**HAMILTON RATING SCALE FOR DEPRESSION AND AXIETY**

PERSONALITY STUDIES – STUDY: Screening

**Measurement Label:** Hamilton

**Measurement ID:** 2

**Filename:** Screening\_Hamilton\_Final.sav

**Valid Case Summary**

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| --- | --- | --- | --- |
| **TIMEPOINT** | **EVALUATOR** | **LABEL** | **# OF CASES** |
| Intake | Clinical Evaluator  | MA | 141 |

**Variables**

|  |  |  |
| --- | --- | --- |
| **SERIAL NUMBER** | **QUESTION** | **POSSIBLE VALUES** |
| 10010  | **Depressed mood:** How have you been feeling? Please tell me about your mood. (Additional probes) Have you felt depressed (sad, blue, moody, down, empty, as if you didn’t care)? Have you cried or been tearful? | 0 = Absent1 = These feeling states indicated only on questioning2 = These feeling states spontaneously reported verbally3 = Communicates feeling states nonverbally through facial expression, posture, voice, and tendency to weep4 = Patient reports VIRTUALLY ONLY these feeling states in his spontaneous verbal and nonverbal communications |
| 10011 | **Guilt:** Do you blame yourself for anything you have done or not done? What about feeling guilty? Do you feel that you have done anything wrong, either recently or in the past? Do you feel that you have brought your depression on yourself, as if it were a kind of “punishment?” | 0 = Absent1 = Self reproach, feels he has let people down2 = Ideas of guilt or rumination over past errors or sinful3 = Present Illness is a punishment. Delusions of guilt.4 = Hears accusatory or denunciatory voices and/or experiences threatening visual hallucinations. |
| 10012 | **Suicide:** When people get upset, depressed or feel hopeless, they may think about dying, hurting themselves in some way, or even killing themselves. Have you had such thoughts? (Additional probes) Have you thought about how you would harm yourself? Have you actually done anything to hurt yourself?  | 0 = Absent1 = Feels life is not worth living2 = Wishes he/she were dead or any thought of possible death to self3 = Suicide ideas or gestures4 = Attempt at suicide (any serious attempt rate “4”) |
| 10013 | **Early insomnia:** Have you had trouble sleeping? What about difficulty falling asleep? How long does it take? | 0 = No difficulty falling asleep1 = Complains of occasional difficulty falling asleep: more than ½ hour2 = Complains of nightly difficulty falling asleep |
| 10014 | **Middle insomnia:** What about difficulty staying asleep, that is, waking up in the middle of the night? For how long are you awake during these periods? Can you fall back to sleep? | 0 = No difficulty 1 = Patients complains of being restless and disturbed during the night2 = Walking during the night – any getting out of bed rates 2 (except for the purpose of voiding) |
| 10015 | **Late insomnia:** What about difficulty waking up too early in the morning before you want to get up? How much earlier than usual are you waking up? Can you fall back to sleep? | 0 = No difficulty1 = Waking in early hours of the morning2 = Unable to fall asleep again if he/she gets out of bed |
| 10016 | **Overall insomnia:** Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking. Dreams, nightmares, night terrors.  | 0 = Not present1 = Mild2 = Moderate3 = Severe4 = Very severe |
| 10017 | **Hypersomnia:** Sometimes when depressed, people sleep more, not less. Have you been sleeping more than usual (or spending more time in bed than usual)? How much longer are you sleeping (or spending in bed)? What about taking long naps during the day? | 0 = No difficulty1 = Frequently sleeps at least 1 hour or more (or spends 1 hour or more in bed) than when not depressed2 = Frequently sleeps 2 or more hours (or spends 2 or more hours in bed) than when not depressed |
| 10018 | **Work and Activities:** Do you find that you have lost interest in, get less pleasure from or have become less efficient in performing things that you used to enjoy or accomplish, like your job, time with family or friends, hobbies, sex, and so on? Which things have you lost interest in? Which things do you have to push yourself to do? | 0 = No difficulty1 = Thoughts and feelings of incapacity, fatigue or weakness related to activities, work, or hobbies2 = Loss of interest in activities, hobbies, or work, either directly reported by patient or indirectly in listlessness, indecision and vacillation (feels he/she has to push self to work or pursue activities)3 = Decrease in actual time spent in activities or decrease in productivity4 = Stopped working because of present illness |
| 10019 | **Retardation:** When you do things, are you actually slowed down, as if you were moving in slow motion? For example, do you find it hard to start talking or do you talk much less than usual? (Make certain the slowing is behavioral and not merely a subjective feeling.) | 0 = Normal speech and thought1 = Slight retardation at interview2 = Obvious retardation at interview3 = Interview difficult4 = Complete stupor |
| 10020 | **Agitation:** Have you been wringing your hands, fidgeting or pulling on your clothes, hair or parts of your body? Have you been unable to sit still? Do you always have to be moving or pacing up and down? (The agitation must be behavioral and not merely subjective.) | 0 = None1 = Fidgetiness2 = Playing with hands, hair, etc3 = Moving about, can’t sit still.4 = Hand-wringing, nail biting, hair pulling, biting of lips, pacing |
| 10021 | **Psychic anxiety:** How anxious, fearful, worried or scared have you been feeling (in a way that is different from your usual self)? How often have you been feeling this way? What have you been worried about or fearful of? | 0 = No difficulty1 = Subjective tension and/or irritability2 = Worrying about minor matters3 = Apprehensive attitude apparent in face or speech4 = Fears expressed without questioning |
| 10022 | **Anxious mood:** Worries, anticipation of the worst, fearful anticipation, irritability. | 0 = Not present1 = Mild2 = Moderate3 = Severe4 = Very severe |
| 10023 | **Fears:** Of dark, of strangers, of being left alone, of animals, of traffic, of crowds. |
|  | **Somatic anxiety:** When you feel anxious have you been bothered by physical symptoms such as… (10024-10033) |
| 10024 | **Somatic (muscular):** Pains and aches, twitching, stiffness, myoclonic jerks, grinding of teeth, unsteady voice, increased muscular tone. |
| 10025 | **Somatic (sensory):** Tinnitus, blurring of vision, hot and cold flushes, feeling of weakness, pricking sensation. |
| 10026 | **Cardiovascular symptoms:** Tachycardia, palpitations, pain in chest, throbbing of vessels, fainting feelings, missing heartbeats. |
| 10027 | **Respiratory symptoms:** Pressure or constriction in chest, choking feelings, sighing, dyspnea. |
| 10028 | **Gastrointestinal Symptoms:** Difficulty swallowing, wind, abdominal pain, burning sensations, abdominal fullness, nausea, vomiting, bordorygmi, looseness of bowels, loss of weight, constipation. |
| 10029 | **Genito-urinary symptoms:** Frequency of micturition, urgency of micturition, amenorrhea, menorrhagia, development of frigidity, premature ejaculation, loss of libido, impotence. |
| 10030 | **Autonomic symptoms:** dry mouth, flushing, pallor, tendency to sweat, giddiness, tension headache, raising of hair. |
| 10031 | Anxiety somatic – Physiological concomitants of anxiety such as: Gastrointestinal – dry mouth, wind, indigestion, diarrhea, cramps, belching; Cardiovascular – palpitations, headaches; Respiratory – hyperventilation, sighing; Urinary frequency; Sweating. | 0 = Absent1 = Mild2 = Moderate3 = Severe4 = Incapacitating |
| 10032 | **Tension:** Feelings of tension, fatigability, startle response, moved to tears easily, trembling, feeling of restlessness, inability to relax. | 0 = Not present1 = Mild2 = Moderate3 = Severe4 = Very severe |
| 10033 | **Intellectual (Cognitive):** When you are tense do you have difficulty in concentration or poor memory?  |
| 10034 | **Gastrointestinal symptoms:** How is your appetite for food as compared to the way it usually is? Do you have to force yourself to eat, or do others have to encourage you to eat? Are you actually eating less than usual? Do you have a “heavy” feeling in your stomach? Have you been constipated or have you used laxatives?  | 0 = None1 = Loss of appetite but eating without encouragement2 = Difficulty eating without urging. Request or requires laxative or medication for bowels or medication for GI symptoms.  |
| 10035 | **Weight loss:** Have you lost any weight during the time that you’ve been depressed (or during the interval under investigation)? How much?  | 0 = No weight loss1 = Probably weight loss associated with present illness2 = Definite weight loss, according to patient |
| 10036 | **Increased appetite:** Have you had an increase in your appetite? Do you seem to be hungry all the time? Are you actually eating more?  | 0 = Not present1 = Mild to moderate increase in hunger, increased eating.2 = Hungry all the time, uncontrolled eating. |
| 10037 | **Weight gain:** Have you gained any weight during the time that you’ve been depressed (or during the interval under investigation)? How much? | 0 = No weight gain1 = Probable weight gain associated with present illness2 = Definite weight gain, according to patient |
| 10038 | **General somatic symptoms:** Have you been feeling more tired and less energetic than usual? Have you had aches and pains in your arms, legs, back or head?  | 0 = None1 = Heaviness in limbs, back or head. Backaches, headaches, muscle aches. Loss of energy and fatigability. 2 = Any clear-cut symptoms rates 2 |
| 10039 | **Genital symptoms:** Have you been less interested in sex than usual? Have you experienced less pleasure from sexual activities? Have you had any sexual difficulties (e.g., impotence or erectile problems in men; painful intercourse or anorgasmia for women)? | 0 = Absent1 = Mild2 = Severe |
| 10040 | **Hypochondriasis:** Have you been worrying more than usual about your health or the way that your body is working? Have you done anything about these worries (e.g., started taking vitamins, gone to the doctor, read about physical problems)? | 0 = Not present1 = Self-absorption (bodily)2 = Preoccupation with health3 = Frequent complaints, requests for help, etc.4 = Hypochondriacal delusions. |
| 10041 | **Insight:** Are you aware that you have been feeling can be understood as a form of depression? What do you think has caused the depression? | 0 = Acknowledges being depressed and ill (or no longer depressed).1 = Acknowledges illness but attributes cause to be bad food, climate, overwork, virus, need for rest, etc.2 = Denies being ill at all  |
| 10042 | **Behavior at interview:** Fidgeting, restlessness, pacing, hand tremors, furrowed brow, strained face, sighing, rapid respiration, facial pallor, swallowing, belching, brisk tendon jerks, dilated pupils, exophthalmos. | 0 = Not present1 = Mild2 = Moderate3 = Severe4 = Very severe |
| 10043 | **Depressed Mood (global):** Loss of interest, lack of pleasure in hobbies, depression, early waking, diurnal swing. |
| 16000 | Scoring: Depression Rating Score | Sum: 10010, 10011, 10012, 10013, 10014, 10015, 10017, 10018, 10019, 10020, 10021, 10031, 10034, 10035, 10036, 10037, 10038, 10039, 10040, 10041 |
| 16001 | Scoring: Depression Rating Score | Sum: 10016, 10022, 10023, 10024, 10025, 10026, 10027, 10028, 10029, 10030, 10032, 10033, 10042, 10043. |