

#### INTERVIEW TOOL WORKSHEET SOCIAL SERVICES ASSESSMENT v4

**Instructions:** This Interview Tool Worksheet is designed for use by Social Services staff for the purpose of obtaining and collecting information from patients and/or family members during interview. Elements may be utilized to complete the Social Services Assessment v4 in PointClickCare. The Interview Tool Worksheet does <u>not</u> become a part of the medical record. Personal Health Information that does not become a part of the medical record must be protected/secured while in use and then destroyed.

Na	me:		A. Type	of Assessment:			
SE	CTION A. GENERAL						
1.	General Information						
	Admitted from:						
4.	Legal – Review for changes since last assessment.						
		No	Yes	Responsible Party	Copy on File?		
	Responsible for self				NY		
	Identified substitute decision maker				□N □Y		
	Power of attorney/financial				□N □Y		
	Power of attorney/health care				□N □Y		
	Conservatorship				□N □Y		
	Court appointed guardian and type Person and/or Property				□N □Y		
5.	5. Family/Support System – Review for changes since last assessment.						
).	Language/Communication	Language/Communication					
	Makes Self Understood (Ability to express ideas and wants, consider both verbal and non-verbal expression)						
	☐ Understood ☐ Usually understo	od □ So	ometimes	Understood □ Rarely	/Never understood		
	Ability to Understand Others						
	☐ Understands ☐ Usually understand	nds 🗆 So	ometimes	Understands □ Rarely	/never understands		
SE	CTION B COGNITIVE PATTERN	IS					
1.	Cognitive Patterns/Functions (Administration Refer to Brief Interview for Mental Status Mental Status.						
	Cognitive status awareness: ☐ Alert	□ C	onfused	☐ Alert & Confuse	d		
	Orientation: Person Place Time						
	Short Term Memory: ☐ Good	□ Fair	□ Pc	oor			
	<u>Long Term Memory</u> : ☐ Good	□ Fair	□ Pc	oor			

Rev. 8/2010 Page 1 of 2

SF	ECTION C. MOOD			
1.	Mood (Administer PHQ9 or conduct Staff Assessment of Resident Mood) Refer to Interview Tool Worksheet Section D-Resident Mood PHQ-9 or Interview Tool Worksheet Section D-Staff Assessment of Mood PHQ9-OV.			
	Recent Experiences that may be affecting resident:			
	☐ Loss of significant other ☐ Major injury or illness			
	☐ Change in living arrangements ☐ Other:			
	Typical mood throughout life:			
SF	CCTION D. BEHAVIOR/MENTAL HEALTH			
1.	Behavioral symptoms (Gather Information from observation, record review, family, and staff interviews, etc.)			
2.	Mental Health			
	Psychosis (hallucinations and/or delusions?)			
	Review PASRR:			
3.	Substance Abuse – Review for changes since last assessment			
4.	Adjustment – Review for changes since last assessment			
SE	CCTION E. PARTICIPATION/DISCHARGE PLANNING/SUMMARY			
1.	Who participated in Assessment?			
2.	Overall Goals for Discharge Planning			
	☐ Resident prefers to return to community ☐ Has support person who is positive toward discharge			
	Estimated length of stay:			
	Discharge goals:			
	Resident's discharge destination goal:			
	If home or community, with whom?			
	Information source for resident's overall goals for discharge:			
	Anticipated support systems needed post discharge:			
	Obstacles related to discharge planning:			
	Potential referrals to local contact agency:			

Rev. 1/20/11 Page 2 of 2

#### INTERVIEW TOOL WORKSHEET **BRIEF INTERVIEW FOR MENTAL STATUS** (BIMS)

Instructions: This Interview Tool Worksheet is designed for use by Social Services staff for the purpose of obtaining and collecting information from resident during the interview. Elements will be utilized to complete the Social Services Assessment V1 in PointClickCare which will auto-populate the MDS. The Interview Tool Worksheet does not become a part of the medical record. Personal Health Information that does not become a part of the medical record must be protected/secured while in use and then destroyed.

Attempt to conduct interview with all residents. Conduct interview in private setting. Be sure the resident can hear you. A

resident with a hearing impairment should be interviewed with their usual communication device/technique.					
Resident Name	Resident Name Date				
Does resident n	Does resident need or want an interpreter to communicate with the doctor or health care staff?				
□ No	☐ Yes	☐ Unable to determine	☐ Preferred language		
Is the resident a	able to express ideas ar	nd wants (consider both verbal and no	n-verbal expressions)? 🗆 Understood		
☐ Usually Unde	erstood	☐ Sometimes Understood	☐ Rarely/Never understood		
Should Brief In		atus be Conducted? 🗖 No	☐ Yes		
Enter Code	Repetition of Three V	Vords			
	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 rep	eated 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.				
Enter Code	Ask resident: "Please  A. Able to report con	reater than 5 years or no answer	y)  1. Missed by 2-5 years		
Enter Code	B. Able to report co 0. Missed by g 2. Accurate w	reater than 1 month or no answer ithin 5 days	1. Missed by 6 days to 1 month		
Enter Code	C. Able to report co 0. Incorrect of	lay of the week is it today?" rrect day of the week r no answer	1. Correct		
Enter Code  Enter Code	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"  O. No-Could not recall  1. Yes, after cueing ("something to wear")  2. Yes, no cue required				
	0. No-Could n	ot recall 1. Yes, after cueing ("a col	lor") 2. Yes, no cue required		
Enter Code	C. Able to recall "be 0. No-Could n required	d" ot recall 1. Yes, after cueing ("a pie	ce of furniture") 2. Yes, no cue		

## INTERVIEW TOOL WORKSHEET STAFF ASSESSMENT FOR MENTAL STATUS

<u>Instructions:</u> This Interview Tool Worksheet is designed for use by Social Services staff for the purpose of obtaining and collecting information through resident observation and from staff for a resident who is <u>not</u> interviewable to assess mental state. Elements will be utilized to complete the Social Services Assessment V1 in PointClickCare which will auto-populate the MDS. The Interview Tool Worksheet does <u>not</u> become a part of the medical record. Personal Health Information that does not become a part of the medical record must be protected/secured while in use and then destroyed.

Observe resident and Interview staff from all shifts who know the resident best. Conduct discussions in location that protects resident privacy.

resident privacy.					
Resident Name	Resident Name Date				
Is the resident able to express ideas and wants (consider both verbal and non-verbal expressions)?					
☐ Understood	☐ Usually Understood ☐ Sometimes Understood ☐ Rarely/Never understood				
Should Staff A	Assessment for Mental Status be Conducted?  \( \sigma \) No \( \sigma \) Yes				
Enter Code	Short-term Memory OK				
	Seems or appears to recall after 5 minutes				
0. Memory OK 1. Memory Problems					
Enter Code	Enter Code Long-term Memory OK				
	0. Memory OK 1. Memory Problems				
	Memory/Recall Ability Check all that the resident was normally able to recall.				
	<ul> <li>□ Current Season</li> <li>□ Location of own room</li> <li>□ Staff names and faces</li> <li>□ That he or she is in a nursing home</li> <li>□ None of the above was recalled</li> </ul>				
Enter Code	Cognitive Skills for Daily Decision Making Made decisions regarding tasks of daily life  0. Independent – decisions consistent/reasonable 1. Modified Independence –some difficulty in new situations only 2. Moderately impaired –decisions poor; cues/supervision required 3. Severely impaired –never/rarely made decisions				

### INTERVIEW TOOL WORKSHEET RESIDENT MOOD INTERVIEW (PHQ-9°)

<u>Instructions:</u> This Interview Tool Worksheet is designed for use by Social Services staff for the purpose of obtaining and collecting information from resident during the interview. Elements will be utilized to complete the Social Services Assessment V1 in PointClickCare which will auto-populate the MDS. The Interview Tool Worksheet does <u>not</u> become a part of the medical record. Personal Health Information that does not become a part of the medical record must be protected/secured while in use and then destroyed.

Attempt to conduct interview with all residents. Conduct interview in private setting. Be sure the resident can hear you. A resident with a hearing impairment should be interviewed with their usual communication device/technique.

Resident Name D	ate	<del></del>		
Does resident need or want an interpreter to communicate with the doctor of □ No □ Yes □ Unable to determine	r health card	e staff?		
☐ Preferred language				
Is the resident able to express ideas and wants (consider both verbal and non ☐ Understood ☐ Usually Understood ☐ Sometimes Understood ☐ Rarely/N	_			
Should Resident Mood Interview be Conducted?  □ No □ Yes				
Say to resident: "Over the past 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)  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)				
3. 12-14 days (nearly every	1 Symptom Presence	2 Symptom Frequency		
A. Little interest or pleasure in doing things	110001100	rrequeries		
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

# INTERVIEW TOOL WORKSHEET STAFF ASSESSMENT OF RESIDENT MOOD (PHQ-90V©)

<u>Instructions:</u> This Interview Tool Worksheet is designed for use by Social Services staff for the purpose of obtaining and collecting information from staff for a resident who is <u>not</u> interviewable in order to identify any behaviors, signs, or symptoms of mood distress. Elements will be utilized to complete the Social Services Assessment V1 in PointClickCare which will auto-populate the MDS. The Interview Tool Worksheet does <u>not</u> become a part of the medical record. Personal Health Information that does not become a part of the medical record must be protected/secured while in use and then destroyed.

Observe resident and Interview staff from all shifts who know the resident best. Conduct discussions in location that protects resident privacy.

in location that protects resident privacy.			
Resident Name			
Over the last 2 weeks, did the resident have any of the following problems or behaviors?			
Over the last 2 weeks, did the resident have an	y of the following probl	ems or beh	aviors?
If symptom is present, enter 1 (yes) in column 1, Symptom Frequency, and indicate symptom freq		n move to c	olumn 2,
1. Symptom Presence 0. No (enter 0 in column 2)	2. Symptom Freque 0. Never or 1 da	ay	
1. Yes (enter 0-3 in column 2)	Yes (enter 0-3 in column 2)  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
A. Little interest or pleasure in doing things			
B. Feeling or appearing down, depressed, or hop	eless		
C. Trouble falling or staying asleep, or sleeping to	too much		
D. Feeling tired or having little energy			
E. Poor appetite or overeating			
F. Indicating that s/he feels bad about self, is a fa family down			
G. Trouble concentrating on things, such as read watching television	ing the newspaper or		
H. Moving or speaking so slowly that other peop Or the opposite-being so fidgety or restless ha			
around a lot more than usual  I. States that life isn't worth living, wishes for d	eath or attempts to		
harm self	cam, or accompts to		
J. Being short-tempered, easily annoyed			