# Outcome Measures Quick Guide

K10, GAD-7, PHQ-9 and DASS-21: what each one is for, how the scores band, and what a meaningful change looks like. Written for Australian practice.

> **How to read this.** A measure is a conversation starter and a trend line, never a diagnosis. A score tells you where someone sits today and, once you have three or four of them, whether therapy is moving. Scoring bands are convention rather than law, and every one of them was drawn from a particular sample, so treat a band boundary as a prompt to ask more rather than a verdict. This guide describes the measures. It does not reproduce their items, because each instrument should be administered from its own official form.

## K10, the Kessler Psychological Distress Scale

**Use it for** general psychological distress over the past four weeks. It is the measure Australian services expect, it appears in the ABS National Health Survey, and it is a Better Access staple.

| SCORE | BAND | WHAT IT USUALLY PROMPTS |
|---|---|---|
| 10 to 15 | Low | Distress in the range most of the population reports. Watch the trend rather than the number. |
| 16 to 21 | Moderate | Worth exploring in session. Often the point at which people first seek help. |
| 22 to 29 | High | Assess more thoroughly, including risk, sleep, substance use and function. |
| 30 to 50 | Very high | Significant distress. Consider frequency of contact, supports and a review of the plan. |

**Watch for:** two scoring conventions exist. The 10 to 50 version above is the Australian standard (each item 1 to 5). Some services use a 0 to 40 version where each item is scored 0 to 4, which shifts every band by ten points. Check which form you are holding before you interpret it. The ABS also publishes a broader three band grouping (low 10 to 15, medium 16 to 29, high 30 to 50) used for population reporting.

## GAD-7, the Generalised Anxiety Disorder scale

**Use it for** anxiety severity over the past two weeks, and for tracking change during treatment. Seven items, each scored 0 to 3, total 0 to 21.

| SCORE | BAND | WHAT IT USUALLY PROMPTS |
|---|---|---|
| 0 to 4 | Minimal | No action indicated by the measure alone. |
| 5 to 9 | Mild | Monitor and repeat. Psychoeducation and skills often enough. |
| 10 to 14 | Moderate | 10 is the screening threshold. Assess further and formulate. |
| 15 to 21 | Severe | Active treatment usually warranted. Consider medical review. |

**Meaningful change:** a reduction of around 4 points is generally treated as clinically important. Anything smaller is inside the noise of a single administration.

## PHQ-9, the Patient Health Questionnaire

**Use it for** depressive symptom severity over the past two weeks. Nine items, each 0 to 3, total 0 to 27. It maps onto DSM criteria, which makes it useful for both screening and tracking.

| SCORE | BAND | WHAT IT USUALLY PROMPTS |
|---|---|---|
| 0 to 4 | None to minimal | No action indicated by the measure alone. |
| 5 to 9 | Mild | Watchful waiting, repeat at the next appointment. |
| 10 to 14 | Moderate | Treatment plan warranted. 10 is the usual threshold for further assessment. |
| 15 to 19 | Moderately severe | Active treatment. Consider combined psychological and medical management. |
| 20 to 27 | Severe | Prompt treatment and close follow up. |

**Item 9 is not part of the trend.** Any endorsement of the thoughts of self harm or being better off dead item is followed up directly in the session, whatever the total says, and your response is documented. A falling total with a rising item 9 is the pattern most easily missed. **Meaningful change:** around 5 points.

## DASS-21, the Depression, Anxiety and Stress Scales short form

**Use it for** separating three overlapping states rather than screening for a disorder. Twenty one items across three subscales. Scores on the short form are **doubled** to compare with the full DASS-42.

| DOUBLED SUBSCALE SCORE | DEPRESSION | ANXIETY | STRESS |
|---|---|---|---|
| Normal | 0 to 9 | 0 to 7 | 0 to 14 |
| Mild | 10 to 13 | 8 to 9 | 15 to 18 |
| Moderate | 14 to 20 | 10 to 14 | 19 to 25 |
| Severe | 21 to 27 | 15 to 19 | 26 to 33 |
| Extremely severe | 28 and above | 20 and above | 34 and above |

**Watch for:** the authors describe these labels as arbitrary and caution against treating them as diagnostic categories. The stress subscale is often the one that moves first in therapy, which makes it useful early feedback. The DASS is in the public domain and available from UNSW; the manual is sold separately.

## Using measures well

### Cadence

- Baseline at intake, before the first intervention.
- Every three to four sessions, or monthly.
- At any planned review, and at discharge.
- Same measure each time. Switching instruments destroys the trend.

### In the room

- Show the client their own trend line. It is often the most motivating thing in the session.
- Ask about the items that moved, not just the total.
- Name a plateau out loud and reformulate rather than repeating the plan.

### Common traps

- Scoring the wrong K10 version.
- Forgetting to double DASS-21 subscales.
- Reading a single point change as progress.
- Filing the score without recording what you did about it.

## Where this connects to your notes

The value of a measure sits in the trend and in what the clinician did about it. A transcript captures what was said in a session; it does not carry a K10 moving from 34 to 22 across eleven weeks, the formulation that changed at week four, or the medication review that followed. Keeping measures beside the note, in the same record, is what turns a pile of sessions into a treatment history.

**Sources.** K10: Kessler and colleagues; band conventions per CRUfAD and the Australian Bureau of Statistics. GAD-7: Spitzer, Kroenke, Williams and Löwe, 2006. PHQ-9: Kroenke, Spitzer and Williams, 2001; the PHQ family may be reproduced without permission. DASS-21: Lovibond and Lovibond, 1995, University of New South Wales. This guide is educational, is not clinical advice, and does not replace each instrument's own manual. Ecko Health, v1.0, August 2026.