**Hamilton Depression Rating Scale (HDRS)**

**Reference:** Hamilton M. A rating scale for depression. J Neurol Neurosurg Psychiatry 1960; 23:56–62

**Rating** Clinician-rated

**Administration time** 20–30 minutes

**Main purpose** To assess severity of, and change in, depressive symptoms

**Population** Adults

**Commentary**

The HDRS (also known as the Ham-D) is the most widely used clinician-administered depression assessment scale. The original version contains 17 items (HDRS17) pertaining to symptoms of depression experienced over the past week. Although the scale was designed for completion after an unstructured clinical interview, there are now semi-structured interview guides available. The HDRS was originally developed for hospital inpatients, thus the emphasis on melancholic and physical symptoms of depression. A later 21-item version (HDRS21) included 4 items intended to subtype the depression, but which are sometimes, incorrectly, used to rate severity. A limitation of the HDRS is that atypical symptoms of depression (e.g., hypersomnia, hyperphagia) are not assessed (see SIGH-SAD, page 55).

**Scoring**

Method for scoring varies by version. For the HDRS17, a score of 0–7 is generally accepted to be within the normal range (or in clinical remission), while a score of 20 or higher (indicating at least moderate severity) is usually required for entry into a clinical trial.

**Versions**

The scale has been translated into a number of languages including French, German, Italian, Thai, and Turkish. As well, there is an Interactive Voice Response version (IVR), a Seasonal Affective Disorder version (SIGH-SAD, see page 55), and a Structured Interview Version (HDS-SIV). Numerous versions with varying lengths include the HDRS17, HDRS21, HDRS29, HDRS8, HDRS6, HDRS24, and HDRS7 (see page 30).

**Additional references**


**Address for correspondence**

The HDRS is in the public domain.

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**Hamilton Depression Rating Scale (HDRS)**

Please complete the scale based on a structured interview.

Instructions: for each item select the one “cue” which best characterizes the patient. Be sure to record the answers in the appropriate spaces (positions 0 through 4).

<table>
<thead>
<tr>
<th>1</th>
<th>DEPRESSED MOOD (sadness, hopeless, helpless, worthless)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent.</td>
</tr>
<tr>
<td>1</td>
<td>These feeling states indicated only on questioning.</td>
</tr>
<tr>
<td>2</td>
<td>These feeling states spontaneously reported verbally.</td>
</tr>
<tr>
<td>3</td>
<td>Communicates feeling states non-verbally, i.e. through facial expression, posture, voice and tendency to weep.</td>
</tr>
<tr>
<td>4</td>
<td>Patient reports virtually only these feeling states in his/her spontaneous verbal and non-verbal communication.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2</th>
<th>FEELINGS OF GUILT</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent.</td>
</tr>
<tr>
<td>1</td>
<td>Self reproach, feels he/she has let people down.</td>
</tr>
<tr>
<td>2</td>
<td>Ideas of guilt or rumination over past errors or sinful deeds.</td>
</tr>
<tr>
<td>3</td>
<td>Present illness is a punishment. Delusions of guilt.</td>
</tr>
<tr>
<td>4</td>
<td>Hears accusatory or denunciatory voices and/or experiences threatening visual hallucinations.</td>
</tr>
</tbody>
</table>
3 **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 | Ideas or gestures of suicide.
4 | Attempts at suicide (any serious attempt rate 4).

4 **INSOMNIA: EARLY IN THE NIGHT**
0 | No difficulty falling asleep.
1 | Complains of occasional difficulty falling asleep, i.e. more than ½ hour.
2 | Complains of nightly difficulty falling asleep.
3 | Stopped working because of present illness. Rate 4 if patient engages in no activities except routine chores, or if patient fails to perform routine chores unassisted.

5 **INSOMNIA: MIDDLE OF THE NIGHT**
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 purposes of voiding).

6 **INSOMNIA: EARLY HOURS OF THE MORNING**
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.

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 activity, hobbies or work – either directly reported by the patient or indirect in listlessness, indecision 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. Rate 3 if the patient does not spend at least three hours a day in activities (job or hobbies) excluding routine chores.
4 | Stopped working because of present illness. Rate 4 if patient engages in no activities except routine chores, or if patient fails to perform routine chores unassisted.

8 **RETRADATION** (slowness of thought and speech, impaired ability to concentrate, decreased motor activity)
0 | Normal speech and thought.
1 | Slight retardation during the interview.
2 | Obvious retardation during the interview.
3 | Interview difficult.
4 | Complete stupor.

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.

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.

11 **ANXIETY SOMATIC** (physiological concomitants of anxiety) such as:
- **gastro-intestinal** – dry mouth, wind, indigestion, diarrhea, cramps, belching
- **cardio-vascular** – palpitations, headaches
- **respiratory** – hyperventilation, sighing
- **urinary** – frequency

**sweating**
0 | Absent.
1 | Mild.
2 | Moderate.
3 | Severe.
4 | Incapacitating.

12 **SOMATIC SYMPTOMS GASTRO-INTESTINAL**
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 bowel or depression for gastro-intestinal symptoms.

13 **GENITAL SYMPTOMS** (symptoms such as loss of libido, menstrual disturbances)
0 | Absent.
1 | Mild.
2 | Severe.

14 **HYPOCHONDRIASIS**
0 | Not present.
1 | Self-absorption (bodily).
2 | Preoccupation with health.
3 | Frequent complaints, requests for help, etc.
4 | Hypochondriacal delusions.

15 **LOSS OF WEIGHT** (RATE EITHER a OR b)

**a) According to the patient:**
0 | No weight loss.
1 | Probable weight loss associated with present illness.
2 | definite (according to patient) weight loss.
3 | Not assessed.

**b) According to weekly measurements:**
0 | Less than 1 lb weight loss in week.
1 | Greater than 2 lb weight loss in week.
2 | Greater than 2 lb weight loss to patient weight in week.
3 | Not assessed.

16 **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.

**Total score:**