

The Patient Health Questionnaire – 2 (PHQ2)

Patient Name: _____ Date of visit: _____

Over the past 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

Patient's Signature

Physician's Signature