1. **General Information**:

**Date of assessment:** \_ \_ / \_ \_ \_ / \_ \_ \_ \_

Day Month Year

1. **HADS questionnaire**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **D** | **A** |  | **D** | **A** |  |
|  |  | **I feel tense or 'wound up':** |  |  | **I feel as if I am slowed down:** |
|  | 3 | Most of the time | 3 |  | Nearly all the time |
|  | 2 | A lot of the time | 2 |  | Very often |
|  | 1 | From time to time, occasionally | 1 |  | Sometimes |
|  | 0 | Not at all | 0 |  | Not at all |
|  |  |  |  |  |  |
|  |  | **I still enjoy the things I used to enjoy:** |  |  | **I get a sort of frightened feeling like**  **'butterflies' in the stomach:** |
| 0 |  | Definitely as much |  | 0 | Not at all |
| 1 |  | Not quite so much |  | 1 | Occasionally |
| 2 |  | Only a little |  | 2 | Quite Often |
| 3 |  | Hardly at all |  | 3 | Very Often |
|  |  |  |  |  |  |
|  |  | **I get a sort of frightened feeling as if something awful is about to**  **happen:** |  |  | **I have lost interest in my appearance:** |
|  | 3 | Very definitely and quite badly | 3 |  | Definitely |
|  | 2 | Yes, but not too badly | 2 |  | I don't take as much care as I should |
|  | 1 | A little, but it doesn't worry me | 1 |  | I may not take quite as much care |
|  | 0 | Not at all | 0 |  | I take just as much care as ever |
|  |  |  |  |  |  |
|  |  | **I can laugh and see the funny side of things:** |  |  | **I feel restless as I have to be on the move:** |
| 0 |  | As much as I always could |  | 3 | Very much indeed |
| 1 |  | Not quite so much now |  | 2 | Quite a lot |
| 2 |  | Definitely not so much now |  | 1 | Not very much |
| 3 |  | Not at all |  | 0 | Not at all |
|  |  | **Worrying thoughts go through my mind:** |  |  | **I look forward with enjoyment to things:** |
|  | 3 | A great deal of the time | 0 |  | As much as I ever did |
|  | 2 | A lot of the time | 1 |  | Rather less than I used to |
|  | 1 | From time to time, but not too often | 2 |  | Definitely less than I used to |
|  | 0 | Only occasionally | 3 |  | Hardly at all |
|  |  |  |  |  |  |
|  |  | **I feel cheerful:** |  |  | **I get sudden feelings of panic:** |
| 3 |  | Not at all |  | 3 | Very often indeed |
| 2 |  | Not often |  | 2 | Quite often |
| 1 |  | Sometimes |  | 1 | Not very often |
| 0 |  | Most of the time |  | 0 | Not at all |
|  |  |  |  |  |  |
|  |  | **I can sit at ease and feel relaxed:** |  |  | **I can enjoy a good book or radio or TV**  **program:** |
|  | 0 | Definitely | 0 |  | Often |
|  | 1 | Usually | 1 |  | Sometimes |
|  | 2 | Not Often | 2 |  | Not often |
|  | 3 | Not at all | 3 |  | Very seldom |
| Total score depression (D): \_\_\_\_\_ Anxiety (A): \_\_\_\_\_\_\_ | | | | | |