SECTION D: MOOD

Intent: The items in this section address mood distress *and social isolation. Mood distress is* a serious condition that is underdiagnosed and undertreated in the nursing home and is associated with significant morbidity. It is particularly important to identify signs and symptoms of mood distress among nursing home residents because these signs and symptoms can be treatable. *Social isolation refers to an actual or perceived lack of contact with other people and tends to increase with age. It is a risk factor for physical and mental illness, is a predictor of mortality, and is important to assess in order to identify engagement strategies.*

D0100: Should Resident Mood Interview Be Conducted?

D0100. Should Resident Mood Interview be Conducted? - Attempt to conduct interview with all residents	
Enter Code ☐	0. **No** (resident is rarely/never understood) → Skip to and complete D0500-D0600, Staff Assessment of Resident Mood (PHQ-9-OV) 1. **Yes** → Continue to D0150, Resident Mood Interview (PHQ-2 to 9©)

Item Rationale

Health-related Quality of Life

- Most residents who are capable of communicating can answer questions about how they feel.
- Obtaining information about mood directly from the resident, sometimes called "hearing the resident's voice," is more reliable and accurate than observation alone for identifying a mood disorder.

Planning for Care

- Symptom-specific information from direct resident interviews will allow for the incorporation of the resident's voice in the individualized care plan.
- If a resident cannot communicate, then **Staff Mood Interview** (D0500 A-J) should be conducted*, unless the assessment being completed is a stand-alone Part A PPS Discharge; if that is the case, then skip to D0700. Social Isolation*.

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D0100: Should Resident Mood Interview Be Conducted? (cont.)

Steps for Assessment

1. Interact with the resident using *their* preferred language. Be sure *they* can hear you and/or *have* access to *their* preferred method for communication. If the resident appears unable to communicate, offer alternatives such as writing, pointing, sign language, or cue cards.
2. Determine whether the resident is rarely/never understood verbally, in writing, or using another method. If rarely/never understood, skip to D0500, Staff Assessment of Resident Mood (PHQ-9-OV©)*, unless the assessment being completed is a stand-alone Part A PPS Discharge; if that is the case, then skip to D0700. Social Isolation*.
3. Review Language item (A11*1*0) to determine if the resident needs or wants an interpreter to communicate with doctors or health care staff (A11*1*0 = 1).
   - If the resident needs or wants an interpreter, complete the interview with an interpreter.

Coding Instructions

- **Code 0, no:** if the interview should not be conducted because the resident is rarely/never understood or cannot respond verbally, in writing, or using another method, or an interpreter is needed but not available. Skip to item D0500, Staff Assessment of Resident Mood (PHQ-9-OV©), *unless the assessment being completed is a stand-alone Part A PPS Discharge; if that is the case, then skip to D0700. Social Isolation*.
- **Code 1, yes:** if the resident interview should be conducted because the resident is at least sometimes understood verbally, in writing, or using another method, and if an interpreter is needed, one is available. Continue to item D0*15*0, Resident Mood Interview (PHQ-*2 to* 9©).

Coding Tips and Special Populations

- Attempt to conduct the interview with ALL residents. This interview is conducted during the look-back period of the Assessment Reference Date (ARD) and is not contingent upon item B0700, Makes Self Understood.
- If the resident needs an interpreter, every effort should be made to have an interpreter present for the PHQ-*2 to* 9© interview. If it is not possible for a needed interpreter to be present on the day of the interview, code D0100 = 0 to indicate that an interview was not attempted and complete items D0500-D0600*, unless the assessment being completed is a stand-alone Part A PPS Discharge; if that is the case, then skip to D0700. Social Isolation*.
- Includes residents who use American Sign Language (ASL).
- If the resident interview was not conducted within the look-back period of the ARD, item D0100 must be coded 1, Yes, and the standard "no information" code (a dash "-") entered in the resident interview items.
- Do not complete the Staff Assessment of Resident Mood items (D0500) if the resident interview should have been conducted but was not done, *or if the assessment being completed is a stand-alone Part A PPS Discharge assessment*.

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D0150: Resident Mood Interview (PHQ-2 to 9©)

D0150. Resident Mood Interview (PHQ-2 to 9©)

Say to resident: ***"Over the last 2 weeks, have you been bothered by any of the following problems?"***

If symptom is present, enter 1 (yes) in column 1, Symptom Presence.

If yes in column 1, then ask the resident: *"About **how often** have you been bothered by this?"*

Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.

1. **Symptom Presence**
   0. **No** (enter 0 in column 2)
   1. **Yes** (enter 0-3 in column 2)
   9. **No response** (leave column 2 blank)
2. **Symptom Frequency**
   0. **Never or 1 day**
   1. **2-6 days** (several days)
   2. **7-11 days** (half or more of the days)
   3. **12-14 days** (nearly every day)

	1. Symptom Presence	2. Symptom Frequency
	↓ Enter Scores in Boxes↓	
A. ***Little interest or pleasure in doing things***	☐	☐
B. ***Feeling down, depressed, or hopeless***	☐	☐
If both D0150A1 and D0150B1 are coded 9, OR both D0150A2 and D0150B2 are coded 0 or 1, END the PHQ interview; otherwise, continue.		
C. ***Trouble falling or staying asleep, or sleeping too much***	☐	☐
D. ***Feeling tired or having little energy***	☐	☐
E. ***Poor appetite or overeating***	☐	☐
F. ***Feeling bad about yourself - or that you are a failure or have let yourself or your family down***	☐	☐
G. ***Trouble concentrating on things, such as reading the newspaper or watching television***	☐	☐
H. ***Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual***	☐	☐
I. ***Thoughts that you would be better off dead, or of hurting yourself in some way***	☐	☐

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D0150: Resident Mood Interview (PHQ-2 to 9©) (cont.)

Item Rationale

Health-related Quality of Life

- *It is important to note that coding the presence of clinical signs and symptoms of depressed mood does not automatically mean that the resident has a diagnosis of depression or other mood disorder. Assessors do not make or assign a diagnosis based on these findings; they simply record the presence or absence of specific clinical signs and symptoms of depressed mood. Facility staff should recognize these signs and symptoms and consider them when developing the resident's individualized care plan.*
- Depression can be associated with:
  - — psychological and physical distress,
  - — decreased participation in therapy and activities,
  - — decreased functional status, and
  - — poorer outcomes.
- Mood disorders are common in nursing homes and are often underdiagnosed and undertreated.

DEFINITION

PATIENT HEALTH QUESTIONNAIRE (PHQ-2 to 9©)
A validated interview that screens for symptoms of depression. It provides a standardized severity score and a rating for evidence of a depressive disorder.

Planning for Care

- Findings suggesting mood distress could lead to:
  - — identifying causes and contributing factors for symptoms and
  - — identifying interventions (treatment, personal support, or environmental modifications) that could address symptoms.

Steps for Assessment

1. Interview any resident when D0100 = 1.
2. Conduct the interview in a private setting.
3. If an interpreter is used during resident interviews, the interpreter should not attempt to determine the intent behind what is being translated, the outcome of the interview, or the meaning or significance of the resident's responses.
4. Sit so that the resident can see your face. Minimize glare by directing light sources away from the resident's face.
5. Be sure the resident can hear you.
   - Residents with a hearing impairment should be *interviewed* using their usual communication devices/techniques, as applicable*, during the interview*.
   - Try an external assistive device (headphones or hearing amplifier) if you have any doubt about hearing ability.
   - Minimize background noise.
6. If you are administering the PHQ-*2 to* 9© in paper form, be sure that the resident can see the print. Provide large print or assistive device (e.g., page magnifier) if necessary.
7. Explain the reason for the interview before beginning.

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D0150: Resident Mood Interview (PHQ-2 to 9©) (cont.)

Suggested language: "I am going to ask you some questions about your mood and feelings over the past 2 weeks. I will also ask about some common problems that are known to go along with feeling down. Some of the questions might seem personal, but everyone is asked to answer them. This will help us provide you with better care."

8. Explain and /or show the interview response choices. A cue card with the response choices clearly written in large print might help the resident comprehend the response choices.

   Suggested language: "I am going to ask you how often you have been bothered by a particular problem over the last 2 weeks. I will give you the choices that you see on this card." (Say while pointing to cue card): "0-1 days—never or 1 day, 2-6 days—several days, 7-11 days—half or more of the days, or 12-14 days—nearly every day."

9. *Ask the first two questions of the Resident Mood Interview (PHQ-2 to 9©).*

   Suggested language: "Over the last 2 weeks, have you been bothered by any of the following problems?"

   *F*or each *of the* question*s*:
   - Read the item as it is written.
   - Do not provide definitions because the meaning **must be** based on the resident's interpretation. For example, the resident defines for *them*self what "tired" means; the item should be scored based on the resident's interpretation.
   - Each question **must be** asked in sequence to assess *Symptom P*resence (column 1) and *Symptom F*requency (column 2) before proceeding to the next question.
   - Enter code 9 *in Column 1 and leave Column 2 blank if the resident was unable or chose not to complete the assessment or responded nonsensically. A* ***nonsensical*** *response is one* that is unrelated, incomprehensible, or incoherent or if the resident's response is not informative with respect to the item being rated (e.g., when asked the question about "poor appetite or overeating," the resident answers, "I always win at poker.").
   - For a **yes** response, ask the resident to tell you how often *they were* bothered by the symptom over the last *2 weeks*. Use the response choices in D0*15*0 Column 2, Symptom Frequency. Start by asking the resident the number of days that *they were* bothered by the symptom and read and show cue card with frequency categories/descriptions (0-1 days—never or 1 day, 2-6 days—several days, 7-11 days—half or more of the days, or 12-14 days—nearly every day).

10. *Determine whether to ask the remaining seven questions (D0150C to D0150I) of the Resident Mood Interview (PHQ-2 to 9©). Whether or not further evaluation of a resident's mood is needed depends on the resident's responses to the first two questions (D0150A and D0150B) of the Resident Mood Interview.*
    - *If* ***both*** *D0150A1 and D0150B1 are coded 9, OR* ***both*** *D0150A2 and D0150B2 are coded 0 or 1,* ***end*** *the PHQ interview; otherwise continue.*
      - *If* ***both*** *D0150A1 and D0150B1 are coded 9, leave D0150A2 and D0150B2* ***blank,*** *then end the PHQ-2© and leave D0160, Total Severity Score blank.*
      - *If* ***both*** *D0150A2 and D0150B2 are* ***coded 0 or 1****, then end the PHQ-2© and enter the total score from D0150A2 and D0150B2 in D0160, Total Severity Score.*
    - *For all other scenarios, proceed to ask the remaining seven questions (D0150C to D0150I of the PHQ-9©) and complete D0160, Total Severity Score.*

D0150: Resident Mood Interview (PHQ-2 to 9©) (cont.)

Coding Instructions for Column 1. Symptom Presence

- **Code 0, no:** if resident indicates symptoms listed are not present. Enter 0 in Column 2 as well.
- **Code 1, yes:** if resident indicates symptoms listed are present. Enter 0, 1, 2, or 3 in Column 2, Symptom Frequency.
- **Code 9, no response:** if the resident was unable or chose not to complete the assessment *or* responded nonsensically. Leave Column 2, Symptom Frequency, blank.
- *Enter a Dash in Column 1 if the symptom presence was not assessed.*

Coding Instructions for Column 2. Symptom Frequency

Record the resident's responses as they are stated, regardless of whether the resident or the assessor attributes the symptom to something other than mood. Further evaluation of the clinical relevance of reported symptoms should be explored by the responsible clinician.

- **Code 0, never or 1 day:** if the resident indicates that *during the past 2 weeks they have* never *been bothered by the symptom* or *have* only *been bothered by* the symptom on 1 day.
- **Code 1, 2-6 days (several days):** if the resident indicates that *during the past 2 weeks they have been bothered by* the symptom for 2-6 days.
- **Code 2, 7-11 days (half or more of the days):** if the resident indicates *during the past 2 weeks they have been bothered by* the symptom for 7-11 days.
- **Code 3, 12-14 days (nearly every day):** if the resident indicates *during the past 2 weeks they have been bothered by* the symptom for 12-14 days.

Coding Tips and Special Populations

- *Attempt to conduct the interview with ALL residents.*
- *If **both** D0150A1 and D0150B1 are coded 9, leave D0150A2 and D0150B2 **blank**, then end the PHQ-2© and leave D0160 Total Severity Score blank.*
- *If Column 1 equals 0, enter 0 in Column 2.*
- *If Column 1 equals 9 or dash, leave Column 2 blank.*
- For question D0150I, Thoughts That You Would Be Better Off Dead or of Hurting Yourself in Some Way:
  - Beginning interviewers may feel uncomfortable asking this item because they may fear upsetting the resident or may feel that the question is too personal. Others may worry that it will give the resident inappropriate ideas. However,
    - Experienced interviewers have found that most residents who are having this feeling appreciate the opportunity to express it.
    - Asking about thoughts of self-harm does not give the person the idea. It does let the provider better understand what the resident is already feeling.

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D0150: Resident Mood Interview (PHQ-2 to 9©) (cont.)

- The best interviewing approach is to ask the question openly and without hesitation.

- If the resident uses *their* own words to describe a symptom, this should be briefly explored. If you determine that the resident is reporting the intended symptom but using *their* own words, ask *them* to tell you how often *they were* bothered by that symptom.
- Select only one frequency response per item.
- If the resident has difficulty selecting between two frequency responses, code for the higher frequency.
- Some items (e.g., item *D0150*F) contain more than one phrase. If a resident gives different frequencies for the different parts of a single item, select the highest frequency as the score for that item.
- Residents may respond to questions:
  - verbally,
  - by pointing to their answers on the cue card, OR
  - by writing out their answers.

Interviewing Tips and Techniques

- Repeat a question if you think that it has been misunderstood or misinterpreted.
- Some residents may be eager to talk with you and will stray from the topic at hand. When a person strays, you should gently guide the conversation back to the topic.
  - **Example:** Say, "That's interesting, now I need to know…"; "Let's get back to…"; "I understand, can you tell me about…."
    - Validate your understanding of what the resident is saying by asking for clarification.
  - **Example:** Say, "I think I hear you saying that…"; "Let's see if I understood you correctly."; "You said…. Is that right?"
- If the resident has difficulty selecting a frequency response, start by offering a single frequency response and follow with a sequence of more specific questions. This is known as unfolding.
  - **Example:** Say, "Would you say [name symptom] bothered you more than half the days in the past 2 weeks?"
    - If the resident says "yes," show the cue card and ask whether it bothered *them* nearly every day (12-14 days) or on half or more of the days (7-11 days).
    - If the resident says "no," show the cue card and ask whether it bothered *them* several days (2-6 days) or never or 1 day (0-1 day).

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D0150: Resident Mood Interview (PHQ-2 to 9©) (cont.)

- Noncommittal responses such as "not really" should be explored. Residents may be reluctant to report symptoms and should be gently encouraged to tell you if the symptom bothered *them*, even if it was only some of the time. This is known as probing. Probe by asking neutral or nondirective questions such as:
  - "What do you mean?"
  - "Tell me what you have in mind."
  - "Tell me more about that."
  - "Please be more specific."
  - "Give me an example."
- Sometimes respondents give a long answer to interview items. To narrow the answer to the response choices available, it can be useful to summarize their longer answer and then ask them which response option best applies. This is known as echoing.
  - **Example:** Item D0150E, **Poor Appetite or Overeating**. The resident responds "the food is always cold and it just doesn't taste like it does at home. The doctor won't let me have any salt."
    - Possible interviewer response: "You're telling me the food isn't what you eat at home and you can't add salt. How often would you say that you were bothered by poor appetite or over-eating during the last 2 weeks?"
  - **Example:** Item D0150A, **Little Interest or Pleasure in Doing Things**. The resident, when asked how often *they have* been bothered by little interest or pleasure in doing things, responds, "There's nothing to do here, all you do is eat, bathe, and sleep. They don't do anything I like to do."
    - Possible interview response: "You're saying there isn't much to do here and I want to come back later to talk about some things you like to do. Thinking about how you've been feeling over the past 2 weeks, how often have you been bothered by little interest or pleasure in doing things."
  - **Example:** Item D0150B, **Feeling Down, Depressed, or Hopeless**. The resident, when asked how often *they have* been bothered by feeling down, depressed, or hopeless, responds: "How would you feel if you were here?"
    - Possible interview response: "You asked how I would feel, but it is important that I understand **your** feelings right now. How often would you say that you have been bothered by feeling down, depressed, or hopeless during the last 2 weeks?"

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D0150: Resident Mood Interview (PHQ-2 to 9©) (cont.)

- If the resident has difficulty with longer items, separate the item into shorter parts, and provide a chance to respond after each part. This method, known as disentangling, is helpful if a resident has moderate cognitive impairment but can respond to simple, direct questions.
  - **Example:** Item D0150E, **Poor Appetite or Overeating**.
    - You can simplify this item by asking: "In the last 2 weeks, how often have you been bothered by poor appetite?" (pause for a response) "Or overeating?"
  - **Example:** Item D0150C, **Trouble Falling or Staying Asleep, or Sleeping Too Much**.
    - You can break the item down as follows: "How often are you having problems falling asleep?" (pause for response) "How often are you having problems staying asleep?" (pause for response) "How often do you feel you are sleeping too much?"
  - **Example:** Item D0150H, **Moving or Speaking So Slowly That Other People Could Have Noticed. Or the Opposite—Being So Fidgety or Restless That You Have Been Moving Around a Lot More than Usual**.
    - You can simplify this item by asking: "How often are you having problems with moving or speaking so slowly that other people could have noticed?" (pause for response) "How often have you felt so fidgety or restless that you move around a lot more than usual?"

Examples

1. *Assessor: "Over the past 2 weeks, have you been bothered by any of the following problems? Little interest or pleasure in doing things?"*

   Resident: "I'm not interested in doing much. I just don't feel like it. I used to enjoy visiting with friends, but I don't do that much anymore. I'm just not interested."

   Assessor: "In the past 2 weeks, how often would you say you have been bothered by this? Would you say never or 1 day, 2-6 days, 7-11 days, or 12-14 days?

   Resident: "7-11 days."

   Coding: *D0150A1 (Symptom Presence) would be* ***coded 1, yes*** *and D0150A2 (Symptom Frequency) would be* ***coded 2, 7-11 days****.*

   Rationale: *The resident indicates that they have lost interest in activities that they previously enjoyed. The resident indicates that the symptom has bothered them 7-11 days in the past 2 weeks.*

D0150: Resident Mood Interview (PHQ-2 to 9©) (cont.)

2. *Assessor: "Over the past 2 weeks, have you had trouble concentrating on things, such as reading the newspaper or watching television?"*

   Resident: "Television? I used to like watching the news. I can't concentrate on that anymore."

   Assessor: "In the past 2 weeks, how often have you been bothered by having difficulty concentrating on things like television? Would you say never or 1 day, 2-6 days, 7-11 days, or 12-14 days?

   Resident: "I'd say every day. It bothers me every day."

   Coding: *D0150G1 (Symptom Presence) would be* ***coded 1, yes*** *and D0150G2 (Symptom Frequency) would be* ***coded 3, 12-14 days****.*

   Rationale: *The resident states that they have trouble concentrating and that this bothers them every day.*

D0160: Total Severity Score

D0160. Total Severity Score	
Enter Score	**Add scores for all frequency responses in Column 2,** Symptom Frequency. Total score must be between 00 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required items).

Item Rationale

Health-related Quality of Life

- *The* ***Total Severity Score*** *is a summary of the frequency scores on the PHQ-2 to 9© that indicates the extent of potential depression symptoms.*
- The ***Total Severity S*****core** does not diagnose a mood disorder or depression but provides a standard score which can be communicated to the resident's physician, other clinicians and mental health specialists for appropriate follow up.

Planning for Care

- The PHQ-*2 to* 9© **Total Severity Score** also provides a way for health care providers and clinicians to easily identify and track symptoms and how they are changing over time.
- *Responses to PHQ-2 to 9© can indicate possible depression if the full PHQ-2 to 9© is completed (i.e., interview is not stopped after D0150B due to responses). Responses can be interpreted as follows:*
  - *Major Depressive Syndrome is suggested if—of the 9 items—5 or more items are identified at a frequency of half or more of the days (7-11 days) during the assessment period.*

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D0160: Total Severity Score (cont.)

— *Minor Depressive Syndrome is suggested if, of the 9 items, (1) feeling down, depressed or hopeless, (2) trouble falling or staying asleep, or sleeping too much, or (3) feeling tired or having little energy are identified at a frequency of half or more of the days (7-11 days) during the assessment period.*

— *In addition, PHQ-2 to 9© **Total Severity Score** can be used to track changes in severity over time. **Total Severity Score** can be interpreted as follows:*

1-4: minimal depression
5-9: mild depression
10-14: moderate depression
15-19: moderately severe depression
20-27: severe depression

Steps for Assessment

After completing D0150 A–I

1. Add the numeric scores across all frequency items in **Resident Mood Interview** (D0150) Column 2.
2. Do not add up the score while you are interviewing the resident. Instead, focus your full attention on the interview.
3. The maximum resident score is 27 (3 x 9).

Coding Instructions

- *If only the PHQ-2© is completed because both D0150A1 and D0150B1 are coded 9, leave D0150A2 and D0150B2 blank, then end the PHQ-2© and leave D0160-Total Severity Score blank.*
- *If only the PHQ-2© is completed because **both** D0150A2 and D0150B2 **are scored 0 or 1**, add the numeric scores from these two frequency items and enter the value in D0160.*
- *If the PHQ-9© was completed (that is, D0150C–I were not blank due to the responses in D0150A and B) **and** if the resident answered the frequency responses of at least 7 of the 9 items on the PHQ-9©, add the numeric scores from D0150A2–D0150I2, following the instructions in Appendix E, and enter in D0160.*
- If symptom frequency *in items D0150A2 through D0150I2* is blank for 3 or more items, the interview is deemed **NOT** complete. **Total Severity Score** should be coded as "99" and the **Staff Assessment of Mood** should be conducted*, unless the assessment being completed is a stand-alone Part A PPS Discharge; if that is the case, then skip to D0700. Social Isolation*.
- Enter the total score as a two-digit number. The **Total Severity Score** will be between **00** and **27** (or "**99**" if symptom frequency is blank for 3 or more items).
- The software will calculate the **Total Severity Score**. For detailed instructions on manual calculations and examples, see Appendix E: PHQ-*2 to* 9© Total Severity Score Scoring Rules.

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D0500: Staff Assessment of Resident Mood (PHQ-9-OV©)

D0500. Staff Assessment of Resident Mood (PHQ-9-OV*)
Do not conduct if Resident Mood Interview (D0150-D0160) was completed

Over the last 2 weeks, did the resident have any of the following problems or behaviors?

If symptom is present, enter 1 (yes) in column 1, Symptom Presence.
Then move to column 2, Symptom Frequency, and indicate symptom frequency.

1. **Symptom Presence**
   0. **No** (enter 0 in column 2)
   1. **Yes** (enter 0-3 in column 2)
2. **Symptom Frequency**
   0. **Never or 1 day**
   1. **2-6 days** (several days)
   2. **7-11 days** (half or more of the days)
   3. **12-14 days** (nearly every day)

	1. Symptom Presence	2. Symptom Frequency
	↓ Enter Scores in Boxes ↓	
A. Little interest or pleasure in doing things	☐	☐
B. Feeling or appearing down, depressed, or hopeless	☐	☐
C. Trouble falling or staying asleep, or sleeping too much	☐	☐
D. Feeling tired or having little energy	☐	☐
E. Poor appetite or overeating	☐	☐
F. Indicating that they feel bad about self, are a failure, or have let self or family down	☐	☐
G. Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐
H. Moving or speaking so slowly that other people have noticed. Or the opposite - being so fidgety or restless that they have been moving around a lot more than usual	☐	☐
I. States that life isn't worth living, wishes for death, or attempts to harm self	☐	☐
J. Being short-tempered, easily annoyed	☐	☐

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D0500: Staff Assessment of Resident Mood (PHQ-9-OV©) (cont.)

Item Rationale

Health-related Quality of Life

- PHQ-*2 to* 9© **Resident Mood Interview** is preferred as it improves the detection of a possible mood disorder. However, a small percentage of *residents* are unable or unwilling to complete the PHQ-*2 to* 9© **Resident Mood Interview**. Therefore, staff should complete the PHQ-9© Observational Version (PHQ-9-OV©) **Staff Assessment of Mood** in these instances so that any behaviors, signs, or symptoms of mood distress are identified.
- Persons unable to complete the PHQ-*2 to* 9© **Resident Mood Interview** may still have a mood disorder.
- Even if a resident was unable to complete the **Resident Mood Interview**, important insights may be gained from the responses that were obtained during the interview, as well as observations of the resident's behaviors and affect during the interview.
- The identification of symptom presence and frequency as well as staff observations are important in the detection of mood distress, as they may inform need for and type of treatment.
- It is important to note that coding the presence of *clinical signs and symptoms of depressed mood* does not automatically mean that the resident has a diagnosis of depression or other mood disorder. Assessors do not make or assign a diagnosis *as a result of the outcomes of the PHQ-2 to 9© or the PHQ-9-OV©*; they simply record the presence or absence of specific clinical *signs and symptoms of depressed* mood.
- Alternate means of assessing mood must be used for residents who cannot communicate or refuse or are unable to participate in the PHQ-*2 to* 9© **Resident Mood Interview**. This ensures that information about their mood is not overlooked.

Planning for Care

- When the resident is not able to complete the PHQ-*2 to* 9©, scripted interviews with staff who know the resident well should provide critical information for understanding mood and making care planning decisions.

Steps for Assessment

Conduct the interviews during the 7-day look-back period based on the ARD.

1. Interview staff from all shifts who know the resident best. Conduct interview in a location that protects resident privacy.
2. *Many of the* same administration techniques outlined above for the PHQ-*2 to* 9© **Resident Mood Interview** and Interviewing Tips & Techniques *can* be followed when staff are interviewed.
3. Encourage staff to report symptom frequency, even if the staff believes the symptom to be unrelated to depression.

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D0500: Staff Assessment of Resident Mood (PHQ-9-OV©) (cont.)

4. Explore unclear responses, focusing the discussion on the specific symptom listed on the assessment rather than expanding into a lengthy clinical evaluation.
5. If frequency cannot be *determined by staff interview* because the resident has been in the facility for less than *2 weeks*, talk to family or significant other and review transfer records to inform the selection of a frequency code.

Examples of Staff Responses That Indicate Need for Follow-up Questioning with the Staff Member

1. **D0500A, Little Interest or Pleasure in Doing Things**
   - The resident doesn't really do much here.
   - The resident spends most of the time in *their* room.
2. **D0500B, Feeling or Appearing Down, Depressed, or Hopeless**
   - *They're* 95—what can you expect?
   - How would you feel if you were here?
3. **D0500C, Trouble Falling or Staying Asleep, or Sleeping Too Much**
   - *Their* back hurts when *they* lie down.
   - *They* urinate a lot during the night.
4. **D0500D, Feeling Tired or Having Little Energy**
   - *They're* 95—*they're* always saying *they're* tired.
   - *They're* having a bad spell with *their* COPD right now.
5. **D0500E, Poor Appetite or Overeating**
   - *They have* not wanted to eat much of anything lately.
   - *They have* a voracious appetite, more so than last week.
6. **D0500F, Indicating That *They* Feel Bad about Self, *Are* a Failure, or *Have* Let Self or Family Down**
   - *They* do get upset when there's something *they* can't do now because of *their* stroke.
   - *They* get embarrassed when *they* can't remember something *they* think *they* should be able to.
7. **D0500G, Trouble Concentrating on Things, Such as Reading the Newspaper or Watching Television**
   - *They* say there's nothing good on TV.
   - *They* never watch TV.
   - *They* can't see to read a newspaper.
8. **D0500H, Moving or Speaking So Slowly That Other People Have Noticed. Or the Opposite—Being So Fidgety or Restless That *They Have* Been Moving Around a Lot More than Usual**
   - *Their* arthritis slows *them* down.
   - *They're* bored and always looking for something to do.

Draft

D0500: Staff Assessment of Resident Mood (PHQ-9-OV©) (cont.)

9. **D0500I, States That Life Isn't Worth Living, Wishes for Death, or Attempts to Harm Self**
   - *They* say God should take *them* already.
   - *They* complain that *people were* not meant to live like this.
10. **D0500J, Being Short-Tempered, Easily Annoyed**
   - *They're* OK if you know how to approach *them*.
   - *They* can snap but usually when *their* pain is bad.
   - Not with me.
   - *They're* irritable.

Coding Instructions for Column 1. Symptom Presence

- **Code 0, no:** if symptoms listed are not present. Enter 0 in Column 2, **Symptom Frequency**.
- **Code 1, yes:** if symptoms listed are present. Enter 0, 1, 2, or 3 in Column 2, **Symptom Frequency**.

Coding Instructions for Column 2. Symptom Frequency

- **Code 0, never or 1 day:** if staff indicate that the resident has never or has experienced the symptom on only 1 day.
- **Code 1, 2-6 days (several days):** if staff indicate that the resident has experienced the symptom for 2-6 days.
- **Code 2, 7-11 days (half or more of the days):** if staff indicate that the resident has experienced the symptom for 7-11 days.
- **Code 3, 12-14 days (nearly every day):** if staff indicate that the resident has experienced the symptom for 12-14 days.

Coding Tips and Special Populations

- Ask the staff member being interviewed to select how often over the past 2 weeks the symptom occurred. Use the descriptive and/or numeric categories on the form (e.g., "nearly every day" or 3 = 12-14 days) to select a frequency response.
- If you separated a longer item into its component parts, select the **highest** frequency rating that is reported.
- If the staff member has difficulty selecting between two frequency responses, code for the **higher** frequency.
- If the resident has been in the facility for less than *2 weeks*, also talk to the family or significant other and review transfer records to inform selection of the frequency code.

Draft

D0600: Total Severity Score

D0600. Total Severity Score	
Enter Score	**Add scores for all frequency responses in Column 2**, Symptom Frequency. Total score must be between 00 and 30.

Item Rationale

Health-related Quality of Life

- Review Item Rationale for *D0160*, **Total Severity Score**.
- The PHQ-9-OV© is adapted to allow the assessor to interview staff and identify a **Total Severity Score** for potential depressive symptoms.

Planning for Care

- The score can be communicated among health care providers and used to track symptoms and how they are changing over time.
- The score is useful for knowing when to request additional assessment by providers or mental health specialists for underlying depression.

Steps for Assessment

After completing the Staff Assessment of Resident Mood:

1. Add the numeric scores across all frequency items for **Staff Assessment of Mood, Symptom Frequency** (D0500) Column 2.
2. Maximum score is 30 (3 × 10).

Coding Instructions

The interview is successfully completed if the staff members were able to answer the frequency responses of at least 8 out of 10 items on the PHQ-9-OV©.

- The software will calculate the Total Severity Score. For detailed instructions on manual calculations and examples, see Appendix E: PHQ-9-OV© Total Severity Score Scoring Rules.

Draft

D0600: Total Severity Score (cont.)

Coding Tips and Special Populations

- Responses to PHQ-9-OV© can indicate possible depression. Responses can be interpreted as follows:
  - Major Depressive Syndrome is suggested if—of the 10 items, 5 or more items are identified at a frequency of half or more of the days (7-11 days) during the look-back period and at least one of these, (1) little interest or pleasure in doing things, or (2) feeling down, depressed, or hopeless is identified at a frequency of half or more of the days (7-11 days) during the look-back period.
  - Minor Depressive Syndrome is suggested if—of the 10 items, (1) feeling down, depressed or hopeless, (2) trouble falling or staying asleep, or sleeping too much, or (3) feeling tired or having little energy are identified at a frequency of half or more of the days (7-11 days) during the look-back period and at least one of these, (1) little interest or pleasure in doing things, or (2) feeling down, depressed, or hopeless is identified at a frequency of half or more of the days (7-11 days).
  - In addition, PHQ-9-*OV*© **Total Severity Score** can be used to track changes in severity over time. **Total Severity Score** can be interpreted as follows:

    1-4: minimal depression

    5-9: mild depression

    10-14: moderate depression

    15-19: moderately severe depression

    20-30: severe depression

D0700: Social Isolation

D0700. Social Isolation	
Enter Code ☐	How often do you feel lonely or isolated from those around you? 0. **Never** 1. **Rarely** 2. **Sometimes** 3. **Often** 4. **Always** 7. **Resident declines to respond** 8. **Resident unable to respond**

Draft

D0700: Social Isolation (cont.)

Item Rationale

Health-related Quality of Life

- *Social isolation tends to increase with age and is a risk factor for physical and mental illness and a predictor of mortality.*

Planning for Care

- *Programs to increase residents' social engagement should be designed and implemented, while also taking into account individual needs (e.g., disability, language) and preferences (e.g., cultural practices).*
- *Assessing social isolation can facilitate the identification of residents who may feel lonely and therefore may benefit from engagement efforts.*
- *Resident engagement in social interactions and activities of interest can greatly enhance quality of life. A resident's individualized care plan should address activity planning if the resident states that they sometimes, often, or always feel lonely or isolated.*

DEFINITION

SOCIAL ISOLATION

Refers to an actual or perceived lack of contact with other people, such as living alone or residing in a remote area.

Steps for Assessment

This item is intended to be a resident self-report item. No other source should be used to identify the response.

1. *Ask the resident, "How often do you feel lonely or isolated from those around you?"*

Coding Instructions

- ***Code 0, Never:*** *if the resident indicates never feeling lonely or isolated from others.*
- ***Code 1, Rarely:*** *if the resident indicates rarely feeling lonely or isolated from others.*
- ***Code 2, Sometimes:*** *if the resident indicates sometimes feeling lonely or isolated from others.*
- ***Code 3, Often:*** *if the resident indicates often feeling lonely or isolated from others.*
- ***Code 4, Always:*** *if the resident indicates always feeling lonely or isolated from others.*
- ***Code 7, Resident declines to respond:*** *if the resident declines to respond.*
- ***Code 8, Resident unable to respond:*** *if the resident is unable to respond.*

Draft

D0700: Social Isolation (cont.)

Examples

1. *The resident is speaking with the social worker about being admitted for extended rehabilitation and is hoping to see their family later on in the day. When asked how often the resident feels lonely or isolated from those around them, the resident replies that they live with their child and their child's family but don't always feel like being around so much activity and stay in their room alone. As a result, they report that they sometimes feel lonely or isolated even though others are almost always home.*

   Coding: *D0700 would be coded* ***2, Sometimes****.*

   Rationale: *The resident states they sometimes feel lonely or isolated from those around them because they sometimes stay alone in their room.*

2. *The resident, upon being admitted to the facility, is asked about how often they feel lonely or isolated from those around them. They state that because they don't have many family members left who live close by and they see their friends only a couple of times a month, they often feel isolated. They are hoping that being in the facility will help them feel less isolated and plan to attend activities regularly.*

   Coding: *D0700 would be coded* ***3, Often****.*

   Rationale: *The resident states that because the family members they have don't live close by and their friends only visit a couple of times a month that they often feel isolated.*

3. *During the observation period of resident F's annual assessment, they are asked how often they feel lonely or isolated from those around them. Resident F responds that, even though they go to activities and have a few friends, they still feel alone. When asked how often they feel alone, Resident F responds every day.*

   Coding: *D0700 would be coded* ***4, Always****.*

   Rationale: *Resident F stated that they feel alone (i.e., lonely) every day when asked.*

Draft

SECTION F: PREFERENCES FOR CUSTOMARY ROUTINE AND ACTIVITIES

Intent: The intent of items in this section is to obtain information regarding the resident's preferences for *their* daily routine and activities. This is best accomplished when the information is obtained directly from the resident or through family or significant other, or staff interviews if the resident cannot report preferences. The information obtained during this interview is just a portion of the assessment. Nursing homes should use this as a guide to create an individualized plan based on the resident's preferences and is not meant to be all-inclusive.

F0300: Should Interview for Daily and Activity Preferences Be Conducted?

F0300. Should Interview for Daily and Activity Preferences be Conducted? - Attempt to interview all residents able to communicate. If resident is unable to complete, attempt to complete interview with family member or significant other

Enter Code	
☐	0. **No** (resident is rarely/never understood and family/significant other not available) → Skip to and complete F0800, Staff Assessment of Daily and Activity Preferences 1. **Yes** → Continue to F0400, Interview for Daily Preferences

Item Rationale

Health-related Quality of Life

- Most residents capable of communicating can answer questions about what they like.
- Obtaining information about preferences directly from the resident, sometimes called "hearing the resident's voice," is the most reliable and accurate way of identifying preferences.
- If a resident cannot communicate, then family or significant other who knows the resident well may be able to provide useful information about preferences.

Planning for Care

- Quality of life can be greatly enhanced when care respects the resident's choice regarding anything that is important to the resident.
- Interviews allow the resident's voice to be reflected in the care plan.
- Information about preferences that comes directly from the resident provides specific information for individualized daily care and activity planning.

Steps for Assessment

1. Interact with the resident using *their* preferred language. Be sure *they* can hear you and/or has access to *their* preferred method for communication. If the resident appears unable to communicate, offer alternatives such as writing, pointing, sign language, or cue cards.
2. *There may be times when, due to medical or psychiatric conditions, a resident has difficulty communicating and understanding. When conducting resident interviews, providers are to assess and use their clinical judgment to determine the best time in which to attempt to conduct the resident interview. Providers are to attempt to conduct the interview with all conscious residents.*

Draft

F0300: Should Interview for Daily and Activity Preferences Be Conducted? (cont.)

The determination as to whether or not a resident interview is conducted is not based on the response to item B0700, Makes Self Understood. Instead, the resident interview is attempted, and is only terminated based on the response or lack of response to the resident interview questions/statements according to the coding instructions provided for the interview which would render the interview incomplete.

3. If *the* resident is *unable to complete the resident interview, attempt to conduct the interview with* a family member or significant other*. If neither a family member nor significant other* is available, skip to item F0800, Staff Assessment of Daily and Activity Preferences.
4. Conduct the interview during the observation period.
5. Review Language item (A11*I*0) to determine whether or not the resident needs or wants an interpreter.
   - If the resident needs or wants an interpreter, complete the interview with an interpreter.

Coding Instructions

- **Code 0, no:** if the interview should not be conducted with the resident. This option should be selected for residents who are rarely/never understood, who need an interpreter but one was not available, and who do not have a family member or significant other available for interview. Skip to F0800, (Staff Assessment of Daily and Activity Preferences).
- **Code 1, yes:** if the resident interview should be conducted. This option should be selected for residents who are able to be understood, for whom an interpreter is not needed or is present, or who have a family member or significant other available for interview. Continue to F0400 (Interview for Daily Preferences) and F0500 (Interview for Activity Preferences).

Coding Tips and Special Populations

- If the resident needs an interpreter, every effort should be made to have an interpreter present for the MDS clinical interview. If it is not possible for a needed interpreter to be present on the day of the interview, **and** a family member or significant other is not available for interview, **code F0300 = 0** to indicate interview not attempted, and complete the Staff Assessment of Daily and Activity Preferences (F0800) instead of the interview with the resident (F0400 and F0500).
- If the resident interview was not conducted within the look-back period of the ARD, item F0300 must be coded 1, Yes, and the standard "no information" code (a dash "-") entered in the resident interview items.
- Do not complete the Staff Assessment of Daily and Activity Preferences items (F0700–F0800) if the resident interview should have been conducted, but was not done.

F0400: Interview for Daily Preferences

F0400. Interview for Daily Preferences		
Show resident the response options and say: "*While you are in this facility...*"		
	↓ Enter Codes in Boxes	
Coding: 1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive	☐	A. how important is it to you to **choose what clothes to wear?**
	☐	B. how important is it to you to **take care of your personal belongings or things?**
	☐	C. how important is it to you to **choose between a tub bath, shower, bed bath, or sponge bath?**
	☐	D. how important is it to you to **have snacks available between meals?**
	☐	E. how important is it to you to **choose your own bedtime?**
	☐	F. how important is it to you to **have your family or a close friend involved in discussions about your care?**
	☐	G. how important is it to you to **be able to use the phone in private?**
	☐	H. how important is it to you to **have a place to lock your things to keep them safe?**

Item Rationale

Health-related Quality of Life

- Individuals who live in nursing homes continue to have distinct lifestyle preferences.
- A lack of attention to lifestyle preferences can contribute to depressed mood and increased behavior symptoms.
- Resident responses that something is important but that they can't do it or have no choice can provide clues for understanding pain, perceived functional limitations, and perceived environmental barriers.

Planning for Care

- Care planning should be individualized and based on the resident's preferences.
- Care planning and care practices that are based on resident preferences can lead to
  - improved mood,
  - enhanced dignity, and
  - increased involvement in daily routines and activities.
- Incorporating resident preferences into care planning is a dynamic, collaborative process. Because residents may adjust their preferences in response to events and changes in status, the preference assessment tool is intended as a first step in an ongoing dialogue between care providers and the residents. Care plans should be updated as residents' preferences change, paying special attention to preferences that residents state are important.

Steps for Assessment: Interview Instructions

1. Interview any resident not screened out by the **Should Interview for Daily and Activity Preferences Be Conducted?** item (F0300).
2. Conduct the interview in a private setting.

Draft

F0400: Interview for Daily Preferences (cont.)

3. Sit so that the resident can see your face. Minimize glare by directing light sources away from the resident's face.
4. Be sure the resident can hear you.
   - Residents with hearing impairment should be interviewed using their usual communication devices/techniques, as applicable.
   - Try an external assistive device (headphones or hearing amplifier) if you have any doubt about hearing ability.
   - Minimize background noise.
5. Explain the reason for the interview before beginning.

   Suggested language: "I'd like to ask you a few questions about your daily routines. The reason I'm asking you these questions is that the staff here would like to know what's important to you. This helps us plan your care around your preferences so that you can have a comfortable stay with us. Even if you're only going to be here for a few days, we want to make your stay as personal as possible."
6. Explain the interview response choices. While explaining, also show the resident a clearly written list of the response options, for example a cue card**.**

   Suggested language: "I am going to ask you how important various activities and routines are to you **while you are in this home.** I will ask you to answer using the choices you see on this card [read the answers while pointing to cue card]: 'Very Important,' 'Somewhat important,' 'Not very important,' 'Not important at all,' or 'Important, but can't do or no choice.'"

   Explain the "Important, but can't do or no choice" response option.

   Suggested language: "Let me explain the 'Important, but can't do or no choice' answer. You can select this answer if something would be important to you, but because of your health or because of what's available in this nursing home, you might not be able to do it. So, if I ask you about something that is important to you, but you don't think you're able to do it now, answer 'Important, but can't do or no choice.' If you choose this option, it will help us to think about ways we might be able to help you do those things."
7. Residents may respond to questions
   - verbally,
   - by pointing to their answers on the cue card, <u>OR</u>
   - by writing out their answers.
8. If resident cannot report preferences, then interview family or significant others.

Draft

F0400: Interview for Daily Preferences (cont.)

Coding Instructions

- **Code 1, very important:** if resident, family, or significant other indicates that the topic is "very important."
- **Code 2, somewhat important:** if resident, family, or significant other indicates that the topic is "somewhat important."
- **Code 3, not very important:** if resident, family, or significant other indicates that the topic is "not very important."

DEFINITION

NONSENSICAL RESPONSE
Any unrelated, incomprehensible, or incoherent response that is not informative with respect to the item being rated.

- **Code 4, not important at all:** if resident, family, or significant other indicates that the topic is "not important at all."
- **Code 5, important, but can't do or no choice:** if resident, family, or significant other indicates that the topic is "important," but that *they are* physically unable to participate, or *have* no choice about participating while staying in nursing home because of nursing home resources or scheduling.
- **Code 9, no response or non-responsive:**
  - If resident, family, or significant other refuses to answer or says *they* do not know.
  - If resident does not give an answer to the question for several seconds and does not appear to be formulating an answer.
  - If resident provides an incoherent or nonsensical answer that does not correspond to the question.

Coding Tips and Special Populations

- The interview is considered incomplete if the resident gives nonsensical responses or fails to respond to 3 or more of the 16 items in F0400 and F0500. If the interview is stopped because it is considered incomplete, *and there is no family member or significant other to assist in completing the interview,* fill the remaining F0400 and F0500 items with a 9 and proceed to F0600, Daily Activity Preferences Primary Respondent.
- *The resident, family member or significant other* is being asked about current preferences while in the nursing home but is not limited to a 7-day period to convey what *these* preferences are.
- The facility is still obligated to complete the interview within the *observation* period.

Draft

F0400: Interview for Daily Preferences (cont.)

Interviewing Tips and Techniques

- Sometimes respondents give long or indirect answers to interview items. To narrow the answer to the response choices available, it can be useful to summarize their longer answer and then ask them which response option best applies. This is known as echoing.
- For these questions, it is appropriate to explore resident*, family and/or significant other's* answers and try to understand the reason.

Examples for F0400A, How Important Is It to You to Choose What Clothes to Wear (including hospital gowns or other garments provided by the facility)?

1. Resident answers, "It's very important. I've always paid attention to my appearance."

   Coding: F0400A would be **coded 1, very important**.

2. Resident replies, "I leave that up to the nurse. You have to wear what you can handle if you have a stiff leg."

   Interviewer echoes, "You leave it up to the nurses. Would you say that, while you are here, choosing what clothes to wear is [pointing to cue card] very important, somewhat important, not very important, not important at all, or that it's important, but you can't do it because of your leg?"

   Resident responds, "Well, it would be important to me, but I just can't do it."

   Coding: F0400A would be **coded 5, important, but can't do or no choice.**

Examples for F0400B, How Important Is It to You to Take Care of Your Personal Belongings or Things?

1. Resident answers, "It's somewhat important. I'm not a perfectionist, but I don't want to have to look for things."

   Coding: F0400B would be **coded 2, somewhat important**.

2. Resident answers, "All my important things are at home."

   Interviewer clarifies, "Your most important things are at home. Do you have any other things while you're here that you think are important to take care of yourself?"

   Resident responds, "Well, my son brought me this CD player so that I can listen to music. It is very important to me to take care of that."

   Coding: F0400B would be **coded 1, very important.**

DEFINITION

PERSONAL BELONGINGS OR THINGS
Possessions such as eyeglasses, hearing aids, clothing, jewelry, books, toiletries, knickknacks, pictures.

Draft

F0400: Interview for Daily Preferences (cont.)

Examples for F0400C, How Important Is It to You to Choose between a Tub Bath, Shower, Bed Bath, or Sponge Bath?

1. Resident answers, "I like showers."

   Interviewer clarifies, "You like showers. Would you say that choosing a shower instead of other types of bathing is very important, somewhat important, not very important, not important at all, or that it's important, but you can't do it or have no choice?"

   The resident responds, "It's very important."

   Coding: F0400C would be **coded 1, very important.**

2. Resident answers, "I don't have a choice. I like only sponge baths, but I have to take shower two times a week."

   The interviewer says, "So how important is it to you to be able to choose to have a sponge bath while you're here?"

   The resident responds, "Well, it is very important, but I don't always have a choice because that's the rule."

   Coding: F0400C would be **coded 5, important, but can't do or no choice.**

Example for F0400D, How Important Is It to You to Have Snacks Available between Meals?

1. Resident answers, "I'm a diabetic, so it's very important that I get snacks."

   Coding: F0400D would be **coded 1, very important.**

Draft

F0400: Interview for Daily Preferences (cont.)

Example for F0400E, How Important Is It to You to Choose Your Own Bedtime?

1. Resident answers, "At home I used to stay up and watch TV. But here I'm usually in bed by 8. That's because they get me up so early."

   Interviewer echoes and clarifies, "You used to stay up later, but now you go to bed before 8 because you get up so early. Would you say it's [pointing to cue card] very important, somewhat important, not very important, not important at all, or that it's important, but you don't have a choice about your bedtime?"

   Resident responds, "I guess it would be important, but I can't do it because they wake me up so early in the morning for therapy and by 8 o'clock at night, I'm tired."

   Coding: F0400E would be **coded 5, important, but can't do or no choice**.

Example for F0400F, How Important Is It to You to Have Your Family or a Close Friend Involved in Discussions about Your Care?

1. Resident responds, "They're not involved. They live in the city. They've got to take care of their own families."

   Interviewer replies, "You said that your family and close friends aren't involved right now. When you think about what you would prefer, would you say that it's very important, somewhat important, not very important, not important at all, or that it is important but you have no choice or can't have them involved in decisions about your care?"

   Resident responds, "It's somewhat important."

   Coding: F0400F would be **coded 2, somewhat important**.

Example for F0400G, How Important Is It to You to Be Able to Use the Phone in Private?

1. Resident answers "That's not a problem for me, because I have my own room. If I want to make a phone call, I just shut the door."

   Interviewer echoes and clarifies, "So, you can shut your door to make a phone call. If you had to rate how important it is to be able to use the phone in private, would you say it's very important, somewhat important, not very important, or not important at all?"

   Resident responds, "Oh, it's very important."

   Coding: F0400G would be **coded 1, very important**.

> **DEFINITION**
>
> **PRIVATE TELEPHONE CONVERSATION**
>
> A telephone conversation on which no one can listen in, other than the resident.

Draft

F0400: Interview for Daily Preferences (cont.)

Example for F0400H, How Important Is It to You to Have a Place to Lock Your Things to Keep Them Safe?

1. Resident answers, "I have a safe deposit box at my bank, and that's where I keep family heirlooms and personal documents."

   Interviewer says, "That sounds like a good service. While you are staying here, how important is it to you to have a drawer or locker here?"

   Resident responds, "It's not very important. I'm fine with keeping all my valuables at the bank."

   Coding: F0400H would be **coded 3, not very important.**

F0500: Interview for Activity Preferences

F0500. Interview for Activity Preferences		
Show resident the response options and say: ***"While you are in this facility..."***		
	↓ Enter Codes in Boxes	
Coding: 1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive	☐	*A. how important is it to you to **have books, newspapers, and magazines to read?***
	☐	*B. how important is it to you to **listen to music you like?***
	☐	*C. how important is it to you to **be around animals such as pets?***
	☐	*D. how important is it to you to **keep up with the news?***
	☐	*E. how important is it to you to **do things with groups of people?***
	☐	*F. how important is it to you to **do your favorite activities?***
	☐	*G. how important is it to you to **go outside to get fresh air when the weather is good?***
	☐	*H. how important is it to you to **participate in religious services or practices?***

Item Rationale

Health-related Quality of Life

- Activities are a way for individuals to establish meaning in their lives, and the need for enjoyable activities and pastimes does not change on admission to a nursing home.
- A lack of opportunity to engage in meaningful and enjoyable activities can result in boredom, depression, and behavior disturbances.
- Individuals vary in the activities they prefer, reflecting unique personalities, past interests, perceived environmental constraints, religious and cultural background, and changing physical and mental abilities.

Draft

F0500: Interview for Activity Preferences (cont.)

Planning for Care

- These questions will be useful for designing individualized care plans that facilitate residents' participation in activities they find meaningful.
- Preferences may change over time and extend beyond those included here. Therefore, the assessment of activity preferences is intended as a first step in an ongoing informal dialogue between the care provider and resident.
- As with daily routines, responses may provide insights into perceived functional, emotional, and sensory support needs.

Coding Instructions

- **See Coding Instructions on page F-4.**
  Coding approach is identical to that for daily preferences.

Coding Tips and Special Populations

- **See Coding Tips on page F-5.**
  Coding tips include those for daily preferences.
- Include Braille and or audio recorded material when coding items in F0500A.

Interviewing Tips and Techniques

- **See Interview Tips and Techniques on page F-5.**
  Coding tips and techniques are identical to those for daily preferences.

DEFINITIONS

READ
Script, Braille, or audio recorded written material.

NEWS
News about local, state, national, or international current events.

KEEP UP WITH THE NEWS
Stay informed by reading, watching, or listening.

NEWSPAPERS AND MAGAZINES
Any type, such as journalistic, professional, and trade publications in script, Braille, or audio recorded format.

Draft

F0500: Interview for Activity Preferences (cont.)

Examples for F0500A, How Important Is It to You to Have Books (Including Braille and Audio-recorded Format), Newspapers, and Magazines to Read?

1. Resident answers, "Reading is very important to me."

   Coding: F0500A would be **coded 1, very important**.

2. Resident answers, "They make the print so small these days. I guess they are just trying to save money."

   Interviewer replies, "The print is small. Would you say that having books, newspapers, and magazines to read is very important, somewhat important, not very important, not important at all, or that it is important but you can't do it because the print is so small?"

   Resident answers: "It would be important, but I can't do it because of the print."

   Coding: F0500A would be **coded 5, important, but can't do or no choice.**

Example for F0500B, How Important Is It to You to Listen to Music You Like?

1. Resident answers, "It's not important, because all we have in here is TV. They keep it blaring all day long."

   Interviewer echoes, "You've told me it's not important because all you have is a TV. Would you say it's not very important or not important at all to you to listen to music you like while you are here? Or are you saying that it's important, but you can't do it because you don't have a radio or CD player?"

   Resident responds, "Yeah. I'd enjoy listening to some jazz if I could get a radio."

   Coding: F0500B would be **coded 5, important, but can't do or no choice.**

Examples for F0500C, How Important Is It to You to Be Around Animals Such as Pets?

1. Resident answers, "It's very important for me NOT to be around animals. You get hair all around and I might inhale it."

   Coding: F0500C would be **coded 4, not important at all.**

2. Resident answers, "I'd love to go home and be around my own animals. I've taken care of them for years and they really need me."

   Interviewer probes, "You said you'd love to be at home with your own animals. How important is it to you to be around pets while you're staying here? Would you say it is [points to card] very important, somewhat important, not very important, not important at all, or is it important, but you can't do it or don't have a choice about it."

   Resident responds, "Well, it's important to me to be around my own dogs, but I can't be around them. I'd say important but can't do."

   Coding: F0500C would be **coded 5, Important, but can't do or no choice.**

   Rationale: Although the resident has access to therapeutic dogs brought to the nursing home, *they* do not have access to the type of pet that is important to *them*.

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F0500: Interview for Activity Preferences (cont.)

Example for F0500D, How Important Is It to You to Keep Up with the News?

1. Resident answers, "Well, they are all so liberal these days, but it's important to hear what they are up to."

   Interviewer clarifies, "You think it is important to hear the news. Would you say it is [points to card] very important, somewhat important, or it's important but you can't do it or have no choice?"

   Resident responds, "I guess you can mark me somewhat important on that one."

   Coding: F0500D would be **coded 2, somewhat important.**

Example for F0500E, How Important Is It to You to Do Things with Groups of People?

1. Resident answers, "I've never really liked groups of people. They make me nervous."

   Interviewer echoes and clarifies, "You've never liked groups. To help us plan your activities, would you say that while you're here, doing things with groups of people is very important, somewhat important, not very important, not important at all, or would it be important to you but you can't do it because you feel nervous about it?"

   Resident responds, "At this point I'd say it's not very important."

   Coding: F0500E would be **coded 3, not very important.**

Examples for F0500F, How Important Is It to You to Do Your Favorite Activities?

1. Resident answers, "Well, it's very important, but I can't really do my favorite activities while I'm here. At home, I used to like to play board games, but you need people to play and make it interesting. I also like to sketch, but I don't have the supplies I need to do that here. I'd say important but no choice."

   Coding: F0500F would be **coded 5, important, but can't do or no choice.**

2. Resident answers, "I like to play bridge with my bridge club."

   Interviewer probes, "Oh, you like to play bridge with your bridge club. How important is it to you to play bridge while you are here in the nursing home?"

   Resident responds, "Well, I'm just here for a few weeks to finish my rehabilitation. It's not very important."

   Coding: F0500F would be **coded 3, not very important**.

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F0500: Interview for Activity Preferences (cont.)

Example for F0500G, How Important Is It to You to Go Outside to Get Fresh Air When the Weather Is Good (Includes Less Temperate Weather if Resident Has Appropriate Clothing)?

1. Resident answers, "They have such a nice garden here. It's very important to me to go out there."

   Coding: F0500G would be **coded 1, very important.**

Examples for F0500H, How Important Is It to You to Participate in Religious Services or Practices?

1. Resident answers, "I'm Jewish. I'm Orthodox, but they have Reform services here. So I guess it's not important."

   Interviewer clarifies, "You're Orthodox, but the services offered here are Reform. While you are here, how important would it be to you to be able to participate in religious services? Would you say it is very important, somewhat important, not very important, not important at all, or would it be important to you but you can't or have no choice because they don't offer Orthodox services."

   Resident responds, "It's important for me to go to Orthodox services if they were offered, but they aren't. So, can't do or no choice."

   Coding: F0500I would be **coded 5, important, but can't do or no choice.**

2. Resident answers "My pastor sends taped services to me that I listen to in my room on Sundays. I don't participate in the services here."

   Interviewer probes, "You said your pastor sends you taped services. Would you say that it is very important, somewhat important, not very important, or not important at all, to you that you are able to listen to those tapes from your pastor?"

   Resident responds, "Oh, that's very important."

   Coding: F0500I would be **coded 1, very important**.

DEFINITIONS

OUTSIDE
Any outdoor area in the proximity of the facility, including patio, porch, balcony, sidewalk, courtyard, or garden.

PARTICIPATE IN RELIGIOUS SERVICES
Any means of taking part in religious services or practices, such as listening to services on the radio or television, attending services in the facility or in the community, or private prayer or religious study.

RELIGIOUS PRACTICES
Rituals associated with various religious traditions or faiths, such as washing rituals in preparation for prayer, following kosher dietary laws, honoring holidays and religious festivals, and participating in communion or confession.

F0600: Daily and Activity Preferences Primary Respondent

F0600. Daily and Activity Preferences Primary Respondent	
Enter Code ☐	**Indicate primary respondent** for Daily and Activity Preferences (F0400 and F0500) 1. **Resident** 2. **Family or significant other** (close friend or other representative) 9. **Interview could not be completed** by resident or family/significant other ("No response" to 3 or more items")

Item Rationale

- This item establishes the source of the information regarding the resident's preferences.

Coding Instructions

- **Code 1, resident:** if resident was the primary source for the preference questions in F0400 and F0500.
- **Code 2, family or significant other:** if a family member or significant other was the primary source of information for F0400 and F0500.
- **Code 9, interview could not be completed:** if F0400 and F0500 could not be completed by the resident, a family member, or a representative of the resident.

F0700: Should the Staff Assessment of Daily and Activity Preferences Be Conducted?

F0700. Should the Staff Assessment of Daily and Activity Preferences be Conducted?	
Enter Code ☐	0. **No** (because Interview for Daily and Activity Preferences (F0400 and F0500) was completed by resident or family/significant other) → Skip to and complete GG0100, Prior Functioning: Everyday Activities 1. **Yes** (because 3 or more items in Interview for Daily and Activity Preferences (F0400 and F0500) were not completed by resident or family/significant other) → Continue to F0800, Staff Assessment of Daily and Activity Preferences

Item Rationale

Health-related Quality of Life

- Resident interview is preferred as it most accurately reflects what the resident views as important. However, a small percentage of residents are unable or unwilling to complete the interview for Daily and Activity Preferences.
- Persons unable to complete the preference interview should still have preferences evaluated and considered.

Planning for Care

- Even though the resident was unable to complete the interview, important insights may be gained from the responses that were obtained, observing behaviors, and observing the resident's affect during the interview.

Steps for Assessment

1. Review resident, family, or significant other responses to F0400A-H and F0500A-H.

F0700: Should the Staff Assessment of Daily and Activity Preferences Be Conducted? (cont.)

Coding Instructions

- **Code 0, no:** if **Interview for Daily and Activity Preferences** items (F0400 and F0500) was completed by resident, family or significant other. Skip to Section G, Functional Status.
- **Code 1, yes:** if **Interview for Daily and Activity Preferences** items (F0400 through F0500) were not completed because the resident, family, or significant other was unable to answer 3 or more items (i.e. 3 or more items in F0400 through F0500 were coded as **9 or "-"**).

Coding Tips and Special Populations

- If the total number of unanswered questions in F0400 through F0500 is equal to 3 or more, the interview is considered incomplete.

F0800: Staff Assessment of Daily and Activity Preferences

F0800. Staff Assessment of Daily and Activity Preferences	
Do not conduct if Interview for Daily and Activity Preferences (F0400-F0500) was completed	
Resident Prefers:	
↓ Check all that apply	
☐	A. Choosing clothes to wear
☐	B. Caring for personal belongings
☐	C. Receiving tub bath
☐	D. Receiving shower
☐	E. Receiving bed bath
☐	F. Receiving sponge bath
☐	G. Snacks between meals
☐	H. Staying up past 8:00 p.m.
☐	I. Family or significant other involvement in care discussions
☐	J. Use of phone in private
☐	K. Place to lock personal belongings
☐	L. Reading books, newspapers, or magazines
☐	M. Listening to music
☐	N. Being around animals such as pets
☐	O. Keeping up with the news
☐	P. Doing things with groups of people
☐	Q. Participating in favorite activities
☐	R. Spending time away from the nursing home
☐	S. Spending time outdoors
☐	T. Participating in religious activities or practices
☐	Z. None of the above

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F0800: Staff Assessment of Daily and Activity Preferences (cont.)

Item Rationale

Health-related Quality of Life

- Alternate means of assessing daily preferences must be used for residents who cannot communicate. This ensures that information about their preferences is not overlooked.
- Activities allow residents to establish meaning in their lives. A lack of meaningful and enjoyable activities can result in boredom, depression, and behavioral symptoms.

Planning for Care

- Caregiving staff should use observations of resident behaviors to understand resident likes and dislikes in cases where the resident, family, or significant other cannot report the resident's preferences. This allows care plans to be individualized to each resident.

Steps for Assessment

1. Observe the resident when the care, routines, and activities specified in these items are made available to the resident.
2. Observations should be made by staff across all shifts and departments and others with close contact with the resident.
3. If the resident appears happy or content (e.g., is involved, pays attention, smiles) during an activity listed in **Staff Assessment of Daily and Activity Preferences** item (F0800), then that item should be checked.

   If the resident seems to resist or withdraw when these are made available, then do not check that item.

Coding Instructions

Check all that apply in the last 7 days based on staff observation of resident preferences.

- **F0800A.** Choosing clothes to wear
- **F0800B.** Caring for personal belongings
- **F0800C.** Receiving tub bath
- **F0800D.** Receiving shower
- **F0800E.** Receiving bed bath
- **F0800F.** Receiving sponge bath
- **F0800G.** Snacks between meals
- **F0800H.** Staying up past 8:00 p.m.
- **F0800I.** Family or significant other involvement in care discussions
- **F0800J.** Use of phone in private
- **F0800K.** Place to lock personal belongings

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F0800: Staff Assessment of Daily and Activity Preferences (cont.)

- **F0800L.** Reading books, newspapers, or magazines
- **F0800M.** Listening to music
- **F0800N.** Being around animals such as pets
- **F0800O.** Keeping up with the news
- **F0800P.** Doing things with groups of people
- **F0800Q.** Participating in favorite activities
- **F0800R.** Spending time away from the nursing home
- **F0800S.** Spending time outdoors
- **F0800T.** Participating in religious activities or practices
- **F0800Z.** None of the above

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