

HAD SCALE

Affix Label here or complete details

NAME:
NHS No:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Hospital No:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
D.O.B: Male <input type="checkbox"/> Female <input type="checkbox"/>

Date:

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

Read each item and place a firm tick in the box opposite the reply which 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 than a long thought-out response.

Tick only one box in each section

- | | |
|---|--|
| <p>1. I feel tense or wound up:</p> <p>Most of the time <input type="checkbox"/></p> <p>A lot of the time <input type="checkbox"/></p> <p>Time to time, occasionally <input type="checkbox"/></p> <p>Not at all <input type="checkbox"/></p> | <p>8. I feel as if I am slowed down:</p> <p>Nearly all the time <input type="checkbox"/></p> <p>Very often <input type="checkbox"/></p> <p>Sometimes <input type="checkbox"/></p> <p>Not at all <input type="checkbox"/></p> |
| <p>2. I still enjoy the things I used to enjoy:</p> <p>Most of the time <input type="checkbox"/></p> <p>A lot of the time <input type="checkbox"/></p> <p>Time to time, occasionally <input type="checkbox"/></p> <p>Not at all <input type="checkbox"/></p> | <p>9. I get a sort of frightened feeling like 'butterflies' in the stomach:</p> <p>Nearly all the time <input type="checkbox"/></p> <p>Very often <input type="checkbox"/></p> <p>Sometimes <input type="checkbox"/></p> <p>Not at all <input type="checkbox"/></p> |
| <p>3. I get a sort of frightened feeling as if something awful is about to happen:</p> <p>Very definitely and quite badly <input type="checkbox"/></p> <p>Yes but not too badly <input type="checkbox"/></p> <p>A little but it doesn't worry me <input type="checkbox"/></p> <p>Not at all <input type="checkbox"/></p> | <p>10. I have lost interest in my appearance:</p> <p>Definitely <input type="checkbox"/></p> <p>I don't take so much care as I should <input type="checkbox"/></p> <p>I may not take quite as much care <input type="checkbox"/></p> <p>I take just as much care as ever <input type="checkbox"/></p> |
| <p>4. I can laugh and see the funny side of things:</p> <p>As much as I always could <input type="checkbox"/></p> <p>Not quite as much now <input type="checkbox"/></p> <p>Definitely not so much now <input type="checkbox"/></p> <p>Not at all <input type="checkbox"/></p> | <p>11. I feel restless as if I have to be on the move:</p> <p>Very much indeed <input type="checkbox"/></p> <p>Quite a lot <input type="checkbox"/></p> <p>Not very much <input type="checkbox"/></p> <p>Not at all <input type="checkbox"/></p> |
| <p>5. Worrying thoughts go through my mind:</p> <p>A great deal of the time <input type="checkbox"/></p> <p>A lot of the time <input type="checkbox"/></p> <p>From time to time but not too often <input type="checkbox"/></p> <p>Only occasionally <input type="checkbox"/></p> | <p>12. I look forward with enjoyment to things:</p> <p>As much as I ever did <input type="checkbox"/></p> <p>Rather less than I used to <input type="checkbox"/></p> <p>Definitely less than I used to <input type="checkbox"/></p> <p>Hardly at all <input type="checkbox"/></p> |
| <p>6. I feel cheerful:</p> <p>Not at all <input type="checkbox"/></p> <p>Not often <input type="checkbox"/></p> <p>Sometimes <input type="checkbox"/></p> <p>Most of the time <input type="checkbox"/></p> | <p>13. I get sudden feelings of panic:</p> <p>Very often indeed <input type="checkbox"/></p> <p>Quite often <input type="checkbox"/></p> <p>Not very often <input type="checkbox"/></p> <p>Not at all <input type="checkbox"/></p> |
| <p>7. I can sit at ease and feel relaxed:</p> <p>Definitely <input type="checkbox"/></p> <p>Usually <input type="checkbox"/></p> <p>Not often <input type="checkbox"/></p> <p>Not at all <input type="checkbox"/></p> | <p>14. I can enjoy a good book or radio or TV programme:</p> <p>Nearly all the time <input type="checkbox"/></p> <p>Very often <input type="checkbox"/></p> <p>Sometimes <input type="checkbox"/></p> <p>Not at all <input type="checkbox"/></p> |