

Hospital Anxiety and Depression Scale (HADS)

Scale items:

Anxiety subscale:

1. I feel tense or "wound up."
 1. Most of the time
 2. A lot of the time
 3. From time to time, occasionally
 4. Not at all
2. I still enjoy the things I used to enjoy.
 1. Definitely as much
 2. Not quite as much
 3. Only a little
 4. Hardly at all
3. I get a sort of frightened feeling as if something awful is about to happen.
 1. Very definitely and quite badly
 2. Yes, but not too badly
 3. A little, but it doesn't worry me
 4. Not at all
4. I can laugh and see the funny side of things.
 1. As much as I always could
 2. Not quite so much now
 3. Definitely not so much now
 4. Not at all
5. Worrying thoughts go through my mind.
 1. A great deal of the time
 2. A lot of the time
 3. From time to time but not too often
 4. Only occasionally
6. I feel cheerful.
 1. Not at all
 2. Not often
 3. Sometimes
 4. Most of the time
7. I can sit at ease and feel relaxed.
 1. Definitely
 2. Usually
 3. Not often
 4. Not at all
8. I feel as if I am slowed down.
 1. Nearly all the time
 2. Very often
 3. Sometimes
 4. Not at all

9. I get a sort of frightened feeling like "butterflies" in the stomach.
 1. Not at all
 2. Occasionally
 3. Quite often
 4. Very often
10. I have lost interest in my appearance.
 1. Definitely
 2. I don't take so much care as I should
 3. I may not take quite as much care
 4. I take just as much care as ever
11. I feel restless as if I have to be on the move.
 1. Very much indeed
 2. Quite a lot
 3. Not very much
 4. Not at all
12. I look forward with enjoyment to things.
 1. As much as I ever did
 2. Rather less than I used to
 3. Definitely less than I used to
 4. Hardly at all
13. I get sudden feelings of panic.
 1. Very often indeed
 2. Quite often
 3. Not very often
 4. Not at all
14. I can enjoy a good book or radio or TV program.
 1. Often
 2. Sometimes
 3. Not often
 4. Very seldom

Impact of Event Scale (IES)

(Horowitz et al., 1979)

	Not at all	Rarely	Sometimes	Often
I thought about it when I didn't mean to
I avoided letting myself get upset when I thought about it or was reminded of it
I tried to remove it from memory
I had trouble falling asleep or staying asleep because of pictures or thoughts about it that came into my mind
I had waves of strong feelings about it
I had dreams about it
I stayed away from reminders of it
I felt as if it hadn't happened or wasn't real
I tried not to talk about it
Pictures about it popped into my mind
Other things kept making me think about it
I was aware that I still had a lot of feelings about it, but I didn't deal with them
I tried not to think about it
Any reminder brought back feelings about it
My feelings about it were kind of numb

Above written by: Ms. Estela Hutchings & [Dr. Grant J. Devilly](#)

Subject #: _____

Date: _____

The questions below are about some specific responses you may have had after receiving your genetic test results. Please answer every question in section 1, regardless of whether you were given a positive or negative test result. Please indicate whether you have experienced each statement *never, rarely, sometimes, or often* in the past week, by circling the corresponding number.

Section 1:

	Never	Rarely	Sometimes	Often
1. Feeling upset about my test result	0	1	3	5
2. Feeling sad about my test result	0	1	3	5
3. Feeling anxious or nervous about my test result	0	1	3	5
4. Feeling guilty about my test result	0	1	3	5
5. Feeling relieved about my test result	0	1	3	5
6. Feeling happy about my test result	0	1	3	5
7. Feeling a loss of control	0	1	3	5
8. Having problems with life because of my test result	0	1	3	5
9. Worrying about getting IBMPFD	0	1	3	5
10. Being uncertain about what my test result means	0	1	3	5
11. Being uncertain about what my test result means for my children	0	1	3	5
12. Having difficulty making decisions about my medical care	0	1	3	5
13. Feeling frustrated that there is nothing I can do to change my risk	0	1	3	5
14. Thinking about my test result has affected my work or family life	0	1	3	5
15. Feeling concerned about how my test result will affect my insurance status	0	1	3	5
16. Having difficulty talking about my test results with family members	0	1	3	5
17. Feeling that my family has been supportive during the genetic counseling and testing process	0	1	3	5
18. Feeling satisfied with family communication about my genetic test result	0	1	3	5
19. Worrying that the genetic counseling and testing process has brought about conflict within my family	0	1	3	5
20. Feeling regret about getting my test results	0	1	3	5

Section 2: If you have children, regardless of your test result, please answer questions 21 and 22.

21. Worry about the possibility of my children getting IBMPFD	0	1	3	5
22. Feeling guilty about possibly passing the disease to my child(ren)	0	1	3	5