

**Section D****Mood****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 D0200, Resident Mood Interview (PHQ-9©)

**D0200. Resident Mood Interview (PHQ-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)

|  | <b>1.<br/>Symptom<br/>Presence</b> | <b>2.<br/>Symptom<br/>Frequency</b> |
|--|------------------------------------|-------------------------------------|
|  | ↓ Enter Scores in Boxes ↓          |                                     |
| <b>A. Little interest or pleasure in doing things</b>  | <input type="checkbox"/>           | <input type="checkbox"/>            |
| <b>B. Feeling down, depressed, or hopeless</b>   | <input type="checkbox"/>           | <input type="checkbox"/>            |
| <b>C. Trouble falling or staying asleep, or sleeping too much</b>  | <input type="checkbox"/>           | <input type="checkbox"/>            |
| <b>D. Feeling tired or having little energy</b>  | <input type="checkbox"/>           | <input type="checkbox"/>            |
| <b>E. Poor appetite or overeating</b>  | <input type="checkbox"/>           | <input type="checkbox"/>            |
| <b>F. Feeling bad about yourself - or that you are a failure or have let yourself or your family down</b>  | <input type="checkbox"/>           | <input type="checkbox"/>            |
| <b>G. Trouble concentrating on things, such as reading the newspaper or watching television</b>  | <input type="checkbox"/>           | <input type="checkbox"/>            |
| <b>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</b> | <input type="checkbox"/>           | <input type="checkbox"/>            |
| <b>I. Thoughts that you would be better off dead, or of hurting yourself in some way</b>   | <input type="checkbox"/>           | <input type="checkbox"/>            |

**D0300. 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 items).

**D0350. Safety Notification** - Complete only if D0200I1 = 1 indicating possibility of resident self harm

Enter Code

**Was responsible staff or provider informed that there is a potential for resident self harm?**

0. **No**

1. **Yes**

