

The Patient Health Questionnaire – 2 (PHQ – 2)

Patient Name / MRN: _____

Date of Visit: _____

Over the past 2 weeks, how often have you been bothered by any of the following problems (Please circle best answer)	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 or hopeless	0	1	2	3

If your combined score on questions #1 and #2 is 3 or greater, please turn page over and complete PHQ-9

The Patient Health Questionnaire – 0 (PHQ – 9)

Over the past 2 weeks, how often have you been bothered by any of the following problems (Please circle best answer)	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 or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself, or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Column Totals: _____ + _____ + _____

Add Totals Together: _____

10. If you check off any problems, how difficult have those problems made it for you to do your work, take care of things at home or get along with other people?

Not difficult at all
 Somewhat difficult
 Very difficult
 Extremely difficult