

PHYSICAL SYMPTOMS (PHQ-15)

During the past 4 weeks, how much have you been bothered by any of the following problems?

| | Not bothered at all (0) | Bothered a little (1) | Bothered a lot (2) |
|---|----------------------------------|--------------------------------|-----------------------------|
| a. Stomach pain | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Back pain | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Pain in your arms, legs, or joints (knees, hips, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Menstrual cramps or other problems with your periods <u>WOMEN ONLY</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Headaches | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Chest pain | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Dizziness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Fainting spells | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Feeling your heart pound or race | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Shortness of breath | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Pain or problems during sexual intercourse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Constipation, loose bowels, or diarrhea | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Nausea, gas, or indigestion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Feeling tired or having low energy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Trouble sleeping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(For office coding: Total Score T _____ = _____ + _____)

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.