# Patient Health Questionnaire-15: Physical Symptoms

During the last 4 weeks, how much have you have been bothered by any of the following problems? Please place a check mark in the box to indicate your answer.

<table>
<thead>
<tr>
<th></th>
<th>Not bothered</th>
<th>Bothered a little</th>
<th>Bothered a lot</th>
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</table>

1. Stomach pain

2. Back pain

3. Pain in your arms, legs, or joints (knees, hips, etc)

4. Menstrual cramps or other problems with your periods [women only]

5. Headaches

6. Chest pain

7. Dizziness

8. Fainting spells

9. Feeling your heart pound or race

10. Shortness of breath

11. Pain or problems during sexual intercourse

12. Constipation, loose bowels, or diarrhea

13. Nausea, gas, or indigestion

14. Feeling tired or having low energy

15. Trouble sleeping

TOTAL SCORE =