

Aphasic Depression Rating Scale (ADRS)

Item	Score
1. Insomnia-Middle	0 = No difficulty 1 = Patient indicates being restless and disturbed during night/observed sleep disturbance 2 = waking during the night; any getting out of bed (except to go to bathroom)
2. Anxiety-Psychic	0 = no difficulty 1 = some tension and irritability 2 = worrying about minor matters 3 = apprehensive attitude apparent in patient's face or speech 4 = fears indicated (verbal/non verbal expression) without questioning
3. Anxiety-Somatic	0 = absent; 1 = mild; 2 = moderate; 3 = severe; 4 = incapacitating
4. Somatic symptoms-Gastrointestinal	0 = none 1 = loss of appetite but continues to eat; heavy feelings in abdomen 2 = difficulty eating (not due to arm paresis); requests/requires laxatives or medication for bowels or for gastrointestinal symptoms
5. Hypochondriasis	0 = not present 1 = self-absorption (bodily) 2 = preoccupation with health 3 = frequent complaints, requests for help, etc 4 = hypochondriacal delusions
6. Loss of weight	0 = <0.5 kg weight loss/week 1 = 0.5 kg to 1 kg weight loss per week 2 = >1 kg weight loss per week
7. Apparent sadness	0 = no sadness 1 = between 0 and 2 2 = looks dispirited but brightens without difficulty 3 = between 2 and 4 4 = appears sad and unhappy most of the time 5 = between 4 and 6 6 = looks miserable all the time; extremely despondent
8. Mimic-Slowness of Facial Mobility	0 = the head moves freely, resting flexibility on the body with the gaze either exploring the room or fixed on the examiner or on other objects of interest in an appropriate manner 1 = there may be some reduction of mobility, not easily confirmed. 2 = reduced mobility is definite but mild; gaze, often fixed, but is still capable of shifting; mimic, although monotonous, is still expressive 3 = does not move head/explore room, usually stares at floor, seldom looking at examiner; patient is slow to smile; expression is unchanging 4 = face is completely immobile and painfully inexpressive
9. Fatigability	0 = fatigability is not indicated spontaneously/after direct questioning 1 = fatigability is not indicated spontaneously, but evidence of it emerges in the course of the interview 2 = patient is distressed by fatigability in his/her everyday life (eating, washing, dressing, climbing stairs, or any physical activity the patient is usually able to do despite motor deficiency). 3 = fatigability is such that the patient must curb some activities 4 = near-total reduction of activities due to overwhelming fatigue.

Table adapted from Benaim, C., Cailly, B., Perennou, D., Pelissier, J. (2004). Validation of the aphasic depression rating scale. *Stroke*, 35, 1692.