



Patient Health Questionnaire-2

Name: _____ Date: _____

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