

Hospital Anxiety & Depression Questionnaire

Name:

Date of Birth:

Date questionnaire completed:

Please read the following statements and tick the most appropriate answer next to each

I feel tense or 'wound up'.	Most of the time
	A lot of the time
	From time to time, occasionally
	Not at all
I still enjoy the things I used to enjoy.	Definitely as much
	Not quite so much
	Only a little
	Hardly at all
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
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
Worrying thoughts go through my mind.	A great deal of the time
	Not quite so much now
	Definitely not so much now
	Not at all
I feel cheerful.	Not at all
	Not often
	Sometimes
I can sit at ease and feel relaxed.	Definitely
	Usually
	Not often
	Not at all

I feel as if I am slowed down.	Nearly all the time
	Very often
	Sometimes
	Not at all
I get a sort of frightened feeling like 'butterflies' in the stomach	Not at all
	Occasionally
	Quite often
	Very often
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
I feel restless as if I have to be on the move.	Very much indeed
	Quite a lot
	Not very much
	Not at all
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
I get sudden feelings of panic.	Very often indeed
	Quite often
	Not very often
	Not at all
I can enjoy a good book or radio or TV programme.	Often
	Sometimes
	Not often
	Very seldom