

HOSPITAL ANXIETY AND DEPRESSION SCALE (HADS)

ID	NUMBER: FORM CODE: HDS VERSION: 1.0 11/11/2021 Event:									
0a)	0a) Date of Collection: / / / / / / / / / / Ob) Staff Code: / / / / / / / / / / / / / / / / / / /									
<u>Ir</u>	Instructions: This form should be completed during the participant's clinic visit. Please answer all questions.									
Clinicians are aware that emotions play an important part in most illnesses. If your clinician knows about these feelings, he or she will be able to help you more.										
	s questionnaire is designed to help your clinician to know how you feel. Read each item below I select the reply which comes closest to how you have been feeling in the past week.									
Don't take too long over your replies. Your immediate reaction to each item will probably be more accurate than a long, thought-out response.										
1)	I feel tense or 'wound up'									
	Most of the time ₃									
	A lot of the time ₂									
	☐ From time to time, occasionally₁									
	☐ Not at all ₀									
2)	I still enjoy the things I used to enjoy									
	☐ Definitely as much₀									
	Not quite so much₁									
	Only a little ₂									
	☐ Hardly at all ₃									
3)	I get a sort of frightened feeling as if something awful is about to happen									
	☐ Very definitely and quite badly ₃									
	Yes, but not too badly ₂									
	☐ A little, but it doesn't worry me ₁									
	☐ Not at all ₀									

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4)	 I can laugh and see the funny side of things As much as I always could₀ Not quite so much now₁ Definitely not so much now₂ Not at all₃ 		
5)	 Worrying thoughts go through my mind A great deal of the time₃ A lot of the time₂ Not too often₁ Very little₀ 		
6)	 I feel cheerful Never₃ Not often₂ Sometimes₁ Most of the time₀ 		
7)	 I can sit at ease and feel relaxed Definitely₀ Usually₁ Not often₂ Not at all₃ 		
8)	 I feel as if I am slowed down Nearly all the time₃ Very often₂ Sometimes₁ Not at all₀ 		

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9) I get a sort of frightened feeling like 'butterflies' in the stomach											
_	☐ Not at all ₀										
	☐ Occasionally₁☐ Quite often₂										
_	☐ Very often ₃										
□ very	□ very oitens										
10) I have lost interest in my appearance											
Defii	Definitely ₃										
☐ I dor	☐ I don't take as much care as I should₂										
☐ I ma	y not take	e quite	as m	uch car	'e ₁						
☐ I tak	e just as	much	care a	s ever)						
11) I feel res	stless as	if I hav	ve to b	e on th	e move	Э					
☐ Very	much in	deed ₃									
Quit	e a lot ₂										
☐ Not	ery muc	h ₁									
☐ Not	☐ Not at all ₀										
12) I look fo	rward wit	h enjo	yment	to thin	gs						
☐ As n	nuch as I	ever o	did ₀								
Rath	er less th	nan I u	ised to	1							
Defin	nitely less	s than	I used	to ₂							
☐ Hard	☐ Hardly at all ₃										
13) I get sud	13) I get sudden feelings of panic										
	Quite often ₂										
☐ Not	at all _o										

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14) I can enjoy a good book or radio or TV program Often ₀										
☐ Sometimes ₁										
Not often₂Very seldom₃										

END OF FORM