



PATIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

### PHQ-2 DEPRESSION SCREENING

Over the past two weeks, how often have you been bothered by any of the following problems?	Not At All	Several Days	More Than Half the Days	Nearly Every Day
Little interest or pleasure in doing things.	0	1	2	3
Feeling down, depressed or hopeless.	0	1	2	3

Add up your answers and write your score in the box:

**\*If your score is 3 or higher, please answer the questions below\***

### PHQ-9 DEPRESSION SCREENING

Over the past two weeks, how often have you been bothered by any of the following problems?	Not At All	Several Days	More Than Half the Days	Nearly Every Day
Trouble falling or staying asleep, or sleeping too much.	0	1	2	3
Feeling tired or having little energy.	0	1	2	3
Poor appetite or overeating.	0	1	2	3
Feeling bad about yourself – or that you are a failure or have let yourself or your family down.	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television.	0	1	2	3
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
Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

Add up your answers to the second set of questions and write your score in the box: