

TEENAGE QUESTIONNAIRE (PHQ-2)

Name: _____ D.O.B.: _____

Date: _____ Age: _____

Form filled out by: _____

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

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| | | | |

2. Feeling down, depressed or hopeless

DR.:

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