

### Appendix 3. Structured Interview guide for the Hamilton Major Depressive Disorder Rating Scale

Pt's Name:

Pt's ID:

Stroke

Date:

Overview: I'd like to ask you some questions about the past week. How have you been feeling since last (day or week)?

**1. What's your mood been like the past week?**

**Have you been feeling down or depressed?**

**Sad, hopeless?**

**In the last week, how often have you felt (own equivalent)? Every day? All day?**

**If scored 1-4 above ask: How long have you been feeling this way?**

**Depressed mood** (sadness, hopeless, helpless, worthless):

- 0- absent
- 1- indicated
- 2- spontaneously reported verbally
- 3- communicated non-verbally
- 4- virtually only: this in spontaneous verbal and non-verbal communication

**2. Have you been especially critical of yourself this past week, feeling you've done things wrong, or let others down?**

**If yes: in what way? Name your thoughts. Have you been feeling guilty about anything that you've done or not done?**

**Have you thought that you've brought (this Major Depressive Disorder) on yourself in some way?**

**During this past week, have you had any thoughts that life is not worth living, or that you'd be better off dead? What about having thoughts of hurting or even killing yourself?**

**If yes: What have you thought about? Have you actually done anything to hurt yourself?**

**Feelings of guilt:**

- 0- absent
- 1- self reproach, feels he/she has let people down
- 2- ideas of guilt or rumination over past errors or sinful deeds
- 3- present illness is a punishment
- 4- hears accusatory or denunciatory voices and/or experiences threatening visual hallucinations.

**Suicide:**

- 0- absent
- 1- feels life is not worth living
- 2- wishes he /she was dead or any thoughts of possible death
- 3- suicidal ideas or gestures
- 4- attempts at suicide

**3. How have you been sleeping over the last week?**

**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?)**

**How many nights this week have you had trouble falling asleep?**

**4. 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?)**

**When you get back in bed, are you able to fall right back asleep?**

**Have you felt your sleeping has been restless or disturbed some nights?**

**5. What time have you been waking up in the morning for the last time, this past week?**

**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?).**

**Insomnia early:**

- 0- no difficulty falling asleep
- 1- complains of occasional difficulty falling asleep (ie more than 1/2 an hour)
- 2- complains of nightly difficulty falling asleep

**Insomnia middle:**

- 0- no difficulty falling asleep
- 1- complains of being restless and disturbed during the night
- 2- waking during the night - any getting out of bed (except to void)

**Insomnia late:**

- 0- no difficulty falling asleep
- 1- waking in early hours of morning but goes back to sleep
- 2- unable to fall asleep again if gets out of bed

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

**Have you ever 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?)**

**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 activities, hobbies or work - by direct report of the person or indirect in listlessness, indecision and vacillating (feels he/she has to push self to work or activities)
- 3- decrease in actual time spent in activities or decrease in activities (hospital job or hobbies)
- 4- stopped working because of present illness. In hospital no activities except ward chores, or fails to perform ward chores unassisted

**7. Rating based on observation during interview**

**Retardation:** (slowness of thought and speech; impaired ability to concentrate; decreased motor activity):

- 0- normal speech and thought
- 1- slight retardation at interview
- 2- obvious retardation at interview
- 3- interview difficult
- 4- complete stupor

**8. Rating based on observation during interview**

**Agitation:**

- 0- none
- 1- fidgetiness
- 2- playing with hands, hair etc
- 3- moving about, can't sit still
- 4- hand-wringing, nail biting , hair pulling, biting of lips

**9. Have you been feeling especially tense or irritable this past week?**

**Anxiety psychic:**

**Have you been worrying a lot about little unimportant things, things you wouldn't ordinarily worry about?**

If yes: **Like what, for example?**

- 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

**10. In this last week, have you had any of these physical symptoms?**

Read list adjacent, pausing after each section for reply.

**How much have these things been bothering you this past week?**

**Anxiety Somatic:** Physiological concomitants of anxiety, such as:

**Gastro-intestinal:** dry mouth, gas, indigestion, diarrhoea, cramps, belching

**Cardio vascular:** heart palpitations, headaches

**Respiratory:** hyperventilating, sighing, having to urinate frequently, sweating

**11. (How bad have they been? How much of the time, or how often, have you had them?)**

- 0 - absent
- 1 - mild
- 2 - moderate
- 3 - severe
- 4 - incapacitating

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**12. How has your appetite been this past week? (What about compared to your usual appetite?)**

**Have you forced yourself to eat?**

**Have other people urged you to eat?**

**13. How has your energy been this past week?**

**Have you been tired all the time?**

**This week, have you had any backaches, headaches, or muscle aches?**

**14. How has your interest in sex been this week? (I'm not asking about performance, but about your interest in sex - how much do you think about it.)**

**Has there been any change in your interest in sex (from when you were not depressed)?**

**Is it something you've thought much about? If not: Is that unusual for you?**

**15. 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)?**

**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? How often has that happened?**

**16. Rating based on observation**

**17. Have you lost any weight since this (Major Depressive Disorder) began?**

**If yes: How much?**

**If not sure: Do you think your clothes are any looser on you?**

**At follow up: Have you gained the weight back?**

**Somatic Symptoms Gastrointestinal:**

- 0 - absent
- 1 - loss of appetite but eating without encouragement
- 2 - difficulty eating without urging

**Somatic Symptoms General:**

- 0 - none
- 1 - heaviness in limbs, back or head backaches, headache, muscle aches. Loss of energy and feeling fatigued
- 2 - any clear-cut symptoms

**General Symptoms (such as loss of libido, menstrual disturbances):**

- 0 - absent
- 1 - mild
- 2 - severe

**Hypochondriasis:**

- 0- not present
- 1- self-absorption (bodily)
- 2- preoccupation with health
- 3- frequent complaints, requests
- 4- hypochondriacal delusions

**Insight:**

- 0- acknowledges being depressed and ill or not currently depressed
- 1- acknowledges illness but attributes cause to bad food, climate, overwork, virus, need for rest, etc
- 2 - denies being ill at all

**Loss of weight: (Rate either A or B)**

- A When rating by history
  - 0 - no weight loss
  - 1- probable weight loss associated with present illness
  - 2 - definite (according to point) weight loss
  - 3 - not assessed
- B On weekly ratings by ward staff, when actual weight changes are measured:
  - 0 - less than 500gm loss in week
  - 1 - more than 500gm loss in week
  - 2 - more than 1kg loss in week
  - 3 - not assessed

Generally a score of 14 or more (out of a total possible score of 50) is seen as indicating a level of depression justifying treatment, and 6/7 or less as indicating remission. Hamilton (1982, cited in Williams et al, 1992) suggests that when the score on the HRS has been reduced to less than a third of its pretreatment level, patients feel that their treatment was successful.