

SECTION D: MOOD

Intent: The items in this section address mood distress, a serious condition that is underdiagnosed and undertreated in the IRF setting and is associated with significant morbidity. It is particularly important to identify signs and symptoms of mood distress among IRF patients because these signs and symptoms can be treatable.

It is important to note that coding the presence of indicators in Section D does not automatically mean that the patient 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 patient’s individualized care plan.

- Depression can be associated with:
 - psychological and physical distress (e.g., poor adjustment to the IRF, loss of independence, chronic illness, increased sensitivity to pain),
 - decreased participation in therapy and activities (e.g., caused by isolation),
 - decreased functional status (e.g., resistance to daily care, decreased desire to participate in activities of daily living [ADLs]), and
 - poorer outcomes (e.g., decreased appetite, decreased cognitive status).
- Findings suggesting mood distress should lead to:
 - identifying causes and contributing factors for symptoms,
 - identifying interventions (treatment, personal support, or environmental modifications) that could address symptoms, and
 - ensuring patient safety.

Note: Please refer to Chapter 2: Supplement D for detailed scoring instructions.

D0150: Patient Mood Interview (PHQ-2 to 9)

D0150. Patient Mood Interview (PHQ-2 to 9) (from Pfizer Inc.©)			
Determine if the patient is rarely/never understood verbally, in writing, or using another method. If rarely/never understood, code D0150A1 and D0150B1 as 9, No response, leave D0150A2 and D0150B2 blank, end the PHQ-2 interview, and leave D0160, Total Severity Score blank. Otherwise, say to patient: "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 patient: "About how often have you been bothered by this?" Read and show the patient a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.			
1. Symptom Presence		2. Symptom Frequency	
0. No (enter 0 in column 2) 1. Yes (enter 0-3 in column 2) 9. No response (leave column 2 blank)		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		□	□
B. Feeling down, depressed, or hopeless		□	□
If both D0150A1 and D0150B1 are coded 9, OR both D0150A2 and D0150B2 are coded 0 or 1, END the PHQ interview; otherwise, continue.			

C. <i>Trouble falling or staying asleep, or sleeping too much</i>	<input type="checkbox"/>	<input type="checkbox"/>
D. <i>Feeling tired or having little energy</i>	<input type="checkbox"/>	<input type="checkbox"/>
E. <i>Poor appetite or overeating</i>	<input type="checkbox"/>	<input type="checkbox"/>
F. <i>Feeling bad about yourself – or that you are a failure or have let yourself or your family down</i>	<input type="checkbox"/>	<input type="checkbox"/>
G. <i>Trouble concentrating on things, such as reading the newspaper or watching television</i>	<input type="checkbox"/>	<input type="checkbox"/>
H. <i>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</i>	<input type="checkbox"/>	<input type="checkbox"/>
I. <i>Thoughts that you would be better off dead, or of hurting yourself in some way</i>	<input type="checkbox"/>	<input type="checkbox"/>
Copyright © Pfizer Inc. All rights reserved. Reproduced with permission.		

Item Rationale

- Depression can be associated with:
 - psychological and physical distress,
 - decreased participation in therapy and activities,
 - decreased functional status, and
 - poorer outcomes.
- Mood disorders are common in IRFs and are often underdiagnosed and undertreated.

DEFINITION

PATIENT HEALTH QUESTIONNAIRE (PHQ-2 to 9)

A validated interview that screens for symptoms of depression. It provides a standardized severity score and a rating for evidence of a depressive disorder.

Steps for Assessment

Complete based on assessments that occur within the 3-day admission assessment time period or the 3-day discharge assessment time period.

1. Conduct the interview in a private setting, if possible.
2. Determine if the patient is rarely/never understood verbally, in writing, or using another method. If rarely/never understood, code D0150A1 and D0150B1 as 9, No response, leave D0150A2 and D0150B2 blank, end the PHQ-2 interview, and leave D0160, Total Severity Score blank.
3. Interact with the patient using their preferred language. Be sure the patient can hear you and/or has access to their preferred method of communication. If the patient appears unable to communicate, offer alternatives such as writing, pointing, sign language, or cue cards.
4. If an interpreter is used during patient 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 patient’s responses.
5. Sit so that the patient can see your face. Minimize glare by directing light sources away from the patient’s face.
6. Be sure the patient can hear you.

- Patients with a hearing impairment should be tested using their usual communication devices/techniques, as applicable.
 - Try an external assistive device (headphones or hearing amplifier) if you have any doubt about hearing ability.
 - Minimize background noise.
7. If you are administering the PHQ-2 to 9 in paper form, be sure that the patient can see the print. Provide large print or assistive device (e.g., page magnifier) if necessary.
 8. Explain the reason for the interview before beginning.

Suggested language: “I am going to ask you some questions about your mood and feelings over the past 2 weeks. I will also ask about some common problems that are known to go along with feeling down. Some of the questions might seem personal, but everyone is asked to answer them. This will help us provide you with better care.”
 9. Explain and/or show the interview response choices. A cue card with the response choices clearly written in large print might help the patient comprehend the response choices.

Suggested language: “I am going to ask you how often you have been bothered by a particular problem over the last 2 weeks. I will give you the choices that you see on this card.” (Say while pointing to cue card): “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.”
 10. Ask the first two questions (D0150A, D0150B) of the Patient Mood Interview (PHQ-2 to 9).

“Over the last 2 weeks, have you been bothered by any of the following problems?”

 - For each of the questions:
 - Read the item as it is written.
 - Do not provide definitions because the meaning **must be** based on the patient’s interpretation. For example, the patient defines for themselves what “feeling down” means; the item should be scored based on the patient’s interpretation.
 - Each question **must be** asked in sequence to assess presence (column 1) and frequency (column 2) before proceeding to the next question. ○ Enter code 9 in Column 1 and leave Column 2 blank if the patient was unable or chose not to complete the assessment or responded nonsensically. A **nonsensical** response is one that is unrelated, incomprehensible, or incoherent or if the patient’s response is not informative with respect to the item being rated (e.g., when asked the question about “poor appetite or overeating,” the patient answers, “I always win at poker”).
 - For a **yes** response, ask the patient to tell you how often they were bothered by the symptom over the last 2 weeks. Use the response choices in D0150 Column 2, **Symptom Frequency**. Start by asking the patient the number of days that they were bothered by the symptom and read and show cue cards 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).
 11. Determine whether to complete the PHQ-9 (i.e., ask the remaining seven questions, D0150C to D0150I). Whether or not further evaluation of a patient’s mood is needed depends on the patient’s responses to the PHQ-2 (D0150A and D0150B).
 - If **both** D0150A1 and D0150B1 are coded 9, OR **both** D0150A2 and D0150B2 are coded 0 or 1, **end** the PHQ interview; otherwise continue.

- If **both** D0150A1 and D0150B1 are coded 9, leave D0150A2 and D0150B2 **blank**, then end the PHQ-2 and leave D0160, Total Severity Score blank.
- If **both** D0150A2 and D0150B2 are **coded 0 or 1**, then end the PHQ-2 and enter the total score from D0150A2 and D0150B2 in D0160, Total Severity Score.
- For all other scenarios, proceed to ask the remaining seven questions (D0150C to D0150I) of the PHQ-9 and complete D0160, Total Severity Score.

Coding Instructions for Column 1, Symptom Presence

- **Code 0, No**, if patient indicates symptoms listed are not present. Enter 0 in Column 2 as well.
- **Code 1, Yes**, if patient indicates symptoms listed are present. Enter 0, 1, 2, or 3 in Column 2, Symptom Frequency.
- **Code 9, No response**, if the patient was unable or chose not to complete the assessment or responded nonsensically. Leave Column 2, Symptom Frequency, blank.
- Enter a dash (–) in Column 1 if the symptom presence was not assessed.

Coding Instructions for Column 2, Symptom Frequency

Record the patient's responses as they are stated, regardless of whether the patient 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.

- **Code 0, Never or 1 day**, if the patient indicates that during the past 2 weeks they have never been bothered by the symptom or have only been bothered by the symptom on 1 day.
- **Code 1, 2-6 days (several days)**, if the patient indicates that during the past 2 weeks they have been bothered by the symptom for 2-6 days.
- **Code 2, 7-11 days (half or more of the days)**, if the patient indicates that during the past 2 weeks they have been bothered by the symptom for 7-11 days.
- **Code 3, 12-14 days (nearly every day)**, if the patient indicates that during the past 2 weeks they have been bothered by the symptom for 12-14 days.

Coding Tips

- Attempt to conduct the interview with ALL patients aged one and older.
- If **both** D0150A1 and D0150B1 are coded 9, leave D0150A2 and D0150B2 **blank**, then end the interview and leave D0160, Total Severity Score blank.
- If Column 1 equals 0, enter 0 in Column 2.
- If Column 1 equals 9 or dash (–), leave Column 2 blank.
- If no assessment is conducted for Patient Mood, then in each row D0150A through D0150I, enter a dash (–) in Column 1, leave Column 2 blank, and code 99 for D0160, Total Severity Score.

- For question D0150I, Thoughts That You Would Be Better Off Dead, or of Hurting Yourself in Some Way:
 - Beginning interviewers may feel uncomfortable asking this item because they may fear upsetting the patient or may feel that the question is too personal. Others may worry that it will give the patient inappropriate ideas. However,
 - Experienced interviewers have found that most patients who are having this feeling appreciate the opportunity to express it.
 - Asking about thoughts of self-harm does not give the person the idea. It does let the provider better understand what the patient is already feeling.
 - The best interviewing approach is to ask the question openly and without hesitation.
- If the patient uses their own words to describe a symptom, this should be briefly explored. If you determine that the patient is reporting the intended symptom but using their own words, ask the patient to tell you how often they were bothered by that symptom.
- Select only one frequency response per item.
- If the patient has difficulty selecting between two frequency responses, code for the higher frequency.
- Some items (e.g., item F) contain more than one phrase. If a patient gives different frequencies for the different parts of a single item, select the highest frequency as the score for that item.
- Patients may respond to questions:
 - verbally,
 - by pointing to their answers on the cue card, OR ○ by writing out their answers.

Interviewing Tips and Techniques

- Repeat a question if you think that it has been misunderstood or misinterpreted.
- Some patients may be eager to talk with you and will stray from the topic at hand. When a person strays, you should gently guide the conversation back to the topic.
 - **Example:** Say, “That’s interesting, now I need to know...”; “Let’s get back to...”; “I understand, can you tell me about...”
- Validate your understanding of what the patient is saying by asking for clarification.
 - **Example:** Say, “I think I hear you saying that...”; “Let’s see if I understood you correctly”; “You said.... Is that right?”
- If the patient has difficulty selecting a frequency response, start by offering a single frequency response and follow with a sequence of more specific questions. This is known as unfolding.
 - **Example:** Say, “Would you say [name symptom] bothered you more than half the days in the past 2 weeks?”

- If the patient says “yes,” show the cue card and ask whether it bothered them nearly every day (12-14 days) or on half or more of the days (7-11 days).
- If the patient says “no,” show the cue card and ask whether it bothered them several days (2-6 days) or never or 1 day (0-1 day).
- Noncommittal responses such as “not really” should be explored. Patients may be reluctant to report symptoms and should be gently encouraged to tell you if the symptom bothered them, even if it was only some of the time. This is known as probing. Probe by asking neutral or nondirective questions such as:
 - “What do you mean?”
 - “Tell me what you have in mind.”
 - “Tell me more about that.”
 - “Please be more specific.”
 - “Give me an example.”
- Sometimes respondents give a long answer to interview items. To narrow the answer to the response choices available, it can be useful to summarize their longer answer and then ask them which response option best applies. This is known as echoing.
 - **Example:** Item D0150E, Poor Appetite or Overeating. The patient 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.”
 - Possible interviewer response: “You’re telling me the food isn’t what you eat at home and you can’t add salt. How often would you say that you were bothered by poor appetite or overeating during the last 2 weeks?”
 - **Example:** Item D0150A, Little Interest or Pleasure in Doing Things. The patient, when asked how often they have 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.”
 - Possible interviewer response: “You’re saying there isn’t much to do here and I want to come back later to talk about some things you like to do. Thinking about how you’ve been feeling over the past 2 weeks, how often have you been bothered by little interest or pleasure in doing things?”
 - **Example:** Item D0150B, Feeling Down, Depressed, or Hopeless. The patient, when asked how often they have been bothered by feeling down, depressed, or hopeless, responds: “How would you feel if you were here?”
 - Possible interview response: “You asked how I would feel, but it is important that I understand **your** feelings right now. How often would you say that you have been bothered by feeling down, depressed, or hopeless during the last 2 weeks?”
- If the patient has difficulty with longer items, separate the item into shorter parts, and provide a chance to respond after each part. This method, known as disentangling, is helpful if a patient has moderate cognitive impairment but can respond to simple, direct questions.
 - **Example:** Item D0150E, Poor Appetite or Overeating.
 - You can simplify this item by asking: “In the last 2 weeks, how often have you been bothered by poor appetite?” (pause for a response) “Or overeating?”
 - **Example:** Item D0150C, Trouble Falling or Staying Asleep, or Sleeping Too Much.

- You can break the item down as follows: “In the past 2 weeks, how often have you been bothered by having problems falling asleep?” (pause for response) “How often have you been bothered by having problems staying asleep?” (pause for response) “How often have you been bothered by feeling you are sleeping too much?”
- **Example:** Item D0150H, 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.
 - You can simplify this item by asking: “In the past 2 weeks, how often have you been bothered by having problems with moving or speaking so slowly that other people could have noticed?” (pause for response) “How often have you been bothered by feeling so fidgety or restless that you move around a lot more than usual?”

Examples

1. Assessor: “Over the past 2 weeks, have you been bothered by any of the following problems? Little interest or pleasure in doing things?”

Respondent: “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.”

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?”

Respondent: “7-11 days.”

Coding: D0150A1 (symptom presence) would be **coded 1, Yes** and D0150A2 (symptom frequency) would be **coded 2, 7-11 days**.

Rationale: The patient indicates that they have lost interest in activities that they previously enjoyed. The patient indicates that the symptom has bothered them 7-11 days in the past 2 weeks.

2. Assessor: “Over the past 2 weeks, have you had trouble concentrating on things, such as reading the newspaper or watching television?”

Respondent: “Television? I used to like watching the news. I can’t concentrate on that anymore.”

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?”

Respondent: “I’d say every day. It bothers me every day.”

Coding: D0150G1 (symptom presence) would be **coded 1, Yes** and D0150G2 (symptom frequency) would be **coded 3, 12-14 days**.

Rationale: The patient states that they have trouble concentrating and that this bothers them every day.

D0160. Total Severity Score

D0160. Total Severity Score	
Enter Score	<p>Add scores for all frequency responses in column 2, Symptom Frequency. Total score must be between 00 and 27.</p> <p>Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required items)</p>

Item Rationale

- The **Total Severity Score** is a summary of the frequency scores on the PHQ-2 to 9 that indicates the extent of potential depression symptoms.
- The score does not diagnose a mood disorder nor depression but provides a standard score which can be communicated to the patient’s physician, other clinicians, and mental health specialists for appropriate follow-up.
- Responses to the PHQ-2 to 9 can indicate possible depression if the full PHQ-2 to 9 is completed (i.e., interview is not stopped after D0150B due to responses). Responses can be interpreted as follows:
 - Major Depressive Syndrome is suggested if, during the look-back period:
 - 5 or more items are identified at a frequency of half or more of the days (7-11 days) during the look-back period.
 - Minor Depressive Syndrome is suggested if, during the look-back period:
 - D0150B, D0150C, or D0150D are identified at a frequency of half or more of the days (7-11 days).
 - In addition, **Total Severity Score** can be used to track changes in severity over time. **Total Severity Score** can be interpreted as follows:
 - 0-4: minimal depression
 - 5-9: mild depression
 - 10-14: moderate depression
 - 15-19: moderately severe depression
 - 20-27: severe depression

Steps for Assessment

1. Do not add up the score while you are interviewing the patient. Instead, focus your full attention on the interview.
2. Add the numeric scores across all frequency items in **Patient Mood Interview** (D0150) Column 2.
3. The maximum patient score is 27 (3 × 9).

Coding Instructions

- If only the PHQ-2 is completed because both D0150A1 and D0150B1 are coded 9, leave D0150A2 and D0150B2 blank, then end the PHQ-2 and leave D0160, Total Severity Score blank.

- If only the PHQ-2 is completed because **both** D0150A2 and D0150B2 **are scored 0 or 1**, add the numeric scores from these two frequency items and enter the value in D0160.
- If the PHQ-9 was completed (that is, D0150C through D0150I were not blank due to the responses in D0150A and D0150B), **and** if the patient answered the frequency responses of at least seven of the nine items on the PHQ-9; add the numeric scores from D0150A2D0150I2 following the instructions found in Supplement D, and enter in D0160.
- If symptom frequency in items D0150A2 through D0150I2 is blank for three or more items, the interview is deemed **NOT** complete. **Total Severity Score** should be coded as **99**.
- The **Total Severity Score** will be between **00** and **27** (or **99** if symptom frequency is blank for three or more items).

D0700. Social Isolation

D0700. Social Isolation	
How often do you feel lonely or isolated from those around you?	
Enter Code <input type="text"/>	<ul style="list-style-type: none"> 0. Never 1. Rarely 2. Sometimes 3. Often 4. Always 7. Patient declines to respond 8. Patient unable to respond

Item Rationale

- Social isolation tends to increase with age, is a risk factor for physical and mental illness, and is a predictor of mortality.

DEFINITION

SOCIAL ISOLATION

Social isolation refers to an actual or perceived lack of contact with other people, such as living alone or residing in a remote area.

Steps for Assessment

This item is intended to be a patient self-report item. No other source should be used to identify the response.

1. Ask the patient, “How often do you feel lonely or isolated from those around you?”

Coding Instructions

Complete based on assessments that occur within the 3-day admission assessment time period or the 3-day discharge assessment time period.

- Code 0, Never**, if the patient indicates never feeling lonely or isolated from others.
- Code 1, Rarely**, if the patient indicates rarely feeling lonely or isolated from others.
- Code 2, Sometimes**, if the patient indicates sometimes feeling lonely or isolated from others.
- Code 3, Often**, if the patient indicates often feeling lonely or isolated from others.
- Code 4, Always**, if the patient indicates always feeling lonely or isolated from others.
- Code 7, Patient declines to respond**, if the patient declines to respond.
- Code 8, Patient unable to respond**, if the patient was unable to respond.

Example

1. When asked how often the patient felt lonely or isolated, they replied that they live with their son’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. The patient's son states that the patient does everything with the family and seems to enjoy having so much family around.

Coding: D0700 would be **coded 2, Sometimes**.

Rationale: The patient stated they sometimes feel lonely or isolated from those around them. Since this item is to be coded based on the patient's perception of feeling alone or isolated, the son's (proxy) response is not considered when selecting a code.