

Scoring Patient Health Questionnaire (PHQ-15)

10.09.2023

Score	Somatic Symptom Severity
0 – 4	None-minimal
5 – 9	Low
10 – 14	Medium
15 – 30	High

Somatic Symptom Severity: **18**

Somatoform Disorder if lack of an adequate biological explanation.

During the past 4 weeks, how much have you been bothered by any of the following problems?

Stomach pain	Bothered a lot
Back pain	Bothered a little
Pain in your arms, legs, or joints (knees, hips, etc.)	Not bothered at all
Menstrual cramps or other problems with your periods	Not bothered at all
Headaches	Bothered a little
Chest pain	Bothered a little
Dizziness	Bothered a lot
Fainting spells	Not bothered at all
Feeling your heart pound or race	Bothered a lot
Shortness of breath	Bothered a lot
Pain or problems during sexual intercourse	Bothered a little
Constipation, loose bowels, or diarrhea	Bothered a lot
Nausea, gas, or indigestion	Not bothered at all
Feeling tired or having low energy	Bothered a lot
Trouble sleeping	Bothered a lot