

GRID-HAMD-17

FREQUENCY				
1. DEPRESSED MOOD This item assesses feelings of sadness, hopelessness, helplessness, and worthlessness. <u>Note:</u> this is not a global rating of depressive illness.	Absent or clinically insignificant	Occasional	Much of the time	Almost all the time
Symptom intensity				
Absent	0			
Mild (Feelings of sadness, discouragement, low self-esteem, pessimism)	0	1	1	2
Moderate (Clear nonverbal signs of sadness, feelings of hopelessness, helplessness, or worthlessness about some aspects of life)		1	2	3
Severe (Intense sadness, hopelessness about most aspects of life, feelings of complete helplessness or worthlessness)		2	3	4
Very severe (Extreme sadness; intractable hopelessness or helplessness)		3	4	4

Frequency is based on the past 7 days

<u>Absent</u>	Not occurring or clinically insignificant
<u>Occasional</u>	Infrequent; less than 3 days; up to 30% of the week
<u>Much of the time</u>	Often; 3 – 5 days; 31% - 75% of the week
<u>Almost all the time</u>	Persistent; 6 – 7 days; more than 75% of the week

FREQUENCY				
2. GUILT Guilt is defined as the sense of doing something bad or wrong, and is accompanied by feelings of regret or shame. Guilt is rated only if it is excessive or unrealistic.	Absent or clinically insignificant	Occasional	Much of the time	Almost all the time
Symptom intensity				
Absent	0			
Mild (Self-critical, self-reproach, e.g., "I've let people down")	0	1	1	2
Moderate (Feelings of guilt, remorse, shame; belief that one has done something bad or wrong)		1	2	3
Severe (Pervasive feelings of guilt; feels the illness is a punishment for sinful deeds)		2	3	4
Very Severe (Delusions, hallucinations)			4	4

FREQUENCY				
3. SUICIDE	Absent or clinically Insignificant	Occasional	Much of the time	Almost all the time
Symptom intensity				
Absent	0			
Mild (Feels life is not worth living, but expresses no wish to die, e.g., "I don't care if I live or die")	0	1	1	2
Moderate (Wishes to be dead; thoughts of dying, but no specific plan or intent, e.g., "If I got hit by a bus, I wouldn't care," "I'd like to go to sleep and never wake up")		1	2	3
Severe (Clear suicidal plan or intent; suicidal gesture, e.g., taking a few sleeping pills)		3	3	4
Very Severe (Attempts at suicide)		4	4	4

Frequency is based on the past 7 days

<u>Absent</u>	Not occurring or clinically insignificant
<u>Occasional</u>	Infrequent; less than 3 days; up to 30% of the week
<u>Much of the time</u>	Often; 3 – 5 days; 31% - 75% of the week
<u>Almost all the time</u>	Persistent; 6 – 7 days; more than 75% of the week

FREQUENCY				
4. INSOMNIA EARLY (Time to first falling asleep)	Absent or clinically insignificant	Occasional	Much of the time	Almost all the time
Absent	0			
Mild (30 – 59 minutes to fall asleep)	0	1	1	2
Marked (1 hour or more to fall asleep)		1	2	2

FREQUENCY				
5. INSOMNIA MIDDLE (After having fallen asleep and until 2 hours prior to usual hour of waking)	Absent or clinically insignificant	Occasional	Much of the time	Almost all the time
Absent	0			
Mild (30 – 59 minutes awake)	0	1	1	2
Marked (1 hour or more awake)		1	2	2

FREQUENCY				
6. INSOMNIA LATE (Within 2 hours of usual hour of waking) May stay awake during this time frame or may return to sleep after full awakening.	Absent or clinically insignificant	Occasional	Much of the time	Almost all the time
Absent	0			
Mild (30 – 59 minutes awake)	0	1	1	2
Marked (1 hour or more awake)		1	2	2

Frequency is based on the past 7 days

Absent

Not occurring or clinically insignificant

Occasional

Infrequent; less than 3 days; up to 30% of the week

Much of the time

Often; 3 – 5 days; 31% - 75% of the week

Almost all the time

Persistent; 6 – 7 days; more than 75% of the week

FREQUENCY				
7. WORK AND ACTIVITIES This item assesses loss of interest or pleasure and impairment in functioning at work inside and outside the home, leisure activities, and family and social relationships.	Absent or clinically insignificant	Occasional	Much of the time	Almost all the time
Symptom intensity				
Absent	0			
Mild (Some reduction in interest or pleasure but no clear impairment in functioning)	0	1	1	2
Moderate (Significant reduction in interest or pleasure or clear impairment in functioning)		1	2	3
Severe (Profound reduction in interest, pleasure, and functioning)		2	3	4
Very Severe (Unable to work; needs help performing self-care activities; unable to function without assistance)		3	4	4

Frequency is based on the past 7 days

Absent

Not occurring or clinically insignificant

Occasional

Infrequent; less than 3 days; up to 30% of the week

Much of the time

Often; 3 – 5 days; 31% - 75% of the week

Almost all the time

Persistent; 6 – 7 days; more than 75% of the week

8. PSYCHOMOTOR RETARDATION	
This item assesses retardation in movement and speech observed during interview.	
Symptom intensity	
Absent	0
Mild (Rate of speech slightly reduced)	1
Moderate (Rate of speech clearly reduced with noticeable pauses)	2
Severe (Interview clearly prolonged due to long breaks; all movements very slowed)	3
Very Severe (Interview cannot be completed, unresponsive)	4

9. PSYCHOMOTOR AGITATION	
This item assesses agitation in motor behavior and speech observed during interview.	
Symptom intensity	
Absent (movements within normal range, e.g., occasionally shifts position in seat)	0
Mild (Doubtful or slight agitation, mild restlessness, e.g., frequently changing position in seat, foot-tapping, playing with hair, hands, or clothes)	1
Moderate (Moderate to marked restlessness or agitation, e.g., wringing hands, excessive scratching or picking)	2
Severe (Cannot sit still or stay seated even for a short period of time; pacing)	3
Very Severe (Interview cannot be conducted)	4

FREQUENCY				
10. ANXIETY, PSYCHIC This item assesses apprehension, fear, panic, worry, as well as irritability. <u>Note:</u> Do not rate physical symptoms of panic attacks here. Rate in item 11: Anxiety, Somatic.	Absent or clinically insignificant	Occasional	Much of the time	Almost all the time
Symptom intensity				
Absent	0			
Mild (some feelings of worry or irritability)	0	1	1	2
Moderate (excessive worry or irritability; anxiety causes distress; may cause some impairment in functioning)		1	2	3
Severe (pervasive worry or dread; fearing the worst; apprehension obvious in demeanor or behavior; significant impairment in functioning; feelings of panic)		2	3	4
Very Severe (incapacitating)		3	4	4

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Not occurring or clinically insignificant

Occasional

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FREQUENCY				
11. ANXIETY, SOMATIC This item assesses physical symptoms associated with anxiety.	Absent or clinically insignificant	Occasional	Much of the time	Almost all the time
Gastrointestinal (dry mouth, gas, indigestion, Diarrhea, constipation, stomach cramps, belching) Cardiovascular (heart pounding or racing) Respiratory (sighing, hyperventilation) Other (headaches, urinary frequency, sweating, Lightheadedness)				
Symptom intensity				
Absent	0			
Mild (some distress)	0	1	1	2
Moderate (marked distress, may cause some impairment in functioning)		1	2	3
Severe (significant impairment in functioning)		2	3	4
Very Severe (incapacitating)		3	4	4

Frequency is based on the past 7 days

Absent

Not occurring or clinically insignificant

Occasional

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Persistent; 6 – 7 days; more than 75% of the week

FREQUENCY				
12. LOSS OF APPETITE (SOMATIC SYMPTOMS, GASTROINTESTINAL) This item assesses appetite (i.e., hunger, desire, enjoyment of food). <u>Note:</u> Do not rate other gastrointestinal symptoms here. Rate in item 11: Anxiety, Somatic.	Absent or clinically insignificant	Occasional	Much of the time	Almost all the time
Symptom Intensity				
Absent	0			
Mild (Some loss of appetite but eating without encouragement; less interest or pleasure in eating)	0	1	1	1
Marked (Marked loss of appetite, very little interest or pleasure in eating (e.g., forcing self to eat))		1	2	2

FREQUENCY				
13. SOMATIC SYMPTOMS, GENERAL This item assesses tiredness, loss of energy, fatigue, and muscular aches and pains.	Absent or clinically insignificant	Occasional	Much of the time	Almost all the time
Symptom Intensity				
Absent	0			
Mild (mild tiredness, loss of energy, fatigue, feelings of heaviness in limbs or being weighted down, or muscular aches or pains)	0	1	1	1
Marked (prominent tiredness, loss of energy, fatigue, feelings of heaviness in limbs or being weighted down, or muscular aches or pains)		1	2	2

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14. SEXUAL INTEREST (GENITAL SYMPTOMS)	
This item assesses loss of interest or pleasure in sex; not amount of activity or sexual performance	
Symptom Intensity	
Absent	0
Mild (Some loss of interest or pleasure)	1
Marked (Marked loss of interest or pleasure)	2

FREQUENCY				
15. HYPOCHONDRIASIS	Absent or clinically insignificant	Occasional	Much of the time	Almost all the time
This item assesses unjustified preoccupation with having a general medical illness regardless of whether it is present or not.				
Symptom intensity				
Absent	0			
Mild (preoccupation with bodily functions and sensations, but no concerns about a specific illness)	0	1	1	2
Moderate (Excessive or unrealistic worry about having an illness, e.g., "I worry that these headaches are from a brain tumor.")		1	2	3
Severe (Strong unrealistic conviction of having an illness, e.g., "I am convinced I have cancer")		2	3	3
Very Severe (Somatic delusions or hallucinations, e.g., "My insides are rotting")		4	4	4

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16. LOSS OF WEIGHT	
Rate A or B, but not both. Do not rate weight loss due to dieting and non-depression-related circumstances, e.g., weight loss due to general medical conditions.	
A. When rating by history Compare to premorbid weight when rating at baseline; compare to previous visit if rating at follow-up	
No weight loss	0
Probable weight loss	1
Definite weight loss	2
B. When actual weight changes are measured Guidelines provided below apply to individuals who are of average weight	
Less than 1 lb. (.5 kg) loss per week since last visit	0
1-2 lb. (.5 – 1 kg) loss per week since last visit	1
More than 2-lb (> 1 kg) loss per week since last visit	2

If a person were still under their premorbid weight at a follow-up visit, they would carry forward their previous score, even if they have not lost additional weight (assuming that they have not gained any weight back).

[For a person who has previously been given points for weight loss and has begun to gain weight, use the conventions above to decrease previous score, e.g., 1 - 2 lb. weight gain (.5 – 1 kg) would lower a 2 to a 1, or a 1 to a 0; a greater than 2-lb (> 1 kg) weight gain would reduce a 2 or a 1 to a zero.]

17. INSIGHT	
This item assesses pathological denial of illness. Do not consider denial that reflects cultural norms.	
Any recognition of depressive symptoms, with or without attribution to any cause, e.g., “I’m depressed because my partner always argues with me.”	0
Denies illness but accepts possibility of being ill, e.g., “I don’t think there’s anything wrong, but other people think there is.”	1
Complete denial of having any illness, e.g., “I’m not depressed; I’m fine.”	2