TWO QUESTION SCREEN: Date:_____

During the past month, have you often been bothered by:
1. Little interest or pleasure in doing things? YES or NO
2. Feeling down, depressed or hopeless? YES or NO

RESULTS: Negative = 2 NO answers
Positive = 1 or 2 YES answers
ACTION : □ Refer to behavioral health
□ Schedule back for more in-depth appointment
□ Patient counseled– see progress note
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