

Patient Health Questionnaire

Name: _____ Date: _____

Over the <u>last 2 weeks</u> , 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
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading or watching TV	0	1	2	3
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	0	1	2	3
Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
Feeling nervous anxiety or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Worrying too much about different things	0	1	2	3
Trouble relaxing	0	1	2	3
Being so restless that it is hard to sit still	0	1	2	3
Becoming easily annoyed or irritable	0	1	2	3
Feeling afraid as if something awful might happen	0	1	2	3
How difficult have any of these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult	Somewhat difficult	Very difficult	Extremely difficult
How long have you been struggling with these problems?	Less than a month	1-5 months	6-23 months	2 years or longer

Questions about panic:

No

Yes

In the last 4 weeks, have you had an anxiety attack – suddenly feeling fear or panic?

• Has this ever happened before?

• 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?

• Do these attacks bother you a lot or are you worried about having another attack?

• Do you find yourself going to great lengths to avoid being in situations that might cause you to have a panic attack?

Think about your last bad anxiety attack.

Not
bothered

Bothered
a little

Bothered
a lot

Were you short of breath?

Did your heart race, pound, or skip?

Did you have chest pain or pressure?

Did you sweat?

Did you feel as if you were choking?

Did you have hot flashes or chills?

Did you have nausea, an upset stomach, or diarrhea?

Did you feel dizzy, unsteady, or faint?

Did you have tingling or numbness in parts of your body?

Did you tremble or shake?

Were you afraid you were dying?

Did you feel like things were “unreal” or that you were “detached” from your body?

Were you afraid of losing control or “going crazy”?