

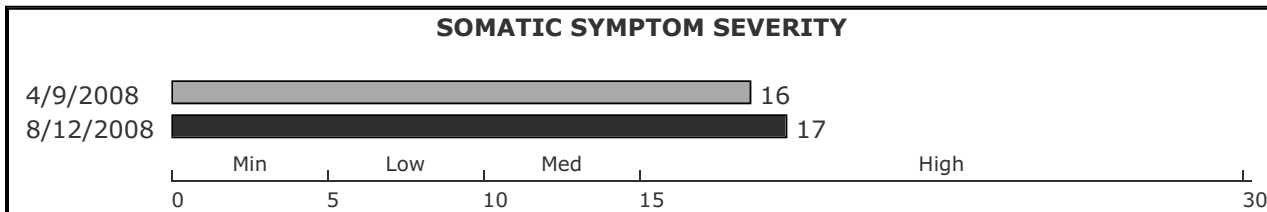
Patient Health Questionnaire (PHQ-15)



Name: _____
ID: 222222222222
Date: 8/12/2008 10:44:41 AM

Gender: Female
Age: 67

PHQ-15 Score = 17



ITEM	RESPONSE
1. During the past FOUR WEEKS... Stomach pain	Bothered a lot
2. Back pain	Bothered a little
3. Pain in your arms, legs, or joints (knees, hips, etc.)	Bothered a lot
4. Menstrual cramps or other problems with your periods	Bothered a lot
5. Headaches	Bothered a little
6. Chest pain	Bothered a lot
7. Dizziness	Bothered a little
8. Fainting spells	Not bothered at all
9. Feeling your heart pound or race	Bothered a little
10. Shortness of breath	Not bothered at all
11. Pain or problems during sexual intercourse	Bothered a little
12. Constipation, loose bowels, or diarrhea	Not bothered at all
13. Nausea, gas, or indigestion	Bothered a little
14. Feeling tired or having low energy	Bothered a lot
15. Trouble sleeping	Bothered a little

PHQ-15 Scoring

The PHQ-15 is scored by summing the ratings for all questions. Each item is rated on a 3-point scale ranging from 0 to 2. The maximum total score is 28 for males, 30 for females.

Score	Interpretation
0 - 4	Minimal Somatic Symptom Severity
5 - 9	Low Somatic Symptom Severity
10 - 14	Medium Somatic Symptom Severity
15 or more	High Somatic Symptom Severity