

THE HOSPITAL AND ANXIETY DEPRESSION (HAD) SCALE

Please read each group of statements carefully, and then pick the one (by writing the number in the box) that comes closest to how you have been feeling in the past week and write that number in the box. 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.

	Anxiety	Depression
1. I feel tense or 'wound up': 3 Most of the time 2 A lot of the time 1 From time to time, occasionally 0 Not at all	<input type="checkbox"/>	
2. I still enjoy the things I used to enjoy: 0 Definitely as much 1 Not quite so much 2 Only a little 3 Hardly at all		<input type="checkbox"/>
3. I get a sort of frightened feeling as if something awful is about to happen: 3 Very definitely and quite badly 2 Yes, but not too badly 1 A little, but it doesn't worry me 0 Not at all	<input type="checkbox"/>	
4. I can laugh and see the funny side of things: 0 As much as I always could 1 Not quite so much now 2 Definitely not so much now 3 Not at all		<input type="checkbox"/>

	Anxiety	Depression
<p>5. Worrying thoughts go through my mind:</p> <p>3 A great deal of the time 2 A lot of the time 1 From time to time but not too often 0 Only occasionally</p>	<input type="checkbox"/>	
<p>6. I feel cheerful:</p> <p>3 Not at all 2 Not often 1 Sometimes 0 Most of the time</p>		<input type="checkbox"/>
<p>7. I can sit at ease and feel relaxed:</p> <p>0 Definitely 1 Usually 2 Not often 3 Not at all</p>	<input type="checkbox"/>	
<p>8. I feel as if I am slowed down:</p> <p>3 Nearly all the time 2 Very often 1 Sometimes 0 Not at all</p>		<input type="checkbox"/>
<p>9. I get a sort of frightened feeling like 'butterflies' in the stomach:</p> <p>0 Not at all 1 Occasionally 2 Quite often 3 Very often</p>	<input type="checkbox"/>	

	Anxiety	Depression
<p>10. I have lost interest in my appearance:</p> <p>3 Definitely 2 I don't take so much care as I should 1 I may not take quite as much care 0 I take just as much care as ever</p>		<input type="checkbox"/>
<p>11. I feel restless as if I have to be on the move:</p> <p>3 Very much indeed 2 Quite a lot 1 Not very much 0 Not at all</p>	<input type="checkbox"/>	
<p>12. I look forward with enjoyment to things:</p> <p>0 As much as I ever did 1 Rather less than I used to 2 Definitely less than I used to 3 Hardly at all</p>		<input type="checkbox"/>
<p>13. I get sudden feelings of panic:</p> <p>3 Very often indeed 2 Quite often 1 Not very often 0 Not at all</p>	<input type="checkbox"/>	
<p>14. I can enjoy a good book or radio or TV programme:</p> <p>0 Often 1 Sometimes 2 Not often 3 Very seldom</p>		<input type="checkbox"/>
	Anxiety	Depression
TOTAL	<input type="checkbox"/>	<input type="checkbox"/>