

**Personal Health Questionnaire: Physical Symptoms (PHQ-15)**

During the past 4 weeks, how much have you been bothered by any of the following problems? (select the best response for each question)

(Adam: Implement each page as a separate “FORM”; for each form, type the question; use radio buttons for selection; Scoring is to add a 0, 1, or 2 for each item checked depending on the column – show total score).

	Not bothered at all (0)	Bothered a little (1)	Bothered a lot (2)
a. Stomach pain .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Back pain .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Pain in your arms, legs, or joints (knees, hips, etc.) ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Menstrual cramps or other problems with your periods [ <b>Women only</b> ] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Headaches .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Chest pain .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Dizziness .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Fainting spells .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Feeling your heart pound or race .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Shortness of breath .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Pain or problems during sexual intercourse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Constipation, loose bowels, or diarrhea .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Nausea, gas, or indigestion .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Feeling tired or having low energy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Trouble sleeping .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Personal Health Questionnaire 9 (PHQ-9)

(Adam: type the question; use radio buttons for selection; Scoring is to add a 0, 1, 2, or 3 for each item checked depending on the column – show total score).

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(Use “✓” to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things.....	0	1	2	3
2. Feeling down, depressed, or hopeless.....	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much.....	0	1	2	3
4. Feeling tired or having little energy.....	0	1	2	3
5. Poor appetite or overeating.....	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down.....	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television.....	0	1	2	3
8. 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
9. Thoughts that you would be better off dead or of hurting yourself in some way.....	0	1	2	3

(For office coding: Total Score \_\_\_\_ = \_\_\_\_ + \_\_\_\_ + \_\_\_\_)

If you checked off any problems, 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?

Not difficult  
at all

Somewhat  
difficult

Very  
difficult

Extremely  
difficult

## GAD-7

(Adam: type the question; use radio buttons for selection; Scoring is to add a 0, 1, 2, or 3 for each item checked depending on the column – show total score).

Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems? (Use “✓” to indicate your answer)	Not At all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3