

Appendix 2:

Assessment forms and progress charts

Chapter 2

THE HOSPITAL ANXIETY AND DEPRESSION (HAD) SCALE

Please read each group of statements carefully, and then pick the one (by writing the number in the box) that comes closest to how you have been feeling in the past week and write that number in the box. 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.

	Anxiety	Depression
1. I feel tense or 'wound up':		
3 Most of the time		
2 A lot of the time		
1 From time to time, occasionally		
0 Not at all	<input type="checkbox"/>	

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	Anxiety	Depression
2. I still enjoy the things I used to enjoy:		
0 Definitely as much		
1 Not quite so much		
2 Only a little		<input type="checkbox"/>
3 Hardly at all		
3. I get a sort of frightened feeling as if something awful is about to happen:		
3 Very definitely and quite badly		
2 Yes, but not too badly		
1 A little, but it doesn't worry me	<input type="checkbox"/>	
0 Not at all		
4. I can laugh and see the funny side of things:		
0 As much as I always could		
1 Not quite so much now		
2 Definitely not so much now		<input type="checkbox"/>
3 Not at all		
5. Worrying thoughts go through my mind:		
3 A great deal of the time		
2 A lot of the time		
1 From time to time but not too often	<input type="checkbox"/>	
0 Only occasionally		

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	Anxiety	Depression
6. I feel cheerful:		
3 Not at all		
2 Not often		
1 Sometimes		<input type="checkbox"/>
0 Most of the time		
7. I can sit at ease and feel relaxed:		
0 Definitely		
1 Usually		
2 Not often	<input type="checkbox"/>	
3 Not at all		
8. I feel as if I am slowed down:		
3 Nearly all the time		
2 Very often		
1 Sometimes		<input type="checkbox"/>
0 Not at all		
9. I get a sort of frightened feeling like 'butterflies' in the stomach:		
0 Not at all		
1 Occasionally		
2 Quite often	<input type="checkbox"/>	
3 Very often		

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	Anxiety	Depression
10. I have lost interest in my appearance:		
3 Definitely		
2 I don't take so much care as I should		<input type="checkbox"/>
1 I may not take quite as much care		
0 I take just as much care as ever		
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	<input type="checkbox"/>	
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		<input type="checkbox"/>
3 Hardly at all		
13. I get sudden feelings of panic:		
3 Very often indeed		
2 Quite often		
1 Not very often	<input type="checkbox"/>	
0 Not at all		

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	Anxiety	Depression
14. I can enjoy a good book or radio or TV programme:		
0 Often		
1 Sometimes		
2 Not often		<input type="checkbox"/>
3 Very seldom		
TOTAL	<input type="checkbox"/>	<input type="checkbox"/>

Add up your scores for anxiety (in the left-hand column) and depression (in righthand column).

The scores can be summarized on a chart completed at regular intervals so that you can monitor progress.

If you score 9 or more on the depression sub-scale, you are probably experiencing depression. Similarly, if you score more than 9 or more on the anxiety sub-scale, you are probably experiencing an anxiety disorder. Higher scores (15 or more on the depression sub-scale) could mean that a self-help book might not be suitable for you, and you might need to seek additional professional help.

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Chapter 4

Safety behavior monitoring form		
My preoccupation	Example of safety behavior	Unintended consequence

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Chapter 6

THOUGHT MONITORING CHART**WEEK BEGINNING** _____

Write in your most common intrusive thoughts and images about your appearance, and tick the relevant column each time you have that thought, or add the total from your tally counter.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
I have an intrusive thought that:							
I have an intrusive thought that:							
I have an intrusive thought that:							
I have an intrusive thought that:							
I have an intrusive image of:							
I have an intrusive image of:							

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Chapter 10

COST-BENEFIT ANALYSIS OF _____

Costs – for you and other people. Consider short- and long-term costs.

Benefits – for you and other people. Consider short- and long-term benefits.

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