**PATIENT HEALTH QUESTIONNAIRE-2 (PHQ-2)**

Visit Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions:**

Please respond to each question.

**Over the last 2 weeks, how often have you been bothered by any of the following problems?**

1. **Little interest or pleasure in doing things**

* 0 – Not at all
* 1 – Several days
* 2 – More than half the days
* 3 – Nearly every day

1. **Feeling down, depressed, or hopeless**

* 0 – Not at all
* 1 – Several days
* 2 – More than half the days
* 3 – Nearly every day

For office use only:

Total Score: \_\_\_\_\_