

# Hamilton Rating Scale for Depression

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The HRSD is a tool with which to monitor the fluctuation and severity of symptoms of depression over time. Max Hamilton originally published the HDS in 1960 and reviewed and evaluated it in 1966, 1967, 1969, and 1980. The HRSD was originally developed for hospital inpatients, thus the emphasis on melancholic and physical symptoms of depression.

In general, the higher the total score, the more severe the depression. While it is not realistic to categorically assign a specific level of depression to a specific HRSD score, it is possible to give the following general guidelines:

HRSD Score: Level of depression:	0 - 7	Normalcy
	10 - 13	Mild
	13 - 17	Mild to Moderate
	> 17	Moderate to severe

Ongoing assessment is an important aspect of the management of depression and a key feature of the HRSD system. Patients should be assessed at regular intervals (usually weekly) following the initial assessment.

## 1) DEPRESSED MOOD (sadness, hopelessness, helplessness, worthlessness)

- Absent.
- Those feeling states indicated only on questioning.
- Those feeling states spontaneously reported verbally.
- Communicates feeling states non-verbally, ie. through facial expression, posture, voice and tendency to weep.
- Patient reports virtually only those feeling states in his/her spontaneous verbal and non-verbal communication.

## 2) FEELINGS OF GUILT

- Absent.
- Self reproach, feels he/she has let people down.
- Ideas of guilt or rumination over past errors or sinful deeds.
- Present illness is a punishment. Delusions of guilt.
- Hears accusatory or denunciatory voices and/or experiences threatening visual hallucinations.

## 3) SUICIDE

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

## 4) INSOMNIA, EARLY

- No difficulty falling asleep.
- Complains of occasional difficulty falling asleep, ie. more than half an hour.
- Complains of nightly difficulty falling asleep.

5) INSOMNIA, MIDDLE

- No difficulty.
- Patient complains of being restless and disturbed during the night.
- Waking during the night - any getting out of bed rates 2 (except for purposes of voiding).

6) INSOMNIA, LATE

- No difficulty.
- Waking in early hours of the morning but goes back to sleep.
- Unable to fall asleep again if he/she gets out of bed.

7) WORK AND ACTIVITIES

- No difficulty.
- Thoughts and feelings of incapacity, fatigue or weakness related to activities, work or hobbies.
- Loss of interest in activity, hobbies or work - either directly reported by patient or indirectly in in listlessness, indecision and vacillation (feels he/she has to push self to work or activities).
- 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.
- 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)

- Normal speech and thought.
- Slight retardation at interview.
- Obvious retardation at interview.
- Interview difficult.
- Complete stupor.

9) AGITATION

- None.
- Fidgetiness.
- `Playing with' hands, hair, etc.
- Moving about, can't sit still.
- Hand writhing, nail biting, hair pulling, biting of lips.

10) ANXIETY, PSYCHIC

- No difficulty.
- Subjective tension and irritability.
- Worrying about minor matters.
- Apprehensive attitude apparent in face or speech.
- Fears expressed without questioning.

11) ANXIETY, SOMATIC (psychological concomitants of anxiety such as gastro-intestinal, dry mouth, wind, indigestion, diarrhoea, cramps, belching. Cardiovascular: palpitations, headaches. Respiratory: hyperventilation, sighing. Urinary frequency. Sweating.)

- Absent.
- Mild.
- Moderate.
- Severe.
- Incapacitating.

12) SOMATIC SYMPTOMS, GASTROINTESTINAL

- None.
- Loss of appetite but eating without staff encouragement. Heavy feelings in abdomen.
- Difficulty eating without staff urging. Requests or requires laxatives or medication for bowels or medication for GI symptoms.

13) SOMATIC SYMPTOMS, GENERAL

- None.
- Heaviness in limbs, back of head. Backaches, headache, muscle aches, loss of energy, fatiguability.
- Any clear-cut symptom rates 2.

14) GENITAL SYMPTOMS (such as loss of libido and menstrual disturbances)

- Absent.
- Mild.
- Severe.

15) HYPOCHONDRIASIS

- Not present.
- Self-absorption (bodily).
- Preoccupation with health.
- Frequent complaints, requests for help, etc.

16) LOSS OF WEIGHT - Rate either A (by history/patient report) or B (actual measurement)

- |   |  |
|---|--|
| <input type="checkbox"/> A: No weight loss.                                       | B: Less than 0.5 kg weight loss in week    |
| <input type="checkbox"/> A: Probable weight loss associated with present illness. | B: Greater than 0.5 kg weight loss in week |
| <input type="checkbox"/> A: Definite (according to patient) weight loss.          | B: Greater than 1 kg weight loss in week   |
| <input type="checkbox"/> A: Not assessed.   | B: Not assessed.                           |

17) INSIGHT

- Acknowledges being depressed and ill.
- Acknowledges illness but attributes cause to bad food, climate, overwork, virus, need for rest, etc.
- Denies being ill at all.

Select a date to score

Date

Rater (Your initials)

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1) DEPRESSED MOOD	___	___	___	___	___	___	___	___
2) FEELINGS OF GUILT	___	___	___	___	___	___	___	___
3) SUICIDE	___	___	___	___	___	___	___	___
4) INSOMNIA, EARLY	___	___	___	___	___	___	___	___
5) INSOMNIA, MIDDLE	___	___	___	___	___	___	___	___
6) INSOMNIA, LATE	___	___	___	___	___	___	___	___
7) WORK AND ACTIVITIES	___	___	___	___	___	___	___	___
8) RETARDATION	___	___	___	___	___	___	___	___
9) AGITATION	___	___	___	___	___	___	___	___
10) ANXIETY, PSYCHIC	___	___	___	___	___	___	___	___
11) ANXIETY, SOMATIC	___	___	___	___	___	___	___	___
12) SOMATIC SYMPTOMS, GI	___	___	___	___	___	___	___	___
13) SOMATIC SYMPTOMS, GEN	___	___	___	___	___	___	___	___
14) GENITAL SYMPTOMS	___	___	___	___	___	___	___	___
15) HYPOCHONDRIASIS	___	___	___	___	___	___	___	___
16) WEIGHTLOSS	___	___	___	___	___	___	___	___
17) INSIGHT	___	___	___	___	___	___	___	___

Total HRSD Score

Remember to save the document as: Surname, Initials and NHI!

Questionnaire data, whilst of great value in the diagnostic process can never render a conclusive diagnosis. Many diseases are associated with symptoms as recorded in questionnaires of this sort, and where significant scores are registered on any of them, more specific and specialized assessment and investigation is indicated.

**ALL questionnaire data must be evaluated for clinical significance by a clinician qualified to do so.**

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