PATIENT HEALTH QUESTIONNAIRE
Family Care Center

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University of Iowa Hospital and Clinics (UIHC) requests this information for the purpose of providing patient care. No persons outside UIHC are provided this information without your consent. If you fail to provide this information, patient care may be impaired. If you have questions, please ask for help.

DATE

HOSP.#

NAME

BIRTH DATE

ADDRESS

IF NOT IMPRINTED, PLEASE PRINT DATE, HOSP. #, NAME AND LOCATION

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 unless you are requested to skip a question.

Today's Date: _____ **Age:** _____ **Sex:** ☐**Female** ☐ **Male**

1. Over the last 2 weeks, 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
a. Little interest or pleasure in doing things	☐	☐	☐	☐
b. Feeling down, depressed, or hopeless	☐	☐	☐	☐
c. Trouble falling or staying asleep, or sleeping too much	☐	☐	☐	☐
d. Feeling tired or having little energy	☐	☐	☐	☐
e. Poor appetite or overeating	☐	☐	☐	☐
f. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down	☐	☐	☐	☐
g. Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐
h. 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	☐	☐	☐	☐
i. Thoughts that you would be better off dead, or of hurting yourself in some way	☐	☐	☐	☐

2. Questions about anxiety

	No	Yes
a. In the last 4 weeks, have you had an anxiety attack — suddenly feeling fear or panic? **If you checked "NO", skip to question 3.**	☐	☐
b. Has this ever happened before?	☐	☐
c. 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?	☐	☐
d. Do these attacks bother you a lot or are you worried about having another attack?	☐	☐
e. During your last bad anxiety attack, did you have symptoms like shortness of breath, sweating, your heart racing or pounding, dizziness or faintness, tingling or numbness, or nausea or upset stomach?	☐	☐

3. If you checked off any problems on this questionnaire so far, 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

Patient Signature _____ Date _____

FOR OFFICE CODING: Maj Dep Syn if answer to #1a or b and five or more of #1a-i are at least "More than half the days" (count #1i if present at all). Other Dep Syn if #1a or b and two, three, or four of #1a-i are at least "More than half the days" (count #1i if present at all). Pan Syn if all of #2a-e are "YES."