

Patient Health Questionnaire -15

During the past 7 days, how much have you been bothered by the following problem?

Stomach pain

- Not bothered at all
- Bothered a little
- Bothered a lot

During the past 7 days, how much have you been bothered by the following problem?

Back pain

- Not bothered at all
- Bothered a little
- Bothered a lot

During the past 7 days, how much have you been bothered by the following problem?

Pain in your arms, legs, or joints (knees, hips, etc.)

- Not bothered at all
- Bothered a little
- Bothered a lot

During the past 7 days, how much have you been bothered by the following problem?

Menstrual cramps or other problems with your periods WOMEN ONLY

- Not bothered at all
- Bothered a little
- Bothered a lot

During the past 7 days, how much have you been bothered by the following problem?

Headaches

- Not bothered at all
- Bothered a little
- Bothered a lot

During the past 7 days, how much have you been bothered by the following problem?

Chest pain

- Not bothered at all
- Bothered a little
- Bothered a lot

During the past 7 days, how much have you been bothered by the following problem?

Dizziness

- Not bothered at all
 Bothered a little
 Bothered a lot

During the past 7 days, how much have you been bothered by the following problem?

Fainting spells

- Not bothered at all
 Bothered a little
 Bothered a lot

During the past 7 days, how much have you been bothered by the following problem?

Feeling your heart pound or race

- Not bothered at all
 Bothered a little
 Bothered a lot

During the past 7 days, how much have you been bothered by the following problem?

Shortness of breath

- Not bothered at all
 Bothered a little
 Bothered a lot

During the past 7 days, how much have you been bothered by the following problem?

Pain or problems during sexual intercourse

- Not bothered at all
 Bothered a little
 Bothered a lot

During the past 7 days, how much have you been bothered by the following problem?

Constipation, loose bowels, or diarrhea

- Not bothered at all
 Bothered a little
 Bothered a lot

During the past 7 days, how much have you been bothered by the following problem?

Nausea, gas, or indigestion

- Not bothered at all
- Bothered a little
- Bothered a lot

During the past 7 days, how much have you been bothered by the following problem?

Feeling tired or having low energy

- Not bothered at all
- Bothered a little
- Bothered a lot

During the past 7 days, how much have you been bothered by the following problem?

Trouble sleeping

- Not bothered at all
- Bothered a little
- Bothered a lot