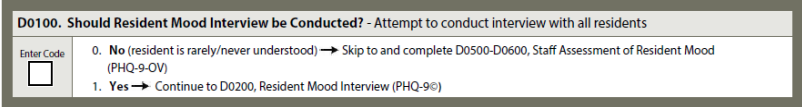
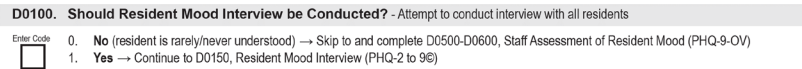


**Track Changes**  
**from Chapter 3 Section D v1.17.1**  
**to Chapter 3 Section D v1.18.11**

Chapter	Section	Page(s) in version 1.18.11	Change
3	—	—	Updated language throughout to be gender neutral.
3	—	—	Updated screen captures of all items.
3	D0100– D0700	D-1– D-19	Page length changed due to revised content.
3	—	D-1	<b>Intent:</b> 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.
3	—	D-1	<del>It is important to note that coding the presence of indicators in Section D does not automatically mean that the resident has a diagnosis of depression or other mood disorder. Assessors do not make or assign a diagnosis in Section D; they simply record the presence or absence of specific clinical mood indicators. Facility staff should recognize these indicators and consider them when developing the resident's individualized care plan.</del>

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Chapter	Section	Page(s) in version 1.18.11	Change
3	—	D-1	<ul style="list-style-type: none"> <li>• <del>Depression can be associated with:</del> <ul style="list-style-type: none"> <li>— <del>psychological and physical distress (e.g., poor adjustment to the nursing home, loss of independence, chronic illness, increased sensitivity to pain);</del></li> <li>— <del>decreased participation in therapy and activities (e.g., caused by isolation);</del></li> <li>— <del>decreased functional status (e.g., resistance to daily care, decreased desire to participate in activities of daily living [ADLs]), and</del></li> <li>— <del>poorer outcomes (e.g., decreased appetite, decreased cognitive status).</del></li> </ul> </li> <li>• <del>Findings suggesting mood distress should lead to:</del> <ul style="list-style-type: none"> <li>— <del>identifying causes and contributing factors for symptoms;</del></li> <li>— <del>identifying interventions (treatment, personal support, or environmental modifications) that could address symptoms, and</del></li> <li>— <del>ensuring resident safety.</del></li> </ul> </li> </ul>
3	D0100	D-1	<b>D0100: Should Resident Mood Interview Be Conducted?</b>
3	D0100	D-1	<p>Replaced screenshot.</p> <p>OLD</p>  <p>NEW</p> 

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3	D0100	D-1	<p><b>Planning for Care</b></p> <ul style="list-style-type: none"> <li>Symptom-specific information from direct resident interviews will allow for the incorporation of the resident's voice in the individualized care plan.</li> <li>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.</li> </ul>
3	D0100	D-2	<p><b>Steps for Assessment</b></p> <ol style="list-style-type: none"> <li>Interact with the resident using his or her their preferred language. Be sure he or she they can hear you and/or has have access to his or her their preferred method for communication. If the resident appears unable to communicate, offer alternatives such as writing, pointing, sign language, or cue cards.</li> <li>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<sup>®</sup>), unless the assessment being completed is a stand-alone Part A PPS Discharge; if that is the case, then skip to D0700. Social Isolation.</li> <li>Review Language item (A11010) to determine if the resident needs or wants an interpreter to communicate with doctors or health care staff (A11010 = 1).</li> </ol>

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Chapter	Section	Page(s) in version 1.18.11	Change
3	D0100	D-2	<p><b>Coding Instructions</b></p> <ul style="list-style-type: none"> <li>• <b>Code 0, no:</b> 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, <b>Staff Assessment of Resident Mood</b> (PHQ-9-OV<sup>©</sup>), unless the assessment being completed is a standalone Part A PPS Discharge; if that is the case, then skip to D0700. Social Isolation.</li> <li>• <b>Code 1, yes:</b> 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 D020150, <b>Resident Mood Interview</b> (PHQ-2 to 9<sup>©</sup>).</li> </ul>

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Chapter	Section	Page(s) in version 1.18.11	Change
3	D0100	D-2	<p><b>Coding Tips and Special Populations</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• If the resident needs an interpreter, every effort should be made to have an interpreter present for the PHQ-2 to 9<sup>©</sup> 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 standalone Part A PPS Discharge; if that is the case, then skip to D0700. Social Isolation.</li> <li>• Includes residents who use American Sign Language (ASL).</li> <li>• If the resident interview was not conducted within the look-back period (<del>preferably the day before or the day of</del>) the ARD, item D0100 must be coded 1, Yes, and the standard “no information” code (a dash “-”) entered in the resident interview items.</li> <li>• 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 standalone Part A PPS Discharge assessment.</li> </ul>
3	D0150	D-3	<p><del>D020</del>150: Resident Mood Interview (PHQ-2 to 9<sup>©</sup>)</p>

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Chapter	Section	Page(s) in version 1.18.11	Change
3	D0150	D-3	<div>Replaced screenshot.</div> <div>OLD</div> <div><div><div>D0200. Resident Mood Interview (PHQ-9©)</div><div>Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?"</div><div>If symptom is present, enter 1 (yes) in column 1, Symptom Presence.</div><div>If yes in column 1, then ask the resident: "About how often have you been bothered by this?"</div><div>Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.</div><div><div><div><div>1. Symptom Presence</div><div>0. No (enter 0 in column 2)</div><div>1. Yes (enter 0-3 in column 2)</div><div>9. No response (leave column 2 blank)</div></div><div><div>2. Symptom Frequency</div><div>0. Never or 1 day</div><div>1. 2-6 days (several days)</div><div>2. 7-11 days (half or more of the days)</div><div>3. 12-14 days (nearly every day)</div></div></div><div><div><div>1. Symptom Presence</div><div>2. Symptom Frequency</div></div><div>↓ Enter Scores in Boxes ↓</div><div><div>A. Little interest or pleasure in doing things</div><div>B. Feeling down, depressed, or hopeless</div><div>C. Trouble falling or staying asleep, or sleeping too much</div><div>D. Feeling tired or having little energy</div><div>E. Poor appetite or overeating</div><div>F. Feeling bad about yourself - or that you are a failure or have let yourself or your family down</div><div>G. Trouble concentrating on things, such as reading the newspaper or watching television</div><div>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</div><div>I. Thoughts that you would be better off dead, or of hurting yourself in some way</div></div></div></div></div><div>NEW</div><div><div><div>D0150. Resident Mood Interview (PHQ-2 to 9©)</div><div>Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?"</div><div>If symptom is present, enter 1 (yes) in column 1, Symptom Presence.</div><div>If yes in column 1, then ask the resident: "About how often have you been bothered by this?"</div><div>Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.</div><div><div><div><div>1. Symptom Presence</div><div>0. No (enter 0 in column 2)</div><div>1. Yes (enter 0-3 in column 2)</div><div>9. No response (leave column 2 blank)</div></div><div><div>2. Symptom Frequency</div><div>0. Never or 1 day</div><div>1. 2-6 days (several days)</div><div>2. 7-11 days (half or more of the days)</div><div>3. 12-14 days (nearly every day)</div></div></div><div><div><div>1. Symptom Presence</div><div>2. Symptom Frequency</div></div><div>↓ Enter Scores in Boxes ↓</div><div><div>A. Little interest or pleasure in doing things</div><div>B. Feeling down, depressed, or hopeless</div></div></div></div><div><div>If both D0150A1 and D0150B1 are coded 9, OR both D0150A2 and D0150B2 are coded 0 or 1, END the PHQ interview; otherwise, continue.</div><div><div><div>C. Trouble falling or staying asleep, or sleeping too much</div><div>D. Feeling tired or having little energy</div><div>E. Poor appetite or overeating</div><div>F. Feeling bad about yourself - or that you are a failure or have let yourself or your family down</div><div>G. Trouble concentrating on things, such as reading the newspaper or watching television</div><div>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</div><div>I. Thoughts that you would be better off dead, or of hurting yourself in some way</div></div></div></div></div></div></div>

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Chapter	Section	Page(s) in version 1.18.11	Change
3	D0150	D-4	<p><b>Health-related Quality of Life</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul>
3	D0150	D-4	<p><b>DEFINITION</b></p> <p><b>9-ITEM PATIENT HEALTH QUESTIONNAIRE (PHQ-2 to 9®)</b></p> <p>A validated interview that screens for symptoms of depression. It provides a standardized severity score and a rating for evidence of a depressive disorder.</p>
3	D0150	D-4	<p><b>Steps for Assessment</b></p> <p><del>Look-back period for this item is 14 days.</del></p> <p>1. Conduct the interview preferably the day before or day of the ARD.</p> <p>Steps renumbered after deleting #1.</p>

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3	D0150	D-4	<ol style="list-style-type: none"> <li>1. Interview any resident when D0100 = 1.</li> <li>2. Conduct the interview in a private setting.</li> <li>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. <del>Interpreters are people who translate oral or written language from one language to another.</del></li> <li>4. Sit so that the resident can see your face. Minimize glare by directing light sources away from the resident's face.</li> <li>5. Be sure the resident can hear you. <ul style="list-style-type: none"> <li>• Residents with a hearing impairment should be <del>tested</del> <b>interviewed</b> using their usual communication devices/techniques, as applicable, <b>during the interview</b>.</li> <li>• Try an external assistive device (headphones or hearing amplifier) if you have any doubt about hearing ability.</li> <li>• Minimize background noise.</li> </ul> </li> <li>6. If you are administering the PHQ-2 to 9<sup>©</sup> in paper form, be sure that the resident can see the print. Provide large print or assistive device (e.g., page magnifier) if necessary.</li> </ol>
3	D0150	D-5	<ol style="list-style-type: none"> <li>9. <b>Ask the first two questions of the Resident Mood Interview (PHQ-2 to 9<sup>©</sup>)</b> <del>Interview the resident.</del>  <b>Suggested language:</b> "Over the last 2 weeks, have you been bothered by any of the following problems?"</li> </ol>



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3	D0150	D-5	<p>Then, <del>for</del> For each of the questions in <b>Resident Mood Interview</b> (D0200):</p> <ul style="list-style-type: none"> <li>• Read the item as it is written.</li> <li>• Do not provide definitions because the meaning <b>must be</b> based on the resident's interpretation. For example, the resident defines for <del>him</del> <b>himself</b> what "tired" means; the item should be scored based on the resident's interpretation.</li> <li>• Each question <b>must be</b> asked in sequence to assess <b>Symptom Presence</b> (column 1) and <b>Symptom Frequency</b> (column 2) before proceeding to the next question.</li> <li>• Enter code 9 in Column 1 and leave Column 2 blank if the resident was unable or chose not to complete the assessment or for any response responded nonsensically. A <b>nonsensical</b> 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; <del>this is considered a nonsensical response</del> (e.g., when asked the question about "poor appetite or overeating," the resident answers, "I always win at poker.").</li> <li>• For a <b>yes</b> response, ask the resident to tell you how often <del>he or she</del> <b>they was/were</b> bothered by the symptom over the last <del>2 weeks</del> <b>14 days</b>. Use the response choices in D020150 Column 2, Symptom Frequency. Start by asking the resident the number of days that <del>he or she</del> <b>they was/were</b> 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).</li> </ul>

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3	D0150	D-5	<p>10. Determine whether to ask the remaining seven questions (D0150C to D0150I) of the Resident Mood Interview (PHQ-2 to 9<sup>©</sup>). 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.</p> <ul style="list-style-type: none"> <li>• If <b>both</b> D0150A1 and D0150B1 are coded 9, OR <b>both</b> D0150A2 and D0150B2 are coded 0 or 1, <b>end</b> the PHQ interview; otherwise continue. <ul style="list-style-type: none"> <li>— If <b>both</b> D0150A1 and D0150B1 are coded 9, leave D0150A2 and D0150B2 <b>blank</b>, then end the PHQ-2<sup>©</sup> and leave D0160, Total Severity Score blank.</li> <li>— If <b>both</b> D0150A2 and D0150B2 are <b>coded 0 or 1</b>, then end the PHQ-2<sup>©</sup> and enter the total score from D0150A2 and D0150B2 in D0160, Total Severity Score.</li> </ul> </li> <li>• For all other scenarios, proceed to ask the remaining seven questions (D0150C to D0150I of the PHQ-9<sup>©</sup>) and complete D0160, Total Severity Score.</li> </ul>
3	D0150	D-6	<p><b>Coding Instructions for Column 1. Symptom Presence</b></p> <ul style="list-style-type: none"> <li>• <b>Code 0, no:</b> if resident indicates symptoms listed are not present—<del>enter 0</del>. Enter 0 in Column 2 as well.</li> <li>• <b>Code 1, yes:</b> if resident indicates symptoms listed are present—<del>enter 1</del>. Enter 0, 1, 2, or 3 in Column 2, Symptom Frequency.</li> <li>• <b>Code 9, no response:</b> if the resident was unable or chose not to complete the assessment; <del>or responded nonsensically and/or the facility was unable to complete the assessment</del>. Leave Column 2, Symptom Frequency, blank.</li> <li>• Enter a Dash in Column 1 if the symptom presence was not assessed.</li> </ul>

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Chapter	Section	Page(s) in version 1.18.11	Change
3	D0150	D-6	<p><b>Coding Instructions for Column 2. Symptom Frequency</b></p> <p><i>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.</i></p> <ul style="list-style-type: none"> <li>• <b>Code 0, never or 1 day:</b> if the resident indicates that during the past 2 weeks he or she has they have never been bothered by the symptom or has have only experienced been bothered by the symptom on 1 day.</li> <li>• <b>Code 1, 2-6 days (several days):</b> if the resident indicates that during the past 2 weeks he or she has they have experienced been bothered by the symptom for 2-6 days.</li> <li>• <b>Code 2, 7-11 days (half or more of the days):</b> if the resident indicates that during the past 2 weeks he or she has they have experienced been bothered by the symptom for 7-11 days.</li> <li>• <b>Code 3, 12-14 days (nearly every day):</b> if the resident indicates that during the past 2 weeks he or she has they have experienced been bothered by the symptom for 12-14 days.</li> </ul>
3	D0150	D-6	<p><b>Coding Tips and Special Populations</b></p> <ul style="list-style-type: none"> <li>• Attempt to conduct the interview with ALL residents.</li> <li>• If both D0150A1 and D0150B1 are coded 9, leave D0150A2 and D0150B2 blank, then end the PHQ-2<sup>©</sup> and leave D0160 Total Severity Score blank.</li> <li>• If Column 1 equals 0, enter 0 in Column 2.</li> <li>• If Column 1 equals 9 or dash, leave Column 2 blank.</li> <li>• For question D020150I, Thoughts That You Would Be Better Off Dead or of Hurting Yourself in Some Way:</li> </ul>
3	D0150	D-7	<ul style="list-style-type: none"> <li>• Some items (e.g., item D0150F) 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.</li> </ul>

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Chapter	Section	Page(s) in version 1.18.11	Change
3	D0150	D-8	— <b>Example:</b> Item D020150E, <b>Poor Appetite or Overeating.</b> 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.”
3	D0150	D-8	— <b>Example:</b> Item D020150A, <b>Little Interest or Pleasure in Doing Things.</b> The resident, when asked how often <del>he or she</del> <b>they</b> <del>has</del> <b>have</b> 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.”
3	D0150	D-8	— <b>Example:</b> Item D020150B, <b>Feeling Down, Depressed, or Hopeless.</b> The resident, when asked how often <del>he or she</del> <b>they</b> <del>has</del> <b>have</b> been bothered by feeling down, depressed, or hopeless, responds: “How would you feel if you were here?”
3	D0150	D-9	— <b>Example:</b> Item D020150E, <b>Poor Appetite or Overeating.</b>
3	D0150	D-9	— <b>Example:</b> Item D020150C, <b>Trouble Falling or Staying Asleep, or Sleeping Too Much.</b>
3	D0150	D-9	— <b>Example:</b> Item D020150H, <b>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.</b>

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Chapter	Section	Page(s) in version 1.18.11	Change
3	D0150	D-9	<p><b>Examples</b></p> <p>1. Assessor: “Over the past 2 weeks, have you been bothered by any of the following problems? Little interest or pleasure in doing things?”</p> <p>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.”</p> <p>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?”</p> <p>Resident: “7-11 days.”</p> <p><b>Coding:</b> D0150A1 (Symptom Presence) would be <b>coded 1, yes</b> and D0150A2 (Symptom Frequency) would be <b>coded 2, 7-11 days</b>.</p> <p><b>Rationale:</b> 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.</p>
3	D0150	D-10	<p>2. Assessor: “Over the past 2 weeks, have you had trouble concentrating on things, such as reading the newspaper or watching television?”</p> <p>Resident: “Television? I used to like watching the news. I can’t concentrate on that anymore.”</p> <p>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?”</p> <p>Resident: “I’d say every day. It bothers me every day.”</p> <p><b>Coding:</b> D0150G1 (Symptom Presence) would be <b>coded 1, yes</b> and D0150G2 (Symptom Frequency) would be <b>coded 3, 12-14 days</b>.</p> <p><b>Rationale:</b> The resident states that they have trouble concentrating and that this bothers them every day.</p>

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3	D0160	D-10	<b>D030160: Total Severity Score</b>
3	D0160	D-10	<p>Replaced screenshot.</p> <p>OLD</p> <div> <p><b>D0300. Total Severity Score</b></p> <p>Enter Score <input type="text"/> <input type="text"/> 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 items).</p> </div> <p>NEW</p> <div> <p><b>D0160. Total Severity Score</b></p> <p>Enter Score <input type="text"/> <input type="text"/> 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).</p> </div>
3	D0160	D-10	<p><b>DEFINITION</b></p> <p><b>TOTAL SEVERITY SCORE</b></p> <p><del>A summary of the frequency scores that indicates the extent of potential depression symptoms. The score does not diagnose a mood disorder, but provides a standard of communication with clinicians and mental health specialists.</del></p>
3	D0160	D-10	<p><b>Health-related Quality of Life</b></p> <ul style="list-style-type: none"> <li>• The <b>Total Severity Score</b> is a summary of the frequency scores on the PHQ-2 to 9<sup>©</sup> that indicates the extent of potential depression symptoms.</li> <li>• The <b>Total Severity Score</b> 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.</li> <li>• <del>The <b>Total Severity Score</b> is a summary of the frequency scores on the PHQ-9<sup>©</sup> that indicates the extent of potential depression symptoms and can be useful for knowing when to request additional assessment by providers or mental health specialists.</del></li> </ul>

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3	D0160	D-10–D-11	<p><b>Planning for Care</b></p> <ul style="list-style-type: none"> <li>The PHQ-2 to 9<sup>©</sup> <b>Total Severity Score</b> also provides a way for health care providers and clinicians to easily identify and track symptoms and how they are changing over time.</li> <li>Responses to PHQ-2 to 9<sup>©</sup> can indicate possible depression if the full PHQ-2 to 9<sup>©</sup> is completed (i.e., interview is not stopped after D0150B due to responses). Responses can be interpreted as follows: <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>In addition, PHQ-2 to 9<sup>©</sup> <b>Total Severity Score</b> can be used to track changes in severity over time. <b>Total Severity Score</b> can be interpreted as follows: <ul style="list-style-type: none"> <li>1-4: minimal depression</li> <li>5-9: mild depression</li> <li>10-14: moderate depression</li> <li>15-19: moderately severe depression</li> <li>20-27: severe depression</li> </ul> </li> </ul> </li> </ul>
3	D0160	D-11	<p><b>Steps for Assessment</b></p> <p><i>After completing D020150 A-I:</i></p>
3	D0160	D-11	<ol style="list-style-type: none"> <li>Add the numeric scores across all frequency items in <b>Resident Mood Interview (D020150) Column 2.</b></li> </ol>

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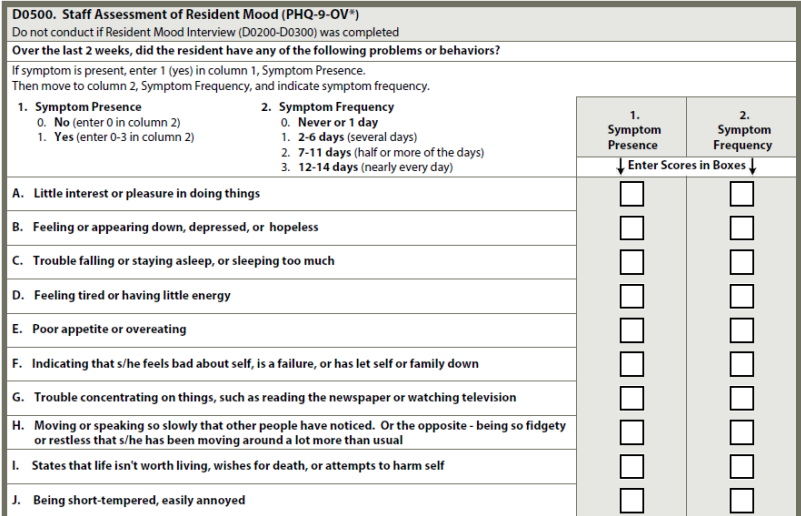
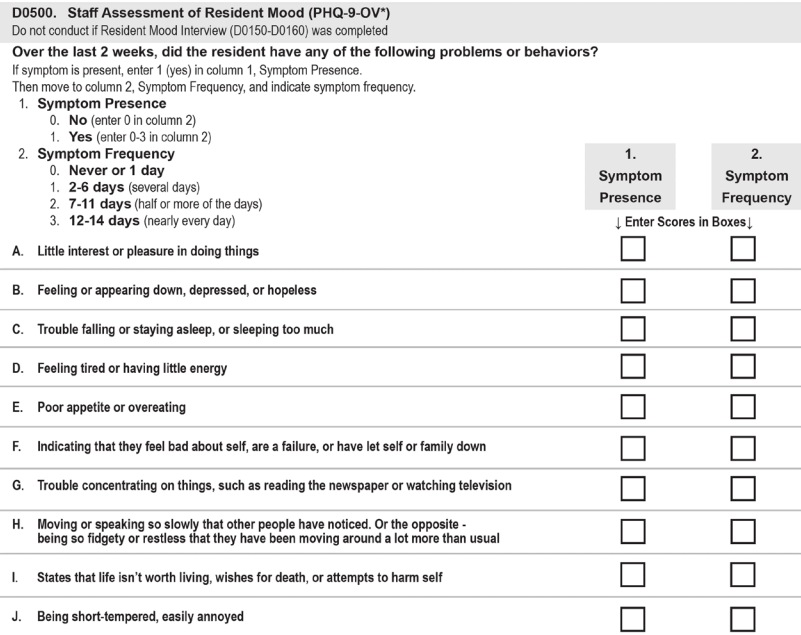
Chapter	Section	Page(s) in version 1.18.11	Change
3	D0160	D-11	<p><b>Coding Instructions</b></p> <ul style="list-style-type: none"> <li>• If only the PHQ-2<sup>©</sup> is completed because both D0150A1 and D0150B1 are coded 9, leave D0150A2 and D0150B2 blank, then end the PHQ-2<sup>©</sup> and leave D0160-Total Severity Score blank.</li> <li>• If only the PHQ-2<sup>©</sup> is completed because <b>both</b> D0150A2 and D0150B2 <b>are scored 0 or 1</b>, add the numeric scores from these two frequency items and enter the value in D0160.</li> <li>• If the PHQ-9<sup>©</sup> was completed (that is, D0150C–I were not blank due to the responses in D0150A and B) <b>and</b> if the resident answered the frequency responses of at least 7 of the 9 items on the PHQ-9<sup>©</sup>, add the numeric scores from D0150A2–D0150I2, following the instructions in Appendix E, and enter in D0160.</li> <li>• <del>The interview is successfully completed if the resident answered the frequency responses of at least 7 of the 9 items on the PHQ-9<sup>©</sup>.</del></li> <li>• If symptom frequency in items D0150A2 through D0150I2 is blank for 3 or more items, the interview is deemed <b>NOT</b> complete. <b>Total Severity Score</b> should be coded as “99” and the <b>Staff Assessment of Mood</b> should be conducted, <b>unless the assessment being completed is a standalone Part A PPS Discharge, then skip to D0700. Social Isolation.</b></li> <li>• Enter the total score as a two-digit number. The <b>Total Severity Score</b> will be between <b>00</b> and <b>27</b> (or “99” if symptom frequency is blank for 3 or more items).</li> <li>• The software will calculate the <b>Total Severity Score</b>. For detailed instructions on manual calculations and examples, see Appendix E: PHQ-2 to 9<sup>©</sup> Total Severity Score Scoring Rules.</li> </ul>



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3	D0160	D-11	<p><b>Coding Tips and Special Populations</b></p> <ul style="list-style-type: none"> <li>• Responses to PHQ-9<sup>®</sup> can indicate possible depression. Responses can be interpreted as follows: <ul style="list-style-type: none"> <li>— Major Depressive Syndrome is suggested if <del>of the 9 items</del> 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.</li> <li>— 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 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).</li> <li>— In addition, PHQ-9<sup>®</sup> <b>Total Severity Score</b> can be used to track changes in severity over time. <b>Total Severity Score</b> can be interpreted as follows: <ul style="list-style-type: none"> <li>1-4: <del>minimal depression</del></li> <li>5-9: <del>mild depression</del></li> <li>10-14: <del>moderate depression</del></li> <li>15-19: <del>moderately severe depression</del></li> <li>20-27: <del>severe depression</del></li> </ul> </li> </ul> </li> </ul>

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3	D0500	D-12	<p>Replaced screenshot.</p> <p>OLD</p>  <p>NEW</p> 


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3	D0500	D-13	<p><b>Health-related Quality of Life</b></p> <ul style="list-style-type: none"> <li>• PHQ-2 to 9<sup>©</sup> <b>Resident Mood Interview</b> is preferred as it improves the detection of a possible mood disorder. However, a small percentage of <del>patients</del> <b>residents</b> are unable or unwilling to complete the PHQ-2 to 9<sup>©</sup> <b>Resident Mood Interview</b>. Therefore, staff should complete the PHQ-9<sup>©</sup> Observational Version (PHQ-9-OV<sup>©</sup>) <b>Staff Assessment of Mood</b> in these instances so that any behaviors, signs, or symptoms of mood distress are identified.</li> <li>• Persons unable to complete the PHQ-2 to 9<sup>©</sup> <b>Resident Mood Interview</b> may still have a mood disorder.</li> <li>• Even if a resident was unable to complete the <b>Resident Mood Interview</b>, 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.</li> <li>• 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.</li> <li>• It is important to note that coding the presence of <b>clinical signs and symptoms of depressed mood</b> <del>indicators in Section D</del> does not automatically mean that the resident has a diagnosis of depression or other mood disorder. Assessors do not make or assign a diagnosis <b>as a result of the outcomes of the PHQ-2 to 9<sup>©</sup> or the PHQ-9-OV<sup>©</sup></b> in Section D; they simply record the presence or absence of specific clinical <b>signs and symptoms of depressed</b> <del>mood indicators</del>.</li> <li>• 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> <b>Resident Mood Interview</b>. This ensures that information about their mood is not overlooked.</li> </ul>

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Chapter	Section	Page(s) in version 1.18.11	Change
3	D0500	D-13	<p><b>Planning for Care</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul>
3	D0500	D-13	<p><b>Steps for Assessment</b></p> <p><i>Look-back period for this item is 14 days. Conduct the interviews during the 7-day look-back period based on the ARD.</i></p>
3	D0500	D-13– D-14	<ol style="list-style-type: none"> <li>Interview staff from all shifts who know the resident best. Conduct interview in a location that protects resident privacy.</li> <li>The Many of the same administration techniques outlined above for the PHQ 2 to 9<sup>©</sup> <b>Resident Mood Interview</b> (pages D-4–D-6) and Interviewing Tips &amp; Techniques (pages D-6–D-8) should also <b>can</b> be followed when staff are interviewed.</li> <li>Encourage staff to report symptom frequency, even if the staff believes the symptom to be unrelated to depression.</li> <li>Explore unclear responses, focusing the discussion on the specific symptom listed on the assessment rather than expanding into a lengthy clinical evaluation.</li> <li>If frequency cannot be <b>determined by staff interview</b> coded because the resident has been in the facility for less than <b>2 weeks</b> 14 days, talk to family or significant other and review transfer records to inform the selection of a frequency code.</li> </ol>

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3	D0500	D-15	<p><b>Coding Tips and Special Populations</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>If you separated a longer item into its component parts, select the <b>highest</b> frequency rating that is reported.</li> <li>If the staff member has difficulty selecting between two frequency responses, code for the <b>higher</b> frequency.</li> <li>If the resident has been in the facility for less than 14 days <b>2 weeks</b>, also talk to the family or significant other and review transfer records to inform selection of the frequency code.</li> </ul>
3	D0600	D-16	<p><b>Health-related Quality of Life</b></p> <ul style="list-style-type: none"> <li>Review Item Rationale for <del>D0300</del> <b>D0160</b>, <b>Total Severity Score</b> (page <del>D-8</del>).</li> </ul>
3	D0600	D-16	<p><b>Steps for Assessment</b></p> <p><i>After completing items <del>D0500-A-J</del> the Staff Assessment of Resident Mood:</i></p>
3	D0600	D-17	<p>— In addition, PHQ-9-<b>OV</b>® <b>Total Severity Score</b> can be used to track changes in severity over time.</p> <p><b>Total Severity Score</b> can be interpreted as follows:</p>
3	D0700	D-17	<p><b>D0700: Social Isolation</b></p>  <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>D0700. Social Isolation</b></p> <p>Enter Code    How often do you feel lonely or isolated from those around you?</p> <p><input type="checkbox"/> 0. Never</p> <p>1. Rarely</p> <p>2. Sometimes</p> <p>3. Often</p> <p>4. Always</p> <p>7. Resident declines to respond</p> <p>8. Resident unable to respond</p> </div>

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3	D0700	D-18	<p><b>Item Rationale</b></p> <p><b>Health-related Quality of Life</b></p> <ul style="list-style-type: none"> <li>• Social isolation tends to increase with age, is a risk factor for physical and mental illness, and a predictor of mortality.</li> </ul>
3	D0700	D-18	<p><b>DEFINITION</b></p> <p><b>SOCIAL ISOLATION</b></p> <p>Refers to an actual or perceived lack of contact with other people, such as living alone or residing in a remote area.</p>
3	D0700	D-18	<p><b>Planning for Care</b></p> <ul style="list-style-type: none"> <li>• 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).</li> <li>• Assessing social isolation can facilitate the identification of residents who may feel lonely and therefore may benefit from engagement efforts.</li> <li>• 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.</li> </ul>
3	D0700	D-18	<p><b>Steps for Assessment</b></p> <p>This item is intended to be a resident self-report item. No other source should be used to identify the response.</p> <ol style="list-style-type: none"> <li>1. Ask the resident, "How often do you feel lonely or isolated from those around you?"</li> </ol>

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3	D0700	D-18	<p><b>Coding Instructions</b></p> <ul style="list-style-type: none"> <li>• <b>Code 0, Never:</b> if the resident indicates never feeling lonely or isolated from others.</li> <li>• <b>Code 1, Rarely:</b> if the resident indicates rarely feeling lonely or isolated from others.</li> <li>• <b>Code 2, Sometimes:</b> if the resident indicates sometimes feeling lonely or isolated from others.</li> <li>• <b>Code 3, Often:</b> if the resident indicates often feeling lonely or isolated from others.</li> <li>• <b>Code 4, Always:</b> if the resident indicates always feeling lonely or isolated from others.</li> <li>• <b>Code 7, Resident declines to respond:</b> if the resident declines to respond.</li> <li>• <b>Code 8, Resident unable to respond:</b> if the resident is unable to respond.</li> </ul>
3	D0700	D-19	<p><b>Examples</b></p> <p>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.</p> <p><b>Coding:</b> D0700 would be coded <b>2, Sometimes</b>.</p> <p><b>Rationale:</b> The resident states they sometimes feel lonely or isolated from those around them because they sometimes stay alone in their room.</p>

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3	D0700	D-19	<p>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.</p> <p><b>Coding:</b> D0700 would be coded <b>3, Often.</b></p> <p><b>Rationale:</b> 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.</p>
3	D0700	D-19	<p>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.</p> <p><b>Coding:</b> D0700 would be coded <b>4, Always.</b></p> <p><b>Rationale:</b> Resident F stated that they feel alone (i.e., lonely) every day when asked.</p>