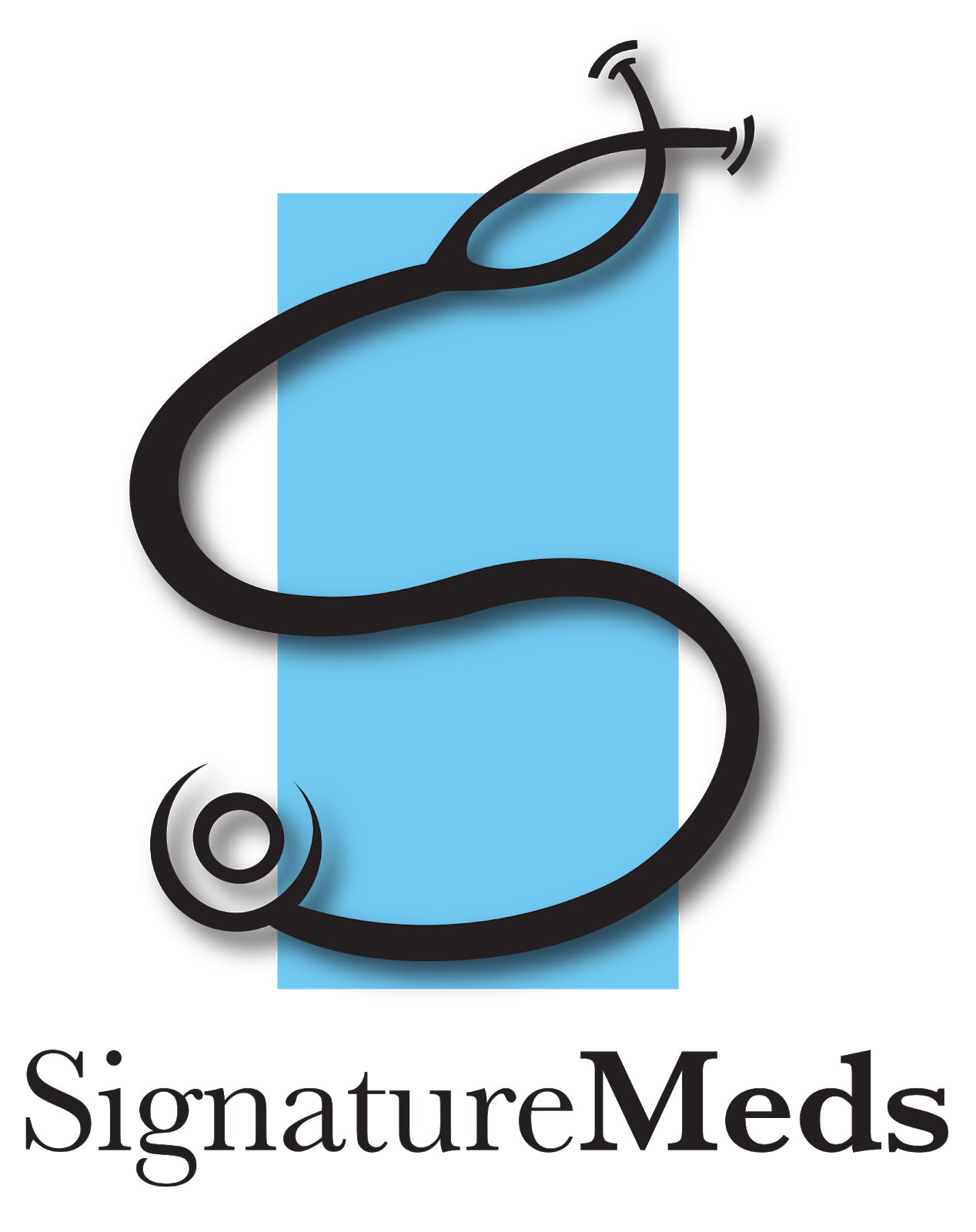
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Patient Health Questionnaire-PHQ

Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_Date of Visit\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**NOT AT SEVERAL MORE THAN NEARLY**

**ALL DAYS HALF THE DAYS EVERY DAY**

1.Little interest or

pleasure doing things 0 1 2 3

2.Feeling down, depressed 0 1 2 3

or hopeless

Thank you for helping us assist you with your needs!