

Emotional Status

The Patient Health Questionnaires (PHQ-2 or 9) with - anxiety questions (PRIME MD)

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	0	1	2	3
b. Feeling down, depressed, or hopeless	0	1	2	3
If NO to both move to item 2a below				
c. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
d. Feeling tired or having little energy	0	1	2	3
e. Poor appetite or overeating	0	1	2	3
f. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
g. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
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	0	1	2	3
i. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
2. Questions about anxiety.		YES	NO	
a. In the last 4 weeks, have you had an anxiety attack— suddenly feeling fear or panic?		<input type="checkbox"/>	<input type="checkbox"/>	
If “NO”, go to question #3.				
b. Has this ever happened before?		<input type="checkbox"/>	<input type="checkbox"/>	
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?		<input type="checkbox"/>	<input type="checkbox"/>	
d. Do these attacks bother you a lot or are you worried about having another attack?		<input type="checkbox"/>	<input type="checkbox"/>	
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?		<input type="checkbox"/>	<input type="checkbox"/>	
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?				
Your options are:				
Not difficult at all	Somewhat difficult all	Very difficult	Extremely difficult	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

REFS

Information from Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: validity of a two-item depression screener. Med Care 2003; 41:1284-92. http://www.commonwealthfund.org/usr_doc/phq2.pdf