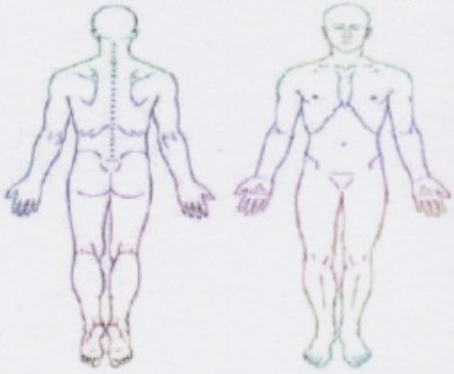
Patient Health Questionnaire-PHQ

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?
   a. Constantly (76%-100%)
   b. Frequently (51%-75%)
   c. Occasionally (26%-50%)
   d. Intermittently (0%-25%)
3. What describes the nature of your symptoms?
   a. Sharp
   b. Dull ache
   c. Numb
   d. Shooting
   e. Burning
   f. Tingling
4. How are your symptoms changing?
   a. Getting better
   b. Not changing
   c. Getting worse

Indicate where you have pain or other symptoms:



5. During the past 4 weeks:
   a. Indicate the average intensity of your symptoms: None: 1 2 3 4 5 6 7 8 9 10 :Unbearable
   b. How much has pain interfered with your normal work (including both outside the home and house work)
      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 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
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?
   a. No one
   b. Chiropractor
   c. Medical Doctor
   d. Physical Therapist
   e. Other

   1.What treatment did you receive and when?_____
   2.What tests have you had for your symptoms and when were they performed?
   a. Xrays, date:_____
   b. MRI, date:_____
   c. CT Scan, date:_____
   d. Other, date: _____.
9. Have you had similar symptoms in the past? (PLEASE CIRCLE ONE) **YES** **NO**
   a. If you have received treatment in the past for the same of similar symptoms, who did you see?
      1.This office
      2.Chiropractor
      3.Medical Doctor
      4.Physical Therapist
      5.Other_____
10. What is your occupation?_____
11. Are you currently working? _____

SIGNATURE:_____ DATE:_____