

# D0500: Staff Assessment of Resident Mood (PHQ-9-OV<sup>©</sup>)

## 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	<input type="text"/>	<input type="text"/>
B. Feeling or appearing down, depressed, or hopeless	<input type="text"/>	<input type="text"/>
C. Trouble falling or staying asleep, or sleeping too much	<input type="text"/>	<input type="text"/>
D. Feeling tired or having little energy	<input type="text"/>	<input type="text"/>
E. Poor appetite or overeating	<input type="text"/>	<input type="text"/>
F. Indicating that they feel bad about self, are a failure, or have let self or family down	<input type="text"/>	<input type="text"/>
G. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="text"/>	<input type="text"/>
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	<input type="text"/>	<input type="text"/>
I. States that life isn't worth living, wishes for death, or attempts to harm self	<input type="text"/>	<input type="text"/>
J. Being short-tempered, easily annoyed	<input type="text"/>	<input type="text"/>

## D0500: Staff Assessment of Resident Mood (PHQ-9-OV<sup>®</sup>) (cont.)

### Item Rationale

#### Health-related Quality of Life

PHQ-2 to 9<sup>®</sup> **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<sup>®</sup> **Resident Mood Interview**. Therefore, staff should complete the PHQ-9<sup>®</sup> Observational Version (PHQ-9-OV<sup>®</sup>) **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<sup>®</sup> **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<sup>®</sup> or the PHQ-9-OV<sup>®</sup>*; 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<sup>®</sup> **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<sup>®</sup>, 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.*

Interview staff from all shifts who know the resident best. Conduct interview in a location that protects resident privacy.

*Many of the* same administration techniques outlined above for the PHQ-2 to 9<sup>®</sup> **Resident Mood Interview** and Interviewing Tips & Techniques *can* be followed when staff are interviewed.

Encourage staff to report symptom frequency, even if the staff believes the symptom to be unrelated to depression.

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Explore unclear responses, focusing the discussion on the specific symptom listed on the assessment rather than expanding into a lengthy clinical evaluation.

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

#### 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.

#### D0500B, Feeling or Appearing Down, Depressed, or Hopeless

*They're* 95—what can you expect?

How would you feel if you were here?

#### D0500C, Trouble Falling or Staying Asleep, or Sleeping Too Much

*Their* back hurts when *they* lie down.

*They* urinate a lot during the night.

#### 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.

#### 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.

#### 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.

#### 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.

**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.

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### 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.

### 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.

