



Name:

Date:

**“We recognize that your
mental health
is also very important.”**

If you have any signs or symptoms of depression, we will ask a few more questions about those symptoms to determine if a mental health referral or encouragement to return to your mental health care provider is best for you!

The Patient Health Questionnaire-2 (PHQ-2)

Over the past 2 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
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3