Centre intégré
de santé
et de services sociaux
de la Montérégie-Ouest
Québec

Dossier : _____

Nom, prénom : _____

Date de naissance : _____ (aaaa/mm/jj) ☐ F ☐ M

NAM : _____ Exp. _____ (aaaa/mm)

Nom, prénom de la mère : _____

Installation : _____

ANXIETY & DEPRESSION (PHQ-4)

PHQ-4				
Over the last 2 weeks, how often have you been bothered by the following problems? *(Use "✓" to indicate your answer)*	Not at all	Several days	More than seven days	Nearly every day
1. Feeling nervous, anxious or on edge	0 ☐	1 ☐	2 ☐	3 ☐
2. Not being able to stop or control worrying	0 ☐	1 ☐	2 ☐	3 ☐
3. Little interest or pleasure in doing things	0 ☐	1 ☐	2 ☐	3 ☐
4. Feeling down, depressed, or hopeless	0 ☐	1 ☐	2 ☐	3 ☐

(*For office coding: Total Score T____ = ____ + ____ + ____)*

Date : _____