



# PHQ-2 Questionnaire

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ MR#: \_\_\_\_\_ Date of Service: \_\_\_\_\_

## Mood (PHQ-2)

How often have you been bothered by each of the following symptoms during the PAST 2 WEEKS?	Not at all	Several days	More than ½ the days	Nearly every day
1. Little interest or pleasure in doing things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Feeling down, depressed, irritable, or hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0	1	2	3
3. In the PAST 2 WEEKS, have you had any thoughts that you want to kill yourself, or have you tried to kill or seriously harm yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No			