# Supplemental Screening Scoring

# PHQ9

[cqaimh.org/pdf/tool\_phq9.pdf](http://www.cqaimh.org/pdf/tool_phq9.pdf)

|  |  |  |
| --- | --- | --- |
| PHQ-9 Score | Provisional Diagnosis | Treatment Recommendation (Patient preferences should be considered) |
| 5-9 | Minimal Symptoms\* | Support, educate to call if worse, return in one month/monitor.  |
| 10-14 | Minor depression ++ Dysthymia\*, Major Depression, mild | Support, watchful waiting, antidepressant or psychotherapy. |
| 15-19 | Major Depression, moderately severe | Antidepressant **or** psychotherapy. |
| >20 | Major Depression, severe | Antidepressant **and** psychotherapy. |

\*If symptoms are present for > two years, then probably chronic depression which warrants antidepressants or psychotherapy. (Ask, “In the past 2 years have you felt depressed or sad most days, even if you felt okay sometimes).

++ If symptoms are present > one month or severe functional impairment, consider active treatment.

# GAD-7

[medi-mouse.com/graphics/GAD7.pdf](http://www.medi-mouse.com/graphics/GAD7.pdf)

|  |  |  |
| --- | --- | --- |
| GAD-7 Score | Provisional Diagnosis | Treatment Recommendation (Patient preferences should be considered) |
| 5-9 | Mild Anxiety | Support, educate to call if worse, return in one month/monitor. |
| 10-14 | Moderate Anxiety | Continue to monitor, refer to mental health treatment. An appointment should occur within five (5) working days of a client’s request for mental health services. |
| 15-21 | Severe Anxiety  | Refer to mental health treatment for intake within 72 hours. Create safety plan and monitor.  |

GAD-7 Anxiety Severity: This is calculated by assigning scores of 0, 1, 2, and 3, to the response categories of “not at all,” “several days,” “more than half the days,” and “nearly every day,” respectively. GAD-7 total score for the seven items ranges from 0 to 21.

Scores of 5, 10, and 15 represent cut points for mild, moderate, and severe anxiety, respectively. When screening for individual or any anxiety disorder, a recommended cut point for further evaluation is a score of 10 or greater.

# PC-PTSD\* Optional

Scoring: any affirmative answer is “significant” and should indicate referral to mental health treatment.

# CAGE

[mdcalc.com/cage-questions-alcohol-use](https://www.mdcalc.com/cage-questions-alcohol-use)

Item responses on the CAGE are scored 0 or 1, with a higher score as an indication of alcohol problems. A total score of 2 or greater is considered clinically significant and should indicate referral to substance use treatment.

# DAST-10

[emcdda.europa.eu/html.cfm/index3618EN.html](http://www.emcdda.europa.eu/html.cfm/index3618EN.html)

|  |  |  |
| --- | --- | --- |
| DAST-10 Score | Provisional Diagnosis | Treatment Recommendation (Patient preferences should be considered) |
| 0 | n/a  | n/a |
| 1-2 | Low  | Brief intervention |
| 3-5 | Intermediate (likely meets DSM criteria) | Outpatient (Intensive) |
| 6-8 | Substantial  | Intensive  |
| 9-10 | Severe  | Intensive  |

A 1 should be scored for each item answered “yes” with the exception of question #3 which should be given a score of 1 for a “no” and a zero for “yes”.