Hospital Anxiety and Depression Scale (HADS)

Tick the box beside the reply that is closest to how you have been feeling in the past week.

Don't take too long over you replies: your immediate is best.

| D   | A   | D   | A   |
|-----|-----|-----|-----|
| 3   | Most of the time | 3   | Nearly all the time |
| 2   | A lot of the time | 2   | Very often |
| 1   | From time to time, occasionally | 1   | Sometimes |
| 0   | Not at all | 0   | Not at all |

I feel tense or 'wound up':

| 0   | Definitely as much | 0   | Not at all |
| 1   | Not quite so much | 1   | Occasionally |
| 2   | Only a little | 2   | Quite Often |
| 3   | Hardly at all | 3   | Very Often |

I feel as if I am slowed down:

I still enjoy the things I used to enjoy:

| 0   | Absolutely as much | 0   | Not at all |
| 1   | Not quite so much | 1   | Occasionally |
| 2   | Only a little | 2   | Quite often |
| 3   | Hardly at all | 3   | Very Often |

I get a sort of frightened feeling like 'butterflies' in the stomach:

I get a sort of frightened feeling as if something awful is about to happen:

| 3   | Very definitely and quite badly | 3   | Definitely |
| 2   | Yes, but not too badly | 2   | I don't take as much care as I should |
| 1   | A little, but it doesn't worry me | 1   | I may not take quite as much care |
| 0   | Not at all | 0   | I take just as much care as ever |

I have lost interest in my appearance:

I can laugh and see the funny side of things:

| 0   | As much as I always could | 3   | Very much indeed |
| 1   | Not quite so much now | 2   | Quite a lot |
| 2   | Definitely not so much now | 1   | Not very much |
| 3   | Not at all | 0   | Not at all |

I feel restless as I have to be on the move:

Worrying thoughts go through my mind:

| 3   | A great deal of the time | 0   | As much as I ever did |
| 2   | A lot of the time | 1   | Rather less than I used to |
| 1   | From time to time, but not too often | 2   | Definitely less than I used to |
| 0   | Only occasionally | 3   | Hardly at all |

I feel cheerful:

| 3   | Not at all | 3   | Very often indeed |
| 2   | Not often | 2   | Quite often |
| 1   | Sometimes | 1   | Not very often |
| 0   | Most of the time | 0   | Not at all |

I get sudden feelings of panic:

I can sit at ease and feel relaxed:

| 0   | Definitely | 0   | Often |
| 1   | Usually | 1   | Sometimes |
| 2   | Not often | 2   | Not often |
| 3   | Not at all | 3   | Very seldom |

I can enjoy a good book or radio or TV program:

Please check you have answered all the questions

Scoring:

Total score: Depression (D) _________ Anxiety (A) _________

0-7  = Normal
8-10 = Borderline abnormal (borderline case)
11-21 = Abnormal (case)