Patient Health Questionnaire

ACN Group, Inc. Form PHQ-102

CN Group, Inc. Use Only, rev 3/27/2003

Patient Name	Date	Date	
1. When did your symptoms start:	Describe	your symptoms and how they beg	an:
2. How often do you experience your symptoms? ① Constantly (76-100% of the day) ② Frequently (51-75% of the day) ③ Occasionally (26-50% of the day) ④ Intermittently (0-25% of the day)	Indicate where you have p	ain or other symptoms	
 3. What describes the nature of your symptoms? ① Sharp ② Shooting ② Dull ache ③ Burning ③ Numb ⑥ Tingling 			The state of the s
4. How are your symptoms changing?① Getting Better② Not Changing③ Getting Worse	The state of the s		
		### Unbeard ####################################	able
6. How do your symptoms affect your ability to per ① ① ② ③ ④ No complaints Mild, forgotten with activity With activity 7. What activities make your symptoms worse:	⑤ ⑥ (feres Limiting, prevents	7) ® ® © Intense, preoccupied Severe, with seeking relief activity po	
8. What activities make your symptoms better:			
9. Who have you seen for your symptoms?	No One Other Chiropractor		r
a. When and what treatment?			***************************************
b. What tests have you had for your symptoms and when were they performed?	① Xrays date:		
	② MRI date:		
10. Have you had similar symptoms in the past? a. If you have received treatment in the past for the same or similar symptoms, who did you see?	① Yes② No① This Office② Other Chiropractor	Medical DoctorOthePhysical Therapist	er
11. What is your occupation?	① Professional/Executive② White Collar/Secretarial③ Tradesperson	4 Laborer5 Homemaker6 FT Student7 Retir8 Othe	
a. If you are not retired, a homemaker, or a student, what is your current work status?	① Full-time ② Part-time	Self-employedOff wUnemployedOthe	
12. What do you hope to get from your visit/treatm	• • • • • • • • • • • • • • • • • • • •		
① Reduce symptoms② Resume/increase activity③ Explanation of comparison of	ondition/treatment e care of this on my own	⑤ How to prevent this from occurring⑥	g again
Patient Signature		Date	