have you felt tired of life? Have you thought you would like not to wake up in the morning, when you go to bed at night? Have you felt that life was not worth living? Have you wished you were dead? Have you had any thoughts of taking your life? Have you gone so far as to make any plans to do so? Have you toyed with a gun in your hand, or taken one or two pills? Have you actually made an attempt on your life?'

HAM 13 ☐

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

Date completed

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Work and Activities

Rate actual performance in last week in work, housework, outside interests, social life, etc., irrespective of feelings of inadequacy, i.e. *this is a scale of general functional capacity*. If not in paid employment outside the home, consider all other areas of activity at home and outside including hobbies and interests. With hospitalised patients, consider overall function in all these areas; (e.g. the patient may have some function in areas of social life in hospital, housework at weekends, but total impairment in work through absence; assign an appropriate rating in the impaired range accordingly).

‘Has the capacity to work/activities been affected in last week due to your feelings? What have you actually been doing in work, housework, hobbies and interests and social life?’

HAM 14 ☐

0 = No difficulty.
1 = Thought 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 (hospital job or hobbies, exclusive of ward chores).
4 = Stopped working because of present illness. In hospital, rate 3 if patient engages in no activities except ward chores, or patient fails to perform ward chores unassisted.

Loss of Libido or Increased Sexual Activity

The assessment is based on a pathological change, i.e. a deterioration obviously related to patient’s illness. Inadequate or no information should be rated zero.

‘Have you found your sexual interest or activities changed in the past week? In what way?’

HAM 15 ☐

0 = Absent.
1 = Mild loss of libido.
2 = Severe loss of libido.

Date completed

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THE FOLLOWING ITEMS RELATE ENTIRELY TO THE PATIENT'S STATE AT INTERVIEW

Hypochondriasis

This refers to patient's spontaneous concern at interview with bodily complaints and their part in his/her illness, irrespective of whether or not these appear to have a realistic basis. The hypochondriacal patient is concerned with and keeps coming back to bodily symptoms rather than psychic complaints. It may include somatic anxiety symptoms as well as other bodily symptoms. When dealing with depressive delusions of bodily illness, consider particularly the force and frequency with which they are expressed.

Assess solely on basis of observation at interview.

HAM 15 ☐

0 = Not present.
1 = Self-absorption (bodily).
2 = Preoccupation with physical symptoms and thoughts of organic disease.
3 = Strong conviction of some bodily illness.
4 = Hypochondriacal delusions.

Insight

What do you think is the matter with you?
(Could it be a nervous condition?)
(What do you think is the cause of it?)
[Do you think (specify delusions or hallucinations) were part of the nervous condition?]

HAM 16 ☐

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

Date completed

Adapted from Hamilton.[19]