



Maitri Health Care for Women
Obstetrics, Gynecology and Midwifery

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The Patient Health Questionnaire-2 (PHQ-2)

Patient Name _____ Date of Birth _____

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

Provider's Signature _____ Date of visit _____