

MDS 3.0 Resident Interview

Resident Name _____ Date _____ Floor/Unit _____

Brief Interview for Mental Status (BIMS)	
C0200. Repetition of Three Words	
Enter Code <input type="checkbox"/>	Ask resident: <i>"I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: sock, blue, and bed. Now tell me the three words."</i> Number of words repeated after first attempt 0. None 1. One 2. Two 3. Three After the resident's first attempt, repeat the words using cues (<i>"sock, something to wear; blue, a color; bed, a piece of furniture"</i>). You may repeat the words up to two more times.
C0300. Temporal Orientation (orientation to year, month, and day)	
Enter Code <input type="checkbox"/>	Ask resident: <i>"Please tell me what year it is right now."</i> A. Able to report correct year 0. Missed by > 5 years or no answer 1. Missed by 2-5 years 2. Missed by 1 year 3. Correct
Enter Code <input type="checkbox"/>	Ask resident: <i>"What month are we in right now?"</i> B. Able to report correct month 0. Missed by > 1 month or no answer 1. Missed by 6 days to 1 month 2. Accurate within 5 days
Enter Code <input type="checkbox"/>	Ask resident: <i>"What day of the week is today?"</i> C. Able to report correct day of the week 0. Incorrect or no answer 1. Correct
C0400. Recall	
Enter Code <input type="checkbox"/>	Ask resident: <i>"Let's go back to an earlier question. What were those three words that I asked you to repeat?"</i> If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word. A. Able to recall "sock" 0. No - could not recall 1. Yes, after cueing ("something to wear") 2. Yes, no cue required
Enter Code <input type="checkbox"/>	B. Able to recall "blue" 0. No - could not recall 1. Yes, after cueing ("a color") 2. Yes, no cue required
Enter Code <input type="checkbox"/>	C. Able to recall "bed" 0. No - could not recall 1. Yes, after cueing ("a piece of furniture") 2. Yes, no cue required
C0500. Summary Score	
Enter Score <input type="text"/>	Add scores for questions C0200-C0400 and fill in total score (00-15) Enter 99 if the resident was unable to complete the interview

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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	2. Symptom Frequency	
0. No (enter 0 in column 2)	0. Never or 1 day	1. Symptom Presence
1. Yes (enter 0-3 in column 2)	1. 2-6 days (several days)	
9. No response (leave column 2 blank)	2. 7-11 days (half or more of the days)	2. Symptom Frequency
	3. 12-14 days (nearly every day)	
		↓ Enter Scores in Boxes ↓
A. Little interest or pleasure in doing things		<input type="checkbox"/> <input type="checkbox"/>
B. Feeling down, depressed, or hopeless		<input type="checkbox"/> <input type="checkbox"/>
C. Trouble falling or staying asleep, or sleeping too much		<input type="checkbox"/> <input type="checkbox"/>
D. Feeling tired or having little energy		<input type="checkbox"/> <input type="checkbox"/>
E. Poor appetite or overeating		<input type="checkbox"/> <input type="checkbox"/>
F. Feeling bad about yourself - or that you are a failure or have let yourself or your family down		<input type="checkbox"/> <input type="checkbox"/>
G. Trouble concentrating on things, such as reading the newspaper or watching television		<input type="checkbox"/> <input type="checkbox"/>
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		<input type="checkbox"/> <input type="checkbox"/>
I. Thoughts that you would be better off dead, or of hurting yourself in some way		<input type="checkbox"/> <input type="checkbox"/>
D0300. Total Severity Score		
<input type="text" value="00"/>	<input type="text" value="00"/>	Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 27.
<small>Enter Score</small>		Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more items).

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F0400. Interview for Daily Preferences																	
Show resident the response options and say: "While you are in this facility..."																	
Coding: 1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive	<div style="text-align: center; border-bottom: 1px solid black;">↓ Enter Codes in Boxes</div> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input type="checkbox"/></td><td>A. <i>how important is it to you to choose what clothes to wear?</i></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>B. <i>how important is it to you to take care of your personal belongings or things?</i></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>C. <i>how important is it to you to choose between a tub bath, shower, bed bath, or sponge bath?</i></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>D. <i>how important is it to you to have snacks available between meals?</i></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>E. <i>how important is it to you to choose your own bedtime?</i></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>F. <i>how important is it to you to have your family or a close friend involved in discussions about your care?</i></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>G. <i>how important is it to you to be able to use the phone in private?</i></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>H. <i>how important is it to you to have a place to lock your things to keep them safe?</i></td></tr> </table>	<input type="checkbox"/>	A. <i>how important is it to you to choose what clothes to wear?</i>	<input type="checkbox"/>	B. <i>how important is it to you to take care of your personal belongings or things?</i>	<input type="checkbox"/>	C. <i>how important is it to you to choose between a tub bath, shower, bed bath, or sponge bath?</i>	<input type="checkbox"/>	D. <i>how important is it to you to have snacks available between meals?</i>	<input type="checkbox"/>	E. <i>how important is it to you to choose your own bedtime?</i>	<input type="checkbox"/>	F. <i>how important is it to you to have your family or a close friend involved in discussions about your care?</i>	<input type="checkbox"/>	G. <i>how important is it to you to be able to use the phone in private?</i>	<input type="checkbox"/>	H. <i>how important is it to you to have a place to lock your things to keep them safe?</i>
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F0500. Interview for Activity Preferences																	
Show resident the response options and say: "While you are in this facility..."																	
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F0600. Daily and Activity Preferences Primary Respondent																	
Enter Code <input style="width: 30px; height: 20px;" type="checkbox"/>	Indicate primary respondent for Daily and Activity Preferences (F0400 and F0500) 1. Resident 2. Family or significant other (close friend or other representative) 9. Interview could not be completed by resident or family/significant other ("No response" to 3 or more items")																

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Pain Assessment Interview	
J0300. Pain Presence	
Enter Code <input type="checkbox"/>	Ask resident: "Have you had pain or hurting at any time in the last 5 days?" 0. No → Skip to J1100, Shortness of Breath 1. Yes → Continue to J0400, Pain Frequency 9. Unable to answer → Skip to J0800, Indicators of Pain or Possible Pain
J0400. Pain Frequency	
Enter Code <input type="checkbox"/>	Ask resident: "How much of the time have you experienced pain or hurting over the last 5 days?" 1. Almost constantly 2. Frequently 3. Occasionally 4. Rarely 9. Unable to answer
J0500. Pain Effect on Function	
Enter Code <input type="checkbox"/>	A. Ask resident: "Over the past 5 days, has pain made it hard for you to sleep at night?" 0. No 1. Yes 9. Unable to answer
Enter Code <input type="checkbox"/>	B. Ask resident: "Over the past 5 days, have you limited your day-to-day activities because of pain?" 0. No 1. Yes 9. Unable to answer
J0600. Pain Intensity - Administer ONLY ONE of the following pain intensity questions (A or B)	
Enter Rating <input type="text"/> <input type="text"/>	A. Numeric Rating Scale (00-10) Ask resident: "Please rate your worst pain over the last 5 days on a zero to ten scale, with zero being no pain and ten as the worst pain you can imagine." (Show resident 00-10 pain scale) Enter two-digit response. Enter 99 if unable to answer.
Enter Code <input type="checkbox"/>	B. Verbal Descriptor Scale Ask resident: "Please rate the intensity of your worst pain over the last 5 days." (Show resident verbal scale) 1. Mild 2. Moderate 3. Severe 4. Very severe, horrible 9. Unable to answer

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