

Patient Health Questionnaire-2 (PHQ-2)

Child's Name: _____ Parent's Name _____

Child's Date of Birth: _____ Child's Age _____ Today's Date _____

Instructions:

Please respond to each question.

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Give answers as 0 to 3, using this scale:

0=Not at all; 1=Several days; 2=More than half the days; 3=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

Instructions

Clinic personnel will follow standard scoring to calculate score based on responses.

Total score: --