

HAMILTON RATING SCALE FOR DEPRESSION (HAM-D)

Please enter the appropriate score for **each** item.

Item		Legend	Score
1. Depressed Mood	0	Absent	
	1	These feeling states indicated only on questioning	
	2	These feeling states spontaneously reported verbally.	<input type="checkbox"/>
	3	Communicates feeling states nonverbally (ie, through facial expression, posture, voice, and tendency to weep)	
	4	Subject reports virtually only these feeling states in his/her spontaneous and nonverbal communication	
2. 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	<input type="checkbox"/>
	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	<input type="checkbox"/>
	3	Suicide ideas or gestures	
	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 thirty minutes)	<input type="checkbox"/>
	2	Complains of nightly difficulty falling asleep	
5. Insomnia - Middle	0	No difficulty	
	1	Subject 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)	

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Item	Legend	Score
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	<input type="checkbox"/>
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 activities; hobbies or work – either directly reported by subject or indirect in listlessness, indecision and vacillation (feels 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 subject 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 if subject engages in no activities except ward chores, or if subject fails to perform ward chores unassisted	<input type="checkbox"/>
8. Retardation: Psychomotor	0 Normal speech and thought 1 Slight retardation at interview 2 Obvious retardation at interview 3 Interview difficult 4 Complete stupor	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>

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Item	Legend	Score								
11. Anxiety Somatic	0 Absent 1 Mild 2 Moderate 3 Severe 4 Incapacitating	<input style="width: 30px; height: 20px;" type="checkbox"/>								
12. Somatic Symptoms - GI	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	<input style="width: 30px; height: 20px;" type="checkbox"/>								
13. Somatic Symptoms (general)	0 None 1 Heaviness in limbs, back or head. Backaches, headache, muscle aches. Loss of energy and fatigability 2 Any clearcut symptoms rates 2	<input style="width: 30px; height: 20px;" type="checkbox"/>								
14. Genital Symptoms	0 Absent 1 Mild 2 Severe	<input style="width: 30px; height: 20px;" type="checkbox"/>								
15. Hypochondriasis	0 Not present 1 Self-absorption (bodily) 2 Preoccupation with health 3 Frequent complaints, requests for help, etc 4 Hypochondriacal delusions	<input style="width: 30px; height: 20px;" type="checkbox"/>								
16. Loss of Weight	Rated by history 0 No weight loss 1 Probable weight loss associated with present illness 2 Definite (according to subject) weight loss	<input style="width: 30px; height: 20px;" type="checkbox"/>								
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	<input style="width: 30px; height: 20px;" type="checkbox"/>								
Rater's Initials <table style="display: inline-table; border: 1px solid black; margin-left: 10px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">F</td> <td style="text-align: center; font-size: 8px;">M</td> <td style="text-align: center; font-size: 8px;">L</td> </tr> </table>				F	M	L		Total Score <table style="display: inline-table; border: 1px solid black; margin-left: 10px;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>		
F	M	L								

MONTGOMERY-ASBERG DEPRESSION RATING SCALE (MADRS)

OVERALL SEVERITY

The rating should be based on a clinical interview moving from broadly phrased questions about symptoms to more detailed ones which allow a precise rating of severity. The rater must decide whether the rating lies on the defined scale steps (0, 2, 4, 6) or between them (1, 3, 5).

It is important to remember that it is only on rare occasions when a depressed patient is encountered who cannot be rated on the items on the scale. If definite answers cannot be elicited from the patient all relevant clues as well as information from other sources should be used as a basis for the rating in line with customary clinical practice.

The scale may be used for any time interval between ratings, be it weekly or otherwise but this must be recorded.

Specify **one** of the reasons listed below by putting appropriate number in adjacent box.

1. APPARENT SADNESS

Representing despondency, gloom, and despair (more than just ordinary transient low spirits) reflected in speech, facial expression, and posture. Rate by depth and inability to brighten up.

0 - No sadness

1

2 - Looks dispirited but does brighten up without difficulty

3

4 - Appears sad and unhappy most of the time

5

6 - Looks miserable all the time. Extremely despondent

2. REPORTED SADNESS

Representing reports of depressed mood, regardless of whether it is reflected in appearance or not. Includes low spirits, despondency, or the feeling of being beyond help and without hope. Rate according to intensity, duration, and the extent to which the mood is reported to be influenced by events.

0 - Occasional sadness in keeping with the circumstances

1

2 - Sad or low but brightens up without difficulty

3

4 - Pervasive feelings of sadness or gloominess. The mood is still influenced by external circumstances

5

6 - Continuous or unvarying sadness, misery, or despondency

3. INNER TENSION

Representing feelings of ill-defined discomfort, edginess, inner turmoil, mental tension mounting to either panic, dread, or anguish.

Rate according to intensity, frequency, duration, and the extent of reassurance called for.

0 - Placid. Only fleeting inner tension

1

2 - Occasional feelings of edginess and ill-defined discomfort

3

4 - Continuous feelings of inner tension or intermittent panic which the patient can only master with some difficulty

5

6 - Unrelenting dread or anguish. Overwhelming panic

4. REDUCED SLEEP

Representing the experience of reduced duration or depth of sleep compared to the patient's own normal pattern when well.

- 0 - Sleeps as usual
- 1
- 2 - Slight difficulty dropping off to sleep or slightly reduced, light or fitful sleep
- 3
- 4 - Sleep reduced or broken by at least 2 hours
- 5
- 6 - Less than 2 or 3 hours sleep

5. REDUCED APPETITE

Representing the feeling of a loss of appetite compared with when well. Rate by loss of desire for food or the need to force oneself to eat.

- 0 - Normal or increased appetite
- 1
- 2 - Slightly reduced appetite
- 3
- 4 - No appetite. Food is tasteless
- 5
- 6 - Needs persuasion to eat at all

6. CONCENTRATION DIFFICULTIES

Representing difficulties in collecting one's thoughts mounting to incapacitating lack of concentration.

Rate according to intensity, frequency, and degree of incapacity produced.

- 0 - No difficulties in concentrating
- 1
- 2 - Occasional difficulties in collecting one's thoughts
- 3
- 4 - Difficulties in concentrating and sustaining thought which reduces ability to read or hold a conversation
- 5
- 6 - Unable to read or converse without great difficulty

7. LASSITUDE

Representing a difficulty getting started or slowness initiating and performing everyday activities.

- 0 - Hardly any difficulty in getting started. No sluggishness
- 1
- 2 - Difficulties in starting activities
- 3
- 4 - Difficulties in starting simple routine activities which are carried out with effort
- 5
- 6 - Complete lassitude. Unable to do anything without help

8. INABILITY TO FEEL

Representing the subjective experience of reduced interest in the surroundings, or activities that normally give pleasure. The ability to react with adequate emotion to circumstances or people is reduced.

- 0 - Normal interest in surroundings and in other people
1
- 2 - Reduced ability to enjoy usual interests
3
- 4 - Loss of interest in the surroundings. Loss of feelings for friends and acquaintances
5
- 6 - The experience of being emotionally paralyzed, inability to feel anger, grief, or pleasure and a complete or even painful failure to feel for close relatives and friends

9. PESSIMISTIC THOUGHTS

Representing thoughts of guilt, inferiority, self-reproach, sinfulness, remorse, and ruin.

- 0 - No pessimistic thoughts
1
- 2 - Fluctuating ideas of failure, self-reproach, or self-depreciation
3
- 4 - Persistent self-accusations or definite but still rational ideas of guilt or sin. Increasingly pessimistic about the future
5
- 6 - Delusions of ruin, remorse, or unredeemable sin. Self-accusations which are absurd and unshakable

10. SUICIDAL THOUGHTS

Representing the feeling that life is not worth living, that a natural death would be welcome, suicidal thoughts, and preparations for suicide. Suicide attempts should not in themselves influence the rating.

- 0 - Enjoys life or takes it as it comes
1
- 2 - Weary of life. Only fleeting suicidal thoughts
3
- 4 - Probably better off dead. Suicidal thoughts are common, and suicide is considered as a possible solution, but without specific plans or intention
5
- 6 - Explicit plans for suicide when there is an opportunity. Active preparations for suicide

INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (IDS-C)

INSTRUCTIONS: Please circle one response to each item that best describes the patient for the last seven days.

1. SLEEP ONSET INSOMNIA:

- 0 - Never takes longer than 30 minutes to fall asleep.
 - 1 - Takes at least 30 minutes to fall asleep, less than half the time.
 - 2 - Takes at least 30 minutes to fall asleep, more than half the time.
 - 3 - Takes more than 60 minutes to fall asleep, more than half the time.
-

2. MID-NOCTURNAL INSOMNIA:

- 0 - Does not wake up at night.
 - 1 - Restless, light sleep with few awakenings.
 - 2 - Wakes up at least once a night, but goes back to sleep easily.
 - 3 - Awakens more than once a night and stays awake for 20 minutes or more, more than half the time.
-

3. EARLY MORNING INSOMNIA:

- 0 - Less than half the time, awakens no more than 30 minutes before necessary.
 - 1 - More than half the time, awakens more than 30 minutes before need be.
 - 2 - Awakens at least one hour before need be, more than half the time.
 - 3 - Awakens at least two hours before need be, more than half the time.
-

4. HYPERSOMNIA:

- 0 - Sleeps no longer than 7-8 hours/night, without naps.
 - 1 - Sleeps no longer than 10 hours in a 24 hour period (include naps).
 - 2 - Sleeps no longer than 12 hours in a 24 hour period (include naps).
 - 3 - Sleeps longer than 12 hours in a 24 hour period (include naps).
-

5. MOOD (SAD):

- 0 - Does not feel sad.
 - 1 - Feels sad less than half the time.
 - 2 - Feels sad more than half the time.
 - 3 - Feels intensely sad virtually all of the time.
-

6. MOOD (IRRITABLE):

- 0 - Does not feel irritable.
- 1 - Feels irritable less than half the time.
- 2 - Feels irritable more than half the time.
- 3 - Feels extremely irritable virtually all of the time.

7. MOOD (ANXIOUS):

- 0 - Does not feel anxious or tense.
- 1 - Feels anxious/tense less than half the time.
- 2 - Feels anxious/tense more than half the time.
- 3 - Feels extremely anxious/tense virtually all of the time.

8. REACTIVITY OF MOOD:

- 0 - Mood brightens to normal level and lasts several hours when good events occur.
- 1 - Mood brightens but does not feel like normal self when good events occur.
- 2 - Mood brightens only somewhat with few selected, extremely desired events.
- 3 - Mood does not brighten at all, even when very good or desired events occur.

9. MOOD VARIATION:

- 0 - Notes no regular relationship between mood and time of day.
- 1 - Mood often relates to time of day due to environmental circumstances.
- 2 - For most of week, mood appears more related to time of day than to events.
- 3 - Mood is clearly, predictably, better or worse at a fixed time each day.

9A. Is mood typically worse in morning, afternoon, or night? (circle one).

9B. Is mood variation attributed to environment by the patient? (yes or no) (circle one).

10. QUALITY OF MOOD:

- 0 - Mood is virtually identical to feelings associated with bereavement or is undisturbed.
- 1 - Mood is largely like sadness in bereavement, although it may lack explanation, be associated with more anxiety, or be much more intense.
- 2 - Less than half the time, mood is qualitatively distinct from grief and therefore difficult to explain to others.
- 3 - Mood is qualitatively distinct from grief nearly all of the time.

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RASKIN-COVI SCALES

Raskin Depression Scale

Not at all	Somewhat	Moderately	Considerably	Very much	
1	2	3	4	5	Verbal Report: Feels blue; talks of feeling helpless, or worthless; complains of loss of interest; may wish to be dead; reports of crying spells.
1	2	3	4	5	Behavior: Looks sad, cries easily, speaks in a sad voice; appears slowed down; lacking energy.
1	2	3	4	5	Secondary Symptoms of Depression: Insomnia or hypersomnia; GI complaints; dry mouth; history of recent suicide attempt; lack of appetite; difficulty in concentrating remembering.

Covi Anxiety Scale

Not at all	Somewhat	Moderately	Considerably	Very much	
1	2	3	4	5	Verbal Report: Feels nervous, shaky, jittery, jumpy, suddenly scared for no reason; fearful, apprehensive, tense or keyed up; has to avoid certain things, places, activities because of getting frightened; finds it hard to keep mind on task.
1	2	3	4	5	Behavior: Appears frightened, shaking, restless, apprehensive, jumpy, jittery.
1	2	3	4	5	Somatic Symptoms of Anxiety: Unjustified sweating, trembling; heart pounding or racing; trouble getting breath; hot or cold spells; restless sleep; going unjustifiably more frequently to bathroom; discomfort at pit of stomach; lump in throat.

ZUNG SELF-RATING DEPRESSION SCALE

	A little of the time	Some of the time	Good part of the time	Most of the time
1. I feel downhearted and blue				
2. Morning is when I feel the best				
3. I have crying spells or feel like it				
4. I have trouble sleeping at night				
5. I eat as much as I used to				
6. I still enjoy sex				
7. I notice that I am losing weight				
8. I have trouble with constipation				
9. My heart beats faster than usual				
10. I get tired for no reason				
11. My mind is as clear as it used to be				
12. I find it easy to do the things I used to do				
13. I am restless and can't keep still				
14. I feel hopeful about the future				
15. I am more irritable than usual				
16. I find it easy to make decisions				
17. I feel that I am useful and needed				
18. My life is pretty full				
19. I feel that others would be better off if I were dead				
20. I still enjoy the things I used to				

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