Patient Health Questionnaire

Name:	**Phone Number:**
Date of birth:	**WIC Id#:**

Circle all that apply.
I am:

Caucasian/White Latino/Hispanic Pacific Islander African American
Alaskan/American Indian Asian Middle Eastern Other:

Over the last 2 weeks, how often have you been bothered by the following problems?				
	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Add Columns				
Anyone trying to control, threaten, or hurt you (physically or verbally)	0	1	2	3
Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

What causes you to feel down, stressed, or worried?

- ❑ **I don't feel down, stressed, or worried**
- ❑ Money issues
- ❑ Trying to cope with children (parenting problems)
- ❑ Health issues
- ❑ Housing concerns
- ❑ Relationship concerns
- ❑ Not enough sleep/tired
- ❑ Too much to do/ no time for me
- ❑ Unhappy with weight/body
- ❑ Safety concerns
- ❑ Drug/Alcohol issues
- ❑ Family loss/death
- ❑ Big changes in life (move, breakup, job change, new baby, pregnancy)
- ❑ **I don't know/unsure**
- ❑ Other _____

OFFICE USE ONLY

TX Y or N MX Y or N Referrals_____ TOTAL _____

Does client want a PHN Referral? Y or N