### The Hospital Anxiety and Depression Scale (HADS)

#### Assessment Overview

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<th>Body Function</th>
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<td>Subcategory:</td>
<td>Mental Function</td>
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<td>Subscales:</td>
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**Summary**

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 with the physically ill individuals or with the general population/in the community. The HADS should only be used as a screening instrument. It is one of two instruments with an anxiety specific scale that has had its measurement properties evaluated for the SCI population.

**Available**

Available for licensing or purchase here:

- [http://www.gl-assessment.co.uk/products/hospital-anxiety-and-depression-scale-0](http://www.gl-assessment.co.uk/products/hospital-anxiety-and-depression-scale-0) (Paper version only)
- [https://eprovide.mapi-trust.org/instruments/hospital-anxiety-and-depression-scale](https://eprovide.mapi-trust.org/instruments/hospital-anxiety-and-depression-scale) (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

**Normative Values:**

- 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 High**

**Moderate** to **High** correlation with Life Satisfaction Questionnaire (LISAT-9):
- HADS anxiety: $r = -0.419$
- HADS depression: $r = -0.660$
(Woolrich et al. 2006; n=963, 780 males, mixed injury types, mean (SD) time since injury = 19.5(12.3) years, community living)

**Moderate** correlation with Spinal Cord Lesion Coping Strategy Questionnaire (SCL-CSQ):
- SCL-CSQ acceptance with:
  - HADS anxiety: $r = -0.45$
  - HADS depression: $r = -0.58$
- SCL-CSQ fighting spirit with:
  - HADS anxiety: $r = -0.40$
  - HADS depression: $r = -0.49$
(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: $r = -0.37$
- SF36 mental component summary with:
  - HADS anxiety: $r = -0.44$
(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 (MSES):
- HADS Depression: $r = -0.560$
- HADS Anxiety: $r = -0.315$
(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: $r = 0.221$
- SCIM III: $r = 0.290$
(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: $\alpha = 0.72$ - 0.85
- Depression: $\alpha = 0.79$ - 0.82
(Woolrich et al. 2006; n=963, 780 males, mixed injury types, mean (SD) time since injury = 19.5(12.3) years, community living)
(Müller et al. 2012; n=102, 74.5% Male, Mean age: 56.5 ±16.7 years, 26.5% complete injury, 73.5% incomplete injury)

**Number of studies reporting reliability data:** 4

#### Responsiveness

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

**Effect Size:** Not established in SCI

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