LOGAN COLLEGE OF CHIROPRACTIC UNIVERSITY PROGRAMS

Patient Health Questionnaire – PHQ

ACN Use Only

Patient Name _____ Date _____

1. Describe your symptoms _____

a. When did your symptoms start? _____

b. How did your symptoms begin? _____

2. How often do you experience your symptoms? Indicate where you have pain or other symptoms:
☐ Constantly (76-100% of the day) ☐ Occasionally (26-50% of the day)
☐ Frequently (51-75% of the day) ☐ Intermittently 90-25% of the day)

3. What describes the nature of your symptoms?
☐ Sharp ☐ Numb ☐ Burning
☐ Dull ache ☐ Shooting ☐ Tingling

4. How are your symptoms changing?
☐ Getting Better
☐ Not Changing
☐ Getting Worse

5. During the <u>past four weeks</u>:
a. Indicate the average intensity of your symptoms None ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Unbearable

b. How much has pain interfered with your normal work (including both work outside the home, and work in the home)
☐ Not at all ☐ A little bit ☐ Moderately ☐ Quite a bit ☐ Extremely

6. During the <u>past four weeks</u> how much of the time has your condition interfered with your social activities?
(like visiting with friends, relatives, etc)
☐ All of the time ☐ Most of the time ☐ Some of the time ☐ A little of the time ☐ None of the time

7. In general would you say your overall health right now is ...
☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

8. Who have you seen for your symptoms?
☐ No One ☐ Other Chiropractor ☐ Medical Doctor ☐ Physical Therapist ☐ 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:_____ (3) CT Scan date:_____
(2) MRI date:_____ (4) Other date:_____

9. Have you had similar symptoms in the past? ☐ Yes ☐ No

a. If you have received treatment in the past for the same or similar symptoms, who did you see?
☐ This Office ☐ Medical Doctor ☐ Other
☐ Other Chiropractor ☐ Physical Therapist

10. What is your occupation? _____
☐ Professional/Executive ☐ White collar/Secretarial ☐ Tradesperson ☐ Laborer ☐ Homemaker ☐ FT Student ☐ Retired ☐ Other

a. If you are not retired, a homemaker, or a student, what is your current work status?
☐ Full-time ☐ self-employed ☐ Off work
☐ Part-time ☐ Unemployed

Patient Signature_____ Date_____