

MDS 3.0

Resident Interview and Cue Cards



Section B 1000 Vision

Use the following page to help determine the appropriate response to B1000. Ensure that the resident's customary visual appliance for close vision is in place and adequate lighting is available.

Question

Ability to see in adequate light (with glasses or other visual appliances)
(show the vision cue card to resident)

Appropriate Answer

0. Adequate – sees fine detail, including regular print in newspapers/books (Box 1)
1. Impaired – sees large print, but not regular print in newspapers/books (Box 2 or 3)
2. Moderately impaired – limited vision; not able to see newspaper headlines but can identify objects (Box 3)
3. Highly impaired – object identification in question, but eyes appear to follow objects.
4. Severely impaired - no vision or sees only light, colors or shapes; eyes do not appear to follow objects.

Vision – Section B

Jack and Jill went up the hill to fetch a pail of water.

5 10 15



Box 1. Regular print in newspaper/books – 10 point font.



Jack and Jill went up the hill to fetch a pail of water.

5 10 15



Box 2. Large print – 14 point type.

Jack and Jill went up the hill to fetch a pail
of water.

5 10 15



Box 3. Newspaper headline print – 22 point type.

Section C Brief Interview for Mental Status (BIMS) c0200, c0300, c0400, c0500.

Suggested language for explaining the BIMS interview

“I would like to ask you some questions. We ask everyone these same questions. This will help us provide you with better care. Some of the questions may seem very easy, while others may be more difficult.”

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 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 (3 questions)

Ask resident: “Please tell me what year it is right now.”

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?”

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?”

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

For EACH word: Sock, Blue and Bed score as follows:

0. No – could not recall
1. Yes, after cueing
2. Yes, no cue required

Section D Resident Mood Interview (PHQ-9®)

Suggested language for the reason for the interview

“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.”

Suggested language for the response choices

“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 you see on this card (see next page for the cue card for the resident)

Symptom Presence	Symptom Frequency	<u>Symptom Presence</u>	<u>Symptom Frequency</u>
		0. No (enter 0 in column 2)	0. Never or 1 Day
		1. Yes (then show cue card to enter frequency in column 2)	1. 2 – 6 days
		9. No response (leave column 2 blank)	2. 7 – 11 days
			3. 12 – 14 days
		Little interest or pleasure in doing things	
		Feeling down, depressed, or hopeless	
		Trouble falling or staying asleep, or sleeping too much	
		Feeling tired or having little energy	
		Poor appetite or overeating	
		Feeling bad about yourself – or that you are a failure or have let yourself or your family down	
		Trouble concentrating on things, such as reading the newspaper or watching television	
		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	
		Thoughts that you would be better off dead, or hurting yourself in some way	

Never or 1 day

2 – 6 days (several days)

7 – 11 days (half or more of the days)

12 – 14 days (nearly every day)

Section F Interview for Daily Preferences

Suggested language for explaining the reason for the interview

“I’d like to ask you a few questions about your daily routines. The reason I’m asking you these questions is that the staff here would like to know what’s important to you. This helps us plan your care around your preferences so that you can have a comfortable stay with us. Even if you’re only going to be here for a few days, we want to make your stay as personal as possible.”

Suggest language for the response choices

“I am going to ask you how important various activities and routines are to you while you are in this facility.”

“I will ask you to answer using the choices you see on this card.” (see next page for cue card for resident)

F0400 Questions: “While you are in this facility....”

- A. How important is it to you to choose what clothes you 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 Questions: “While you are in this facility....”

- 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?

Very important

Somewhat important

Not very important

Not important at all

Important, but can't do or no choice

Section J Pain Assessment Interview

Suggested language to introduce the interview

“I’d like to ask you some questions about pain. The reason I am asking these questions is to understand how often you have pain, how severe it is, and how pain affects your daily activities. This will help us to develop the best plan of care to help manage your pain.”

J0300 Pain Presence

Ask resident: “Have you had pain or hurting at any time in the last 5 days?” If the resident answers Yes, continue with the following questions.

J0400 Pain Frequency

Ask resident: “How much of the time have you experienced pain or hurting over the last 5 days?” (show Pain Frequency cue card to resident)

1. Almost constantly
2. Frequently
3. Occasionally
4. Rarely
9. Unable to answer

J0500 Pain Effect on Function

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

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.

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 Pain Scale cue card to resident)

OR

Ask resident: “Please rate the intensity of your worst pain over the last 5 days.”
(show verbal scale cue card to resident)

1. Mild
2. Moderate
3. Severe
4. Very severe, horrible
9. Unable to answer

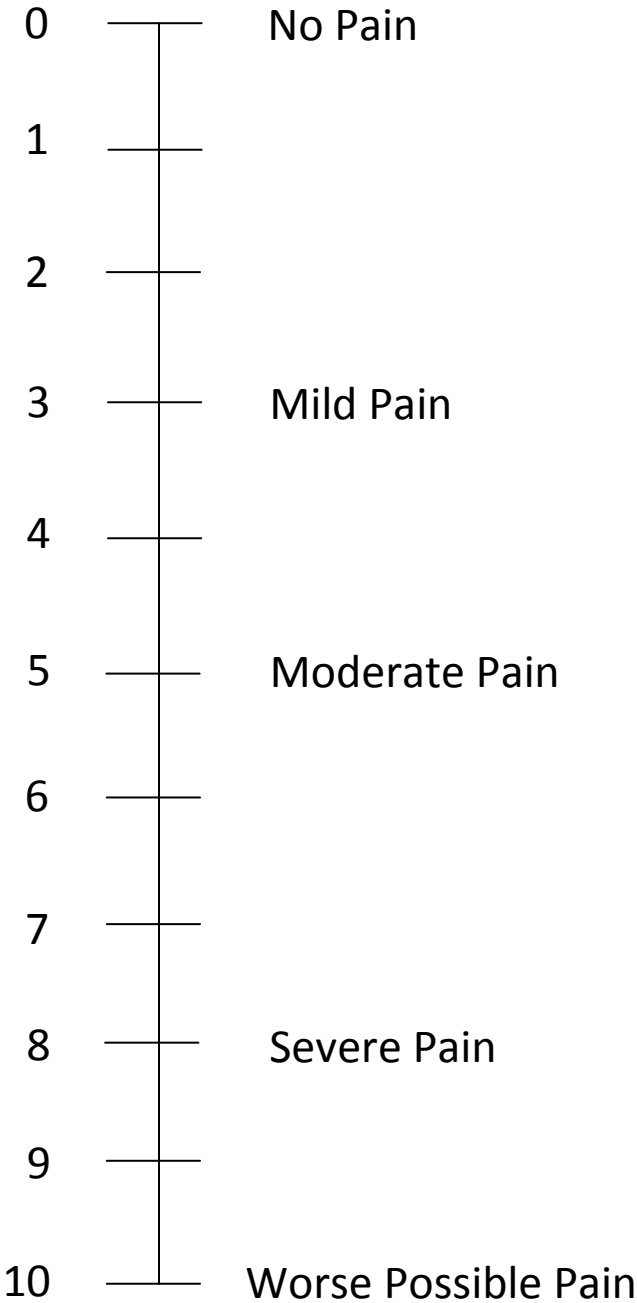
Almost constantly

Frequently

Occasionally

Rarely

0 – 10 Numeric Pain Intensity Scale



Mild

Moderate

Severe

Very severe, horrible