

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"/>

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### 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.*

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<sup>®</sup> **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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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.

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### 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.

