



Transcranial Magnetic Stimulation (TMS)

2106 New Road #D-8, Linwood, NJ 08221

ShoreClinicalTMS.com | Phone: 609-927-1030 | Fax: 609-927-9985

Srisai Gowda MD FAPA

*Board Certified in General Psychiatry
and Psychosomatic Medicine*

THE HAMILTON RATING SCALE FOR DEPRESSION

NAME: _____ DATE _____

To rate the severity of depression in patients who are already diagnosed as depressed, administer this questionnaire. The higher the score, the more severe the depression.

For each item, write the correct number on the line next to the item. (Only one response per item)

1. DEPRESSED MOOD (Sadness, hopeless, helpless, worthless)

0= Absent

1= These feeling states indicated only on questioning

_____ 2= These feeling states spontaneously reported verbally

3= Communicates feeling states non-verbally—i.e., through facial expression, posture, voice, and tendency to weep

4= Patient reports VIRTUALLY ONLY these feeling states in his spontaneous verbal and nonverbal communication

2. FEELINGS OF GUILT

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

3. SUICIDE

0= Absent

_____ 1= Feels life is not worth living

2= Wishes he were dead or any thoughts of possible death to self

3= Suicidal ideas or gesture

4= Attempts at suicide (any serious attempt rates 4)

4. INSOMNIA EARLY

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



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5. INSOMNIA MIDDLE

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 LATE

0= No difficulty

_____ 1= Waking in early hours of the morning but goes back to sleep

2= Unable to fall asleep again if he 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 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

4= Stopped working because of present illness

8. RETARDATION: PSYCHOMOTOR (Slowness of thought and speech; impaired ability to concentrate; decreased motor activity)

0= Normal speech and thought

_____ 1= Slight retardation at interview

2= Obvious retardation at 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 (PSYCHOLOGICAL)

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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11. **ANXIETY (SOMATIC):** Physiological concomitants of anxiety, (i.e., effects of autonomic overactivity, “butterflies,” indigestion, stomach cramps, belching, diarrhea, palpitations, hyperventilation, paresthesia, sweating, flushing, tremor, headache, urinary frequency). Avoid asking about possible medication side effects (i.e., dry mouth, constipation)

0= Absent

1= Mild

2= Moderate

3= Severe

4= Incapacitating

12. SOMATIC SYMPTOMS (GASTROINTESTINAL)

0= None

1= Loss of appetite but eating without encouragement from others. Food intake about normal

2= Difficulty eating without urging from others. Marked reduction of appetite and food intake

13. SOMATIC SYMPTOMS GENERAL

0= None

1= Heaviness in limbs, back or head. Backaches, headache, muscle aches. Loss of energy and fatigability

2= Any clear-cut symptom rates 2

14. GENITAL SYMPTOMS (Symptoms such as: loss of libido; impaired sexual performance; menstrual disturbances)

0= Absent

1= Mild

2= Severe

15. HYPOCHONDRIASIS

0= Not present

1= Self-absorption (bodily)

2= Preoccupation with health

3= Frequent complaints, requests for help, etc.

4= Hypochondriacal delusions



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16. LOSS OF WEIGHT

A. When rating by history:

- _____ 0= No weight loss
1= Probably weight loss associated with present illness
2= Definite (according to patient) weight loss
3= Not assessed

17. 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

18. DIURNAL VARIATION

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

- _____ 0= No variation
1= Worse in A.M.
2= Worse in P.M.

B. When present, mark the severity of the variation. Mark "None" if NO variation

- _____ 0= None
1= Mild
2= Severe

19. DEPERSONALIZATION AND DEREALIZATION (Such as: Feelings of unreality; Nihilistic ideas)

- _____ 0= Absent
1= Mild
2= Moderate
3= Severe
4= Incapacitating

20. PARANOID SYMPTOMS

- _____ 0= None
1= Suspicious
2= Ideas of reference
3= Delusions of reference and persecution

21. OBSESSIVE AND COMPULSIVE SYMPTOMS

- _____ 0= Absent
1= Mild
2= Severe

Total Score _____