

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

