

PATIENT HEALTH QUESTIONNAIRE – PHQ

(All Questions Must Be Answered)

Patient Name _____ Date _____

1. Describe your symptoms: _____

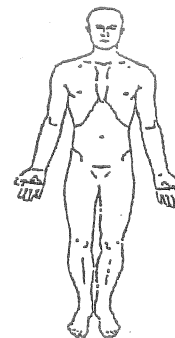
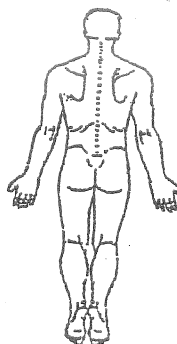
2. When did your symptoms start? ___/___/___ _____
3. How did your symptoms begin _____

4. What is your goal for therapy? _____

5. How often do you experience your symptoms? Indicate where you have pain or other 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)

MARK PICTURE WHERE YOU HAVE PAIN
↓ ↓ ↓ ↓ ↓ ↓ ↓

6. What describes the nature of your symptoms?
(check all that apply)
- ① Sharp
 - ② Dull ache
 - ③ Numb
 - ④ Shooting
 - ⑤ Burning
 - ⑥ Tingling



7. How are your symptoms changing?
- ① Getting Better
 - ② Not Changing
 - ③ Getting Worse

8. Your symptoms are worse in:
- ① morning
 - ② afternoon
 - ③ night
 - ④ increased during the day
 - ⑤ same all day

9. What movement causes the pain to increase: _____

During the past 4 weeks:

- a. Indicate the intensity of pain at rest: No Pain ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ Unbearable Pain
- b. Indicate the intensity of pain with movement: No Pain ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ Unbearable Pain

10. How much has it interfered with your normal work (including home and housework)
- ① None of the time ② A little bit ③ Moderately ④ Quite a bit ⑤ Extremely

11. What makes your problem better? _____
- ① Nothing
 - ② Lying Down
 - ③ Standing
 - ④ Sitting
 - ⑤ Movement/Exercise
 - ⑥ Inactivity
- a. What makes your problem worse? _____
- ① Nothing
 - ② Lying Down
 - ③ Standing
 - ④ Sitting
 - ⑤ Movement/Exercise
 - ⑥ Inactivity

12. During the past 4 weeks how much of the time has your condition interfered with your social activities?
(visiting with friends, relatives, etc.)
- ① All the time ② Most of the time ③ Some of the time ④ A little of the time ⑤ None of the time

13. In general would you say your overall health right now is...
- ① Excellent ② Very Good ③ Good ④ Fair ⑤ Poor