SECTION D 9-Item Patient Health Questionnaire Observational Version(PHQ-9-OV©) Reference Tool

Reliant® REHABILITATION

The **PHQ-9© Observational Version (PHQ-9-OV©)** is a validated interview tool in **Section D: Mood** of the MDS which screens for symptoms of depression for residents who are rarely/never understood or cannot respond, verbally, in writing, or using another method. It provides a standardized severity score and a rating for evidence of a depressive disorder.

If the resident is at least sometimes understood verbally, in writing, or using another method, the PHQ-2 to 9© is the preferred tool. See Reliant's PHQ-2 to 9© Resource for guidance.

D0500. Staff Assessment of Resident Mood Interview (PHQ-9-OV©)
Do not conduct if Resident Mood Interview (D0200-D0300) 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	**2. Symptom Frequency**	1. Symptom Presence ▼	2. Symptom Frequency ▼
0. No (enter 0 in column 2)	0. Never or 1 day		
1. Yes (enter 0-3 in column 2)	1. 2-6 days (several days)		
	2. 7-11 days (half or more of the days)		
	3. 12-14 days (nearly every day)	Enter Scores in Boxes	
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 a 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	**SUM**	

The **Total Severity Score** is a summary of the frequency scores (Column 2) on the PHQ-9-OV© 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. The Total Severity Score also provides a way for health care providers and clinicians to easily identify and track symptoms and how they are changing over time.

Total Severity Score can be interpreted as follows:	**1-4** minimal depression	**5-9** mild depression	**10-14** moderate depression	**15-19** moderately severe depression	**20-30** severe depression

TIPS

- 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 the interview in a location that protects resident privacy.
- Each question must be asked in sequence to assess presence (column 1) and frequency (column 2) before proceeding to the next question.
- 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.
- Encourage staff to report symptom frequency, even if the staff believes the symptom to be unrelated to depression.
- Explore unclear responses, focusing the discussion on the specific symptom listed on the assessment rather than expanding into a lengthy clinical evaluation.
- If the resident has been in the facility for less than 14 days, also talk to the family or significant other and review transfer records to inform selection of the frequency code.