

The Patient Health Questionnaire (PHQ-2)

Patient Name _____ Date of Birth: _____ Sex: _____ Date: _____

	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
1.	Little interest or pleasure in doing things?	0	1	2	3
2.	Feeling down, depressed, irritable, or hopeless?	0	1	2	3

If a patient **does not** respond with "Not at All" to **either** question, a patient should be further evaluated with the remaining questions in the PHQ-9 assessment.