



For Office Use ONLY  
PCC Label

## Confidential Patient Health Questionnaire

Over the past two 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
Little interest or pleasure in doing things?				
Feeling down, depressed or hopeless?				
Trouble falling or staying asleep or sleeping too much?				
Feeling tired or having little energy?				
Poor appetite or overeating?				
Feeling bad about yourself - or that you are a failure or have let yourself or your family down?				
Trouble concentrating on things, such as reading the newspaper or watching television?				
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?				
Thoughts that you would be better off dead or of hurting yourself in some way?				

	Yes	No
Within the last year have you been humiliated or emotionally abused by your partner or ex-partner?		
Within the last year, have you been afraid of your partner or ex-partner?		
Within the last year, have you been raped or forced to have any kind of sexual activity by your partner or ex-partner?		
Within the last year, have your been kicked, hit, slapped, or otherwise physically hurt by your partner or ex-partner?		

**Thank you for taking the time to answer.  
This information is strictly confidential.**