

**Stroke Aphasic Depression Questionnaire Hospital Version  
(SADQ-H)**

Please indicate on how many days out of the last 7 the participant has shown the following behaviours:

1. Did his/her waking cause a disturbance in sleep patterns?

Every day this week	On 4-6 days this week	On 1- 4 days this week	Not at all this week
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2. Did he/she have weeping spells?

Every day this week	On 4-6 days this week	On 1- 4 days this week	Not at all this week
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3. Did he/she have restless disturbed nights?

Every day this week	On 4-6 days this week	On 1- 4 days this week	Not at all this week
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4. Did he/she initiate activities?

Every day this week	On 4-6 days this week	On 1- 4 days this week	Not at all this week
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5. Did he/she avoid eye contact when you spoke to him/her?

Every day this week	On 4-6 days this week	On 1- 4 days this week	Not at all this week
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6. Did he/she burst into tears?

Every day this week	On 4-6 days this week	On 1- 4 days this week	Not at all this week
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7. Did he/she smile when you spoke to him/her?

Every day this week	On 4-6 days this week	On 1- 4 days this week	Not at all this week
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8. Did he/she indicate suffering from aches and pains?

Every day this week	On 4-6 days this week	On 1- 4 days this week	Not at all this week
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9. Did he/she refuse to eat meals?

Every day this week	On 4-6 days this week	On 1- 4 days this week	Not at all this week
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10. Did he/she get angry?

Every day this week	On 4-6 days this week	On 1- 4 days this week	Not at all this week
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11. Did he/she refuse to participate in social activities?

Every day this week	On 4-6 days this week	On 1- 4 days this week	Not at all this week
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12. Did he/she laugh at a joke?

Every day this week	On 4-6 days this week	On 1- 4 days this week	Not at all this week
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13. Did he/she get restless and fidgety?

Every day this week	On 4-6 days this week	On 1- 4 days this week	Not at all this week
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14. Did he/she sit without doing anything?

Every day this week	On 4-6 days this week	On 1- 4 days this week	Not at all this week
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15. Did he/she concentrate on activities?

Every day this week	On 4-6 days this week	On 1- 4 days this week	Not at all this week
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16. Did he/she take care of his/her appearance to the extent of his/her physical ability?

Every day this week	On 4-6 days this week	On 1- 4 days this week	Not at all this week
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17. Did he/she seem to enjoy social activities or outings?

Every day this week	On 4-6 days this week	On 1- 4 days this week	Not at all this week
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18. Did he/she keep him/herself occupied during the day?

Every day this week	On 4-6 days this week	On 1- 4 days this week	Not at all this week
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19. Did he/she take sleeping tablets?

Every day this week	On 4-6 days this week	On 1- 4 days this week	Not at all this week
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20. Did he/she take interest in events around him/her?

Every day this week	On 4-6 days this week	On 1- 4 days this week	Not at all this week
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21. Did he/she look at you when you approached him/her?

Every day this week	On 4-6 days this week	On 1- 4 days this week	Not at all this week
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