



## HOSPITAL ANXIETY & DEPRESSION QUESTIONNAIRE (HAD)

Doctors are aware that emotions play an important part in most illnesses. If your doctor knows about these feelings he or she will be able to help you more.

This questionnaire is designed to help your doctor to know how you feel. Read each item and place a firm tick in the box opposite the reply that 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.

Only tick one box in each section.

- |    |  |                                      |                          |
|----|--|--------------------------------------|--------------------------|
| 1. | I feel tense or "wound up":  | Most of the time                     | <input type="checkbox"/> |
|    |  | A lot of the time                    | <input type="checkbox"/> |
|    |  | Sometimes, occasionally              | <input type="checkbox"/> |
|    |  | Not at all                           | <input type="checkbox"/> |
| 2. | I still enjoy the things I used to enjoy:                                    | Definitely as much                   | <input type="checkbox"/> |
|    |  | Not quite so much                    | <input type="checkbox"/> |
|    |  | Only a little                        | <input type="checkbox"/> |
|    |  | Hardly at all                        | <input type="checkbox"/> |
| 3. | I get a sort of frightened feeling as if something awful is about to happen: | Very definitely and quite badly      | <input type="checkbox"/> |
|    |  | Yes, but not too badly               | <input type="checkbox"/> |
|    |  | A little, but it doesn't worry me    | <input type="checkbox"/> |
|    |  | Not at all                           | <input type="checkbox"/> |
| 4. | I can laugh and see the funny side of things:                                | As much as I always could            | <input type="checkbox"/> |
|    |  | Not quite so much now                | <input type="checkbox"/> |
|    |  | Definitely not so much now           | <input type="checkbox"/> |
|    |  | Not at all                           | <input type="checkbox"/> |
| 5. | Worrying thoughts go through my mind:  | A great deal of the time             | <input type="checkbox"/> |
|    |  | A lot of the time                    | <input type="checkbox"/> |
|    |  | From time to time, but not too often | <input type="checkbox"/> |
|    |  | Occasionally                         | <input type="checkbox"/> |
| 6. | I feel cheerful:   | Not at all                           | <input type="checkbox"/> |
|    |  | Not often                            | <input type="checkbox"/> |
|    |  | Sometimes                            | <input type="checkbox"/> |
|    |  | Most of the time                     | <input type="checkbox"/> |

## Information for Patients

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7.	I can sit at ease and feel relaxed:	Definitely	<input type="text"/>
		Usually	<input type="text"/>
		Not often	<input type="text"/>
		Not at all	<input type="text"/>
8.	I feel as if I am slowed down:	Nearly all the time	<input type="text"/>
		Very often	<input type="text"/>
		Sometimes	<input type="text"/>
		Not at all	<input type="text"/>
9.	I get a sort of frightened feeling like "butterflies" in the stomach:	Not at all	<input type="text"/>
		Occasionally	<input type="text"/>
		Quite often	<input type="text"/>
		Very often	<input type="text"/>
10.	I have lost interest in my appearance:	Definitely	<input type="text"/>
		I don't take so much care as I should	<input type="text"/>
		I may not take quite as much care	<input type="text"/>
		I take just as much care as ever	<input type="text"/>
11.	I feel restless, as if I have to be on the move:	Very much indeed	<input type="text"/>
		Quite a lot	<input type="text"/>
		Not very much	<input type="text"/>
		Not at all	<input type="text"/>
12.	I look forward with enjoyment to things:	As much as I ever did	<input type="text"/>
		Rather less than I used to	<input type="text"/>
		Definitely less than I used to	<input type="text"/>
		Hardly at all	<input type="text"/>
13.	I get sudden feelings of panic:	Very often indeed	<input type="text"/>
		Quite often	<input type="text"/>
		Not very often	<input type="text"/>
		Not at all	<input type="text"/>
14.	I can enjoy a good book or radio or TV programme:	Often	<input type="text"/>
		Sometimes	<input type="text"/>
		Not often	<input type="text"/>
		Very seldom	<input type="text"/>

If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email [patientexperience@uhb.nhs.uk](mailto:patientexperience@uhb.nhs.uk).