



UNC CFAR Social and Behavioral Science Research Core SABI Database

INSTRUMENT TITLE: Structured Interview Guide for the Hamilton Depression Rating Scale

SOURCE ARTICLE: Williams, J.B.W. (1988). A Structured Interview Guide for the Hamilton Depression Rating Scale. *Arch Gen Psychiatry*, 45: 742-747.

RESPONSE OPTIONS: Specific Instructions Below

SURVEY ITEMS:

Interviewer: The first question for each item should be asked exactly as written. Often this question will elicit enough information about the severity and frequency of a symptom for you to rate the item with confidence. Follow-up questions are provided, however, for use when further exploration or additional clarification of symptoms is necessary. The specified question should be asked until you have enough information to rate the item confidently. In some cases, you may also have to add your own follow-up questions to obtain necessary information.

Notes: Time period. Although the interviewer questions indicate that the ratings should be based on the patient's condition in the past week, some investigators using this instrument as a change measure may wish to base their ratings on the previous two to three days. If so, the question may be preceded by "In the last couple of days..."

Loss of weight item. It is recommended that this item be rated positively whenever the patient has lost weight relative to their baseline weight (i.e., before their current episode of depression), provided that they have not begun to gain back lost weight. Once the patient has begun to gain weight, however, even if they are still below their baseline, they should no longer be rated positively on this item.

Referent of "usual" or "normal" condition. Several of the interview questions refer to the patients usual or normal functioning. In some cases, such as when the patient has Dysthymia or Seasonal Affective Disorder, the referent should be to the last time they felt OK (i.e., not depressed or high) for at least a few weeks.

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OVERVIEW: I'd like to ask you some questions about the past week. How have you been feeling since last (DAY OF WEEK)? IF OUTPATIENT: Have you been working? IF NOT: why not?

DEPRESSED MOOD (sadness, hopeless, helpless, worthless):

What's your mood been like this past week?

Have you been feeling down or depressed? Sad? Hopeless?

In the past week, how often have you felt (OWN EQUIVALENT)? Every day? All day?

Have you been crying at all?

0- absent

1- indicated only on questioning

2- spontaneously reported verbally

3- communicated non-verbally i.e. facial expression, posture, voice, tendency to weep

4- VIRTUALLY ONLY; this in spontaneous verbal non-verbal communication

IF SCORED 1-4 ABOVE, ASK: HOW LONG HAVE YOU BEEN FEELING THIS WAY?

WORK AND ACTIVITIES

How have you been spending your time this past week (when not at work)?

Have you felt interested in doing (THOSE THINGS), or do you feel you have to push yourself to do them?

Have you stopped doing anything you used to do? IF YES: Why?

Is there anything you still look forward to?

(AT FOLLOW-UP: Has your interest been back to normal?)

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- by direct report of the patient or indirect in listlessness, indecision, and vacillation (feels he has to push self to work or activities)

3- decrease in actual time spent in activities or decrease in productivity. In hosp, pt. spends less than 3 hrs/day in activities (hospital job or hobbies) exclusive of ward chores

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4- stopped working because of present illness. In hospital, no activity except ward chores, or fails to perform ward chores unassisted

GENITAL SYMPTOMS (such as loss of libido, menstrual disturbances):

How has your interest in sex been this week? (I'm not asking about performance, but about your interest in sex- how much you think about it.)

Has there been any change in your interest in sex (from when you were not depressed)?

Is it something you've thought much about? IF NO: Is that unusual for you?

0- absent

1- mild

2- severe

SOMATIC SYMPTOMS GASTROINTESTINAL:

How has your appetite been this past week? (What about compared to your usual appetite?)

Have you had to force yourself to eat?

Have other people had to urge you to eat?

0- none

1- loss of appetite but eating without encouragement

2- difficulty eating without urging

LOSS OF WEIGHT (Rate either A or B):

Have you lost any weight since this (DEPRESSION) began? IF YES: How much?

IF NOT SURE: Do you think your clothes are any looser on you?

AT FOLLOW-UP: Have you gained any of the weight back?

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A. When rating by history:

- 0- no weight loss
- 1- probable weight loss associated with present illness
- 2- definite (according to patient) weight loss
- 3- not assessed

B. On weekly ratings by ward staff , when actual weight changes are measured:

- 0- less than 1 lb. loss in week
- 1- more than 1 lb. loss in week
- 2- more than 2 lb. loss in week
- 3- not assessed

INSOMNIA EARLY:

How have you been sleeping over the last week?

Have you had any trouble falling asleep at the beginning of the night? (Right after you go to bed, how long has it been taking you to fall asleep?)

How many nights this week have you had trouble falling asleep?

- 0- no difficulty falling asleep
- 1- complains of occasional difficulty falling asleep- i.e., more than 1/2 hour
- 2- complains of nightly difficulty falling asleep

INSOMNIA MIDDLE:

During this past week, have you been waking up in the middle of the night? IF YES: Do you get out of bed? What do you do? (Only go to the bathroom?)

When you get back in bed, are you able to fall right back asleep?

Have you felt your sleeping has been restless or disturbed some nights?

- 0- no difficulty
- 1- complains of being restless and disturbed during the night

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2- walking during the night- any getting out of bed (except to void)

INSOMNIA LATE:

What time have you been waking up in the morning for the last time, this past week?

IF EARLY: Is that with an alarm clock, or do you just wake up yourself? What time do you usually wake up (that is, before you got depressed)?

0- no difficulty

1- waking in early hours of morning but goes back to sleep

2- unable to fall asleep again if gets out of bed

SOMATIC SYMPTOMS GENERAL:

How has your energy been this past week?

Have you been tired all the time?

This week, have you had any back aches, head aches or muscle aches?

This week, have you felt any heaviness in your limbs, back or head?

0- none

1- heaviness in limbs, back or head. Back aches, head ache, muscle aches. Loss of energy and fatigability.

2- any clear-cut symptoms

FEELINGS OF GUILT:

Have you been especially critical of yourself this past week, feeling you've done things wrong, or let others down?

IF YES: What have your thoughts been?

Have you been feeling guilty about anything that you've done or not done?

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Have you thought that you've brought (THIS DEPRESSION) on yourself in some way?
Do you feel you're being punished by being sick?

0- absent

1- self-reproach, feels he has let people down

2- ideas of guilt or rumination over past errors or sinful deeds

3- present illness is a punishment. Delusions of guilt.

4- hears accusatory or denunciatory voices and/or experiences threatening visual hallucinations

SUICIDE:

This past week, have you had any thoughts that life is not worth living, or that you'd be better off dead? What about having thoughts of hurting or even killing yourself?

IF YES: What have you thought about? Have you actually done anything to hurt yourself?

0- absent

1- feels life is not worth living

2- wishes he were dead or anythought of possible death to self

3- suicidal ideas or gestures

4- attemots at suicide

ANXIETY PSYCHIC:

Have you been feeling especially tense or irritable this past week?

Have you been worrying a lot about little unimportant things, things you wouldn't ordinarily worry about? IF YES: Like what, for example?

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

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ANXIETY SOMATIC (Physiologic concomitants of anxiety, such as GI- dry mouth, gas, indigestion, diarrhea, cramps, belching; C-V- heart palpitations, headaches; Resp- hyperventilating, sighing, having to urinate frequently, sweating):

In this past week, have you had any of these physical symptoms? READ LIST, PAUSING AFTER EACH SIX FOR REPLY.

How much have these thing been bothering you this past week? (How bad have they gotten? How much of the time, or how often, have you had them?)

NOTE: DONT RATE IF CLEARLY DUE TO MEDICATION (E.G., DRY MOUTH AND IMPRAMINE)

- 0- absent
- 1- mild
- 2- moderate
- 3- severe
- 4- incapacitating

HYPOCHONDRIASIS:

In the last week, how much have your thoughts been focused on your physical health or how your body is working (compared to your normal thinking)?

Do you complain much about how you feel physically?

Have you found yourself asking for help with things you could really do yourself? IF YES: Like what, for example? How often has that happened?

- 0- not present
- 1- self- absorption (bodily)
- 2- preoccupation with health
- 3- frequent complaints, requests for help, etc.
- 4- hypochondriacal delusion

INSIGHT:

rating based on observation

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- 0- acknowledges being depressed and ill OR not currently depressed
- 1- acknowledges illness but attributes cause to bad food, climate, over-work, virus, need for rest, etc.
- 2- denies being ill at all

RETARDATION (slowness of thought and speech; impaired ability to concentrate; decreased motor activity):

rating based on observation during the interview

- 0- normal speech and thought
- 1- slight retardation at interview
- 2- obvious retardation at interview
- 3- interview difficult
- 4- complete stupor

AGITATION:

Rating based on observation at interview

- 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

TOTAL 17-ITEM HAMILTON DEPRESSION SCORE _____

DIURNAL VARIATION:

This past week have you been feeling better or worse at any particular time of day- morning or evening?

IF VARIATION: How much worse do you feel in the (MORNING OR EVENING)?

IF UNSURE: A little bit worse or a lot worse?

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A. Note whether symptoms are worse in morning or evening. If NO diurnal variation, mark none:

0- no variation OR not currently depressed

1- worse in A.M.

2- worse in P.M.

B. When present, mark the severity of the variation:

0- none

1- mild

2- severe

DEPERSONALIZATION AND DEREALIZATION (such as feelings of unreality and nihilistic ideas):

In the past week, have you ever suddenly has the feeling that everything is unreal, or you're in a dream, or cut off from other people in some strange way? Any spacey feelings? IF YES: How bad has that been? How often this week has that happened?

0- absent

1- mild

2- moderate

3- severe

4- incapacitating

PARANOID SYMPTOMS:

This past week, have you felt that anyone was trying to give you a hard time or hurt you?

IF NO: What about talking about you behind your back?

IF YES: Tell me about that.

0- none

1- suspicious

2- moderate

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- 3- severe
- 4- incapacitating

OBSESSIONAL AND COMPULSIVE SYMPTOMS:

In the past week, have there been things you've had to do over and over again, like checking the locks on the doors several times? IF YES: Can you give me an example?

Have you had any thoughts that don't make any sense to you, but that keep running over and over in your mind? IF YES: Can you give me an example?

- 0- absent
- 1- mild
- 2- severe

TOTAL 21-ITEM HAMILTON DEPRESSION SCORE _____

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