PsydiX.org

WMY8XEWMFX

# Scoring Patient Health Questionnaire (PHQ)

01.12.2022

| PHQ | ICD-10 | DSM-IV |
|---|---|---|
| Somatoform Disorder **present** if lack of an adequate biological explanation | F45.0<br>F45.1<br>F45.3 | 300.81<br>300.82 |
| Major Depressive Syndrome **present** | F32<br>F33 | 296.2<br>296.3 |
| Other Depressive Syndrome **not** present | F32<br>F33 | 296.2<br>296.3 |
| Panic Syndrome **not** present | F41.0<br>F40.01 | 300.01<br>300.21 |
| Other Anxiety Syndrome **not** present | F41.1<br>F41.9 | 300.02<br>300.00 |
| Bulimia Nervosa **not** present | F50.2 | 307.51 |
| Binge Eating Disorder **not** present | F50.9 | 307.50 |
| Alcohol abuse **present** | F10.1<br>F10.2 | 305.00<br>303.90 |

| | | | |
|---|---|---|---|
| **Depression (PHQ-9):** | 0-27 | 15 | Moderately Severe |
| **Somatic Symptom (PHQ-15):** | 0-30 | 14 | Medium somatic symptom severity |

This questionnaire is an important part of providing you with the best health care possible. Your answers will help in understanding problems that you may have. Please answer every question to the best of your ability.

| **During the last 4 weeks, how much have you been bothered by any of the following problems?** | |
|---|---|
| Stomach pain | Bothered a lot |
| Back pain | Bothered a little |
| Pain in your arms, legs, or joints (knees, hips, etc.) | Bothered a little |
| Menstrual cramps or other problems with your periods | Not bothered |

| **During the last 4 weeks, how much have you been bothered by any of the following problems?** | |
|---|---|
| Pain or problems during sexual intercourse | Not bothered |
| Headaches | Bothered a little |
| Chest pain | Not bothered |
| Dizziness | Not bothered |
| Fainting spells | Not bothered |
| Feeling your heart pound or race | Bothered a little |
| Shortness of breath | Bothered a lot |
| Constipation, loose bowels, or diarrhea | Bothered a lot |
| Nausea, gas, or indigestion | Bothered a lot |
| **Over the last 2 weeks, how often have you been bothered by any of the following problems?** | |
| Little interest or pleasure in doing things | Several days |
| Feeling down, depressed, or hopeless | Nearly every day |
| Trouble falling or staying asleep, or sleeping too much | Not at all |
| Feeling tired or having little energy | More than half the days |
| Poor appetite or overeating | More than half the days |
| Feeling bad about yourself — or that you are a failure or have let yourself or your family down | Several days |
| Trouble concentrating on things, such as reading the newspaper or watching television | Several days |
| 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 | Nearly every day |
| Thoughts that you would be better off dead or of hurting yourself in some way | More than half the days |
| **Questions about anxiety.** | |
| In the last 4 weeks, have you had an anxiety attack — suddenly feeling fear or panic? | NO |
| 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? | --- |
| **Think about your last bad anxiety attack.** | |
| 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? | --- |

| | |
|---|---|
| **Think about your last bad anxiety attack.** | |
| Did you have nausea or an upset stomach, or the feeling that you were going to have 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? | --- |
| **Over the last 4 weeks, how often have you been bothered by any of the following problems?** | |
| Feeling nervous, anxious, on edge, or worrying a lot about different things. | Not at all |
| Feeling restless so that it is hard to sit still. | --- |
| Getting tired very easily. | --- |
| Muscle tension, aches, or soreness. | --- |
| Trouble falling asleep or staying asleep. | --- |
| Trouble concentrating on things, such as reading a book or watching TV. | --- |
| Becoming easily annoyed or irritable. | --- |
| **Questions about eating.** | |
| Do you often feel that you can't control what or how much you eat? | NO |
| Do you often eat, within any 2-hour period, what most people would regard as an unusually large amount of food? | NO |
| Has this been as often, on average, as twice a week for the last 3 months? | --- |
| **In the last 3 months have you often done any of the following in order to avoid gaining weight?** | |
| Made yourself vomit? | --- |
| Took more than twice the recommended dose of laxatives? | --- |
| Fasted — not eaten anything at all for at least 24 hours? | --- |
| Exercised for more than an hour specifically to avoid gaining weight after binge eating? | --- |
| **If you checked "YES" to any of these ways of avoiding gaining weight, were any as often, on average, as twice a week?** | |
| --- | |
| **Do you ever drink alcohol (including beer or wine)?** | |
| YES | |
| **Have any of the following happened to you more than once in the last 6 months?** | |
| You drank alcohol even though a doctor suggested that you stop drinking because of a problem with your health. | NO |
| You drank alcohol, were high from alcohol, or hung over while you were working, going to school, or taking care of children or other responsibilities. | NO |

| **Have any of the following happened to you more than once in the last 6 months?** | |
|---|---|
| You missed or were late for work, school, or other activities because you were drinking or hung over. | YES |
| You had a problem getting along with other people while you were drinking. | NO |
| You drove a car after having several drinks or after drinking too much. | YES |

**If you checked off any problems on this questionnaire, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?**

Somewhat difficult