PHQ-9

Adult Focused

Item Count: 9 items

Completion Time: 2 min

Self-Report

General Info

The PHQ-9 assesses the presence and severity of depressive symptoms. This is a screening measure that asks individuals to describe these concerns in the past 2 weeks.

The descriptive classifications are provided are a guideline. These results are not clinical diagnoses. Please see the provided resources for more information about the measure development.

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Patient Health Questionnaire- 9

Item scores are calculated using the following response guide. A total score is created by adding each individual participant response score.

1. Not at all
2. Several days
3. More than half the days
4. Nearly every day

Total scores are calculated from summing scores from each item. These total scores can indicate depressive symptom severity.

Description	Score
None to minimal concerns	0-4
Mild concerns	5-9
Moderate concerns	10-14
Moderately severe concerns	15-19
Severe concerns	20-17

Question 9 on the PHQ-9 asks about suicide risk. A participant who endorses this question may require further assessment for suicide risk by an individual who is competent to do so.

For More Information

- Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: validity of a brief depression severity measure. *Journal of General Internal Medicine, 16*(9), 606-613..

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