

## NIDA Clinical Trials Network

### Hospital Anxiety and Depression Scale (HAD)

Web Version: 1.0; 2.00; 09-10-15

Segment (PROTSEG):

Visit number (VISNO):

Date of assessment:(HADASMDT)

(mm/dd/yyyy)

*This questionnaire will help your physician to know how you are feeling. Read every sentence. Pick an answer that best describes how you have been feeling during the **LAST WEEK**. You do not have to think too much to answer. In this questionnaire, spontaneous answers are more important.*

1. I feel tense or wound up:(HATENSE)

2. I still enjoy the things I used to enjoy:(HAENJOY)

3. I get a sort of frightened feeling as if something awful is about to happen:  
(HAAWFUL)

4. I can laugh and see the funny side of things:(HALAUGH)

5. Worrying thoughts go through my mind:(HAWORRY)

6. I feel cheerful:(HACHERFL)

7. I can sit at ease and feel relaxed:(HARELXD)

8. I feel as if I am slowed down:(HASLOWDN)

9. I get a sort of frightened feeling like "butterflies" in the stomach:(HABTRFLY)

10. I have lost interest in my appearance: (HALOOKS)

11. I feel restless, as if I have to be on the move: (HARSTLS)

12. I look forward with enjoyment to things: (HAFORWRD)

13. I get sudden feelings of panic: (HAPANIC)

14. I can enjoy a good book or radio or TV program: (HALIKETV)