

SIGH-SAD (Ham-D) Summary Score Sheet

Patient Name: _____

Date: (dd/mon/yr) ____ / ____ / ____

1. Depressed Mood

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

2. 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 - 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. In hospital rate 3 if patient does not spend at least three hours a day in activities (hospital job or hobbies) exclusive of ward chores.
- 4 = Stopped working because of present illness. In hospital, rate 4 if patient engages in no activities except ward chores, or if patient fails to perform ward chores unassisted.

3. Social Withdrawal

- 0 = Interacts 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 (i.e. where this is necessary).
- 4 = Marked withdrawal from others in family or work situations.

4. Genital Symptoms

- 0 = Absent.
- 1 = Mild.
- 2 = Severe.

5. Somatic Symptoms – GI

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

6. Loss of Weight

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

7. Weight Gain

- 0 = No weight gain.
- 1 = Probable weight gain due to current depression.
- 2 = Definite (according to patient) weight gain due to depression.

8. Appetite Increase

- 0 = No increase in appetite.
- 1 = Wants to eat a little more than usual.
- 2 = Wants to eat somewhat more than normal.
- 3 = Wants to eat much more than usual.

9. Increased Eating

- 0 = Is not eating more than usual.
- 1 = Is eating a little more than usual.
- 2 = Is eating somewhat more than usual.
- 3 = Is eating much more than normal.

10. Carbohydrate Craving

- 0 = No change in food preference or consumption.
- 1 = Craving or eating more carbohydrates (starches or sugars) than before.
- 2 = Craving or eating much more carbohydrates than before.
- 3 = Irresistible craving or eating of sweets or starches.

11. Insomnia – Early

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

12. Insomnia – Middle

- 0 = No difficulty.
- 1 = Patient 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).

13. 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 he gets out of bed.

14. Hypersomnia

- 0 = No increase in sleep length.
- 1 = At least 1 hour increase in sleep length.
- 2 = 2+ hour increase.
- 3 = 3+ hour increase.
- 4 = 4+ hour increase.

15. 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.

16. Fatigability

- 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 a day; at least three days a week.
- 3 = Fatigued much of the time most days.
- 4 = Fatigued almost all the time.

17. 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.

18. Suicide

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

19. 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.

20. Anxiety – Somatic

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

21. Hypochondriasis

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

22. Insight

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

23. Motor Retardation

- 0 = Normal speech and thought.
- 1 = Slight retardation at interview.
- 2 = Obvious retardation at interview.
- 3 = Interview difficult.
- 4 = Complete stupor.

24. 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.

17-item Ham-D Total: _____
(do not include shaded items)

7-item Atypical Total: _____
(only shaded items)

24-item Ham-D Total: _____
(all items)

25. Diurnal Variation

- 0 = None.
- 1 = Mild. Worse in: AM PM
- 2 = Severe.

26. Reverse Diurnal (Afternoon Slump)

- 0 = No.
- 1 = yes, of mild intensity.
- 2 = Yes, of moderate intensity.
- 3 = yes, of severe intensity.

27. Depersonalization/Derealization

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

28. Paranoid Symptoms

- 0 = None.
- 1 = Suspicious.
- 2 = Ideas of reference.
- 3 = Delusions of reference and persecution.

29. Obsessive/Compulsive

- 0 = Absent.
- 1 = Mild.
- 2 = Severe.

29-item Ham-D Total: _____
(all items)