Staff Assessment of Resident Mood (PHQ-9-OV)

Do not conduct of Resident Mood Interview was completed.

Over the past two weeks, did the resident have any of the following problems or behaviors?

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

<table>
<thead>
<tr>
<th>1. Symptom Presence</th>
<th>2. Symptom Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>0. No (enter 0 in Column 2)</td>
<td>0. Never or 1 day</td>
</tr>
<tr>
<td>1. Yes (enter 0-3 in Column 2)</td>
<td>1. 2-6 days (several days)</td>
</tr>
<tr>
<td></td>
<td>2. 7-11 days (half or more of the days)</td>
</tr>
<tr>
<td></td>
<td>3. 12-14 days (nearly every day)</td>
</tr>
</tbody>
</table>

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 s/he feels bad about self, is a failure, or has 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 s/he has been moving around 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

Total Severity 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

Safety Notification - Complete only if I1=”1” indicating possibility of resident self harm.

<table>
<thead>
<tr>
<th>Enter Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>0. No</td>
</tr>
<tr>
<td>1. Yes</td>
</tr>
</tbody>
</table>

Names of Staff Members Interviewed

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature/Title of person completing assessment __________________________ Date ________________

www.mds-consultants.com prepared by MDS Consultants ©2017 MDS 3.0 Toolkit