# Patient Health Questionnaire - PHQ ACN Group of California - Form PHQ-202

Patient Name	Date		
1. Describe your symptoms			
a Whon did your comptons at 3			•
h. How did your oursetown having			
2. How often do you experience your symptoms?  ① Constantly (76-100% of the day)			5
② Frequently (51-75% of the day)	0 0	$\sim$	- Comment
③ Occasionally (26-50% of the day)	ye or	<b>)</b>	₹ <i>*</i>
Intermittently (0-25% of the day)	MAR		\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
<ul> <li>3. What describes the nature of your symptoms?</li> <li>① Sharp</li></ul>			
<ul><li>4. How are your symptoms changing?</li><li>① Getting Better</li><li>② Not Changing</li><li>③ Getting Worse</li></ul>			
5. During the past 4 weeks:	None	***	
<ul> <li>a. Indicate the average intensity of your symptoms</li> </ul>	s © ① ② ③	<b>4 5 6 7</b>	Unbearable  (B) (D)
b. How much has pain interfered with your normal	work (including both work outsid	le the home, and housewo	ork)
① Not at all ② A little bit	3 Moderately	Quite a bit	⑤ Extremely
<ol><li>During the past 4 weeks how much of the time h (like visiting with friends, relatives, etc)</li></ol>	as your condition interfered		vities?
① All of the time ② Most of the	o como or are arre	A little of the time	None of the time
. In general would you say your overall health righ	nt now is		
① Excellent ② Very Good	③ Good	Fair	⑤ Poor
3. Who have you seen for your symptoms?	No One     Chiropractor	<ul><li>Medical Doctor</li><li>Physical Therapist</li></ul>	⑤ Other
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:	@CT Scan doto:	
	Ø MRI date:		
). 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 ② Chiropractor	<ul><li>Medical Doctor</li><li>Physical Therapist</li></ul>	Other
0. What is your occupation?	<ul><li>Professional/Executive</li><li>White Collar/Secretarial</li><li>Tradesperson</li></ul>	<ul><li> Laborer</li><li> Homemaker</li><li> FT Student</li></ul>	⑦ Retired ® Other
a. If you are not retired, a homemaker, or a student, what is your current work status?	① Full-time ② Part-time	<ul><li>Self-employed</li><li>Unemployed</li></ul>	Off work     Other
atient Signature		Date	



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### Patient Name

Date \_\_\_\_

This questionnaire will give your provider information about how your neck condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If two or more statements in one section apply, please mark the one statement that most closely describes your problem.

# Pain Intensity

- ① I have no pain at the moment.
- The pain is very mild at the moment.
- ② The pain comes and goes and is moderate.
- The pain is fairly severe at the moment.
- The pain is very severe at the moment.
- The pain is the worst imaginable at the moment.

# Sleeping

- ① I have no trouble sleeping.
- ① My sleep is slightly disturbed (less than 1 hour sleepless).
- ② My sleep is mildly disturbed (1-2 hours sleepless).
- 3 My sleep is moderately disturbed (2-3 hours sleepless).
- My sleep is greatly disturbed (3-5 hours sleepless).
- My sleep is completely disturbed (5-7 hours sleepless).

# Reading

- can read as much as I want with no neck pain.
- 1 can read as much as I want with slight neck pain.
- ② I can read as much as I want with moderate neck pain.
- 3 I cannot read as much as I want because of moderate neck pain.
- (4) I can hardly read at all because of severe neck pain.
- (5) I cannot read at all because of neck pain.

### Concentration

- ① I can concentrate fully when I want with no difficulty.
- ① I can concentrate fully when I want with slight difficulty.
- ② I have a fair degree of difficulty concentrating when I want.
- 3 I have a lot of difficulty concentrating when I want.
- 4 I have a great deal of difficulty concentrating when I want.
- ⑤ I cannot concentrate at all.

# Personal Care

- (1) I can look after myself normally without causing extra pain.
- ① I can look after myself normally but it causes extra pain.
- ② It is painful to look after myself and I am slow and careful.
- ③ I need some help but I manage most of my personal care.
- I need help every day in most aspects of self care.
- (5) I do not get dressed, I wash with difficulty and stay in bed.

# Lifting

- I can lift heavy weights without extra pain.
- ① I can lift heavy weights but it causes extra pain.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g., on a table).
- 3 Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- I can only lift very light weights.
- (5) I cannot lift or carry anything at all.

# Driving

- ① I can drive my car without any neck pain.
- ① I can drive my car as long as I want with slight neck pain.
- I can drive my car as long as I want with moderate neck pain.
- 3 I cannot drive my car as long as I want because of moderate neck pain.
- I can hardly drive at all because of severe neck pain.
- ⑤ I cannot drive my car at all because of neck pain.

#### Recreation

- ① I am able to engage in all my recreation activities without neck pain.
- ① I am able to engage in all my usual recreation activities with some neck pain.
- 2 I am able to engage in most but not all my usual recreation activities because of neck pain.
- ③ I am only able to engage in a few of my usual recreation activities because of neck pain.
- I can hardly do any recreation activities because of neck pain.
- ⑤ I cannot do any recreation activities at all.

### Work

- ① I can do as much work as I want.
- I can only do my usual work but no more.
- ② I can only do most of my usual work but no more.
- ③ I cannot do my usual work.
- I can hardly do any work at all.
- ⑤ I cannot do any work at all.

### Headaches

- ① I have no headaches at all.
- ① I have slight headaches which come infrequently.
- ② I have moderate headaches which come infrequently.
- 3 I have moderate headaches which come frequently.
- I have severe headaches which come frequently.
- (5) I have headaches almost all the time.

Neck	
Index	
Score	

Index Score = [Sum of all statements selected / (# of sections with a statement selected  $\times$  5)]  $\times$  100