

PATIENT HEALTH QUESTIONNAIRE-2 (PHQ-2)

Over the last 2 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
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3
FOR OFFICE CODING:	0+	___+	___+	___
			<i>Total Score:</i>	___

Scoring Instructions:

If the response is 3 or greater, consider administering the PHQ-9 questionnaire or asking the person more questions about possible depression.

If the response to questions is less than 3, the screen is negative and can be reviewed again annually.

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