

Name _____

Date _____

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

Circle the number which applies to you.

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

Score of 3 or higher warrants more detailed screening with PHQ-9

Score of 2 may be considered for further screening at discretion of provider