



The 7-Item Hamilton Depression Rating Scale (HAMD-7)

Client's name	File No.	Date of assessment
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1. Depressed mood (sadness, the blues, weepiness)

- Have you been feeling down or depressed this past week?
- How often have you felt this way, and for how long?

- Absent Indicated only on questioning
- Spontaneously reported verbally
- Communicates non-verbally (facial expression, posture, voice, tendency to weep)
- Patient reports virtually only these feeling states in spontaneous verbal and non-verbal communication

2. Feelings of guilt (self-criticism, self-reproach)

- In the past week, have you felt guilty about something you've done, or that you've let others down?
- Do you feel you're being punished by being sick?

- Absent
- Self-reproach (letting people down)
- Ideas of guilt or rumination over past errors or sinful deeds
- Present illness seen as punishment; delusions of guilt
- Hears accusatory or denunciatory voices or experiences threatening visual hallucinations

3. Interest, pleasure, level of activities (work and activities of daily living)

- Are you as productive at work and at home as usual?
- Have you felt interested in doing things that usually interest you?

- No difficulty
- Fatigue, weakness or thoughts of incapacity (related to activities, work or hobbies)
- Loss of interest in activities (directly reported or indirectly through listlessness, indecision and vacillation)
- Decrease in actual time spent in activities or in productivity
- Stopped working because of current illness

4. Tension, nervousness (psychological anxiety)

- Have you been feeling more tense or nervous than usual this week?
- Have you been worrying a lot?

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

5. Physical symptoms of anxiety (somatic anxiety)

- How much have these things been bothering you in this past week?
- DON'T RATE IF SYMPTOMS ARE CLEARLY DUE TO MEDICATION:
- In the past week, have you had any of these symptoms?
 - Gastrointestinal: dry mouth, gas, indigestion, diarrhea, cramps, belching
 - Cardiovascular: heart palpitations, headaches
 - Respiratory: hyperventilation, sighing
 - Having to urinate frequently
 - Sweating

- Absent
- Mild
- Moderate
- Severe
- Incapacitating

6. Energy level (somatic symptoms)

- How has your energy been this past week?
- Have you felt tired?
- Have you had any aches or pains or felt any heaviness in your limbs, back or head?

- None
- Heaviness in limbs, back or head (backache, headache, muscle aches; loss of energy and fatigability)
- Any clear-cut symptom rates 2 points

7. Suicide (ideation, thoughts, plans, attempts)

- Have you any thoughts life is not worth living or you'd be better off dead?
- Have you thoughts of hurting or killing yourself?
- Have you done anything to hurt yourself?

- Absent
- Feels life is not worth living
- Wishes to be dead (or any thoughts of possible death to self)
- Suicidal ideas or gestures
- Attempts at suicide (any serious attempt rates 4)

20+ = severe 12-20 = moderate 4-12 = mild

HAMD-7 score < 3 indicated full remission.
HAMD-7 score > 4 indicated non/partial remission.

Total score: _____

Signature	Designation	Date
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