

Patient Name: _____ DOB: _____

Mother Name: _____ DOB: _____



Patient Health Questionnaire-2

Over the past 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things.

- 0** = Not at all
- 1** = Several days
- 2** = More than half the days
- 3** = Nearly every day

Feeling down, depressed, or hopeless.

- 0** = Not at all
- 1** = Several days
- 2** = More than half the days
- 3** = Nearly every day

Total point score: _____

Information from Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: validity of a two-item depression screener. *Med Care*. 2003;41:1284–1292

Reviewed By: _____

Date: _____

Source:

Thibault JM, Steiner RW. Efficient identification of adults with depression and dementia. *Am Fam Physician*. 2004;70:1101–1110



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