



The Patient Health Questionnaire – 2 (PHQ-2)

Patient Name _____ Date of Visit _____

Over the past two weeks, how often have you been bothered by any of the following problems?	Not at all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things.	0	1	2	3
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2. Feeling down, depressed or hopeless.	0	1	2	3

Total Point Score: _____