

INTERVIEWER: The probe questions are *bold and italicized*. The first question for each item should be asked exactly as written. Often the 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, however, for use when further exploration or additional clarification of symptoms is necessary. 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.

For the purpose of our study, we are asking about symptoms during the **past two weeks**.

It is recommended that the weight loss item be rated positively whenever the patient has lost weight relative to their baseline (pre-depression) weight, provided they have not begun to gain back lost weight. Once they have begun to gain weight, even if below baseline, they should no longer be rated positively on this item. (Adapted from the Structured Interview Guide for the Hamilton Depression Rating Scale, Williams, J., Arch. Gen. Psych., 1988; 45:742-747).

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**OVERVIEW: *I'd like to ask you some questions about the past two weeks. How have you been feeling since (DAY OF WEEK)?*** *Have you been working/attending school? IF NOT: Why not?*

1. ***What's your mood been like during the past two weeks? . . . Have you been feeling down or depressed? . . . Sad? . . . Hopeless? . . . In the last week, how often have you been feeling (OWN EQUIVALENT)? . . . Every day? . . . All day? . . . Have you been crying at all?***

**DEPRESSED MOOD** (Sadness, hopelessness, helplessness, worthlessness)

- 0 Absent
- 1 These feeling states indicated only on questioning.
- 2 These feeling states spontaneously reported verbally.
- 3 Communicates feeling states nonverbally, i.e., through facial expression, posture, voice, and tendency to weep.
- 4 Patient reports virtually only these feeling states in spontaneous verbal and nonverbal communication.

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

2. ***Have you been especially critical of yourself during the past two weeks, feeling like you've done things wrong, or let others down? IF YES: What have your thoughts been? . . . Have you been feeling guilty about anything you have done or not done? . . . Have you thought you've brought (THIS DEPRESSION) on yourself in some way? . . . Do you feel you are being punished by being sick?***

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

3. ***These past two weeks, have you had any thoughts that life is not worth living, or that you'd be better off dead? . . .What about thoughts of hurting or even killing yourself?***  
IF YES: *What have you thought about? Have you actually done anything to hurt yourself?*

4. ***How have you been sleeping over the last two weeks? . . . 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? IF YES: How many nights this week have you had trouble falling asleep?***

5. ***During the past two weeks, have you been waking up in the middle of the night?***  
IF YES: *Do you get out of bed? What do you do? Only to go to the bathroom? When you get back in bed, are you able to fall right back asleep? Have you felt your sleep has been restless and disturbed some nights?*

6. ***What time have you been waking up in the morning for the last time, these past two weeks? IF EARLY: Is that with an alarm clock, or do you just wake up yourself? What time do you usually wake up that is, before you got depressed?***

**SUICIDE**

- 0 Absent
- 1 Feels life is not worth living.
- 2 Wishes he were dead or any thought of possible death to self.
- 3 Suicide ideas or gesture.
- 4 Attempts at suicide (any serious attempts rates 4).

**INSOMNIA EARLY**

- 0 No difficulty falling asleep.
- 1 Complains of occasional difficulty falling asleep, i.e., more than 1/2 hour.
- 2 Complains of nightly difficulty falling asleep.

**INSOMNIA MIDDLE**

- 0 No difficulty.
- 1 Complains of being restless and disturbed during the night.
- 2 Waking during the night - any getting out of bed rates 2 (except for purposes of voiding).

**INSOMNIA LATE**

- 0 No difficulty.
- 1 Waking in early hours of the morning but goes back to sleep.
- 2 Unable to fall asleep again if gets out of bed.

7. *How have you been spending your time these past two weeks (when not at work/school)? Have you felt interested in doing (THOSE THINGS), or do you feel you have to push yourself to do them ? . . .Have you stopped doing anything you used to do? . . .IF YES: Why? . . . Is there anything you look forward to?*  
 (AT FOLLOW-UP): *Has your interest been back to normal?*

8. **BASED ON OBSERVATION**

9. **BASED ON OBSERVATION**

10. *Have you been feeling especially tense or irritable these past two weeks? Have you been worrying a lot about little unimportant things, things you wouldn't ordinarily worry about?*  
 IF YES: *Like what, for example?*

**WORK AND ACTIVITIES**

- 0 No difficulty.
- 1 Thoughts and feelings of incapacity, fatigue, or weakness related to activities, work or hobbies.
- 2 Loss of interest in activity, hobbies or work either directly reported by patient or indirect in listlessness, indecision and vacillation (feels he has to push self to work or activities).
- 3 Decrease in actual time spent in activities or decrease in productivity.
- 4 Stopped working because of present illness.

**RETARDATION** (slowness of thought, speech, impaired ability to concentrate).

- 0 Normal speech and thought.
- 1 Slight retardation at interview.
- 2 Previous retardation at interview (decreased motor activity).
- 3 Interview difficult.
- 4 Complete stupor.

**AGITATION**

- 0 None
- 1 Playing with, hands, hair, etc.
- 2 Hand-wringing, nail-biting, hair pulling, biting of lips.

**ANXIETY PSYCHIC**

- 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 questioning.

**11. *In the past two weeks, have you had any of these physical symptoms?***

READ BELOW PAUSING AFTER EACH SYMPTOM FOR REPLY . . . *How much have these things been bothering you this past week? . . . How bad have they gotten? . . . How much of the time or how often have you had them?*

**12. *How has your appetite been these past two weeks? What about compared to your usual appetite?***

**13. *How has your energy been these past two weeks? . . . Have you been tired all the time? . . . Have you had any backaches, headaches, or muscle aches? . . . These past two weeks, have you felt any heaviness in your limbs, back, or head?***

**14. *How has your interest in sex been these past two weeks – I’m not talking about your performance, but about your interest - how much do you think about it or how much do you enjoy looking at someone attractive? . . . Is this different from how you usually are?***

**ANXIETY SOMATIC** (Physiological concomitants of anxiety, such as: Gastrointestinal: dry mouth, gas, indigestion, diarrhea, cramps, belching; Cardiovascular: palpitations, headaches; Respiratory: hyperventilation, sighing; Urinary frequency; Sweating).

NOTE: DON’T RATE IF SYMPTOMS CLEARLY DUE TO MEDICATION

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

**SOMATIC SYMPTOMS - GASTROINTESTINAL**

- 0 None
- 1 Loss of appetite but eating without encouragement.
- 2 Difficulty eating without urging. Requests or requires laxatives or medication for bowels or medication for G.I. symptoms.

**SOMATIC SYMPTOMS - GENERAL**

- 0 None
- 1 Heaviness in limbs, back or head. Backaches, headache, muscle aches. Loss of energy and fatigability.
- 2 Any clear-cut symptom rates 2.

**GENITAL SYMPTOMS** (Symptoms such as loss of libido, Menstrual disturbances-ascertained)

- 0 Absent
- 1 Mild
- 2 Severe

15. ***In the past two weeks, how much have your thoughts been focused on your physical health or how your body is working (compared to your normal thinking)?*** *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?*

16. ***Have you lost any weight since this (DEPRESSION) began?*** IF YES: *How much?*  
IF NOT SURE: *Do you think your clothes are any looser on you? Have you gained any of the weight back?*

17. **BASED ON OBSERVATION**

18. ***These past two weeks, have you been feeling better or worse at any particular time of the day - morning or evening?***

IF VARIATION: *How much worse do you feel in the (MORNING/EVENING)?*

IF UNSURE: *A little bit worse or a lot worse?*

19. ***In these past two weeks, have you ever had the strange feeling that everything is unreal or you are in a dream, or cut off from other people in some way? . . . Or feeling like you yourself are not real, or you are somehow outside of what is going on around you? . . . Any spacey feelings? . . . Such as feelings of unreality; Nihilistic ideas.***

IF YES: *How bad has that been? How often this past week has that happened?*

**HYPOCHONDRIASIS**

- 0 Not present.
- 1 Self-absorption (bodily).
- 2 Preoccupation with health.
- 3 Frequent complaints, requests for help, etc.
- 4 Hypochondriacal delusions.

- 0 No weight loss.
- 1 Probable weight loss associated with present illness.
- 2 Definite (according to pt.) weight loss.

**INSIGHT**

- 0 Acknowledges being depressed and ill.
- 1 Acknowledges illness but attributes cause to bad food, climate, overwork, virus, need for rest, etc.
- 2 Denies being ill at all.

**DIURNAL VARIATION**

- 0 Absent
- 1 Mild
- 2 Severe

**DEPERSONALIZATION AND DEREALIZATION**

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

20. ***These past two weeks, have you felt that anyone was trying to give you a hard time or hurt you?***

IF NO: *What about talking behind your back?*

IF YES: *Tell me about that.*

21. ***In the past two weeks, have there been things you've had to do over and over again, like checking the locks on doors several times?***

IF YES: *Can you give me an example? Have you had any thoughts that don't make any sense to you, but that keep running over and over in your mind?* IF YES: *Can you give me an example?*

22. ***In the past two weeks, have you been feeling helpless or have you felt that you need help with things you could normally do for yourself? . . . Have you needed to be encouraged or pushed to accomplish everyday tasks? . . . Have you actually required physical assistance taking care of daily things like dressing, grooming of feeding yourself?***

23. ***In the past two weeks, have you felt discouraged about the future or thought that you would never get better? . . . Actually feeling helpless?*** IF YES: *When you felt that way, could you be reassured or made to feel better by others?*

**PARANOID SYMPTOMS**

- 0 None
- 1 Mildly suspicious.
- 2 Moderately suspicious.
- 3 Ideas of reference.
- 4 Delusions of reference and persecution.

**OBSESSIVE AND COMPULSIVE SYMPTOMS**

- 0 Absent
- 1 Mild
- 2 Severe

**HELPLESSNESS**

- 0 Not present.
- 1 Subjective feelings which are elicited only by inquiry.
- 2 Patient volunteers his helpless feelings.
- 3 Requires urging, guidance, and reassurance to accomplish yard chores or personal hygiene.
- 4 Requires physical assistance for dress, grooming, eating, bedside tasks or hygiene.

**HOPELESSNESS**

- 0 Not present.
- 1 Intermittently doubts that things will improve but can be assured.
- 2 Consistently feels 'hopeless' but accepts reassurances.
- 3 Expresses feelings of discouragement, despair. Pessimism about future, which cannot be dispelled.
- 4 Spontaneously and inappropriately perseverates, 'I'll never get well' or its equivalent.

24. *How have you been feeling about yourself during the past two weeks?*

**WORTHLESSNESS-** (Ranges from mild loss of esteem, feelings of inferiority, self-depreciation to delusional notions of worthlessness).

- 0 Not present.
- 1 Indicates feelings of worthlessness (loss of self-esteem).
- 2 Spontaneously indicates feelings of worthlessness (loss of self-esteem).
- 3 Different from 2 by degree: Patient volunteers that he is 'no good', 'inferior', etc.
- 4 Delusional notions of worthlessness, i.e., 'I am a heap of garbage' or its equivalent.