**PHQ-15: Somatic Symptoms**

**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** |
| 1. Stomach pain
 | 0 | 1 | 2 |
| 1. Back pain
 | 0 | 1 | 2 |
| 1. Pain in your arms, legs, or joints (knees, hips, etc.)
 | 0 | 1 | 2 |
| 1. [WOMEN ONLY]: Menstrual cramps or other problems with your periods
 | 0 | 1 | 2 |
| 1. Pain or problems during sexual intercourse
 | 0 | 1 | 2 |
| 1. Headaches
 | 0 | 1 | 2 |
| 1. Chest pain
 | 0 | 1 | 2 |
| 1. Dizziness
 | 0 | 1 | 2 |
| 1. Fainting spells
 | 0 | 1 | 2 |
| 1. Feeling your heart pound or race
 | 0 | 1 | 2 |
| 1. Shortness of breath
 | 0 | 1 | 2 |
| 1. Constipation, loose bowels, or diarrhoea
 | 0 | 1 | 2 |
| 1. Nausea, gas, or indigestion
 | 0 | 1 | 2 |
| 1. Feeling tired or having low energy
 | 0 | 1 | 2 |
| 1. Trouble sleeping
 | 0 | 1 | 2 |

PHQ-15 Somatic Symptom Severity. This is calculated by assigning scores of 0, 1, and 2 to the response categories of ‘not at all‖’, ‘bothered a little’, and ‘bothered a lot’, for the 15 somatic symptoms of the PHQ.

For more information www.phqscreeners.com/select-screener