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

ACN Group, Inc. Use Only rev 7/18/05

Patient Name	Date		
1. Describe your symptoms			
a. When did your symptoms start?			
b. How did your symptoms begin?			
<ul> <li>2. How often do you experience your symptoms?</li> <li>① Constantly (76-100% of the day)</li> <li>② Frequently (51-75% of the day)</li> <li>③ Occasionally (26-50% of the day)</li> <li>④ Intermittently (0-25% of the day)</li> </ul>	? Indicate where you have pa	nin or other symptoms	
<ul> <li>3. What describes the nature of your symptoms?</li> <li>① Sharp</li> <li>② Dull ache</li> <li>③ Numb</li> <li>⑥ Tingling</li> </ul>			
<ul> <li>4. How are your symptoms changing?</li> <li>① Getting Better</li> <li>② Not Changing</li> <li>③ Getting Worse</li> </ul>	Le sono long		
5. During the past 4 weeks:	None		Unbearable
a. Indicate the average intensity of your sympto		4 5 6 7 	8 9 <b>1</b> 0
b. How much has pain interfered with your norm ① Not at all ② A little bir		Ie the home, and housew	<i>огк)</i> © 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 t	he time ③ Some of the time	④ A little of the time	Sone of the time
7. In general would you say your overall health ri	ight now is		
① Excellent ② Very Go	od ③ Good	④ Fair	⑤ Poor
8. Who have you seen for your symptoms?	<ul><li>① No One</li><li>② Chiropractor</li></ul>	<ul><li>③ Medical Doctor</li><li>④ Physical Therapist</li></ul>	Other
a. What treatment did you receive and when?			
b. What tests have you had for your symptoms and when were they performed?	① Xrays date:		
	② MRI date:	• Other date:	
9. Have you had similar symptoms in the past?	1) Yes	2 No	
a. If you have received treatment in the past for the same or similar symptoms, who did you see	<ul><li>① This Office</li><li>? ② Chiropractor</li></ul>	<ul><li>③ Medical Doctor</li><li>④ Physical Therapis</li></ul>	© Other t
10. What is your occupation?	<ol> <li>Professional/Executive</li> <li>White Collar/Secretarial</li> <li>Tradesperson</li> </ol>	<ul><li>④ Laborer</li><li>⑤ Homemaker</li><li>⑥ FT Student</li></ul>	<ul><li>⑦ Retired</li><li>⑧ Other</li></ul>
a. If you are not retired, a homemaker, or a student, what is your current work status?	<ul><li>① Full-time</li><li>② Part-time</li></ul>	<ul><li>③ Self-employed</li><li>④ Unemployed</li></ul>	⑤ Off work ⑥ Other
Patient Signature		Date	