MDS 3.0 Resident Interview

Resident Name___________________________________ Date____________________ Floor/Unit_____

### Brief Interview for Mental Status (BIMS)

#### C0200. Repetition of Three Words

Ask resident: "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."

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 ("sock, something to wear; blue, a color; bed, a piece of furniture"). You may repeat the words up to two more times.

#### C0300. Temporal Orientation (orientation to year, month, and day)

Ask resident: "**Please tell me what year it is right now.**"

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

Ask resident: "**What month are we in right now?**"

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

Ask resident: "**What day of the week is today?**"

C. Able to report correct day of the week
- 0. Incorrect or no answer
- 1. Correct

#### C0400. Recall

Ask resident: "Let's go back to an earlier question. What were those three words that I asked you to repeat?"

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

B. Able to recall "blue"
- 0. No - could not recall
- 1. Yes, after cueing ("a color")
- 2. Yes, no cue required

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

Add scores for questions C0200-C0400 and fill in total score (00-15)

Enter Score

Notes:

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Enter 99 if the resident was unable to complete the interview.
# MDS 3.0 Resident Interview

**Resident Name_____________________________ Date____________________ Floor/Unit______**

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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.

<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>2. 6 days (several days)</td>
</tr>
<tr>
<td>9. No response (leave column 2 blank)</td>
<td>3. 7-11 days (half or more of the days)</td>
</tr>
<tr>
<td>12-14 days (nearly every day)</td>
<td></td>
</tr>
</tbody>
</table>

A. Little interest or pleasure in doing things
B. Feeling 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. Feeling bad about yourself - or that you are a failure or have let yourself or your family down
G. Trouble concentrating on things, such as reading the newspaper or watching television
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
I. Thoughts that you would be better off dead, or of hurting yourself in some way

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**D0300. 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 interview (i.e., Symptom Frequency is blank for 3 or more items).

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Notes:
### MDS 3.0 Resident Interview

Resident Name___________________________________    Date____________________    Floor/Unit_____

#### F0400. Interview for Daily Preferences

Show resident the response options and say: "While you are in this facility..."

<table>
<thead>
<tr>
<th>Coding:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Very important</td>
</tr>
<tr>
<td>2. Somewhat important</td>
</tr>
<tr>
<td>3. Not very important</td>
</tr>
<tr>
<td>4. Not important at all</td>
</tr>
<tr>
<td>5. Important, but can’t do or no choice</td>
</tr>
<tr>
<td>9. No response or non-responsive</td>
</tr>
</tbody>
</table>

- A. how important is it to you to **choose what clothes to wear?**
- B. how important is it to you to **take care of your personal belongings or things?**
- C. how important is it to you to **choose between a tub bath, shower, bed bath, or sponge bath?**
- D. how important is it to you to **have snacks available between meals?**
- E. how important is it to you to **choose your own bedtime?**
- F. how important is it to you to **have your family or a close friend involved in discussions about your care?**
- G. how important is it to you to **be able to use the phone in private?**
- H. how important is it to you to **have a place to lock your things to keep them safe?**

#### F0500. Interview for Activity Preferences

Show resident the response options and say: "While you are in this facility..."

<table>
<thead>
<tr>
<th>Coding:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Very important</td>
</tr>
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<td>4. Not important at all</td>
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<tr>
<td>5. Important, but can’t do or no choice</td>
</tr>
<tr>
<td>9. No response or non-responsive</td>
</tr>
</tbody>
</table>

- A. how important is it to you to **have books, newspapers, and magazines to read?**
- B. how important is it to you to **listen to music you like?**
- C. how important is it to you to **be around animals such as pets?**
- D. how important is it to you to **keep up with the news?**
- E. how important is it to you to **do things with groups of people?**
- F. how important is it to you to **do your favorite activities?**
- G. how important is it to you to **go outside to get fresh air when the weather is good?**
- H. how important is it to you to **participate in religious services or practices?**

#### F0600. Daily and Activity Preferences Primary Respondent

<table>
<thead>
<tr>
<th>Indicate primary respondent for Daily and Activity Preferences (F0400 and F0500)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Resident</td>
</tr>
<tr>
<td>2. Family or significant other (close friend or other representative)</td>
</tr>
<tr>
<td>9. Interview could not be completed by resident or family/significant other (&quot;No response&quot; to 3 or more items)</td>
</tr>
</tbody>
</table>

Notes:
# MDS 3.0 Resident Interview

| Resident Name_____________________________ | Date_____________________ | Floor/Unit________ |

## Pain Assessment Interview

### J0300. Pain Presence

- **Enter Code**
  - [ ]
  - *Ask resident: “Have you had pain or hurting at any time in the last 5 days?”*
  - **No** → Skip to J1100, Shortness of Breath
  - **Yes** → Continue to J0400, Pain Frequency
  - **Unable to answer** → Skip to J0800, Indicators of Pain or Possible Pain

### J0400. Pain Frequency

- **Enter Code**
  - [ ]
  - *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**
  - [ ]
  - *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**
  - [ ]
  - *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**
  - [ ]
  - *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**
  - [ ]
  - *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

## Notes: