



These questions may help determine if you are having concerns with depression. If you are currently being treated for depression or prefer to discuss these questions in the exam room, leave the form blank, otherwise, please complete the questions. You will be asked for this form once you are in the exam room.

Thank you.

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

The U.S. Preventive Services Task Force recommends screening in adolescents and adults. The above Patient Health Questionnaire (PHQ)-2 is commonly used and is a validated screening tool.