

For each item that best characterizes the patient during the past week, write the number in the appropriate score box. Note: when scoring, rater is to combine patient replies with their observations.

Patient ID: \_\_\_\_\_

Date: \_\_\_\_\_

**1. DEPRESSION MOOD (sadness, the blues, weepy)**

Have you been feeling down or depressed this past week? How often have you felt this way, and for how long?

**SCORE**

- 0. Absent
- 1. Indicated only on questioning
- 2. Spontaneously reported verbally
- 3. Communicated nonverbally (facial expression, Posture, voice, weeping tendency)

- 4. Patient reports VIRTUALLY ONLY these feeling states in spontaneous verbal and nonverbal communication

Note length of time if Depressed Mood present:  
\_\_\_\_ # weeks **DO NOT ENTER IN COLUMN SCORE**

**2. FEELINGS OF GUILT (self-criticism, self-reproach)**

In the past week, have you felt guilty about something you've done, or that you've let others down?

- 0. Absent
- 1. Self-reproach (letting people down)
- 2. Ideas of guilt or ruminating about past errors About sinful deeds

- 3. Present illness is a punishment. Delusions of guilt
- 4. Hears accusatory or denunciatory voices and/or experiences threatening visual hallucinations

**3. INTEREST, PLEASURE, LEVEL OF ACTIVITIES (work and activities)**

Are you as productive at work and at home as usual? Have you felt interested in doing the things that usually interest you?

- 0. No difficulty
- 1. Fatigue, weakness or thoughts/feelings of Incapacity (related to work, activities, hobbies)
- 2. Loss of interest (directly reported or indirectly Through listlessness, indecision and vacillation)

- 3. Decrease in actual time spent in activities or decrease in productivity
- 4. Stopped working due to current illness

**4. TENSION, NERVOUSNESS (psychological anxiety)**

Have you been feeling more tense or nervous than usual this past week? Have you been worrying a lot?

- 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 being questioned

**5. PHYSICAL SYMPTOMS OF ANXIETY (somatic anxiety)**

In the past week, have you had any of these symptoms?

GI – dry mouth, gas, indigestion, diarrhea, cramps, belching  
CV – heart palpitations, headaches

RESP – hyperventilation, sighing  
Having to urinate frequently  
Seating

Have much have these things been bothering you in the past week?

NOTE: DON'T RATE IF CLEARLY DUE TO MEDICATION

- 0. Absent
- 1. Mild
- 2. Moderate
- 3. Severe
- 4. Incapacitating

**6. ENERGY LEVEL (somatic symptoms)**

How has your energy been this past week? Have you felt tired? Have you had any aches or pains, or felt any heaviness in your limbs, back or head?

- 0. None
- 1. Heaviness in limbs, back or head (backache headache, muscle aches; loss of energy and fatigability)

- 2. Any clear-cut symptoms rates two points

**7. SUICIDE (ideation, thoughts, plans, attempts)**

Have you thought life is not worth living, or you'd be better off dead? Have you thought of hurting or killing yourself? Have you done anything to hurt yourself?

- 0. Absent
- 1. Feels life is not worth living
- 2. Wishes to be dead (or any thoughts of possible death to self)

- 3. Suicidal ideas or gestures
- 4. Attempts at suicide (any serious attempt rates 4 points)

**HAMD-7 score ≤3 indicates Full Remission.**  
**HAMD-7 score ≥4 indicates Non/Partial Response.**

**TOTAL SCORE**

