Patient Name: Date:

PATIENT HEALTH QUESTIONNAIRE (PHQ-2)

Over the last 2 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**
1. ***Little interest or pleasure in doing things***	☐ *0*	☐ *1*	☐ *2*	☐ *3*
2. ***Feeling down, depressed, or hopeless***	☐ *0*	☐ *1*	☐ *2*	☐ *3*

PHQ-2 Total Score: 0

0–2: Negative screen / Depression unlikely
3–4: Positive screen / Possible depression
5–6: Strong positive screen / Depression likely

*If score is 3 or greater, consider administering the PHQ-9 and/or proceeding with treatment interventions

Clinician Name

Clinician Signature