Depression Screening Tool
Patient Health Questionnaire (PHQ-2)

Over the past 2 weeks, have you often been bothered by:

1. Little interest or pleasure in doing things? ☐ Yes ☐ No
2. Feeling down, depressed, or hopeless? ☐ Yes ☐ No

If the patient responded "yes" to either question, follow-up using the PHQ-9, a nine-item, self-administered questionnaire.

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