

This is a **Sample** version of the
**Hospital Anxiety and
Depression Scale (HADS)**

The **full version** of the HADS comes without 'sample' watermark.

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- HADS Overview information
- HADS Scoring/ Administration instructions
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Assessment
- HADS Clinical Validity

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The validity of the Hospital Anxiety and Depression Scale An updated literature review

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Abstract

Objective: To review the literature of the validity of the Hospital Anxiety and Depression Scale (HADS). **Method:** A review of the 747 identified papers that used HADS was performed to address the following questions: (I) How are the factor structure, discriminant validity and the internal consistency of HADS? (II) How does HADS perform as a case finder for anxiety disorders and depression? (III) How does HADS agree with other self-rating instruments used to rate anxiety and depression? **Results:** Most factor analyses demonstrated a two-factor solution in good accordance with the HADS subscales for Anxiety (HADS-A) and Depression (HADS-D), respectively. The correlations between the two subscales varied from .40 to .74 (mean .56). Cronbach's alpha for HADS-A varied from .68 to

.93 (mean .83) and for HADS-D from .67 to .90 (mean .82). In most studies an optimal balance between sensitivity and specificity was achieved when caseness was defined by a score of 8 or above on both HADS-A and HADS-D. The sensitivity and specificity for both HADS-A and HADS-D of approximately 0.80 were very similar to the sensitivity and specificity achieved by the General Health Questionnaire (GHQ). Correlations between HADS and other commonly used questionnaires were in the range .49 to .83. **Conclusions:** HADS was found to perform well in assessing the symptom severity and caseness of anxiety disorders and depression in both somatic, psychiatric and primary care patients and in the general population.

Keywords: Anxiety; Depression; Psychiatric Status Rating Scales; Psychometrics; Reproducibility of results; Sensitivity and specificity

Introduction

To make cost-effective screening of mental disorders feasible, several brief questionnaires assessing a limited set of symptoms have been developed. The Hospital Anxiety and Depression Scale (HADS) [1] was developed by Zigmond and Snaith in 1983 to identify caseness (possible and probable) of anxiety disorders and depression among patients in nonpsychiatric hospital clinics. It was divided into an Anxiety subscale (HADS-A) and a Depression subscale (HADS-D) both containing seven intermingled items. To prevent 'noise' from somatic disorders on the scores, all symptoms of anxiety or depression relating also

to physical disorder, such as dizziness, headaches, insomnia, anergia and fatigue, were excluded. Symptoms relating to serious mental disorders were also excluded, since such symptoms were less common in patients attending a non-psychiatric hospital clinic. The authors [1] also intended to "define carefully and distinguish between the concepts of anxiety and depression."

HADS has been used extensively, and we identified 747 papers that referred to HADS in Medline, ISI and PsycINFO indexed journals by May 2000.

The evaluation of psychometric properties and diagnostic efficacy of questionnaires is often inadequate [2]. To our knowledge, there has been only one review of the literature addressing these issues in HADS [3]. Based on approximately 200 papers on HADS in approximately 35,000 individuals in various patient populations, Herrmann concluded in 1996 that "HADS is a reliable and

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Hospital Anxiety and Depression Scale (HADS)

Description:

The Hospital Anxiety and Depression Scale (HADS) is a bi-directional self-assessment scale used to screen for clinical depression and anxiety in hospital outpatient medical clinics. The depressive and anxiety sub-scales are used to measure the severity of each disorder, with each containing seven questions.

Scoring:

Each item on the questionnaire is assigned a score from 0 to 3, resulting in a ...

Subscales –	Question Items –	Totals –
Anxiety subscale	2,4,6,8,11,12,14	____/21
Depression subscale question		
HADS Global Total		

GRADING: 0 - 7 = Non-case

8 – 10 = Borderline case

11+ = Case

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Hospital Anxiety and Depression Scale (HADS)

~ Test Sheet ~

NAME : _____ DATE : _____

Doctors are aware that emotions play an important part in most illnesses. If your doctor knows about these feelings he will be able to help you more. This questionnaire is designed to help your doctor to know how you feel.

Read each item question and circle 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 accurate than a long thought out response.

Questions –	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

**This is the end of the SAMPLE HADS questionnaire.
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