

**Patient Health Questionnaire (PHQ-9)**

<https://cde.drugabuse.gov/instrument/f226b1a0-897c-de2a-e040-bb89ad4338b9>

Resource summary: The PHQ-9 is a nine-item screener for depression in adults of any age. It is tested and approved for use with older clients.¹⁴⁷⁶ The screener is also useful for monitoring depression severity and treatment response in clients who have already screened positive for or been diagnosed with depression. A two-item version of the PHQ-9 is available (the PHQ-2) that includes only the first two questions from the PHQ-9. However, compared with the PHQ-9, the PHQ-2 has a higher likelihood of giving older adults a false positive (that is, incorrectly rating a person as depressed when they are not).¹⁴⁷⁷ To get more reliable results, you should give the full PHQ-9. If you give the PHQ-2, be sure to give the full PHQ-9 to older adults who have a total score of 3 or higher.¹⁴⁷⁸

Scoring: The total score for the PHQ-9 is derived by first summing each column (e.g., each item chosen in column “More than half the days” = 2), then summing the column totals. Total scores range from 0 to 27 and indicate the following levels of depression severity:

- 0–4: None-minimal
- 5–9: Mild depression
- 10–14: Moderate depression
- 15–19: Moderately severe depression
- 20–27: Severe depression

In addition to the total score, review responses to Question #9 (suicidality) and the unnumbered question below it (the effect of symptoms on the client’s daily functioning) when determining whether to initiate or refer for further assessment and treatment.^{1479,1480,1481}