

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

Janet B.W. Williams, D.S.W.

INTERVIEWER

The first question for each item should be asked exactly as written. Often this question will elicit enough information about the severity and frequency of a symptom for you to rate the item with confidence. Follow-up questions are provided for use when further exploration or additional clarification of symptoms is necessary. The specified questions should be asked until you have enough information to rate the item confidently. In some cases, you may also have to add your own follow-up questions to obtain necessary information. You should ask for examples for any symptoms acknowledged as present (e.g., "Can you give me an example of that?"). For some of the HAM-D items, you may find you have already asked about some of the symptoms (for a previous item). You do not need to repeat questions about these symptoms unless you need additional information to rate their severity.

Time period. The interview questions indicate that the ratings should be based on the patient's condition in the past week.

Referent of "usual" or "normal" condition. Several of the interview questions in the HAM-D refer to the patient's usual or normal functioning. Usual in this case refers to a period lasting at least two months when the patient was asymptomatic. In some cases, such as when the patient has Dysthymia or Seasonal Affective Disorder, a symptom free baseline will be difficult to establish. In these cases, clinical judgment should be used to evaluate the clinical significance of a particular symptom.

This instrument provides an interview guide for the Hamilton Depression Scale (Hamilton, Max: A rating scale for depression. J Neurol Neurosurg Psychiatr 23:56-61, 1960). The anchor point descriptions for all items except Helplessness, Hopelessness, and Worthlessness in the 24-item version, 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). The loss of weight item has been simplified to eliminate the section for ratings by ward staff. Additional designators were added in parentheses to the anchor points by Kobak, Lipsitz and Williams to further standardize ratings. A reliability study of the SIGH-D (interview guide for the HAM-D alone) was published in the Archives of General Psychiatry (1988;45:742-747).

STRUCTURED INTERVIEW GUIDE FOR THE HAMILTON DEPRESSION SCALE

RATER: _____

ASSESSMENT DATE: : ____/____/____

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 down or depressed?

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

In the last week, how often have you felt (OWN EQUIVALENT FOR DEPRESSED MOOD)? On how many days? For how long each day?

How long (MONTHS/YEARS) have you been feeling (OWN WORDS) ?

Have you been crying at all? How often?

How long have you been feeling (OWN WORDS) ?

How are you feeling about the future?

IF UNKNOWN: Have you been feeling discouraged or pessimistic?

IF YES: What have your thoughts been?

IF UNKNOWN: How discouraged/pessimistic have you felt?

Do you think that you'll get well or that things are going to get better?

When people tell you that you will get well or that things will get better, do you feel reassured?

In the last week, how often have you felt (OWN EQUIVALENT FOR PESSIMISTIC/DISOURAGED/ HOPELESS)? Every day? All day?

1. (H1) DEPRESSED MOOD: (sadness, hopeless, helpless, worthless):

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

2. (H23) HOPELESSNESS: (discouragement, pessimism, hopeless, despair):

0	No feelings of pessimism
1	Patient is more optimistic than pessimistic, but has doubts (<i>at least 2 days per week</i>)
2	Persistent (<i>at least 5 days per week</i>) moderate pessimism (<i>but states that can be reassured by others or that it is able to lift</i>)
3	Persistent (<i>at least 5 days per week</i>) intense feelings of discouragement, pessimism, or hopelessness, which cannot be relieved by reassurance or by the patient's efforts
4	Patient reports feeling completely hopeless and utterly despairing. Interview is dominated by frequent, repetitive and spontaneous statements of despair and hopelessness that cannot be dispelled

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

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

How much less interested in these things have you been this past week compared to when you're not depressed? How hard to do you have to push yourself to do them?

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?

In the past week, have you been able to get as much done as you usually do (work or chores)?

How much less productive or efficient are you compared to before you were depressed?

During the past week, did you feel you had trouble coping with routine activities?

Were there times when you felt overwhelmed and unable to complete your activities or responsibilities? IF YES: Can you give me an example? How often did you feel this way during the past week?

Were these feelings so bad that you would say you felt helpless?

Did other people have to encourage or urge you to tend to your work (school) or household responsibilities?

During the past week, did you feel that you were giving up trying to cope with life?

During the past week, did you need the physical help of others to complete simple activities like grooming, dressing, or eating?

3. (H7) WORK AND ACTIVITIES:

0	No difficulty
1	Thoughts and feelings of incapacity, fatigue or weakness related to activities, work or hobbies (<i>mild reduction in interest or pleasure; no clear impairment in functioning</i>)
2	Loss of interest in activity, hobbies or work - by direct report of the patient or indirect in listlessness, indecision and vacillation (<i>feels he has to push self to work or activities; clear reduction in interest, pleasure or functioning</i>)
3	Decrease in actual time spent in activities or decrease in productivity. In hosp., pt. spends less than 3 hrs./day in activities (<i>hospital job or hobbies</i>) exclusive of ward chores (<i>profound reduction in interest, pleasure, or functioning</i>)
4	Stopped working bec. of present illness. In hospital, no activities except ward chores, or fails to perform ward chores unassisted (<i>unable to work or fulfill primary role because of illness, and total loss of interest</i>)

4. (H22) HELPLESSNESS (lacking confidence in abilities, overwhelmed, needs direction, needs assistance):

0	No evidence of subjective or objective helplessness
1	Patient reports mild feelings of inability to accomplish usual tasks, or reports occasional desire for the assistance of others to accomplish usual tasks (<i>school work, household chores, or job-related duties</i>)
2	Patient reports feelings of being overwhelmed and unable to cope with usual tasks, OR moderate feelings of helplessness (<i>overwhelmed, unable to cope, need for help</i>) that are manifest at least 5 days per week
3	Patient requires the urging or guidance of others to complete usual tasks (<i>personal hygiene, school work, household chores, or job-related duties</i>)
4	Patient requires the physical assistance of others for elementary tasks of daily living (<i>personal hygiene, eating, dressing, grooming</i>)

<p>In the last week, have you been spending less time with people, or talking to people less than when you feel well?</p> <p>IF YES: Have you just felt less interested in being social, or have you actually spent less time socializing? Have you been less social with your family? How about with colleagues at work? How big a change is this for you?</p> <p>IF NO: Have you felt less <u>interested</u> in being social with people even though you are still doing it?</p>	<p>5. SOCIAL WITHDRAWAL:</p> <table border="1"> <tr> <td>0</td> <td>Interacting with other people as usual</td> </tr> <tr> <td>1</td> <td>Less interested in socializing with others but continues to do so</td> </tr> <tr> <td>2</td> <td>Interacting less with other people in social (optional) situations</td> </tr> <tr> <td>3</td> <td>Interacting less with other people in work or family situations (ie, where this is necessary)</td> </tr> <tr> <td>4</td> <td>Marked withdrawal from others in family or work situations</td> </tr> </table>	0	Interacting with other people as usual	1	Less interested in socializing with others but continues to do so	2	Interacting less with other people in social (optional) situations	3	Interacting less with other people in work or family situations (ie, where this is necessary)	4	Marked withdrawal from others in family or work situations
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<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?</p>											
<p>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?)</p> <p>How many nights this week have you had trouble falling asleep?</p> <p>Have you changed the time at which you try to get to sleep since you've been depressed?</p>	<p>6. (H4) INSOMNIA EARLY (INITIAL INSOMNIA):</p> <table border="1"> <tr> <td>0</td> <td>No difficulty falling asleep</td> </tr> <tr> <td>1</td> <td>Complains of occasional difficulty falling asleep – (i.e., 30 minutes or more, 2-3 nights)</td> </tr> <tr> <td>2</td> <td>Complains of nightly difficulty falling asleep (i.e., 30 minutes or more, 4 or more nights)</td> </tr> </table>	0	No difficulty falling asleep	1	Complains of occasional difficulty falling asleep – (i.e., 30 minutes or more, 2-3 nights)	2	Complains of nightly difficulty falling asleep (i.e., 30 minutes or more, 4 or more nights)				
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<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?)</p> <p>When you get back in bed, are you able to fall right back asleep? How long does it take you to fall back asleep?</p> <p>Do you wake up more than once during the night? (IF YES: How long does it take for you to fall back to sleep each time?)</p> <p>Have you felt your sleeping has been restless or disturbed some nights? How many nights this week have you had that kind of trouble?</p>	<p>7. (H5) INSOMNIA MIDDLE:</p> <table border="1"> <tr> <td>0</td> <td>No difficulty</td> </tr> <tr> <td>1</td> <td>Complains of being restless and disturbed during the night (or Occasional difficulty, i.e., 2-3 nights, 30 minutes or more)</td> </tr> <tr> <td>2</td> <td>Waking during the night - any getting out of bed (except to void) (Often i.e., 4 or more nights of difficulty, 30 minutes or more)</td> </tr> </table>	0	No difficulty	1	Complains of being restless and disturbed during the night (or Occasional difficulty, i.e., 2-3 nights, 30 minutes or more)	2	Waking during the night - any getting out of bed (except to void) (Often i.e., 4 or more nights of difficulty, 30 minutes or more)				
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<p>What time have you been waking up in the morning for the last time, this past week?</p> <p>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)?</p> <p>How many mornings this past week have you</p>	<p>8. (H6) INSOMNIA LATE (TERMINAL INSOMNIA):</p> <table border="1"> <tr> <td>0</td> <td>No difficulty</td> </tr> <tr> <td>1</td> <td>Waking in early hours of morning but goes back to sleep (occasional i.e., 2-3 nights difficulty)</td> </tr> <tr> <td>2</td> <td>Unable to fall asleep again if gets out of bed</td> </tr> </table>	0	No difficulty	1	Waking in early hours of morning but goes back to sleep (occasional i.e., 2-3 nights difficulty)	2	Unable to fall asleep again if gets out of bed				
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EMBARC SIGH-D

awakened early?		<i>(often i.e., 4 or more nights difficulty)</i>
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<p>Have you been sleeping more than usual this past week?</p> <p>If YES: How much more?</p> <p>If NO: What about weekends?</p> <p>What time have you been falling asleep?</p> <p>Have you been taking naps? Your total daily sleep then is _____ hours?</p> <p>How much time do you usually sleep when you feel well?</p>	<p>9. HYPERSOMNIA):</p> <table border="1"> <tr> <td>0</td> <td>No increase in sleep length</td> </tr> <tr> <td>1</td> <td>at least 1 hour increase in sleep length</td> </tr> <tr> <td>2</td> <td>2+ hours increase in sleep length</td> </tr> </table>	0	No increase in sleep length	1	at least 1 hour increase in sleep length	2	2+ hours increase in sleep length						
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<p>Now let's talk about your appetite and weight.</p>													
<p>How has your appetite been this past week? (What about compared to your usual appetite?)</p> <p>IF LESS: How much less than usual?</p> <p>Have you had to force yourself to eat?</p> <p>Have other people had to urge you to eat? (Have you skipped meals?)</p> <p>IF MORE: How much more than usual?</p> <p>In the past week, has your appetite been greater than when you feel well or OK?</p> <p>IF YES: Do you want to eat a little more, somewhat more, or much more than when you feel well or OK?</p>	<p>10. (H12) SOMATIC SYMPTOMS GASTROINTESTINAL: DECREASED APPETITE</p> <table border="1"> <tr> <td>0</td> <td>None</td> </tr> <tr> <td>1</td> <td>Loss of appetite but eating without encouragement (<i>appetite somewhat less than usual</i>)</td> </tr> <tr> <td>2</td> <td>Difficulty eating without urging (or <i>appetite significantly less than usual</i>)</td> </tr> </table> <p>11. APPETITIE INCREASE:</p> <table border="1"> <tr> <td>0</td> <td>None</td> </tr> <tr> <td>1</td> <td>Mild increase in appetite (<i>wants to eat a little more than usual</i>)</td> </tr> <tr> <td>2</td> <td>Marked increase in appetite (<i>wants to eat a lot more than usual</i>)</td> </tr> </table>	0	None	1	Loss of appetite but eating without encouragement (<i>appetite somewhat less than usual</i>)	2	Difficulty eating without urging (or <i>appetite significantly less than usual</i>)	0	None	1	Mild increase in appetite (<i>wants to eat a little more than usual</i>)	2	Marked increase in appetite (<i>wants to eat a lot more than usual</i>)
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<p>In the past week, have you actually been eating more than when you feel well or OK?</p> <p>IF YES: Do you want to eat a little more, somewhat more, or much more than when you feel well or OK?</p>	<p>12. INCREASED EATING : above what is required to maintain weight</p> <table border="1"> <tr> <td>0</td> <td>Is not eating more than usual</td> </tr> <tr> <td>1</td> <td>Is eating a little more, mild increase</td> </tr> <tr> <td>2</td> <td>Is eating somewhat more, moderate increase</td> </tr> <tr> <td>3</td> <td>Is eating much more, marked increase</td> </tr> </table>	0	Is not eating more than usual	1	Is eating a little more, mild increase	2	Is eating somewhat more, moderate increase	3	Is eating much more, marked increase				
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<p>In the last week, have you been craving or eating more starches or sugars?</p> <p>IF YES: Have you been eating or craving starches or sugars more than when you feel well or OK, much more, or has it been irresistible?</p>	<p>13. CARBOHYDRATE CRAVING: above what is required to maintain weight</p> <table border="1"> <tr> <td>0</td> <td>No change in food preference or consumption</td> </tr> <tr> <td>1</td> <td>Craving or eating more carbs (starches or sugars) than before</td> </tr> <tr> <td>2</td> <td>Craving or eating much more carbs than before</td> </tr> <tr> <td>3</td> <td>Irresistible craving or eating of sweets or starches</td> </tr> </table>	0	No change in food preference or consumption	1	Craving or eating more carbs (starches or sugars) than before	2	Craving or eating much more carbs than before	3	Irresistible craving or eating of sweets or starches				
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<p>Have you lost any weight since this (DEPRESSION) began?</p> <p>IF YES: Did you lose any weight this last week? (Was it because of feeling depressed or down?) How much did you lose?</p> <p>IF NOT SURE: Do you think your clothes are any looser on you?</p> <p>AT FOLLOW-UP: Have you gained any of the weight back? IF YES: How much?</p>	<p>14. (H16) LOSS OF WEIGHT (Rate either A or B):</p> <p>A. When rating by history:</p> <table border="1"> <tr> <td>0</td> <td>No weight loss</td> </tr> <tr> <td>1</td> <td>Probable weight loss due to current depression</td> </tr> <tr> <td>2</td> <td>Definite (<i>according to patient</i>) weight loss due to depression</td> </tr> </table> <p>B. On weekly ratings by ward staff, when actual weight changes are measured:</p> <table border="1"> <tr> <td>0</td> <td>Less than 1 lb. loss in week</td> </tr> <tr> <td>1</td> <td>More than 1 lb. loss in week</td> </tr> <tr> <td>2</td> <td>More than 2 lb. loss in week</td> </tr> </table>	0	No weight loss	1	Probable weight loss due to current depression	2	Definite (<i>according to patient</i>) weight loss due to depression	0	Less than 1 lb. loss in week	1	More than 1 lb. loss in week	2	More than 2 lb. loss in week
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<p>How has your energy been this past week?</p> <p>IF LOW ENERGY: Have you felt tired? (How much of the time? How bad has it been?)</p> <p>This week, have you had any aches or pains? (What about backaches or muscle aches?) (How much of the time? How bad has it been?)</p> <p>Have you felt any heaviness in your limbs, back, or head?</p> <p>Have you been getting tired more easily than when you were feeling well?</p>	<p>16. (H13) SOMATIC SYMPTOMS GENERAL:</p> <table border="1"> <tr> <td>0</td><td>None</td></tr> <tr> <td>1</td><td>Heaviness in limbs, back, or head. Backaches, muscle aches. Loss of energy and fatigability. <i>(somewhat less energy than usual; mild, intermittent loss of energy or muscle aches/heaviness)</i></td></tr> <tr> <td>2</td><td>Any clear-cut symptoms <i>(persistent, significant loss of energy or muscle aches/heaviness)</i></td></tr> </table> <p>17. FATIGABILITY (or low energy, or feelings of being heavy, leaden, weighed down:</p> <table border="1"> <tr> <td>0</td><td>does not feel more fatigued than usual</td></tr> <tr> <td>1</td><td>feels more fatigued than usual but this has not impaired function significantly; less frequent than in (2)</td></tr> <tr> <td>2</td><td>more fatigued than usual; at least one hour per day; at least three days per week</td></tr> <tr> <td>3</td><td>fatigued much of the time most days</td></tr> <tr> <td>4</td><td>fatigued almost all of the time</td></tr> </table>	0	None	1	Heaviness in limbs, back, or head. Backaches, muscle aches. Loss of energy and fatigability. <i>(somewhat less energy than usual; mild, intermittent loss of energy or muscle aches/heaviness)</i>	2	Any clear-cut symptoms <i>(persistent, significant loss of energy or muscle aches/heaviness)</i>	0	does not feel more fatigued than usual	1	feels more fatigued than usual but this has not impaired function significantly; less frequent than in (2)	2	more fatigued than usual; at least one hour per day; at least three days per week	3	fatigued much of the time most days	4	fatigued almost all of the time
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<p>Sometimes, along with depression or anxiety, people might lose interest in sex.</p> <p>This week, how has your interest in sex been? (I'm not asking about actual sexual activity, but about your interest in sex.)</p> <p>Has there been any change in your interest in sex (from when you were feeling OK)?</p> <p>IF YES: How much less interest do you have compared to when you're not depressed? (Is it a little less or a lot less?)</p>	<p>18. (H14) GENITAL SYMPTOMS (such as loss of libido, menstrual disturbances):</p> <table border="1"> <tr> <td>0</td><td>Absent</td></tr> <tr> <td>1</td><td>Mild <i>(somewhat less interest than usual)</i></td></tr> <tr> <td>2</td><td>Severe <i>(a lot less interest than usual)</i></td></tr> </table>	0	Absent	1	Mild <i>(somewhat less interest than usual)</i>	2	Severe <i>(a lot less interest than usual)</i>										
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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?

Worthlessness

During the past week, have you felt that you are not as good as other people whom you know and respect?

Have you felt that others are better than you?

IF YES TO EITHER OF THE ABOVE:

- During this past week, did you feel that you are "no good" or "inferior"?
- Would you say that you had feelings of being "worthless"?

How often did you feel this way during the past week?

Have you been feeling guilty about anything that you've done or not done?

IF YES: What have your thoughts been?

What about things that happened a long time ago?

IF UNKNOWN: How often have you thought about that this past week?

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.)

This past week, have you had thoughts that life is not worth living?

What about thinking you'd be better off dead?

Have you had thoughts of hurting or killing yourself?

IF YES: What have you thought about? Have you actually done anything to hurt yourself?

19. (H2) 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 (<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

20. (H24) WORTHLESSNESS: (inadequacy, low self-esteem, inferiority, deluded worthlessness)

0	No loss of self-esteem or feelings of inferiority
1	Occasional feelings poor self-esteem or feelings of inferiority
2	Feelings of inferiority or loss of self-esteem that are persistent and moderate in intensity
3	Severe and persistent loss of self-esteem and feelings of inferiority. Notions of worthlessness should be pervasive, i.e., patient believes that there is nothing worthwhile about them
4	Delusion of worthlessness (<i>or other self-deprecatory delusion</i>)

21. (H3) 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

<p>Have you been feeling anxious or tense this past week? IF YES: Is this more than is normal for you?</p> <p>Have you been feeling irritable this past week? IF YES: Can you give me some example? How bad has it been?</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>How about worrying about big problems more than you need to? How often have you felt this way the past week?</p> <p>Has this caused you any problems or difficulties? IF YES: Like what, for example?</p>	<p>22. (H10) ANXIETY PSYCHIC:</p> <table border="1"> <tr> <td>0</td><td>No difficulty</td></tr> <tr> <td>1</td><td>Subjective tension and irritability (<i>mild, occasional</i>)</td></tr> <tr> <td>2</td><td>Worrying about minor matters (<i>moderate, causes some distress</i>)</td></tr> <tr> <td>3</td><td>Apprehensive attitude apparent in face or speech (<i>severe; significant impairment in functioning due to anxiety</i>)</td></tr> <tr> <td>4</td><td>Fears expressed without questioning (<i>symptoms incapacitating</i>)</td></tr> </table>	0	No difficulty	1	Subjective tension and irritability (<i>mild, occasional</i>)	2	Worrying about minor matters (<i>moderate, causes some distress</i>)	3	Apprehensive attitude apparent in face or speech (<i>severe; significant impairment in functioning due to anxiety</i>)	4	Fears expressed without questioning (<i>symptoms incapacitating</i>)
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<p>How has your concentration been in the past week?</p> <p>Were you able to focus on what you were doing (like reading or watching TV)?</p> <p>Did you notice that minor decisions were more difficult to make than usual (what to wear, eat, what to watch on TV)?</p>	<p>23. CONCENTRATION:</p> <table border="1"> <tr> <td>0</td><td>No change in usual capacity to concentrate and decide.</td></tr> <tr> <td>1</td><td>Occasionally feels indecisive or notes that attention often wanders.</td></tr> <tr> <td>2</td><td>Most of the time struggles to focus attention or make decisions.</td></tr> <tr> <td>3</td><td>Cannot concentrate well enough to read or cannot make even minor decisions.</td></tr> </table>	0	No change in usual capacity to concentrate and decide.	1	Occasionally feels indecisive or notes that attention often wanders.	2	Most of the time struggles to focus attention or make decisions.	3	Cannot concentrate well enough to read or cannot make even minor decisions.		
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2	Most of the time struggles to focus attention or make decisions.										
3	Cannot concentrate well enough to read or cannot make even minor decisions.										
<p>Tell me if you've had any of the following physical symptoms in the past week. (READ LIST)</p> <p>FOR EACH SX ACKNOWLEDGED AS PRESENT: How much has (THE SX) been bothering you this past week? (How bad has it gotten? How much of the time, or how often, have you had it? Did (the symptom) interfere at all with your functioning or your usual activities?</p> <p>NOTE: DO NOT RATE SXS THAT ARE CLEARLY RELATED TO A DOCUMENTED PHYSICAL CONDITION.</p>	<p>24. (H11) ANXIETY SOMATIC (physiologic concomitants of anxiety, such as GI - dry mouth, gas, indigestion, diarrhea, stomach cramps, belching CV - heart palpitations, headaches Resp - hyperventilating, sighing Urinary frequency Sweating):</p> <table border="1"> <tr> <td>0</td><td>Not present</td></tr> <tr> <td>1</td><td>Mild (<i>symptom(s) present only infrequently, no impairment, minimal distress</i>)</td></tr> <tr> <td>2</td><td>Moderate (<i>symptom(s) more persistent, or some interference with usual activities, moderate distress</i>)</td></tr> <tr> <td>3</td><td>Severe (<i>significant impairment in functioning</i>)</td></tr> <tr> <td>4</td><td>Incapacitating</td></tr> </table>	0	Not present	1	Mild (<i>symptom(s) present only infrequently, no impairment, minimal distress</i>)	2	Moderate (<i>symptom(s) more persistent, or some interference with usual activities, moderate distress</i>)	3	Severe (<i>significant impairment in functioning</i>)	4	Incapacitating
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3	Severe (<i>significant impairment in functioning</i>)										
4	Incapacitating										

<p>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?)</p> <p>Have you worried a lot that you had a specific medical illness?</p> <p>Do you complain much about how you feel physically?</p> <p>Have you seen a doctor about these problems? IF YES: What did the doctor say?</p>	<p>25. (H15) HYPOCHONDRIASIS:</p> <table border="1"> <tr> <td>0</td> <td>Not present</td> </tr> <tr> <td>1</td> <td>Self-absorption (<i>bodily</i>) (<i>some inappropriate worry about his/her health OR slightly concerned despite reassurance</i>)</td> </tr> <tr> <td>2</td> <td>Preoccupation with health (<i>often has excessive worries about his/her health OR definitely concerned has specific illness despite medical reassurance</i>)</td> </tr> <tr> <td>3</td> <td>Frequent complaints, requests for help, etc. (<i>is certain there is a physical problem which the doctors cannot confirm; exaggerated or unrealistic concerns about body and physical health</i>)</td> </tr> <tr> <td>4</td> <td>Hypochondriacal delusions</td> </tr> </table>	0	Not present	1	Self-absorption (<i>bodily</i>) (<i>some inappropriate worry about his/her health OR slightly concerned despite reassurance</i>)	2	Preoccupation with health (<i>often has excessive worries about his/her health OR definitely concerned has specific illness despite medical reassurance</i>)	3	Frequent complaints, requests for help, etc. (<i>is certain there is a physical problem which the doctors cannot confirm; exaggerated or unrealistic concerns about body and physical health</i>)	4	Hypochondriacal delusions
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<p>RATING BASED ON OBSERVATION DURING INTERVIEW</p>	<p>26. (H17) INSIGHT:</p> <table border="1"> <tr> <td>0</td> <td>Acknowledges being depressed and ill OR not currently depressed</td> </tr> <tr> <td>1</td> <td>Acknowledges illness but attributes cause to bad food, overwork, virus, need for rest, etc.</td> </tr> <tr> <td>2</td> <td>Denies being ill at all</td> </tr> </table>	0	Acknowledges being depressed and ill OR not currently depressed	1	Acknowledges illness but attributes cause to bad food, overwork, virus, need for rest, etc.	2	Denies being ill at all				
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<p>RATING BASED ON OBSERVATION DURING INTERVIEW</p>	<p>27. (H9) AGITATION:</p> <table border="1"> <tr> <td>0</td> <td>None</td> </tr> <tr> <td>1</td> <td>Fidgetiness (<i>slight agitation or mild restlessness</i>)</td> </tr> <tr> <td>2</td> <td>Playing with hands, hair, etc. (<i>moderate to marked restlessness or agitation</i>)</td> </tr> <tr> <td>3</td> <td>Moving about, can't sit still (<i>cannot remain seated</i>)</td> </tr> <tr> <td>4</td> <td>Hand-wringing, nail biting, hair-pulling, biting of lips (<i>interview cannot be conducted; severe agitation</i>)</td> </tr> </table>	0	None	1	Fidgetiness (<i>slight agitation or mild restlessness</i>)	2	Playing with hands, hair, etc. (<i>moderate to marked restlessness or agitation</i>)	3	Moving about, can't sit still (<i>cannot remain seated</i>)	4	Hand-wringing, nail biting, hair-pulling, biting of lips (<i>interview cannot be conducted; severe agitation</i>)
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<p>RATING BASED ON OBSERVATION DURING INTERVIEW</p>	<p>28. (H8) RETARDATION (slowness of thought and speech; impaired ability to concentrate; decreased motor activity):</p> <table border="1"> <tr> <td>0</td><td>Normal speech and thought</td></tr> <tr> <td>1</td><td>Slight retardation at interview (<i>mild psychomotor retardation</i>)</td></tr> <tr> <td>2</td><td>Obvious retardation at interview (<i>moderate; some difficulty with interview, noticeable pauses and slowness of thought</i>)</td></tr> <tr> <td>3</td><td>Interview difficult (<i>severe psychomotor retardation; very long pauses</i>)</td></tr> <tr> <td>4</td><td>Complete stupor (<i>extreme retardation; interview barely possible</i>)</td></tr> </table>	0	Normal speech and thought	1	Slight retardation at interview (<i>mild psychomotor retardation</i>)	2	Obvious retardation at interview (<i>moderate; some difficulty with interview, noticeable pauses and slowness of thought</i>)	3	Interview difficult (<i>severe psychomotor retardation; very long pauses</i>)	4	Complete stupor (<i>extreme retardation; interview barely possible</i>)				
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<p>DIURNAL VARIATION (<i>Mood Only</i>)</p> <p>During the past week, have you regularly felt better or worse at any particular part of the day- morning or evening or afternoon?</p> <p>IF VARIATION: How much worse do you feel in the (MORNING OR EVENING OR AFTERNOON)?</p> <p>IF UNSURE: How much worse do you feel at this time? A little bit worse or a lot worse?</p> <p>How many days in the last week did this happen?</p>	<p>29. (H18) DIURNAL VARIATION</p> <p>A. Note whether symptoms are regularly (i.e., at least 5 days per week) worse in morning or evening or afternoon. If NO diurnal variation <i>in mood</i>, mark "none":</p> <table border="1"> <tr> <td>0</td><td>No variation OR not currently depressed</td></tr> <tr> <td>1</td><td>Worse in A.M.</td></tr> <tr> <td>2</td><td>Worse in P.M.</td></tr> <tr> <td>3</td><td>Worse in afternoon</td></tr> </table> <p>B. When present, mark the severity of the variation:</p> <table border="1"> <tr> <td>0</td><td>None</td></tr> <tr> <td>1</td><td>Mild</td></tr> <tr> <td>2</td><td>Severe</td></tr> </table>	0	No variation OR not currently depressed	1	Worse in A.M.	2	Worse in P.M.	3	Worse in afternoon	0	None	1	Mild	2	Severe
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3	Worse in afternoon														
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1	Mild														
2	Severe														
<p>During the past week, have you ever had the feeling that everything is unreal, or that you are in a dream, or cut off from other people in some strange way?</p> <p>Have you felt like you were outside of your body or like you've been watching yourself do things?</p> <p>IF YES TO ANY OF THE ABOVE:</p> <ul style="list-style-type: none"> ➤ Tell me about these feelings. ➤ How often has it happened? ➤ How bad has it been? ➤ How many days during the past week did you have these feelings? ➤ Did it interfere with work or home life? 	<p>30. (H19) DEPERSONALIZATION/DEREALIZATION (such as feelings of unreality and nihilistic ideas):</p> <table border="1"> <tr> <td>0</td><td>Absent</td></tr> <tr> <td>1</td><td>Mild (<i>occasional, mild symptoms</i>)</td></tr> <tr> <td>2</td><td>Moderate (<i>persistent, mild to moderate symptoms</i>)</td></tr> <tr> <td>3</td><td>Severe (<i>persistent, moderate to severe symptoms</i>)</td></tr> <tr> <td>4</td><td>Incapacitating (<i>persistent, very severe feelings of unreality with self/environment</i>)</td></tr> </table>	0	Absent	1	Mild (<i>occasional, mild symptoms</i>)	2	Moderate (<i>persistent, mild to moderate symptoms</i>)	3	Severe (<i>persistent, moderate to severe symptoms</i>)	4	Incapacitating (<i>persistent, very severe feelings of unreality with self/environment</i>)				
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<p>This past week, have you thought that anyone was trying to give you a hard time or hurt you?</p> <p>What about talking about you behind your back?</p> <p>IF YES TO ANY OF THE ABOVE:</p> <ul style="list-style-type: none"> ➤ Tell me about that. ➤ Who and why? ➤ How often? 	<p>31. (H20) PARANOID SYMPTOMS (suspiciousness, persecutory thought, paranoid delusions)</p> <table border="1"> <tr> <td>0</td> <td>None</td> </tr> <tr> <td>1</td> <td>Fleeting suspiciousness</td> </tr> <tr> <td>2</td> <td>More persistent or intense suspiciousness</td> </tr> <tr> <td>3</td> <td>Relatively fixed ideas of persecution or malevolence</td> </tr> <tr> <td>4</td> <td>Paranoid ideation is delusional (e.g., a paranoid system)</td> </tr> </table>	0	None	1	Fleeting suspiciousness	2	More persistent or intense suspiciousness	3	Relatively fixed ideas of persecution or malevolence	4	Paranoid ideation is delusional (e.g., a paranoid system)
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<p>In the past week, have there been things you've had to do over and over again, like checking the locks on the doors several times, or washing your hands? IF YES: Can you give me an example?</p> <p>Have you had any thoughts that don't make sense to you, but that keep running over and over in your mind? IF YES: Can you give me an example?</p> <p>If YES to any of the above:</p> <ul style="list-style-type: none"> ➤ How many days this past week did you have these (REPETITIVE BEHAVIORS OR DISTURBING THOUGHTS)? How much of each day? ➤ Have these (REPETITIVE BEHAVIORS OR DISTURBING THOUGHTS) interfered with anything? 	<p>32. (H21) OBSESSIONAL AND COMPULSIVE SYMPTOMS (obsessions, compulsions)</p> <table border="1"> <tr> <td>0</td> <td>Absent</td> </tr> <tr> <td>1</td> <td>Mild</td> </tr> <tr> <td>2</td> <td>Severe</td> </tr> </table>	0	Absent	1	Mild	2	Severe				
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