

Chiricahua Community Health Centers, Inc.



"The Clinic with a Heart"

Screening Form

Name _____ Date _____

Please answer the next questions by circling Yes or No.

1. Over the past month, have you often had little interest or pleasure in doing things?

Yes No

2. Over the past month, have you often been bothered by feeling down, depressed, or hopeless?

Yes No

If either of the answers to the above questions is "Yes" please answer the next two questions by circling the number that most accurately describes your answer.

Over the past two weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things

- 0 = Not at all
- 1 = Several days
- 2 = More than half the days
- 3 = Nearly every day

Feeling down, depressed, or hopeless

- 0 = Not at all
- 1 = Several days
- 2 = More than half the days
- 3 = Nearly every day

Score _____