Anxiety and Depression Scale

Theoretical Guideline
MANUAL

CAP

CATHARSIS Application Program

AD MOOD QUESTIONNAIRE

Provider Name:
Group Supervisor:
CAP Facilitator(s) :
Group Name :
Client Name: GR

Date : 09/10/19

WEEK : 1

Read every sentence. Place an "X" on the answer (empty box on the left) 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.

	I feel tense or 'wound up'	S		I feel as if I am slowed down	S
X	Most of the time	3		Nealry all the time	3
	A lot of the time	2		Very often	2
	From time to time	1		Sometimes	1
	Not at all	0	X	Not at all	0
	I still enjoy the things I used to enjoy			**I get a sort of frightened feeling like "butterflies" in the stomach**	
	Definitevely as much	0		Not at all	0
X	Not quite as much	1	X	Occasionally	1
	Only a little	2		Quite often	2
	Hardly at all	3		Very often	3
	I get a sort of frightened feeling as if something awful is about to happen			**I have lost interest in my appearance**	
	Very definitevely and quite badly	3		Definitely	3
X	Yes but not too badly	2		I don't take as much care as I should	2
	A little but it does not worry me	1		I may not take quite as much care	1
	Not at all	0	X	I take as much care	0
	I can laugh and see the funny side of things			**I feel restless as I have to be on the move**	
	As much as I always could	0		Very much indeed	3
X	Not quite so much now	1		Quite a lot	2
	Definitevely not so much now	2	X	Not very much	1
	Not at all	3		Not at all	0
	Worrying thoughts go through my mind	S		**I look forward with enjoyment to things**	S
	A great deal of time	3		As much as I ever did	0
	A lot of the time	2	X	Rather less than I used to	1
X	From time to time, but not often	1		Definitely less than I used to	2
	Only occasionally	0		Hardly at all	3
	I feel cheerful			**I get sudden feelings of panic**	
	Not at all	3		Very often indeed	3
	Not often	2		Quite often	2
X	Sometimes	1	X	Not very often	1
	Most of the time	0		Not at all	0
	I can seat at ease and feel relaxed			**I can enjoy a good book or radio/TV program**	
	Definitevely	0	X	Often	0
	Usually	1		Sometimes	1
X	Not often	2		Not often	2
	Not at all	3		Very seldom	3
	Score anxiety: if > 11= anxiety	14		Score depression:if > 11 = depression	4

RESULT = State of anxiety but no depression