

PATIENT HEALTH QUESTIONNAIRE (PHQ-2)

NAME:

DATE:

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

(use ✓ to indicate your answer)

Not at all

Several days

More than half the days

Nearly every day

0

1

2

3

1. Little interest or pleasure in doing things

0

1

2

3

2. Feeling down, depressed or hopeless

0

1

2

3

Add columns:

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+

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+

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TOTAL SCORE:

WRITE TOTALSCORE HERE

If your TOTAL SCORE is 3 or higher, you may be experiencing symptoms of stress that should be evaluated by a professional.

Help is available.

You don't have to suffer.