

# HOSPITAL ANXIETY & DEPRESSION SCALE (HADS)

Please read each item below and tick the box that comes closest to how you have been feeling this past week. Choose one response from the four given for each interview. Give an immediate response and be dissuaded from thinking too long about the answers.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ NHS No: \_\_\_\_\_

SCORING

A	I feel tense or 'wound up	Most of the time		3
		A lot of the time		2
		Occasionally		1
		Not at all		0

D	I still enjoy the things I used to enjoy	Definitely as much		0
		Not quite so much		1
		Only a little		2
		Hardly at all		3

A	I get a sort of frightened feeling as if something awful is about to happen	Very definitely & quite badly		3
		Yes, but not too badly		2
		A little, but it doesn't worry me		1
		Not at all		0

D	I can laugh and see the funny side of things	As much as always		0
		Not quite so much now		1
		Definitely not so much now		2
		Not at all		3

A	Worrying thoughts go through my mind	A great deal of the time		3
		A lot of the time		2
		Not too often		1
		Very little		0

D	I feel cheerful	Never		3
		Not often		2
		Sometimes		1
		Most of the time		0

A	I can sit at ease and feel relaxed	Definitely		0
		Usually		1
		Not often		2
		Not at all		3

D	I feel as if I am slowed down	Nearly all the time		3
		Very often		2
		Sometimes		1
		Not at all		0

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ NHS No: \_\_\_\_\_

<b>A</b>	<b>I get a sort of frightened feeling like 'butterflies' in the stomach</b>	Not at all	<input type="checkbox"/>	0
		Occasionally	<input type="checkbox"/>	1
		Quite often	<input type="checkbox"/>	2
		Very often	<input type="checkbox"/>	3

<b>D</b>	<b>I have lost interest in my appearance</b>	Definitely	<input type="checkbox"/>	3
		I don't take as much care as I should	<input type="checkbox"/>	2
		I may not take as much care	<input type="checkbox"/>	1
		I take just as much care as ever	<input type="checkbox"/>	0

<b>A</b>	<b>I feel restless as if I have to be on the move</b>	Very much indeed	<input type="checkbox"/>	3
		Quite a lot	<input type="checkbox"/>	2
		Not very much	<input type="checkbox"/>	1
		Not at all	<input type="checkbox"/>	0

<b>D</b>	<b>I look forward to enjoyment to things</b>	As much as I ever did	<input type="checkbox"/>	0
		Rather less than I used to	<input type="checkbox"/>	1
		Definitely less than I used to	<input type="checkbox"/>	2
		Hardly at all	<input type="checkbox"/>	3

<b>A</b>	<b>I get sudden feelings of panic</b>	Very often indeed	<input type="checkbox"/>	3
		Quite often	<input type="checkbox"/>	2
		Not very often	<input type="checkbox"/>	1
		Not at all	<input type="checkbox"/>	0

<b>D</b>	<b>I can enjoy a good book or radio or TV programme</b>	Often	<input type="checkbox"/>	0
		Sometimes	<input type="checkbox"/>	1
		Not often	<input type="checkbox"/>	2
		Very seldom	<input type="checkbox"/>	3

<b>TOTAL SCORES</b>	<b>ANXIETY</b> ____	<b>DEPRESSION</b> ____
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