

STRUCTURED INTERVIEW GUIDE FOR THE HAMILTON DEPRESSION RATING SCALE (SIGH-D)

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This interview guide is based on the Hamilton Depression Rating Scale (Hamilton, Max: A rating scale for depression. J Neurol Neurosurg Psychiat 23:56-61, 1960). The anchor point descriptions, with very minor modifications, have been taken from the ECDEU Assessment Manual (Guy, William, ECDEU Assessment Manual for Psychopharmacology, Revised 1976, DHEW Publication No. (ADM) 76-338). A reliability study of the SIGH-D has been reported (Williams JBW: A structured interview guide for the Hamilton Depression Rating Scale. Archives of General Psychiatry 45:742-747, 1988).

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INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY – CLINICIAN RATED (IDS-C)

Rush, A.J., Gullion, C.M., Basco, M.R., Jarrett, R.B. and Trivedi, M.H. The Inventory of Depressive Symptomatology (IDS): Psychometric properties. Psychological Medicine, 26:477-486, 1996.

INSTRUCTIONS TO INTERVIEWERS:

The first question for each item (in bold print) should be asked exactly as written. Follow-up questions are provided for further exploration or additional clarification of symptoms. The specified questions should be asked until you have enough information to rate the item confidently. You may also have to add your own follow-up questions to obtain necessary information. If the answer to a specified question is already known, it is sufficient to confirm the information with the subject (e.g., "You said that..."), make the rating and continue. The final score for each item should reflect an assessment and balancing of the severity and frequency of the symptom.

Note that patients with chronic symptoms may not be able to identify a period of feeling normal or may report that "depressed" is their usual state. However, depression should not be rated as "normal" (i.e. a rating of "0") in these cases.

**STRUCTURED INTERVIEW GUIDE FOR THE HAMILTON DEPRESSION SCALE (SIGH-D)* and
INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (IDS-C)
(SIGHD-IDS)**

Instruments Combined by Kenneth A. Kobak, Janet B.W. Williams, and A. John Rush

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?

What's your mood been like this past week (compared to when you feel OK)?

Have you been feeling low or depressed? Sad? Hopeless? Helpless? Worthless?

- IF YES: Can you describe what this feeling has been like for you? How bad is the feeling?

Have you been crying at all?

How have you been feeling about the future? (optimistic/pessimistic) Do you feel better with encouragement/reassurance from others? Do you feel things will get better, improve, work out?

IF DEPRESSED: In the past week, when something good, even small things have happened, did your mood brighten up? How long did this brightened mood last? Were there things that occurred that should have brightened your mood but did not?

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

HAMD ITEM

IDS-C ITEM

1. Depressed Mood (sad, hopeless, helpless, worthless):

0 - Absent.
 1 - Indicated only on questioning (*occasional, mild depression*)
 2 - Spontaneously reported verbally (*persistent, mild to moderate depression*)
 3 - Communicated non-verbally, i.e. facial expression, posture, voice, tendency to weep (*persistent, moderate to severe depression*)
 4 - VIRTUALLY ONLY those feeling states reported in spontaneous verbal and non-verbal communication (*persistent, very severe depression, with extreme hopelessness or tearfulness*)

5. Mood (Sad):

0 - Does not feel sad
 1 - Feels sad less than half the time
 2 - Feels sad more than half the time
 3 - Feels intensely sad virtually all of the time

8. Reactivity of Mood:

0 - Mood brightens to normal level and lasts several hours when good events occur
 1 - Mood brightens but does not feel like normal self when good events occur
 2 - Mood brightens only somewhat with a few selected, extremely desired events
 3 - Mood does not brighten at all, even when very good or desired events occur

17. Outlook (Future):

0 - Views future with usual optimism
 1 - Occasionally has a pessimistic outlook that can be dispelled by others or events
 2 - Largely pessimistic for the near future.
 3 - Sees no hope for self/situation anytime in the future

IF SCORED 1-4 ABOVE, ASK: How long have you been feeling this way?

In the past week, have you noticed your depressed mood feeling worse at any particular time of the day – such as in the morning or evening? (IF YES): Is this related to any particular event(s)? How much worse do you feel – a little bit or a lot? Even on weekends?

HAMD ITEM	IDS-C ITEM
NONE	<p>9. Mood Variation:</p> <p>0 - Notes no regular relationship between mood and time of day 1 - Mood often relates to time of day due to environmental circumstances 2 - For most of the week, mood appears more related to time of day than to events 3 - Mood is clearly, predictably, better or worse at a fixed time each day</p> <p><i>If response is 1, 2 or 3:</i> 9A. Is mood typically worse in MORNING, AFTERNOON or NIGHT? (CIRCLE ONE)</p> <p>9B. Is mood variation attributed to environment by the patient? YES or NO (CIRCLE ONE)</p>

Have you experienced grief or loss in your life, like the death of a close friend or relative (or pet, lost an important job)? Do you remember how you felt? How is the sad or low mood you have experienced this week similar to how you felt then? (IF NO): How is it different?

HAMD ITEM	IDS-C ITEM
NONE	<p>10. Quality of Mood:</p> <p>0 - Mood is virtually identical to feelings that are associated with loss or is undisturbed 1 - Mood is largely like the feeling of loss, although it may lack explanation, be associated with more anxiety or be much more intense 2 - Less than half the time, mood is qualitatively distinct from grief and therefore difficult to explain to others 3 - Mood is qualitatively distinct from grief nearly all of the time</p>

Have you been putting yourself down this past week, feeling you've done things wrong or let others down?
 IF YES: What have your thoughts been? Has this been more than is normal for you?

In the past week, how have you felt about yourself?

Have you noticed your self-esteem has been down in the past week? How would you rate your worth as a person compared to others?

Have you been feeling guilty about anything that you've done or not done? What about things that happened a long time ago?

Do you feel like you're being punished?

Have you thought that you've brought (THIS DEPRESSION) on yourself in some way?

(Have you been hearing voices or seeing visions in the last week? IF YES: Tell me about them.)

HAMD ITEM	IDS-C ITEM
<p>2. Feelings Of Guilt:</p> <p>0 - Absent. 1 - Self-reproach, feels he/she has let people down (<i>or guilt over decreased productivity only</i>) 2 - Ideas of guilt or rumination over past errors or sinful deeds (<i>feelings of guilt, remorse or shame</i>) 3 - Present illness is a punishment. Delusions of guilt. (<i>severe, pervasive feelings of guilt</i>) 4 - Hears accusatory or denunciatory voices and/or experiences threatening visual hallucinations</p>	<p>16. Outlook (Self):</p> <p>0 - Sees self as equally worthwhile and deserving as others 1 - Is more self-blaming than usual 2 - Largely believes that he/she causes problems for others 3 - Ruminates over major and minor defects in self</p>

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

IF YES: What have you thought about?

How often do these thoughts come? How long do they stay? Have you thought of a plan in the last week?

Have you done anything to try to hurt yourself or taken any steps toward ending your life?

HAMD ITEM	IDS-C ITEM
<p>3. Suicide:</p> <p>0 - Absent. 1 - Feels life is not worth living 2 - Wishes he/she were dead or any thoughts of possible death to self 3 - Suicidal ideas or gesture 4 - Attempts at suicide</p>	<p>18. Suicidal Ideation:</p> <p>0 - Does not think of suicide or dying 1 - Feels life is empty or is not worth living 2 - Thinks of suicide/dying several times a week for several minutes 3 - Thinks of suicide/dying several times a day in depth, has made specific plans or has attempted suicide</p>

Now let's talk about your sleep. What were your usual hours of going to sleep and waking up, before this began?

When have you been falling asleep and waking up over the past 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?

HAMD ITEM	IDS-C ITEM
<p>4. Insomnia Early (Initial Insomnia):</p> <p>0 - No difficulty falling asleep 1 - Complains of occasional difficulty falling asleep (<i>i.e. ½ hour or more, 2-3 nights</i>) 2 - Complains of nightly difficulty falling asleep (<i>i.e. ½ hour or more, 4 or more nights</i>)</p>	<p>1. Sleep Onset Insomnia:</p> <p>0 - Never takes longer than 30 minutes to fall asleep. 1 - Takes at least 30 minutes to fall asleep, less than half the time 2 - Takes at least 30 minutes to fall asleep, more than half the time 3 - Takes more than 60 minutes to fall asleep, more than half the time</p>

During the 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?

How long do you stay awake?

How many nights this week have you had that kind of trouble?

(IF NO INSOMNIA) Has your sleep been restless or disturbed some nights?

HAMD ITEM	IDS-C ITEM
<p>5. Insomnia Middle:</p> <p>0 - No difficulty 1 - Complains of being restless and disturbed during the night (<i>or occasionally, i.e. 2-3 nights difficulty, ½ hour or more</i>) 2 - Waking during the night - any getting out of bed (<i>except to void</i>); (<i>often, i.e. 4 or more nights of difficulty, ½ hour or more</i>)</p>	<p>2. Mid-Nocturnal Insomnia:</p> <p>0 - Does not wake up at night 1 - Restless, light sleep with few awakenings 2 - Wakes up at least once a night, but goes back to sleep easily 3 - Wakes up more than once a night and stays awake for 20 minutes or more, more than half the time</p>

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, when you feel well)?

How many mornings this past week have you woken up early?

Are you able to go back to sleep?

HAMD ITEM	IDS-C ITEM
<p>6. Insomnia Late (Terminal Insomnia):</p> <p>0 - No difficulty 1 - Waking in early hours of morning but goes back to sleep (<i>occasionally, i.e. 2-3 nights, ½ hour or more</i>) 2 - Unable to fall asleep again if gets out of bed (<i>often, i.e. 4 or more nights' difficulty, ½ hour or more</i>)</p>	<p>3. Early Morning Insomnia:</p> <p>0 - More than half the time, wakes up early no more than 30 minutes before necessary 1 - More than half the time, wakes up more than 30 minutes before need be 2 - Wakes up at least one hour before need be, more than half the time 3 - Wakes up at least two hours before need be, more than half the time</p>

How many hours on average have you been sleeping in a 24-hour period in the past week, including naps? Is that a normal amount for you? What is the longest you've slept in a 24-hour period last week?

HAMD ITEM	IDS-C ITEM
<p>NONE</p>	<p>4. Hypersomnia:</p> <p>0 - Sleeps no longer than 7-8 hours/night, without naps 1 - Sleeps no longer than 10 hours in a 24-hour period (including naps) 2 - Sleeps no longer than 12 hours in a 24-hour period (including naps) 3 - Sleeps longer than 12 hours in a 24-hour period (including naps)</p>

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

Is that normal for you?

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

How would you describe your level of interest and motivation to complete daily activities?

Have you stopped doing anything you used to do? (What about hobbies?) IF YES: Why?

About how many hours a day do you spend doing things that interest you?

Is there anything you look forward to?

Have you had any fun this past week? (IF NO): Has there been anything you enjoyed (meal, movie, spending time with friends)? **(IF YES):** was the enjoyment you experienced at a normal level for you?

IF WORKING (IN OR OUT OF THE HOME): Have you been able to get as much (work) done as you usually do?

HAMD ITEM

IDS-C ITEM

7. Work and Activities:

- 0 - No difficulty
- 1 - Thoughts and feelings of incapacity, fatigue or weakness related to activities, work or hobbies (*mild reduction in interest or pleasure; no clear impairment in functioning*)
- 2 - Loss of interest in activity, hobbies or work - by direct report of the patient or indirect in listlessness, indecision and vacillation (*feels he/she has to push self to work or activities; clear reduction in interest, pleasure or functioning*)
- 3 - Decrease in actual time spent in activities or decrease in productivity (*Profound reduction in interest, pleasure or functioning*)
- 4 - Stopped working because of present illness (*unable to work or fulfill primary role because of illness and total loss of interest*)

19. Involvement:

- 0 - No change from usual level of interest in other people and activities
- 1 - Notices a reduction in former interests/activities
- 2 - Finds only one or two former interests remain
- 3 - Has virtually no interest in formerly pursued activities

21. Pleasure/Enjoyment (exclude sexual activities):

- 0 - Participates in and derives usual sense of enjoyment from pleasurable activities
- 1 - Does not feel usual enjoyment from pleasurable activities
- 2 - Rarely derives pleasure from any activities
- 3 - Is unable to register any sense of pleasure/enjoyment from anything

<p>How has your concentration been in the past week? Were you able to focus on what you were doing (like reading or watching TV)? Did you notice that minor decisions were more difficult to make than usual (what to wear, eat, watch on TV)?</p>	
<p>HAMD ITEM</p>	<p>IDS-C ITEM</p>
<p>NONE</p>	<p>15. Concentration/Decision Making:</p> <p>0 - No change in usual capacity to concentrate and decide</p> <p>1 - Occasionally feels indecisive or notes that attention often wanders</p> <p>2 - Most of the time struggles to focus attention or make decisions</p> <p>3 - Cannot concentrate well enough to read or cannot make even minor decisions</p>

<p>Have you felt slowed down in your thinking, speaking or movement in the past week? Have others commented on this?</p>	
<p>HAMD ITEM</p>	<p>IDS-C ITEM</p>
<p>RATING BASED ON OBSERVATION DURING INTERVIEW ONLY</p> <p>8. Retardation (slowness of thought and speech; impaired ability to concentrate; decreased motor activity):</p> <p>0 - Normal speech and thought</p> <p>1 - Slight retardation at interview (<i>or mild psychomotor retardation</i>)</p> <p>2 - Obvious retardation at interview (<i>i.e. moderate, some difficulty with interview; noticeable pauses and slowness of thought</i>)</p> <p>3 - Interview difficult (<i>severe psychomotor retardation, interview very difficult, very long pauses</i>)</p> <p>4 - Complete stupor (<i>extreme retardation; stupor; interview barely possible</i>)</p>	<p>RATING BASED ON OBSERVATION DURING INTERVIEW AND PATIENT SELF-REPORT</p> <p>23. Psychomotor Slowing:</p> <p>0 - Normal speed of thinking, gesturing and speaking</p> <p>1 - Patient notes slowed thinking, and voice modulation is reduced</p> <p>2 - Takes several seconds to respond to most questions; reports slowed thinking</p> <p>3 - Is largely unresponsive to most questions without strong encouragement</p>

<p>Have you noticed feeling restless or fidgety in the past week? Have you found yourself unable to stay seated or needing to move around?</p>	
<p>HAMD ITEM</p>	<p>IDS-C ITEM</p>
<p>RATING BASED ON OBSERVATION DURING INTERVIEW ONLY</p> <p>9. Agitation:</p> <p>0 - None (<i>movements within normal range</i>) 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 (<i>interview impossible</i>)</p>	<p>RATING BASED ON OBSERVATION DURING INTERVIEW AND PATIENT SELF-REPORT</p> <p>24. Psychomotor Agitation:</p> <p>0 - No increased speed or disorganisation in thinking or gesturing 1 - Fidgets, wrings hands and shifts position often 2 - Describes impulse to move about and displays motor restlessness 3 - Unable to stay seated. Paces about with or without permission</p>

<p>Have you been feeling especially tense or irritable this past week? IF YES: Is this more than is normal for you?</p> <p>Have you been unusually argumentative or impatient? Have you found yourself becoming angry with others for little apparent reason? More so than normal for you? How much of the time in this past week?</p> <p>Have you been feeling especially anxious, nervous or on edge in the past week? How much of the time?</p> <p>Have you been worrying a lot about little things, things you don't ordinarily worry about? IF YES: Like what, for example?</p>	
<p>HAMD ITEM</p>	<p>IDS-C ITEM</p>
<p>10. Anxiety Psychic:</p> <p>0 - No difficulty 1 - Subjective tension and irritability (<i>mild, occasional</i>) 2 - Worrying about minor matters (<i>moderate, causes some distress; or excessive worrying about real problems</i>) 3 - Apprehensive attitude apparent in face or speech (<i>severe; impairment of functioning due to anxiety</i>) 4 - Fears expressed without questioning (<i>symptoms incapacitating</i>)</p>	<p>6. Mood (Irritable):</p> <p>0 - Does not feel irritable 1 - Feels irritable less than half the time 2 - Feels irritable more than half the time 3 - Feels extremely irritable virtually all of the time</p> <p>7. Mood (Anxious):</p> <p>0 - Does not feel anxious or tense 1 - Feels anxious/tense less than half the time 2 - Feels anxious/tense more than half the time 3 - Feels extremely anxious/tense virtually all of the time</p>

Have you suddenly felt intensely frightened, anxious or extremely uncomfortable? Extremely panicky for no apparent reason? Has this occurred in the past 7 days? When did it last occur? What happened? Are there situations or things that you persistently dislike or avoid because they make you anxious? Any phobias? Have you noticed this avoidance increasing in the past week?

HAMD ITEM	IDS-C ITEM
NONE	<p>27. Panic/Phobic Symptoms:</p> <ul style="list-style-type: none"> 0 - Has neither panic episodes nor phobic symptoms 1 - Has mild panic episodes or phobias that do not usually alter behaviour or incapacitate 2 - Has significant panic episodes or phobias that modify behaviour, but do not incapacitate 3 - Has incapacitating panic episodes at least once a week or severe phobias that lead to complete and regular avoidance behaviour

Tell me if you've had any of the following physical symptoms in the past week. (READ LIST)

- GI - dry mouth, gas, indigestion, constipation, diarrhoea, stomach cramps, belching, urinary frequency
- C-V - heart palpitations, headaches
- RESP - hyperventilating, sighing, difficulty breathing (dyspnoea); sweating
- OTHER - tremors; ringing in your ears (tinnitus); blurred vision; hot and cold flushes; chest pain

FOR EACH SYMPTOM ACKNOWLEDGED AS PRESENT:

How much has (THE SYMPTOM) been bothering you this past week? (How bad did it get? How much of the time, or how often, have you had it?)

NOTE: DO NOT RATE SYMPTOMS THAT ARE CLEARLY RELATED TO A DOCUMENTED PHYSICAL CONDITION.

HAMD ITEM

IDS-C ITEM

11. Anxiety, Somatic

- 0 - Absent
- 1 - Mild (*symptom(s) present only infrequently, no impairment, minimal distress*)
- 2 - Moderate (*symptom(s) more persistent, or some interference with usual activities, moderate distress*)
- 3 - Severe (*significant impairment in functioning*)
- 4 - Incapacitating

26. Sympathetic Arousal:

- 0 - Reports no palpitations, tremors, blurred vision, tinnitus or increased sweating, dyspnoea, hot and cold flushes, chest pain
- 1 - The above are mild and only intermittently present
- 2 - The above are moderate and present more than half the time
- 3 - The above result in functional impairment

28. Gastrointestinal:

- 0 - Has no change in usual bowel habits
- 1 - Has intermittent constipation and/or diarrhoea that is mild
- 2 - Has diarrhoea and/or constipation most of the time that does not impair functioning
- 3 - Has intermittent presence of constipation and/or diarrhoea that requires treatment or causes functional impairment

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

IF LESS: How much less?

Have you had to force yourself to eat?

Have other people had to urge you to eat? (Have you skipped meals?)

Have you found yourself eating more than usual? Every day? Have you noticed you eat more at meals? Have you noticed you are snacking or eating more in between meals? Have you felt driven to eat? Have you had eating binges?

HAMD ITEM

IDS-C ITEM

12. Somatic Symptoms Gastrointestinal:

- 0 - None
- 1 - Loss of appetite but eating without encouragement
(Appetite somewhat less than usual)
- 2 - Difficulty eating without urging *(or appetite significantly less, with or without having to force self to eat)*

11. Appetite (Decreased):

- 0 - No change from usual appetite
- 1 - Eats somewhat less often and/or lesser amounts than usual
- 2 - Eats much less than usual and only with personal effort
- 3 - Eats rarely within a 24-hour period, and only with extreme personal effort or with persuasion by others

12. Appetite (Increased):

- 0 - No change from usual appetite
- 1 - More frequently feels a need to eat than usual
- 2 - Regularly eats more often and/or greater amounts than usual
- 3 - Feels driven to overeat at and between meals

Rate only 11 OR 12 (not both)

How has your energy been this past week?

IF LOW ENERGY: Have you felt tired? (How much of the time? How bad has it been?)

This week, have you had any aches or pains? (What about backaches, headaches or muscle aches?)

How much of the time? How bad has it been?

During the past week, have you had feelings of being weighted down, like you had lead weights on your arms and legs? How many days? How much of the time? Do these symptoms interfere with your day-to-day activities?

HAMD ITEM

IDS-C ITEM

13. Somatic Symptoms General

- 0 - None
- 1 - Heaviness in limbs, back or head. Backaches, headaches, muscle aches. Loss of energy and fatigability (*somewhat less energy than usual; mild, intermittent loss of energy or muscle aches/heaviness*)
- 2 - Any clear-cut symptoms (*persistent, significant loss of energy or muscle aches/heaviness*)

20. Energy/Fatigability:

- 0 - No change in usual level of energy
- 1 - Tires more easily than usual
- 2 - Makes significant personal effort to initiate or maintain usual daily activities
- 3 - Unable to carry out most of usual daily activities due to lack of energy

25. Somatic Complaints:

- 0 - States there is no feeling of limb heaviness or pains
- 1 - Complains of headaches, abdominal, back or joint pains that are intermittent and not disabling
- 2 - Complains that the above pains are present most of the time
- 3 - Functional impairment results from the above pains

30. Leaden Paralysis/Physical Energy:

- 0 - Does not experience the physical sensation of feeling weighted down and without physical energy
- 1 - Occasionally experiences periods of feeling physically weighted down and without physical energy, but without a negative effect on work, school or activity level
- 2 - Feels physically weighted down (without physical energy) more than half the time
- 3 - Feels physically weighted down (without physical energy) most of the time, several hours per day, several days per week

Sometimes, along with depression or anxiety, people might lose interest in sex. This week, how has your interest in sex been? (I'm not asking about actual sexual activity, but about your interest in sex.)

Is sex something you've thought about this week?

Has there been any change in your interest in sex (from when you were feeling OK)?

IF YES: Is this unusual for you, compared to when you feel well? (Is it a little less or a lot less?)

HAMD ITEM

IDS-C ITEM

14. Genital Symptoms (such as loss of libido, menstrual disturbances):

22. Sexual Interest:

- 0 - Absent
- 1 - Mild (*somewhat less interest than usual*)
- 2 - Severe (*a lot less interest than usual*)

- 0 - Has usual interest in or derives usual pleasure from sex
- 1 - Has near usual interest in or derives some pleasure from sex
- 2 - Has little desire for or rarely derives pleasure from sex
- 3 - Has absolutely no interest in or derives no pleasure from sex

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)? (Have you worried a lot about being or becoming physically ill? Have you really been preoccupied with this?)

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?

HAMD ITEM

IDS-C ITEM

15. Hypochondriasis:

- 0 - Not present (*absence of inappropriate worry OR completely reassured*)
- 1 - Self-absorption (*bodily, some inappropriate worry about his/her health OR slightly concerned despite reassurance*)
- 2 - Preoccupation with health (*often has excessive worries about his/her health OR definitely concerned has specific illness despite medical reassurance*)
- 3 - Frequent complaints, requests for help, etc. (*is certain there is a physical problem which the doctors cannot confirm; exaggerated or unrealistic concerns about body and physical health*)
- 4 - Hypochondriacal delusions (*e.g., feels parts of body decaying or rotting away; occurs rarely in outpatients*)

NONE

Have you lost any weight since this (DEPRESSION) began? IF YES: Did you lose any weight this last week? (Was it because of feeling depressed or low?) How much did you lose?

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

How much has your weight changed in the past 2 weeks?

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

HAMD ITEM	IDS-C ITEM
<p>16. Loss Of Weight Within The Last Week</p> <p>When rating by history:</p> <ul style="list-style-type: none"> 0 - No weight loss or weight loss NOT caused by present illness 1 - Probable weight loss due to current depression 2 - Definite (according to patient) weight loss due to depression 	<p>13. Weight (Decrease) Within The Last Two Weeks:</p> <ul style="list-style-type: none"> 0 - Has experienced no weight change 1 - Feels as if some slight weight loss occurred 2 - Has lost 1 kilo or more 3 - Has lost 2.5 kilos or more <p>14. Weight (Increase) Within The Last Two Weeks:</p> <ul style="list-style-type: none"> 0 - Has experienced no weight change 1 - Feels as if some slight weight gain has occurred 2 - Has gained 1 kilo or more 3 - Has gained 2.5 kilos or more
<p>Rate only 13 OR 14 (not both)</p>	

RATING BASED ON OBSERVATION DURING INTERVIEW	
HAMD ITEM	IDS-C ITEM
<p>17. Insight:</p> <p>0 - Acknowledges being depressed and ill OR not currently depressed</p> <p>1 - Acknowledges illness but attributes cause to bad food, overwork, virus, need for rest, etc. (<i>denies illness but accepts possibility of being ill, e.g. "I don't think there's anything wrong, but other people think there is".</i>)</p> <p>2 - Denies being ill at all (<i>complete denial of having an illness, e.g., "I'm not depressed; I'm fine."</i>)</p>	NONE

Have you felt easily rejected, slighted or criticised by others? How often has this occurred? How do you respond when that happens - angry, low, etc.? (Probe severity of reaction) How does this impact upon your ability to relate with others socially or complete work tasks?

HAMD ITEM	IDS-C ITEM
NONE	<p>29. Interpersonal Sensitivity:</p> <p>0 - Has not felt easily rejected, slighted, criticised or hurt by others at all</p> <p>1 - Occasionally feels rejected, slighted, criticised or hurt by others</p> <p>2 - Often feels rejected, slighted, criticised or hurt by others, but with only slight effects on social/occupational functioning</p> <p>3 - Often feels rejected, slighted, criticised or hurt by others that results in impaired social/occupational functioning</p>

TOTAL 17-ITEM HAMILTON DEPRESSION SCORE: ___ ___

TOTAL 30-ITEM IDS SCORE: ___ ___

IF YOU SCORED 1, 2, 3 OR 4 ON THE SUICIDE ITEM (HAMD ITEM 3 OR IDS ITEM 18), BE SURE TO ADMINISTER THE C-SSRS.