

Patient Health Questionnaire (PHQ)

A Window of Hope...



A world of opportunity

A Window of Hope Counseling Center/ Harold W. Anderson LLC

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Harold W. Anderson, Ph.D., LMFT, CAC III, AAMFT Approved Supervisor

Name

Date

Over the last two weeks, how often have you been bothered by the following issues?

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things				
2. Feeling down, depressed, or hopeless				
3. Trouble falling or staying asleep, or sleeping too much				
4. Feeling tired or having little energy				
5. Poor appetite or overeating				
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down				
7. Trouble concentrating on things, such as reading the newspaper or watching television				
8. 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				
9. Thoughts that you would be better off dead, or of hurting yourself in some way				

Please return this form to the office at least 24 hours prior to your appointment or email it to hwanderson@q.com. Or, you may FAX it to 970-205-9462. If you choose to email it you can go to www.sendinc.com and mail it securely. You will need to set up an account, which is free. Thank you.