

HADS

Please complete the survey below.

Thank you!

Hospital Anxiety & Depression Scale: HADS

-
1. I feel tense or "wound up".
- Most of the time
 - A lot of the time
 - From time to time occasionally
 - Not at all
-
2. I still enjoy the things I used to enjoy.
- Definitely as much
 - Not quite so much
 - Only a little
 - Hardly at all
-
3. I get a sort of frightened feeling as if something awful is about to happen.
- Very definitely and quite badly
 - Yes, but not too badly
 - A little, but it doesn't worry me
 - Not at all
-
4. I can laugh and see the funny side of things.
- As much as I always could
 - Not quite so much now
 - Definitely not so much now
 - Not at all
-
5. Worrying thoughts go through my mind.
- A great deal of the time
 - A lot of the time
 - From time to time but not too often
 - Only occasionally
-
6. I feel cheerful.
- Never
 - Not often
 - Sometimes
 - Most of the time
-
7. I can sit at ease and feel relaxed.
- Definitely
 - Usually
 - Not often
 - Not at all
-
8. I feel as if I am slowed down.
- Nearly all the time
 - Very often
 - Sometimes
 - Not at all
-
9. I get a sort of frightened feeling like butterflies in the stomach.
- Not at all
 - Occasionally
 - Quite often
 - Very often

10. I have lost interest in my appearance.

Definitely
 I don't take as much care as I should
 I may not take quite as much care
 I take just as much care as ever

11. I feel restless as if I have to be on the move.

Very much indeed
 Quite a lot
 Not very much
 Not at all

12. I look forward with enjoyment to things.

As much as I ever did
 Rather less than I used to
 Definitely less than I used to
 Hardly at all

13. I get sudden feelings of panic.

Very often indeed
 Quite often
 Not very often
 Not at all

14. I can enjoy a good book or radio or TV program.

Often
 Sometimes
 Not often
 Very Seldom

Total score will be calculated upon data entry into REDCap

Depression Score

Anxiety Score

Coordinator: If the depression score is greater than or equal to 16, the subject should be advised to follow up with his/her primary care physician.

Please notify the subject and subject's physician within 3 business days.

Record this finding on the Clinically Significant Findings form for this subject.