Patient Health Questionnaire - PHQ ACN Group, Inc. - Form PHQ-202

Patient Name	Date		
BY 2011년 전 100 100 100 100 100 100 100 100 100 1	Date	***	
1. Describe your symptoms			
a. When did your symptoms start?			
b. How did your symptoms begin?			
 2. How often do you experience your symptom ① Constantly (76-100% of the day) ② Frequently (51-75% of the day) ③ Occasionally (26-50% of the day) 	ns? Indicate where you hav	e pain or other sympt	oms }
Intermittently (0-25% of the day)	MO	POCT	
 3. What describes the nature of your symptoms ① Sharp ② Shooting ② Dull ache ③ Burning ③ Numb ⑥ Tingling 	s?		孙月
4. How are your symptoms changing?			1 100
Getting Better	17 MY	1 de	1.4
Not Changing	\	(1)(/)	
Getting Worse)V/	1/
. During the past 4 weeks:			~ 3
a. Indicate the average intensity of your sympto	None		
b. How much has pain interfered and	nms	6 6 7	Unbearable
b. How much has pain interfered with your norm O Not at all O A little bit	nal work (including both work out.	side the home, and house	
ONot at all A little bit	t 3 Moderately	110036	WOIK)
(like visiting with friends, relatives, etc.)	has your condition interfere	Quite a bit with your pasts.	© Extremely
6. During the past 4 weeks how much of the time (like visiting with friends, relatives, etc) ① All of the time ② Most of the	has your condition interfere	Quite a bit d with your social act	©Extremely fivities?
Most of the	he time	● Quite a bit ed with your social act	©Extremely tivities?
In general would you say your overall health rig	he time	 Quite a bit ed with your social acr A little of the time 	©Extremely tivities?
In general would you say your overall health rig © Excellent © Wery Goo	the time	 Quite a bit ed with your social act A little of the time 	<pre>⑤Extremely tivities?</pre>
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In general would you say your overall health rig © Excellent © Very Goo Who have you seen for your symptoms?	the time	 Quite a bit A with your social act A little of the time Fair Medical Doctor 	© Extremely tivities? © None of the time © Poor
In general would you say your overall health rig © Excellent © Very Goo Who have you seen for your symptoms? a. What treatment did you receive and when?	the time	 Quite a bit A little of the time Fair 	© Extremely tivities? © None of the time © Poor
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In general would you say your overall health right Excellent © Very Goo Who have you seen for your symptoms? a. What treatment did you receive and when? b. What tests have you had for your symptoms and when were they performed?	the time	 Quite a bit A with your social act A little of the time Fair Medical Doctor Physical Therapis CT Scan date: 	© Extremely tivities? © None of the time.
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In general would you say your overall health right Excellent © Very Good Who have you seen for your symptoms? a. What treatment did you receive and when? b. What tests have you had for your symptoms and when were they performed? I ave you had similar symptoms in the past? a. If you have received treatment in the past for the same or similar symptoms, who did you see?	the time ③ Some of the time time ③ Good ① No One ② Chiropractor ① Xrays date: ② MRI date: ① Yes ① This Office	Quite a bit A with your social act A little of the time Fair Medical Doctor Physical Therapis CT Scan date: Act Act Therapis Therapis Other date: No Medical Doctor	© Extremely tivities? © None of the time of time of the time of the time of time of the time of time of time of time of time of time of t
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