

Patient Name _____ NHS Number _____ Date _____

PHQ4 plus 2

Over the past few weeks have you been bothered by these problems?	Not at all	Several days	More days than not	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not be able to stop or control worrying	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3

Pain Intensity and Interference

In the last month, on average, how would you rate your pain? (That is your usual pain at times you were in pain.)

Use the scale from 0 to 10, where 0 is “no pain” and 10 is “pain as bad as it could be”

No pain

As bad as pain
could be

0	1	2	3	4	5	6	7	8	9	10
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In the last month, how much has pain interfered with your daily activities? Use a scale from 0 to 10, where 0 is “no interference” and 10 is “unable to carry on any activities”

No Interference

Unable to carry
on any activities

0	1	2	3	4	5	6	7	8	9	10
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