The Hospital Anxiety and Depression Scale (HADS) assesses anxiety and depression in a non-psychiatric population through self-reporting. It has 2 subscales: depression and anxiety, both with 7 items. Responses are based on the relative frequency of symptoms over the past week. The HADS can be used as a screening tool or can be used to track symptom severity during treatment with physically ill individuals or with the general population/in the community.

### You Will Need

**Length:**
5 minutes, 14 items

**Scoring:**
Items scored on 4-point (0-3) Likert scale
Subscale scores (0-21) are sums of respective items. 2 separate scores are reported (anxiety and depression).

### Availability
May be licensed at: [https://eprovide.mapitrust.org/instruments/hospital-anxiety-and-depression-scale#contact_and_conditions_of_use](https://eprovide.mapitrust.org/instruments/hospital-anxiety-and-depression-scale#contact_and_conditions_of_use) (Fees may apply)

**Languages:** English, Arabic, Dutch, French, German, Hebrew, Swedish, Italian, Spanish and many others (not all translations are validated)

### Assessment Interpretability

#### Minimal Clinically Important Difference
Not established in SCI

#### Statistical Error
Not established in SCI

#### Typical Values

**Mean (SD) Scores:**
- Anxiety = 6.9 (4.2)
- Depression = 5.5 (3.7)
- Total = 12.3 (7.1)

(Woolrich et al. 2006; n=963, 780 males, mixed injury types, mean (SD) time since injury = 19.5(12.3) years, community living)

**Threshold Values:**
Not established in SCI, but in the general population, for either subscale:
- None: < 8; Doubtful: 8–10; Definite: > 10

(Zigmond & Snaith 1983; n=50; age 16-65; general outpatients; for anxiety cut-off of 8: specificity=0.78, sensitivity=0.9; for depression cut-off of 8: specificity=0.79, sensitivity=0.83)
## Measurement Properties

### Validity – Low to Moderate

**Moderate** correlation with Spinal Cord Lesion Coping Strategy Questionnaire (SCL-CSQ):
- SCL-CSQ acceptance with:
  - HADS anxiety = -0.45
  - HADS depression = -0.58
- SCL-CSQ fighting spirit with:
  - HADS anxiety = -0.40
  - HADS depression = -0.49
  
  (Elfstrom et al. 2007; n=355, 279 males, mixed injury types, mean age=49, mean age at injury=27.8)

**Moderate** correlation with SF-36:
- SF36 physical component summary with:
  - HADS depression: -0.37
- SF36 mental component summary with:
  - HADS anxiety: -0.44
  
  (Ebrahimzadeh et al. 2014; n=52, 52 males, mixed injury types, mean time since injury = ~30 years, war veterans with SCI)

**Moderate** correlation with Moorong Self-Efficacy Scale:
- HADS Depression = -0.560
- HADS Anxiety = -0.315
  
  (Munce et al. 2016; n=99, traumatic SCI, outpatient, mean (SD) time since injury = 17.5 (12.3) years)

**Low** correlation between change in HADS-Depression and change in:
- Barthel Index = 0.221
- SCIM III = 0.290
  
  (Menon et al. 2015; n=127, 92 males, myelopathy patients, mean (SD) time since injury = 76.2 (82.5) days)

**Number of studies reporting validity data:** 7

### Reliability – High

**High** Internal Consistency:
- Anxiety: $\alpha = 0.85$
- Depression: $\alpha = 0.79$
  
  (Woolrich et al. 2006; n=963, 780 males, mixed injury types, mean (SD) time since injury = 19.5(12.3) years, community living)

**Number of studies reporting reliability data:** 3

### Responsiveness

**Floor/Ceiling Effect:** Not established in SCI

**Effect Size:** Not established in SCI

**Number of studies reporting responsiveness data:** 0