THIS TOP SECTION FOR OFFICE USE ONLY	
[Place BCHC client label here]	**Clinician name** _____ Today's date_____/_____/_____ ☐ Refer to BMH ☐ Do not refer to BMH. **Reasons:** ☐ Score too low ☐ Do not need services ☐ Refused/Not Interested ☐ Clinician Assessment Incomplete ☐ Receiving Care Elsewhere: _____ ☐ Referred Elsewhere: _____ For: _____
Form administered by_____ (CNA)	

Brief Client Health Questionnaire

This questionnaire is an important part of providing you with the best health care possible. Your answers will help in understanding problems that you may have. **If you would like help filling this out, please ask.**

1. Questions about anxiety.	**Yes**	**No**
a. In the **last 4 weeks**, have you had an anxiety attack—suddenly feeling fear or panic?..	☐	☐
b. Has this ever happened before?.....	☐	☐
c. Do some of these attacks come suddenly out of the blue—that is, in situations where you don't expect to be nervous or uncomfortable?	☐	☐
d. Do these attacks bother you a lot or are you worried about having another attack?	☐	☐
(This row for office use only)	**___x1 +**	**___x0=___**

2. Think about your last bad anxiety attack.	**Yes**	**No**
a. Were you short of breath?.....	☐	☐
b. Did your heart race, pound, or skip?.....	☐	☐
c. Did you have chest pain or pressure?.....	☐	☐
d. Did you sweat?	☐	☐
e. Did you feel as if you were choking?	☐	☐
f. Did you have hot flashes or chills?	☐	☐
g. Did you have nausea or an upset stomach, or the feeling that you were going to have diarrhea?.....	☐	☐
h. Did you feel dizzy, unsteady, or faint?	☐	☐
i. Did you have tingling or numbness in parts of your body?	☐	☐
j. Did you tremble or shake?.....	☐	☐
k. Were you afraid you were dying?	☐	☐
(This row for office use only)	**___x1 +**	**___x0=___**

Please turn page over and continue ➔

3. **How many panic attacks did you have during the past 2 weeks?**

If zero (none), skip the rest of the questions. This is the end of the questionnaire.

0 panic attacks (0)	1-2 panic attacks (1)	3-5 panic attacks (2)	6 or more panic attacks (3)
☐	☐	☐	☐

4. **If you had any panic attacks, how distressing (uncomfortable, frightening) were they while they were happening?**

If you had more than one, think about all of the attacks and give an average. Please mark the box that best describes how distressing the attacks were, on average.

Not at all distressing (1)	Somewhat distressing (not too intense) (2)	Very distressing (intense, but manageable) (3)	Extremely distressing (very intense) (4)
☐	☐	☐	☐

5. **How difficult have the panic attacks made it for you to do your work, take care of things at home, or get along with other people?**

Not difficult at all (1)	Somewhat difficult (2)	Very difficult (3)	Extremely difficult (4)
☐	☐	☐	☐

(This row for office use only)	**#3-#5 Total=**	_____

Thank you for filling out this questionnaire.
All the information that you share will be kept confidential.

DO NOT COPY

FOR OFFICE CODING: #1: positive if a-d = yes; #2: positive if 4 or more = yes

Some questions were developed by Drs. Robert L. Spitzer, Janet B.W. Willaims, Kurt Kroenke, & colleagues, with an educational grant from Pfizer Inc. For research information contact Dr. Spitzer at rls8@columbia.edu