



## 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**