	Participant ID: _____	Pin # _____
	Discovery Site: _____	Clinical Center _____
	CRF Date: ____/____/____	Visit #: _____

Hospital Anxiety and Depression Scale (HADS)


PARTICIPANT COMPLETES ON DAY OF TRANS-MAPP NEURO-IMAGING PROTOCOL MRI SCAN.

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 and underline 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.

- | | |
|---|--|
| <p>1. I feel tense or "wound up":</p> <p><input type="checkbox"/>₃ Most of the time
 <input type="checkbox"/>₂ A lot of the time
 <input type="checkbox"/>₁ From time to time, occasionally
 <input type="checkbox"/>₀ Not at all</p> <p>2. I still enjoy the things I used to enjoy:</p> <p><input type="checkbox"/>₀ Definitely as much
 <input type="checkbox"/>₁ Not quite so much
 <input type="checkbox"/>₂ Only a little
 <input type="checkbox"/>₃ Hardly at all</p> <p>3. I get a sort of frightened feeling as if something awful is about to happen:</p> <p><input type="checkbox"/>₃ Very definitely and quite badly
 <input type="checkbox"/>₂ Yes, but not too badly
 <input type="checkbox"/>₁ A little, but it doesn't worry me
 <input type="checkbox"/>₀ Not at all</p> <p>4. I can laugh and see the funny side of things:</p> <p><input type="checkbox"/>₀ As much as I always could
 <input type="checkbox"/>₁ Not quite so much now
 <input type="checkbox"/>₂ Definitely not so much now
 <input type="checkbox"/>₃ Not at all</p> <p>5. Worrying thoughts go through my mind:</p> <p><input type="checkbox"/>₃ A great deal of the time
 <input type="checkbox"/>₂ A lot of the time
 <input type="checkbox"/>₁ From time to time, but not too often
 <input type="checkbox"/>₀ Only occasionally</p> | <p>6. I feel cheerful:</p> <p><input type="checkbox"/>₃ Not at all
 <input type="checkbox"/>₂ Not often
 <input type="checkbox"/>₁ Sometimes
 <input type="checkbox"/>₀ Most of the time</p> <p>7. I can sit at ease and feel relaxed:</p> <p><input type="checkbox"/>₀ Definitely
 <input type="checkbox"/>₁ Usually
 <input type="checkbox"/>₂ Not often
 <input type="checkbox"/>₃ Not at all</p> <p>8. I feel as if I am slowed down:</p> <p><input type="checkbox"/>₃ Nearly all the time
 <input type="checkbox"/>₂ Very often
 <input type="checkbox"/>₁ Sometimes
 <input type="checkbox"/>₀ Not at all</p> <p>9. I got a sort of frightened feeling like "butterflies" in the stomach:</p> <p><input type="checkbox"/>₀ Not at all
 <input type="checkbox"/>₁ Occasionally
 <input type="checkbox"/>₂ Quite often
 <input type="checkbox"/>₃ Very often</p> <p>10. I have lost interest in my appearance:</p> <p><input type="checkbox"/>₃ Definitely
 <input type="checkbox"/>₂ I don't take as much care as I should
 <input type="checkbox"/>₁ I may not take quite as much care
 <input type="checkbox"/>₀ I take just as much care as ever</p> |
|---|--|

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Hospital Anxiety and Depression Scale (HADS)

PARTICIPANT COMPLETES ON DAY OF TRANS-MAPP NEURO-IMAGING PROTOCOL MRI SCAN.

11. I feel restless as if I have to be on the move:

- ₃ Very much indeed
- ₂ Quite a lot
- ₁ Not very much
- ₀ Not at all

13. I get sudden feelings of panic:

- ₃ Very often indeed
- ₂ Quite often
- ₁ Not very often
- ₀ Not at all

12. I look forward with enjoyment to things:

- ₀ As much as I ever did
- ₁ Rather less than I used to
- ₂ Definitely less than I used to
- ₃ Hardly at all

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

- ₀ Often
- ₁ Sometimes
- ₂ Not often
- ₃ Very seldom

15. Total Score: ____