

Name:.....

Date:

Hospital Anxiety and Depression Scale

~ Scoring Sheet ~

	Yes definitely	Yes sometimes	No, not much	No, not at all
1. I wake early and then sleep badly for the rest of the night.	3	2	1	0
2. I get very frightened or have panic feelings for apparently no reason at all.	3	2	1	0
3. I feel miserable and sad.	3	2	1	0
4. I feel anxious when I go out of the house on my own.	3	2	1	0
5. I have lost interest in things.	3	2	1	0
6. I get palpitations, or sensations of 'butterflies' in my stomach or chest.	3	2	1	0
7. I have a good appetite.	0	1	2	3
8. I feel scared or frightened.	3	2	1	0
9. I feel life is not worth living.	3	2	1	0
10. I still enjoy the things I used to.	0	1	2	3
11. I am restless and can't keep still.	3	2	1	0
12. I am more irritable than usual.	3	2	1	0
13. I feel as if I have slowed down.	3	2	1	0
14. Worrying thoughts constantly go through my mind.	3	2	1	0

Anxiety 2, 4, 6, 8, 11, 12, 14

Depression 1, 3, 5, 7, 9, 10, 13

Scoring 3, 2, 1, 0 (For items 7 & 10 the scoring is reversed)

GRADING: 0 - 7 = Non-case

8 - 10 = Borderline case

11+ = Case