

Name: _____ Date: _____



Church Health

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

(___ = ___ + ___ + ___)