

## PHQ-2

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Little Interest or pleasure in doing things

Feeling down, depressed, or hopeless

### Relationship to member (please select, then fill out information)

#### **Self**

#### **Member's representative with permission**

Assessment completed By (Name):

#### **Parent/ Guardian**

#### **Involve**

Assessment completed By (Name):

Credentials of staff completing assessment:

If other, please provide credentials.

#### **Health Plan**

Assessment completed By (Name):

Credentials of staff completing assessment:

If other, please provide credentials.

#### **Provider**

Assessment completed By (Name):

Credentials of staff completing assessment:

If other, please provide credentials.

#### **Vendor**

Assessment completed By (Name):

Name of agency completing assessment?

Credentials of staff completing assessment:

If other, please provide credentials.

#### **Other**

If other relationship to member, please explain: