TODAY2 Form PHQ, Patient Health Questionnaire

☐☐–☐☐☐☐☐ RELEASEID

Release Participant ID

☐☐☐☐ PVISIT

Release Visit Number

1. Days since randomization ☐☐☐☐ DAYS

Instructions: This form is completed annually by the participant to record and evaluate, in a standardized manner, symptoms of anxiety and depression.

- *Score of levels of depressive (PHQ-8), anxiety (GAD-7), and/or somatic symptoms (PHQ-15) >15 indicates an individual in whom active treatment is probably warranted.*
- *Score of levels of depressive (PHQ-8), anxiety (GAD-7), and/or somatic symptoms (PHQ-15) >10 indicates a possible clinically significant condition.*

This questionnaire is an important part of providing you with the best health care possible. Your answers will help in understanding problems that you may have. Please answer every question to the best of your ability unless you are requested to skip over a question

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2. During the last 4 weeks, how much have you been bothered by any of the following problems?	**Not bothered**	**Bothered a little**	**Bothered a lot**	
a. Stomach pain	☐	☐	☐	TSTOMACH
b. Back pain	☐	☐	☐	TBACK
c. Pain in your arms, legs, or joints (knees, hips, etc)	☐	☐	☐	TARMLEG
d. Menstrual cramps or other problems with your periods	☐	☐	☐	TMENST
e. Pain or problems during sexual intercourse	☐	☐	☐	TSEX
f. Headaches	☐	☐	☐	THEAD
g. Chest pain	☐	☐	☐	TCHEST
h. Dizziness	☐	☐	☐	TDIZZY
i. Fainting spells	☐	☐	☐	TFAINT
j. Feeling your heart pound or race	☐	☐	☐	THEART
k. Shortness of breath	☐	☐	☐	TBREATH
l. Constipation, loose bowels, or diarrhea	☐	☐	☐	TINCONT
m. Nausea, gas, or indigestion	☐	☐	☐	TINDIGEST

3. 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	☐	☐	☐	☐	TLITTLEINT
b. Feeling down, depressed, or hopeless	☐	☐	☐	☐	TDEPRESS
c. Trouble falling or staying asleep, or sleeping too much	☐	☐	☐	☐	TSLEEP2WK
d. Feeling tired or having little energy	☐	☐	☐	☐	TTIRED2WK
e. Poor appetite or overeating	☐	☐	☐	☐	TAPPETITE
f. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down	☐	☐	☐	☐	TFAILURE
g. Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐	TCONC2WK
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	☐	☐	☐	☐	TSLOWFID

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4. Questions about anxiety.	**NO**	**YES**	
a. In the last 4 weeks, have you had an anxiety attack – suddenly feeling fear or panic?	☐	☐	TANXIETY
If you checked "NO", go to question #5.			
b. Has this ever happened before?	☐	☐	TPRIORANX
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?	☐	☐	TSUDDENANX
d. Do these attacks bother you a lot or are you worried about having another attack?	☐	☐	TWORRYANX

5. Think about your last bad anxiety attack.	**NO**	**YES**	
a. Were you short of breath?	☐	☐	TBREATHANX
b. Did your heart race, pound, or skip?	☐	☐	THEARTANX
c. Did you have chest pain or pressure?	☐	☐	TCHESTANX
d. Did you sweat?	☐	☐	TSWEATANX
e. Did you feel as if you were choking?	☐	☐	TCHOKEANX
f. Did you have hot flashes or chills?	☐	☐	TCHILLSANX
g. Did you have nausea or an upset stomach, or the feeling that you were going to have diarrhea?	☐	☐	TSTOMACHANX
h. Did you feel dizzy, unsteady, or faint?	☐	☐	TDIZZYANX
i. Did you have tingling or numbness in parts of your body?	☐	☐	TNUMBANX
j. Did you tremble or shake?	☐	☐	TSHAKEANX
k. Were you afraid you were dying?	☐	☐	TAFRAIDANX

6. Over the last 4 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. Feeling nervous, anxious, on edge, or worrying a lot about different things	☐	☐	☐	☐	TWORRY
b. Feeling restless so that it is hard to sit still	☐	☐	☐	☐	TRESTLESS
c. Getting tired very easily	☐	☐	☐	☐	TTIREDWK
d. Muscle tension, aches, or soreness	☐	☐	☐	☐	TACHE
e. Trouble falling asleep or staying asleep	☐	☐	☐	☐	TSLEEP4WK
f. Trouble concentrating on things, such as reading a book or watching TV	☐	☐	☐	☐	TCONC4WK

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g.	Becoming easily annoyed or irritable	☐	☐	☐	☐ TANNOY

7.	**Do you ever drink alcohol (including beer or wine)?**	**NO** ☐	**YES** ☐	TALCOHOL

8.	**<u>Have</u> any of the following happened to you <u>more than once in the last 6 months</u>?**	**NO**	**YES**	
a.	You drank alcohol even though a doctor suggested that you stop drinking because of a problem with your health	☐	☐	TDRSTOP
b.	You drank alcohol, were high from alcohol, or hung over while you were working, going to school, or taking care of children or other responsibilities	☐	☐	TALCWORK
c.	You missed or were late for work, school, or other activities because you were drinking or hung over	☐	☐	TLATE
d.	You had a problem getting along with other people while you were drinking	☐	☐	TGETALONG
e.	You drove a car after having several drinks or after drinking too much	☐	☐	TDRIVE