Patient Health Questionnaire - PHQ

	ent Name:	
	ent Signature: cribe your symptoms?	
	en did your symptoms start? w did your symptoms begin?	
	word your symptoms begin:	
1.	How often do you experience your symptoms? a. Constantly (76-100% of the day) b. Frequently (51-75% of the day) c. Occasionally (26-50% of the day)	Indicate where you have pain or other symptoms
	d. Intermittently (0-25% of the day)	
	What describes the nature of your symptoms? a. Sharp b. Dull ache c. Numb d. Shooting e. Burning f. Tingling	
3.	How are your symptoms changing? a. Getting Better b. Not Changing c. Getting Worse	
4.	During the past 4 weeks: a. Indicate the average intensity of your sympto b. How much has pain interfered with your norm 1. Not at all 2. A little bit 3. Modera	mal work (including both work outside the home, housework)
5.	What makes symptoms better?	
	What makes symptoms worse?	
	During the <u>past 4 weeks</u> , how much of time has y 1. Not at all 2. Most of the time 3. Some of	
8.	In general, would you say your overall health right	t now is: Excellent Very good Good Fair Poor
9.	Who have you seen for your symptoms? No On a. What treatment did you receive & when? b. What tests have you had for your symptoms	
		MRI date: Other date:
	Have you had similar symptoms in the past? What is your occupation?	Yes No