Durante las últimas 2 semanas, ¿cuánto le han molestado los siguientes problemas?

1. Tener poco interés o placer en hacer las cosas

\_ 0 No del todo \_ 1 Varios dias \_ 2 Más de la mitad de los días \_ 3 Casi todos los días

2. Sentirse desanimado/a, deprimido/a, o sin esperanza

\_ 0 No del todo \_ 1 Varios dias \_ 2 Más de la mitad de los días \_ 3 Casi todos los días

\_\_\_\_\_\_ + \_\_\_\_\_\_ + \_\_\_\_\_\_ + \_\_\_\_\_\_ = Total Score \_\_\_\_\_\_

Notes

1. PHQ-2 score is obtained by adding score for each question (total points).
2. A score of 3 points is the preferred cut-off for identifying possible depression (if the score is 3 or greater, major depressive disorder is likely).

Reference

Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: validity of a two-item depression screener. Med Care. 2003;41(11):1284-1292.

This CRF translation is based on a validated translation:

Arrieta J, Aguerrebere M, Raviola G, Flores H, Elliott P, Espinosa A, Reyes A, Ortiz-Panozo E, Rodriguez-Gutierrez EG, Mukherjee J, Palazuelos D, Franke MF. Validity and Utility of the Patient Health Questionnaire (PHQ)-2 and PHQ-9 for Screening and Diagnosis of Depression in Rural Chiapas, Mexico: A Cross-Sectional Study. J Clin Psychol. 2017 Sep;73(9):1076-1090. doi: 10.1002/jclp.22390. Epub 2017 Feb 13. PMID: 28195649; PMCID: PMC5573982.

The PHQ-2 is the first two questions of the PHQ-9. PHQ-9 translation obtained from Orange County Aging Services Collaborative Self management Resource Center at

http://ocagingservicescollaborative.org/wp-content/uploads/2014/07/PHQ9-Spanish.pdf

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