

| MOOD SCALE SCORE WORKSHEET  |   | Date- <u>1/25/2006</u>  |  |                                 |   |  |   |                                    |  |  |  |   | Date- <u>4/25/2006</u>  |  |                                     |   |  |   |                                    |  |  |  |   | Date- <u>7/25/2006</u>  |  |                                 |   |  |   |                                    |  |  |  |   |          |
|---|---|---|--|---------------------------------|---|--|---|------------------------------------|--|--|--|---|---|--|-------------------------------------|---|--|---|------------------------------------|--|--|--|---|---|--|---------------------------------|---|--|---|------------------------------------|--|--|--|---|----------|
|   |   | Type of MDS-<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Annual<br><input checked="" type="checkbox"/> Quarterly<br><input type="checkbox"/> Significant Change |  |                                 |   |  |   |                                    |  |  |  |   | Type of MDS-<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Annual<br><input checked="" type="checkbox"/> Quarterly<br><input type="checkbox"/> Significant Change |  |                                     |   |  |   |                                    |  |  |  |   | Type of MDS-<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Annual<br><input checked="" type="checkbox"/> Quarterly<br><input type="checkbox"/> Significant Change |  |                                 |   |  |   |                                    |  |  |  |   |          |
| MDS Items -->   |   | E1a   | E1c                                      | E1e                             | E1f   | E1g  | E1h   | E1m                                | E1n  | K4c  | E2   | E1a   | E1c   | E1e                                      | E1f                                 | E1g   | E1h  | E1m   | E1n                                | K4c  | E2   | E1a  | E1c   | E1e   | E1f                                      | E1g                             | E1h   | E1m  | E1n   | K4c                                | E2   |  |  |   |          |
|   |   | Resident made negative statements [If Coded > 0]  | Repetitive verbalizations [If Coded > 0] | Self deprecation [If Coded > 0] | Expressions of what appear to be unrealistic fears [If Coded > 0] | Recurrent statements that something terrible is about to happen [If Coded > 0] | Repetitive health complaints [If Coded > 0] | Crying, tearfulness [If Coded > 0] | Repetitive physical movements [If Coded > 0] | Leaves 25% or more of food uneaten at most meals [If Code = C] | Mood was not easily altered (E1a, c, e, f, g, h, m, n) [If Code = 2] | If there are any "shaded" cells in the same column under the "X'd" MDS item, circle the "1" in this column for that row. Each row can only have a value of 1. | Resident made negative statements [If Coded > 0]  | Repetitive verbalizations [If Coded > 0] | Self deprecation [If Coded > 0]     | Expressions of what appear to be unrealistic fears [If Coded > 0] | Recurrent statements that something terrible is about to happen [If Coded > 0] | Repetitive health complaints [If Coded > 0] | Crying, tearfulness [If Coded > 0] | Repetitive physical movements [If Coded > 0] | Leaves 25% or more of food uneaten at most meals [If Code = C] | Mood was not easily altered (E1a, c, e, f, g, h, m, n) [If Code = 2] | If there are any "shaded" cells in the same column under the "X'd" MDS item, circle the "1" in this column for that row. Each row can only have a value of 1. | Resident made negative statements [If Coded > 0]  | Repetitive verbalizations [If Coded > 0] | Self deprecation [If Coded > 0] | Expressions of what appear to be unrealistic fears [If Coded > 0] | Recurrent statements that something terrible is about to happen [If Coded > 0] | Repetitive health complaints [If Coded > 0] | Crying, tearfulness [If Coded > 0] | Repetitive physical movements [If Coded > 0] | Leaves 25% or more of food uneaten at most meals [If Code = C] | Mood was not easily altered (E1a, c, e, f, g, h, m, n) [If Code = 2] | If there are any "shaded" cells in the same column under the "X'd" MDS item, circle the "1" in this column for that row. Each row can only have a value of 1. |          |
| Enter "X" for coded MDS item anticipated if it equals the coding criteria [in brackets] |   | <input checked="" type="checkbox"/>   |  |                                 | <input checked="" type="checkbox"/>                               |  |   |                                    |  | <input checked="" type="checkbox"/>                            | <input checked="" type="checkbox"/>                                  | <input checked="" type="checkbox"/>   |   | <input checked="" type="checkbox"/>      | <input checked="" type="checkbox"/> |   |  |   |                                    |  | <input checked="" type="checkbox"/>                            | <input checked="" type="checkbox"/>                                  | <input checked="" type="checkbox"/>   |   |  |                                 |   | <input checked="" type="checkbox"/>  |   |                                    |  |  | <input checked="" type="checkbox"/>                                  | <input checked="" type="checkbox"/>   |          |
| MOOD SCALE SCORE counts the number of the following 8 depression symptoms               | 1. Distress: E1a,1c,1e,1f,1g, or 1h > 0   |   |  |                                 |   |  |   |                                    |  |  | ⊙  |   |   |  |                                     |   |  |   |                                    |  |  | ⊙  |   |   |  |                                 |   |  |   |                                    |  |  | ⊙  |   |          |
|   | 2. Crying/tearfulness: E1m>0  |   |  |                                 |   |  |   |                                    |  |  | 1  |   |   |  |                                     |   |  |   |                                    |  |  |  | 1   |   |  |                                 |   |  |   |                                    |  |  |  | 1   |          |
|   | 3. Motor agitation: E1n>0   |   |  |                                 |   |  |   |                                    |  |  |  | 1   |   |  |                                     |   |  |   |                                    |  |  |  | 1   |   |  |                                 |   |  |   |                                    |  |  |  | 1   |          |
|   | 4. Leaves food uneaten: K4c checked   |   |  |                                 |   |  |   |                                    |  |  |  | ⊙   |   |  |                                     |   |  |   |                                    |  |  |  | ⊙   |   |  |                                 |   |  |   |                                    |  |  |  | ⊙   |          |
|   | 5. Repetitive health complaints: E1h>0  |   |  |                                 |   |  |   |                                    |  |  |  | ⊙   |   |  |                                     |   |  |   |                                    |  |  |  | ⊙   |   |  |                                 |   |  |   |                                    |  |  |  | ⊙   |          |
|   | 6. Repetitive/recurrent verbalizations: E1a,1c, or 1g > 0                         |   |  |                                 |   |  |   |                                    |  |  |  | ⊙   |   |  |                                     |   |  |   |                                    |  |  |  | ⊙   |   |  |                                 |   |  |   |                                    |  |  |  | ⊙   |          |
|   | 7. Negative Statements: E1a, 1e, or 1f > 0  |   |  |                                 |   |  |   |                                    |  |  |  | ⊙   |   |  |                                     |   |  |   |                                    |  |  |  | ⊙   |   |  |                                 |   |  |   |                                    |  |  |  | ⊙   |          |
|   | 8. One or more of the depressed, Sad, or anxious Mood symptoms not easily altered |   |  |                                 |   |  |   |                                    |  |  |  | ⊙   |   |  |                                     |   |  |   |                                    |  |  |  | ⊙   |   |  |                                 |   |  |   |                                    |  |  |  | ⊙   |          |
| TOTAL MOOD SCALE SCORE - TOTAL "CIRCLED" NUMBERS IN LAST COLUMN (maximum of 8)--->      |   |   |  |                                 |   |  |   |                                    |  |  | <b>6</b>   | TOTAL MOOD SCALE SCORE - TOTAL "CIRCLED" NUMBERS IN LAST COLUMN (maximum of 8)--->  |   |  |                                     |   |  |   |                                    |  |  |  | <b>4</b>  | TOTAL MOOD SCALE SCORE - TOTAL "CIRCLED" NUMBERS IN LAST COLUMN (maximum of 8)--->  |  |                                 |   |  |   |                                    |  |  |  |   | <b>5</b> |

ANY increase in the Mood Scale Score will cause this resident to trigger on the "Depressed or Anxious" Quality Measure.

The benefit of using this worksheet PRIOR to submitting an MDS is that it allows you to have quick and easy access to a resident's "history" of the MDS coding for the items impacting their "Mood Scale Score"... and potentially triggering the "more depressed or anxious" quality measure. Check any coding changes between MDS's to validate accuracy of mood interpretation... and avoid potentially incorrect triggering of the quality measure.

Since there was a decrease in the total Mood Scale Score, this resident would NOT trigger for the "more depressed or anxious" quality measure. They would also NOT trigger if the MSS was the SAME.

In this case, even though there were actually less items coded on the MDS for the Mood Scale Score calculation, the MSS actually INCREASED by 1 point... causing this resident to trigger and be included in the "more depressed or anxious" quality measure.

RESIDENT NAME- \_\_\_\_\_

| MOOD SCALE SCORE WORKSHEET  |  | Date- _____  |     |     |     |     |     |     |     |     |    |  |  |  |  |  |  |  |  |  |  |
|---|--|--|-----|-----|-----|-----|-----|-----|-----|-----|----|--|--|--|--|--|--|--|--|--|--|
|   |  | Type of MDS-<br><input type="checkbox"/> Initial <input type="checkbox"/> Quarterly<br><input type="checkbox"/> Annual <input type="checkbox"/> Significant Change |     |     |     |     |     |     |     |     |    |  |  |  |  |  |  |  |  |  |  |
| MDS Items -->   |  | E1a  | E1c | E1e | E1f | E1g | E1h | E1m | E1n | K4c | E2 | Date- _____  |  |  |  |  |  |  |  |  |  |
|   |  | Resident made negative statements [If Coded > 0]   |     |     |     |     |     |     |     |     |    | Resident made negative statements [If Coded > 0]                                   |  |  |  |  |  |  |  |  |  |
| Enter "X" for coded MDS item anticipated if it equals the coding criteria [in brackets] |  | Resident made negative statements [If Coded > 0]   |     |     |     |     |     |     |     |     |    | Resident made negative statements [If Coded > 0]                                   |  |  |  |  |  |  |  |  |  |
|   |  | Resident made negative statements [If Coded > 0]   |     |     |     |     |     |     |     |     |    | Resident made negative statements [If Coded > 0]                                   |  |  |  |  |  |  |  |  |  |
| MOOD SCALE SCORE counts the number of the following 8 depression symptoms               |  | Resident made negative statements [If Coded > 0]   |     |     |     |     |     |     |     |     |    | Resident made negative statements [If Coded > 0]                                   |  |  |  |  |  |  |  |  |  |
|   |  | Resident made negative statements [If Coded > 0]   |     |     |     |     |     |     |     |     |    | Resident made negative statements [If Coded > 0]                                   |  |  |  |  |  |  |  |  |  |
| 1. Distress: E1a,1c,1e,1f,1g, or 1h > 0   |  | Resident made negative statements [If Coded > 0]   |     |     |     |     |     |     |     |     |    | Resident made negative statements [If Coded > 0]                                   |  |  |  |  |  |  |  |  |  |
|   |  | Resident made negative statements [If Coded > 0]   |     |     |     |     |     |     |     |     |    | Resident made negative statements [If Coded > 0]                                   |  |  |  |  |  |  |  |  |  |
| 2. Crying/tearfulness: E1m>0  |  | Resident made negative statements [If Coded > 0]   |     |     |     |     |     |     |     |     |    | Resident made negative statements [If Coded > 0]                                   |  |  |  |  |  |  |  |  |  |
|   |  | Resident made negative statements [If Coded > 0]   |     |     |     |     |     |     |     |     |    | Resident made negative statements [If Coded > 0]                                   |  |  |  |  |  |  |  |  |  |
| 3. Motor agitation: E1n>0   |  | Resident made negative statements [If Coded > 0]   |     |     |     |     |     |     |     |     |    | Resident made negative statements [If Coded > 0]                                   |  |  |  |  |  |  |  |  |  |
|   |  | Resident made negative statements [If Coded > 0]   |     |     |     |     |     |     |     |     |    | Resident made negative statements [If Coded > 0]                                   |  |  |  |  |  |  |  |  |  |
| 4. Leaves food uneaten: K4c checked   |  | Resident made negative statements [If Coded > 0]   |     |     |     |     |     |     |     |     |    | Resident made negative statements [If Coded > 0]                                   |  |  |  |  |  |  |  |  |  |
|   |  | Resident made negative statements [If Coded > 0]   |     |     |     |     |     |     |     |     |    | Resident made negative statements [If Coded > 0]                                   |  |  |  |  |  |  |  |  |  |
| 5. Repetitive health complaints: E1h>0  |  | Resident made negative statements [If Coded > 0]   |     |     |     |     |     |     |     |     |    | Resident made negative statements [If Coded > 0]                                   |  |  |  |  |  |  |  |  |  |
|   |  | Resident made negative statements [If Coded > 0]   |     |     |     |     |     |     |     |     |    | Resident made negative statements [If Coded > 0]                                   |  |  |  |  |  |  |  |  |  |
| 6. Repetitive/recurrent verbalizations: E1a,1c, or 1g > 0                               |  | Resident made negative statements [If Coded > 0]   |     |     |     |     |     |     |     |     |    | Resident made negative statements [If Coded > 0]                                   |  |  |  |  |  |  |  |  |  |
|   |  | Resident made negative statements [If Coded > 0]   |     |     |     |     |     |     |     |     |    | Resident made negative statements [If Coded > 0]                                   |  |  |  |  |  |  |  |  |  |
| 7. Negative Statements: E1a, 1e, or 1f > 0  |  | Resident made negative statements [If Coded > 0]   |     |     |     |     |     |     |     |     |    | Resident made negative statements [If Coded > 0]                                   |  |  |  |  |  |  |  |  |  |
|   |  | Resident made negative statements [If Coded > 0]   |     |     |     |     |     |     |     |     |    | Resident made negative statements [If Coded > 0]                                   |  |  |  |  |  |  |  |  |  |
| 8. One or more of the depressed, Sad, or anxious Mood symptoms not easily altered       |  | Resident made negative statements [If Coded > 0]   |     |     |     |     |     |     |     |     |    | Resident made negative statements [If Coded > 0]                                   |  |  |  |  |  |  |  |  |  |
|   |  | Resident made negative statements [If Coded > 0]   |     |     |     |     |     |     |     |     |    | Resident made negative statements [If Coded > 0]                                   |  |  |  |  |  |  |  |  |  |
|   |  | TOTAL MOOD SCALE SCORE - TOTAL "CIRCLED" NUMBERS IN LAST COLUMN (maximum of 8)--->   |     |     |     |     |     |     |     |     |    | TOTAL MOOD SCALE SCORE - TOTAL "CIRCLED" NUMBERS IN LAST COLUMN (maximum of 8)---> |  |  |  |  |  |  |  |  |  |

ANY increase in the Mood Scale Score will cause this resident to trigger on the "Depressed or Anxious" Quality Measure.

| MDS Item | MDS Indicator Description                                       | Examples:   |
|----------|---|---|
| E1a      | Resident made negative statements                               | "Nothing matters" "Would rather be dead" "What's the use" Regrets having lived so long "Let me die" |
| E1c      | Repetitive verbalizations                                       | Calling out for help "God help me"  |
| E1e      | Self deprecation  | "I am nothing" "I am of no use to anyone"   |
| E1f      | Expressions of what appear to be unrealistic fears              | Fear of being abandoned, left alone, being with others  |
| E1g      | Recurrent statements that something terrible is about to happen | Believes he or she is about to die, have a heart attack   |
| E1h      | Repetitive health complaints                                    | Persistently seeks medical attention, obsessive concern with body functions                         |
| E1m      | Crying, tearfulness   |   |
| E1n      | Repetitive physical movements                                   | Pacing, hand wringing, restlessness, fidgeting, picking   |
| K4c      | Leaves 25% or more of food uneaten at most meals                | c. Leaves 25% or more food uneaten at most meals  |
| E2       | Mood was not easily altered (E1a, c, e, f, g, h, m, n) E2=2     | Coded as "2"- Indicators present, not easily altered  |