

**Combined Assessments to screen for “caseness”**

**Patient Health Questionnaire Combined**

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems? <i>(Use “✓” to indicate your answer”</i>	Not at all	Several days	More than half the days	Nearly every day
	0	1	2	3
1. Little interest or pleasure in doing things				
2. Feeling down, depressed, or hopeless				
Sub total A				
3. Feeling nervous, anxious or on edge				
4. Not being able to stop or control worrying				
Sub Total B				
Total A=B				