Patient Health Questionnaire - PHQ

ACN Group of California - Form PHQ-202

Patient Name_____   **Date**_____

1. Describe your symptoms _____

_____

a. When did your symptoms start? _____

b. How did your symptoms begin? _____

2. 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)
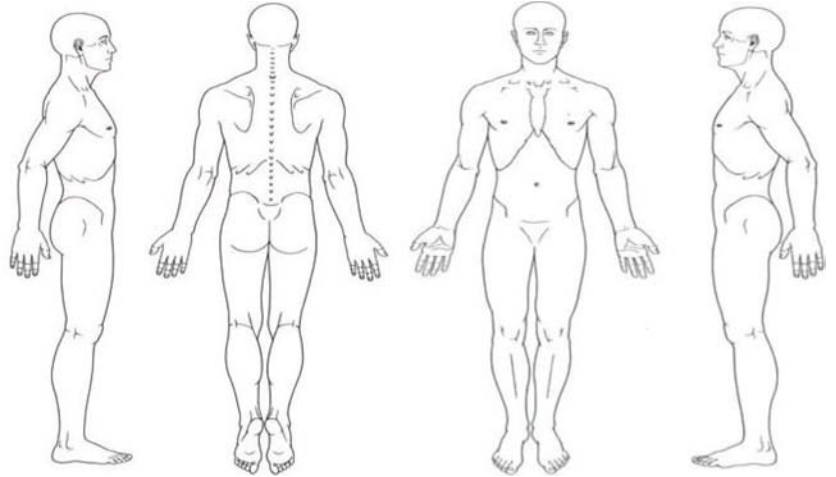
3. What describes the nature of your symptoms?

① Sharp   ④ Shooting

② Dull ache   ⑤ Burning

③ Numb   ⑥ Tingling

4. How are your symptoms changing?

① Getting Better

② Not Changing

③ Getting Worse

5. During the past 4 weeks:

a. Indicate the average intensity of your symptoms

None ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ Unbearable

b. How much has pain interfered with your normal work (including both work outside the home, and housework)

① Not at all   ② A little bit   ③ Moderately   ④ Quite a bit   ⑤ Extremely

6. During the past 4 weeks how much of the time has your condition interfered with your social activities?

(like visiting with friends, relatives, etc)

① All of the time   ② Most of the time   ③ Some of the time   ④ A little of the time   ⑤ None of the time

7. In general would you say your overall health right now is...

① Excellent   ② Very Good   ③ Good   ④ Fair   ⑤ Poor

8. Who have you seen for your symptoms?

① No One   ③ Medical Doctor   ⑤ Other
② Chiropractor   ④ Physical Therapist

a. What treatment did you receive and when? _____

b. What tests have you had for your symptoms and when were they performed?

① Xrays *date:* _____   ③ CT Scan *date:* _____

② MRI   *date:* _____   ④ Other   *date:* _____

9. Have you had similar symptoms in the past?

① Yes   ② No

a. If you have received treatment in the past for the same or similar symptoms, who did you see?

① This Office   ③ Medical Doctor   ⑤ Other
② Chiropractor   ④ Physical Therapist

10. What is your occupation?

① Professional/Executive   ④ Laborer   ⑦ Retired
② White Collar/Secretarial ⑤ Homemaker   ⑧ Other
③ Tradesperson   ⑥ FT Student

a. If you are not retired, a homemaker, or a student, what is your current work status?

① Full-time   ③ Self-employed   ⑤ Off work
② Part-time   ④ Unemployed   ⑥ Other

Patient Signature_____   **Date**_____