Patient Health Questionnaire™ (PHQ)

This questionnaire is an important part of providing you with the best health care possible. Your answers will help in understanding problems that you may have. Please answer every question to the best of your ability unless you are requested to skip over a question.

Name **Age** **Sex:** ☐ **Female** ☐ **Male** **Today's Date**

1. **During the last 4 weeks, how much have you been bothered by any of the following problems?**	**Not bothered**	**Bothered a little**	**Bothered a lot**
a. Stomach pain	☐	☐	☐
b. Back pain	☐	☐	☐
c. Pain in your arms, legs, or joints (knees, hips, etc)	☐	☐	☐
d. Menstrual cramps or other problems with your periods	☐	☐	☐
e. Pain or problems during sexual intercourse	☐	☐	☐
f. Headaches	☐	☐	☐
g. Chest pain	☐	☐	☐
h. Dizziness	☐	☐	☐
i. Fainting spells	☐	☐	☐
j. Feeling your heart pound or race	☐	☐	☐
k. Shortness of breath	☐	☐	☐
l. Constipation, loose bowels, or diarrhea	☐	☐	☐
m. Nausea, gas, or indigestion	☐	☐	☐

2. Over the last 2 weeks, how often have you been bothered by any of the following problems?	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
a. Little interest or pleasure in doing things	☐	☐	☐	☐
b. Feeling down, depressed, or hopeless	☐	☐	☐	☐
c. Trouble falling or staying asleep, or sleeping too much	☐	☐	☐	☐
d. Feeling tired or having little energy	☐	☐	☐	☐
e. Poor appetite or overeating	☐	☐	☐	☐
f. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down	☐	☐	☐	☐
g. Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐
h. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	☐	☐	☐	☐
i. Thoughts that you would be better off dead or of hurting yourself in some way	☐	☐	☐	☐

FOR OFFICE CODING: Som Dis if at least three of #1a-m are "a lot" and lack an adequate biol explanation. Maj Dep Syn if answers to #2a or b and five or more of #2a-i are at least "More than half the days" (count #2i if present at all). Other Dep Syn if #2a or b and two, three, or four of #2a-i are at least "More than half the days" (count #2i if present at all).

3. Questions about anxiety.

		NO	YES
a.	In the last 4 weeks, have you had an anxiety attack — suddenly feeling fear or panic?	☐	☐
	If you checked "NO", go to question #5.		
b.	Has this ever happened before?	☐	☐
c.	Do some of these attacks come suddenly out of the blue — that is, in situations where you don't expect to be nervous or uncomfortable?	☐	☐
d.	Do these attacks bother you a lot or are you worried about having another attack?	☐	☐

4. Think about your last bad anxiety attack.		**NO**	**YES**
a.	Were you short of breath?	☐	☐
b.	Did your heart race, pound, or skip?	☐	☐
c.	Did you have chest pain or pressure?	☐	☐
d.	Did you sweat?	☐	☐
e.	Did you feel as if you were choking?	☐	☐
f.	Did you have hot flashes or chills?	☐	☐
g.	Did you have nausea or an upset stomach, or the feeling that you were going to have diarrhea?	☐	☐
h.	Did you feel dizzy, unsteady, or faint?	☐	☐
i.	Did you have tingling or numbness in parts of your body?	☐	☐
j.	Did you tremble or shake?	☐	☐
k.	Were you afraid you were dying?	☐	☐

5. Over the last 4 weeks, how often have you been bothered by any of the following problems?		**Not at all**	**Several days**	**More than half the days**
a.	Feeling nervous, anxious, on edge, or worrying a lot about different things	☐	☐	☐
	If you checked "Not at all", go to question #6.			
b.	Feeling restless so that it is hard to sit still	☐	☐	☐
c.	Getting tired very easily	☐	☐	☐
d.	Muscle tension, aches, or soreness	☐	☐	☐
e.	Trouble falling asleep or staying asleep	☐	☐	☐
f.	Trouble concentrating on things, such as reading a book or watching TV	☐	☐	☐
g.	Becoming easily annoyed or irritable	☐	☐	☐

FOR OFFICE CODING: Pan Syn if all of #3a-d are 'YES' and four or more of #4a-k are 'YES'. Other Anx Syn if #5a and answers to three or more of #5b-g are "More than half the days".

6. Questions about eating.

	NO	YES
a. Do you often feel that you can't control <u>what</u> or <u>how much</u> you eat?	☐	☐
b. Do you often eat, <u>within any 2-hour period</u>, what most people would regard as an unusually <u>large</u> amount of food?	☐	☐

If you checked 'NO' to either #a or #b, go to question #9.

c. Has this been as often, on average, as twice a week for the last 3 months?	☐	☐

7. In <u>the</u> last 3 months have you <u>often</u> done any of the following in order to avoid gaining weight ?

	NO	YES
a. Made yourself vomit?	☐	☐
b. Took more than twice the recommended dose of laxatives?	☐	☐
c. Fasted — not eaten anything at all for at least 24 hours?	☐	☐
c. Exercised for more than an hour specifically to avoid gaining weight after binge eating?	☐	☐

8. If you checked "YES" to any of these ways of avoiding gaining weight, were any as often, on average, as twice a week?	☐	☐

9. Do you ever drink alcohol (including beer or wine)?	☐	☐

If you checked "NO" go to question #11.

10. <u>Have</u> any of the following happened to you <u>more than once in the last 6 months</u>?

	NO	YES
a. You drank alcohol even though a doctor suggested that you stop drinking because of a problem with your health	☐	☐
b. You drank alcohol, were high from alcohol, or hung over while you were working, going to school, or taking care of children or other responsibilities	☐	☐
c. You missed or were late for work, school, or other activities because you were drinking or hung over	☐	☐
d. You had a problem getting along with other people while you were drinking	☐	☐
e. You drove a car after having several drinks or after drinking too much	☐	☐

11. If you checked off <u>any</u> problems on this questionnaire, how <u>difficult</u> have these prol for you to do your work, take care of things at home, or get along with other peopl

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

FOR OFFICE CODING: Bul Ner if #6a,b, and-c and #8 are all 'YES'; Bin Eat Dis the same but #8 either 'NO' or left blank. Alc Abu if any of #10a-e is 'YES'.

12. In the last 4 weeks, how much have you been bothered by any of the following problems?	**Not bothered**	**Bothered a little**	**Bothered a lot**
a. Worrying about your health	☐	☐	☐
b. Your weight or how you look	☐	☐	☐
c. Little or no sexual desire or pleasure during sex	☐	☐	☐
d. Difficulties with husband/wife, partner/lover or boyfriend/girlfriend	☐	☐	☐
e. The stress of taking care of children, parents, or other family members	☐	☐	☐
f. Stress at work outside of the home or at school	☐	☐	☐
g. Financial problems or worries	☐	☐	☐
h. Having no one to turn to when you have a problem	☐	☐	☐
i. Something bad that happened recently	☐	☐	☐
j. Thinking or dreaming about something terrible that happened to you in the past - like your house being destroyed, a severe accident, being hit or assaulted, or being forced to commit a sexual act	☐	☐	☐

13. In the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone, or has anyone forced you to have an unwanted sexual act?	**NO**	**YES**
	☐	☐

14. What is the most stressful thing in your life right now? _____

_____

15. Are you taking any medicine for anxiety, depression or stress?	**NO**	**YES**
	☐	☐

16. FOR WOMEN ONLY: Questions about menstruation, pregnancy and childbirth.

a. Which best describes your menstrual periods?

Periods are unchanged	**No periods because pregnant or recently gave birth**	**Periods have become irregular or changed in frequency, duration or amount**	**No periods for at least a year**	**Having periods because taking hormone replacement (estrogen) therapy or oral contraceptive**
☐	☐	☐	☐	☐

	NO (or does not apply)	**YES**
b. During the week before your period starts, do you have a serious problem with your mood - like depression, anxiety, irritability, anger or mood swings?	☐	☐
If YES: Do these problems go away by the end of your period?	☐	☐
Have you given birth within the last 6 months?	☐	☐
Have you had a miscarriage within the last 6 months?	☐	☐
Are you having difficulty getting pregnant?	☐	☐

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