



# Home Health Virtual Training Program – Part 1

## Section D: Patient Mood Interview and Total Severity Score

Charlotte Steniger, RN, MSN, COS-C  
August 2022



# Objectives

- Describe D0150. Patient Mood Interview (PHQ-2 to 9) and D0160. Total Severity Score.
- Identify the intent, coding instructions, and interviewing tips for the Patient Health Questionnaire (PHQ) 2 to 9 and Total Severity Score.



# New Section D for OASIS-E



- This new section contains items related to the assessment and coding of mood distress for home health (HH) patients.
- New items include:
  - D0150. Patient Mood Interview (PHQ-2 to 9).
  - D0160. Total Severity Score.
  - D0700. Social Isolation.
    - Note: though Section D includes D0700, the training for this item is contained within the Social Determinants of Health presentation.

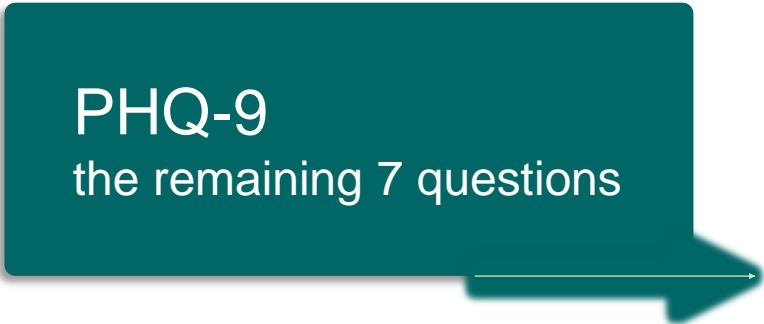
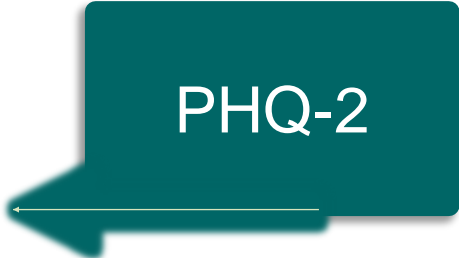


# **D0150. Patient Mood Interview (PHQ-2 to 9)**

# D0150: Patient Mood Interview (PHQ-2 to 9)



D0150. Patient Mood Interview (PHQ-2 to 9)			
Say to patient: "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 patient: "About how often have you been bothered by this?"			
Read and show the patient a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.			
1. Symptom Presence	2. Symptom Frequency	1. Symptom Presence	2. Symptom Frequency
0. No (enter 0 in column 2)	0. Never or 1 day		
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 day)		
		↓ Enter Scores in ↓ Boxes	
A. Little interest or pleasure in doing things		<input type="text"/>	<input type="text"/>
B. Feeling down, depressed, or hopeless		<input type="text"/>	<input type="text"/>
If either D0150A2 or D0150B2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview.			



C. Trouble falling or staying asleep, or sleeping too much	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Feeling tired or having little energy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. Poor appetite or overeating	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I. Thoughts that you would be better off dead, or of hurting yourself in some way	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Copyright © Pfizer Inc. All rights reserved. Reproduced with permission.				



# D0150: Patient Mood Interview Time Points



D0150. Patient Mood Interview (PHQ-2 to 9)			
Say to patient: "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 patient: "About how often have you been bothered by this?"			
Read and show the patient a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.			
1. Symptom Presence	2. Symptom Frequency	1. Symptom Presence	2. Symptom Frequency
0. No (enter 0 in column 2)	0. Never or 1 day		
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 day)		
		↓ Enter Scores in ↓ Boxes	
A. Little interest or pleasure in doing things		<input type="text"/>	<input type="text"/>
B. Feeling down, depressed, or hopeless		<input type="text"/>	<input type="text"/>
If either D0150A2 or D0150B2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview.			
C. Trouble falling or staying asleep, or sleeping too much		<input type="text"/>	<input type="text"/>
D. Feeling tired or having little energy		<input type="text"/>	<input type="text"/>
E. Poor appetite or overeating		<input type="text"/>	<input type="text"/>
F. Feeling bad about yourself – or that you are a failure or have let yourself or your family down		<input type="text"/>	<input type="text"/>
G. Trouble concentrating on things, such as reading the newspaper or watching television		<input type="text"/>	<input type="text"/>
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="text"/>	<input type="text"/>
I. Thoughts that you would be better off dead, or of hurting yourself in some way		<input type="text"/>	<input type="text"/>

Copyright © Pfizer Inc. All rights reserved. Reproduced with permission.

# D0150: Item Intent and Rationale

## Item Intent

- This item identifies the presence of signs and symptoms of mood distress, a serious condition that is underdiagnosed and undertreated in HH and is associated with significant morbidity.
- It is particularly important to identify signs and symptoms of mood distress among HH patients because these signs and symptoms can be treatable.

## Item Rationale

- Depression can be associated with:
  - Psychological and physical distress,
  - Decreased participation in therapy and activities,
  - Decreased functional status, and
  - Poorer outcomes.
- Mood disorders are common in HH and are often underdiagnosed and undertreated.

# Patient Health Questionnaire (PHQ-2 to 9): Definition

## Patient Health Questionnaire (PHQ-2 to 9)



- A validated interview that screens for symptoms of depression.
- It provides a standardized severity score and a rating for evidence of a depressive disorder.



# D0150: Response-Specific Instructions

- Conduct the interview in a private setting, if possible.
- Interact with the patient using their preferred language.
  - If the patient appears unable to communicate, offer alternatives such as writing, pointing, sign language, or cue cards.
- If an interpreter is used during patient interviews, the interpreter should not attempt to determine:
  - The intent behind what is being translated.
  - The outcome of the interview.
  - The meaning or significance of the patient's responses.

**SOC/ROC Assessment:**  
Complete as close to the time of SOC/ROC as possible.

**Discharge Assessment:**  
Complete as close to the time of discharge as possible.

# D0150: Response-Specific Instructions (cont. 1)

- Explain the reason for the interview before beginning.

## **Suggested Language:**

*"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."*



# D0150: Cue Card

A cue card with the response choices clearly written in large print may help the patient comprehend the response choices.

Never or 1 day.

2–6 days (several days).

7–11 days (half or more days).

12–14 days (nearly every day).



# D0150: Response-Specific Instructions (cont. 2)

Explain and/or show the interview response choices.

## **Suggested Language:**

*"I am going to ask you how often you have been bothered by a particular problem over the past 2 weeks. I will give you the choices that you see on this card."*

Say while pointing to cue card.

*"0–1 days—never or 1 day,  
2–6 days—several days,  
7–11 days—half or more of the days, or  
12–14 days—nearly every day."*

# D0150: Response-Specific Instructions (cont. 3)

Ask the first two questions (D0150A and D0150B) of the Patient Mood Interview (PHQ-2 to 9).

*"Over the last 2 weeks, have you been bothered by any of the following problems?"*

D0150. Patient Mood Interview (PHQ-2 to 9)			
Say to patient: <i>"Over the last 2 weeks, have you been bothered by any of the following problems?"</i>			
If symptom is present, enter 1 (yes) in column 1, Symptom Presence.			
If yes in column 1, then ask the patient: "About how often have you been bothered by this?"			
Read and show the patient a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.			
1. Symptom Presence	2. Symptom Frequency	1. Symptom Presence	2. Symptom Frequency
0. No (enter 0 in column 2)	0. Never or 1 day		
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 day)		
		↓ Enter Scores in ↓ Boxes	
A. Little interest or pleasure in doing things		<input type="text"/>	<input type="text"/>
B. Feeling down, depressed, or hopeless		<input type="text"/>	<input type="text"/>



# D0150: Response-Specific Instructions (cont. 4)

For each of the questions:

- Read the item as it is written.
- Do not provide definitions.
  - The meaning **must be** based on the patient's interpretation.
    - For example, the patient defines for themselves what “feeling down” means; the item should be scored based on the patient's interpretation.
- Each question **must be** asked in sequence to assess presence (column 1) and frequency (column 2) before proceeding to the next question.



# D0150: Code 9 and Nonsensical Responses

- Enter code 9 if the patient:
  - Was unable to complete the interview.
  - Chose not to complete the interview.
  - Responded nonsensically.
- A **nonsensical** response is one that is unrelated, incomprehensible, or incoherent, or if the patient's response is not informative with respect to the item being rated.
  - For example: When asked the question about "poor appetite or overeating," the patient answers, *"I always win at poker."*



# D0150: Column 1. Symptom Presence Coding Instructions

- **Code 0, No**, if the patient indicates that the symptoms listed are not present.
  - Enter 0 in Column 2 as well.
- **Code 1, Yes**, if the patient indicates that the symptom listed is present.
  - Enter 0, 1, 2, or 3 in Column 2, Symptom Frequency.
- **Code 9, No response**, if the patient was unable or chose not to complete the interview, and/or responded nonsensically.
  - Leave Column 2, Symptom Frequency, blank.
- **Dash** is a valid response for Column 1 only.
  - Leave Column 2, Symptom Frequency, blank.

D0150. Patient Mood Interview (PHQ-2 to 9)			
Say to patient: "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 patient, "How often have you been bothered by this?"			
Read and show the patient a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.			
<b>1. Symptom Presence</b> 0. No (enter 0 in column 2) 1. Yes (enter 0-3 in column 2) 9. No response (leave column 2 blank).	<b>2. Symptom Frequency</b> 0. Never or 1 day 1. 2-6 days (several days) 2. 7-11 days (half or more of the days) 3. 12-14 days (nearly every day)	<b>1. Symptom Presence</b>	<b>2. Symptom Frequency</b>
		↓ Enter Scores in ↓ Boxes	



# D0150: Column 2. Symptom Frequency Coding Instructions

- **Code 0, Never or 1 day**, if the patient indicates that during the past 2 weeks they have never been bothered by the symptom or have only been bothered by the symptom on 1 day.

D0150. Patient Mood Interview (PHQ-2 to 9)			
Say to patient: <i>"Over the last 2 weeks, have you been bothered by any of the following problems?"</i>			
If symptom is present, enter 1 (yes) in column 1, Symptom Presence.			
If yes in column 1, then ask the patient: "About how often have you been bothered by this?"			
Read and show the patient a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.			
<b>1. Symptom Presence</b>	<b>2. Symptom Frequency</b>	<b>1. Symptom Presence</b>	<b>2. Symptom Frequency</b>
0. No (enter 0 in column 2)	0. Never or 1 day		
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 day)		
↓ Enter Scores in ↓ Boxes			

- **Code 1, 2–6 days (several days)**, if the patient indicates that during the past 2 weeks, they have been bothered by the symptom for 2 – 6 days.
- **Code 2, 7–11 days (half or more of the days)**, if the patient indicates that during the past 2 weeks, they have been bothered by the symptom for 7 – 11 days.
- **Code 3, 12–14 days (nearly every day)**, if the patient indicates that during the past 2 weeks, they have been bothered by the symptom for 12 – 14 days.

# D0150: Patient Rarely/Never Understood

- Determine if the patient is rarely/never understood verbally, in writing, or using another method.
- If the patient is rarely/never understood:
  - Code **D0150A1** and **D0150B1** as 9 (no response).
  - Leave **D0150A2** and **D0150B2** blank.
  - End the PHQ interview.
  - Skip **D0160. Total Severity Score**.

D0150. Patient Mood Interview (PHQ-2 to 9)			
Say to patient: "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 patient: "About how often have you been bothered by this?"			
Read and show the patient a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.			
1. Symptom Presence	2. Symptom Frequency	1. Symptom Presence	2. Symptom Frequency
0. No (enter 0 in column 2)	0. Never or 1 day		
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 day)		
A. Little interest or pleasure in doing things		9	
B. Feeling down, depressed, or hopeless		9	

If rarely/never understood, code D0150A1 and D0150B1 as 9 (no response), leave D0150A2 and D0150B2 blank and end the PHQ interview.



# D0150: Symptom Presence is “Yes”

- If **D0150 Column 1, Symptom Presence**, is “Yes,” ask the patient to tell you how often they were bothered by the symptom over the last 2 weeks.
  - Use the response choices in D0150 Column 2, **Symptom Frequency**.
    - Start by asking the patient the number of days that they were bothered by the symptom.
    - Read and show cue card with frequency categories/descriptions.

D0150. Patient Mood Interview (PHQ-2 to 9)			
Say to patient: <i>"Over the last 2 weeks, have you been bothered by any of the following problems?"</i>			
If symptom is present, enter 1 (yes) in column 1, Symptom Presence.			
If yes in column 1, then ask the patient: "About how often have you been bothered by this?"			
Read and show the patient a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.			
<b>1. Symptom Presence</b>	<b>2. Symptom Frequency</b>	<b>1. Symptom Presence</b>	<b>2. Symptom Frequency</b>
0. No (enter 0 in column 2)	{ 0. Never or 1 day 1. 2-6 days (several days) 2. 7-11 days (half or more of the days) 3. 12-14 days (nearly every day)	↓ Enter Scores in ↓	
1. Yes (enter 0-3 in column 2)			
9. No response (leave column 2 blank).			

# D0150: Completing the Patient Mood Interview

Determine whether to complete the PHQ-9 (ask the remaining seven questions: D0150C to D0150I).

- Whether or not further evaluation of a patient's mood is needed depends on the patient's responses to the PHQ-2 (D0150A and D0150B).

If **both** D0150A1 and D0150B1 are **coded 9**,

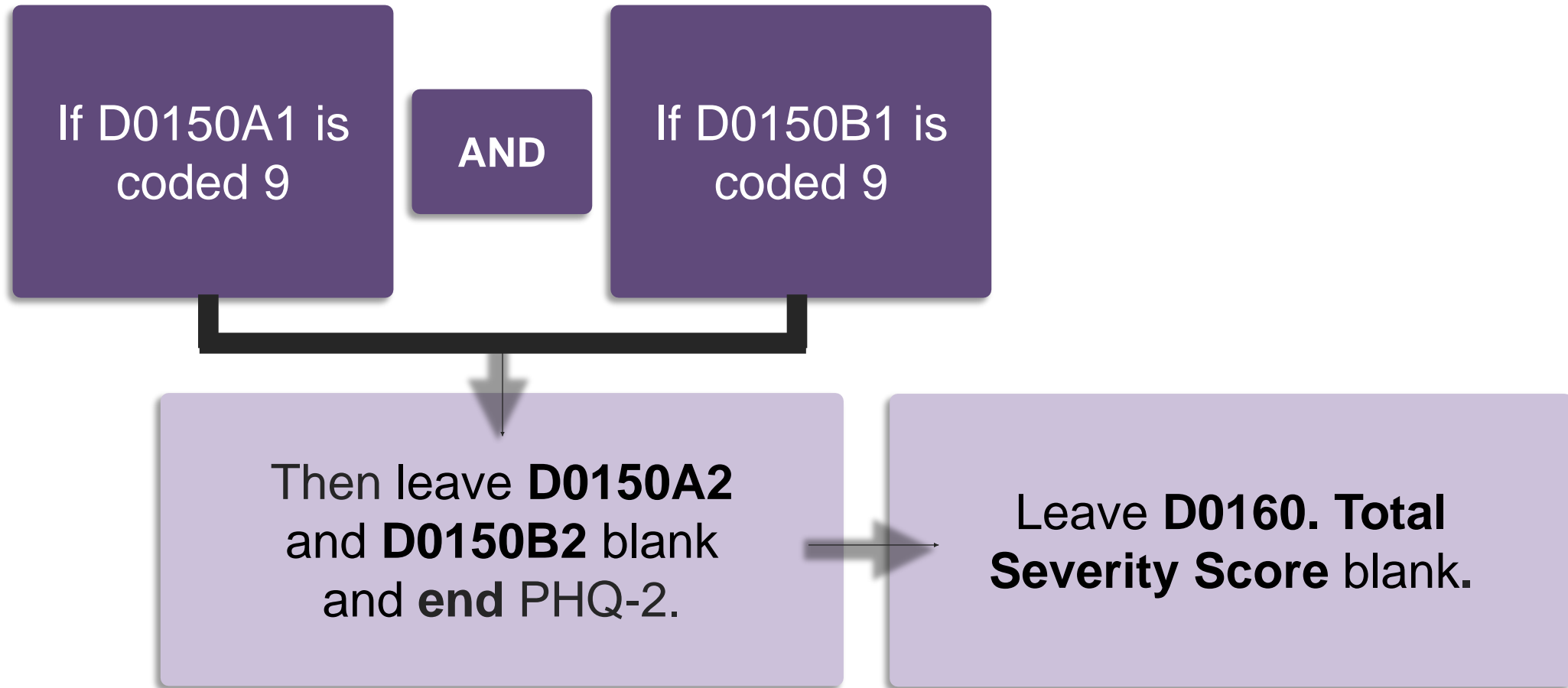
- Leave D0150A2 and D0150B2 **blank**,
- Then end the PHQ-2 and
- Skip D0160. Total Severity Score.

If **both** D0150A2 and D0150B2 are **coded 0 or 1**,

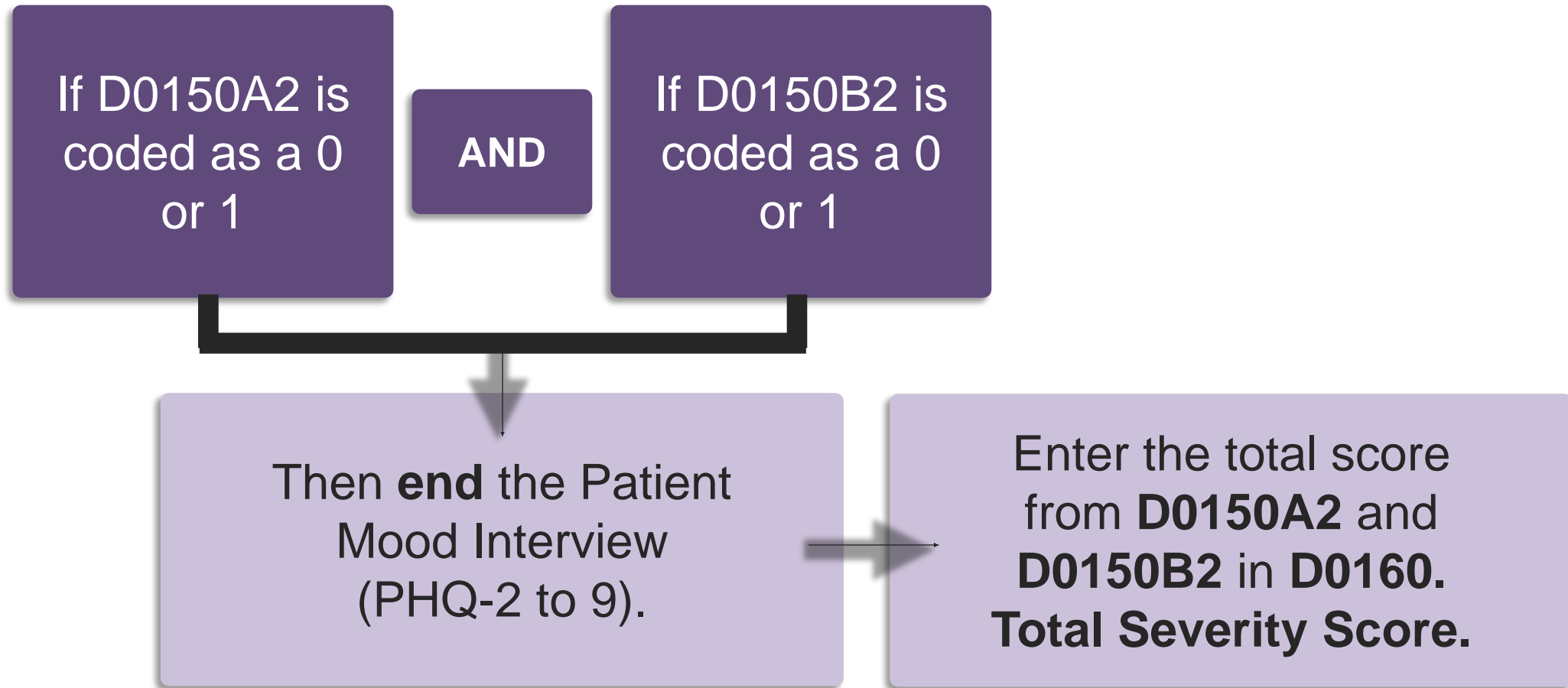
- Then end the PHQ-2 and
- Enter the sum from D0150A2 and D0150B2 in D0160. Total Severity Score.

- For all other scenarios:
  - Proceed to ask the remaining seven questions (D0150C to D0150I) of the PHQ-9.
  - Complete D0160. Total Severity Score.

# D0150: Coding Logic – Symptom Presence, No Response

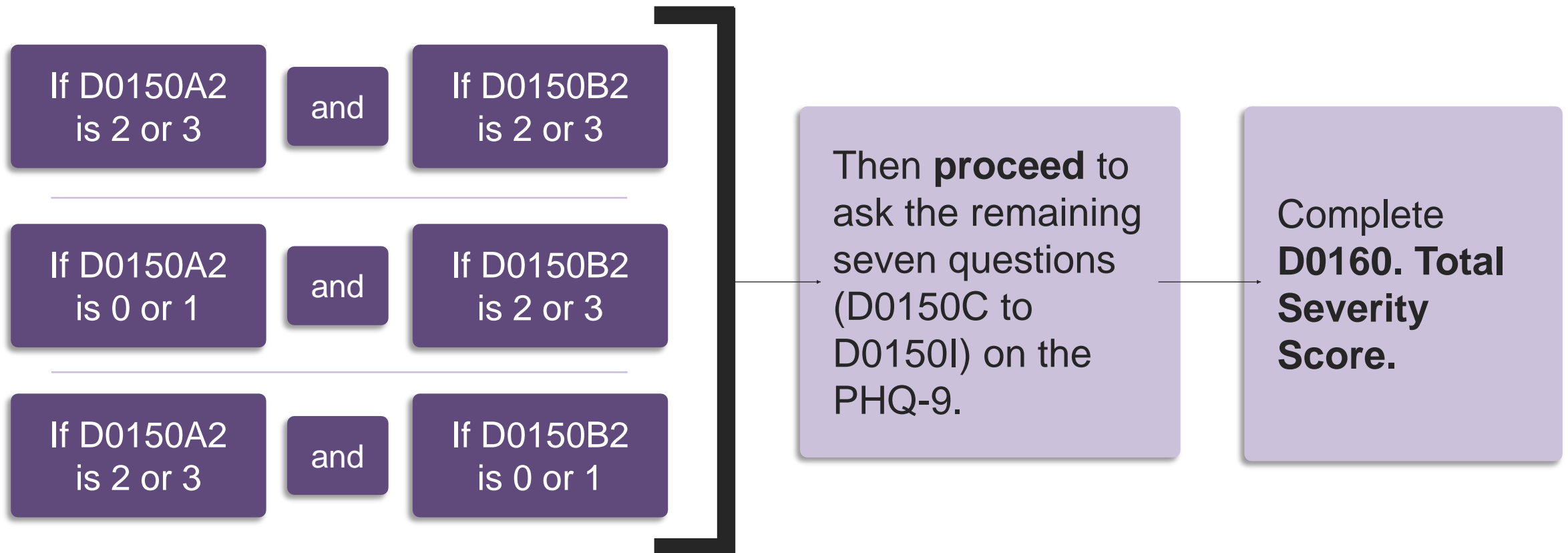


# D0150: Coding Logic – Symptom Frequency, Code 0 and 1



# D0150: Coding Logic – Completing the PHQ-9

Examples of when to complete the PHQ-9 based on Symptom Frequency coding.





# D0150: Conducting the Interview



## CODING TIPS

- Attempt to conduct the interview with ALL patients.
- For question D0150I. Thoughts That You Would Be Better Off Dead or of Hurting Yourself in Some Way:
  - Experienced interviewers have found that most patients who are having this feeling appreciate the opportunity to express it.
  - Asking about thoughts of self-harm does not give the person the idea. It does let the provider better understand what the patient is already feeling.
  - The best interviewing approach is to ask the question openly and without hesitation.

# D0150: Patient Responses



## CODING TIPS

- Patients may respond to questions:
  - Verbally,
  - By pointing to their answers on the cue card, or
  - By writing out their answers.
- If the patient uses their own words to describe a symptom, this should be briefly explored.
  - If you determine that the patient is reporting the intended symptom but using their own words, ask the patient to tell you how often they were bothered by that symptom.

# D0150: Coding Frequency



## CODING TIPS

- Select only one frequency response per item.
  - If the patient has difficulty selecting between two frequency responses, code for the higher frequency.
  - Some items (e.g., item F) contain more than one phrase. If a patient gives different frequencies for the different parts of a single item, select the highest frequency as the score for that item.

## Patient Mood Interview

# Interview Tips and Techniques

# D0150: Interviewing Tips

- Repeat a question if you think that it has been misunderstood or misinterpreted.
- Some patients may be eager to talk with you and will stray from the topic at hand. When a person strays, you should gently guide the conversation back to the topic.

## Example Language

*“That’s interesting, now I need to know...”; “Let’s get back to...”;  
“I understand, can you tell me about...”*

- Validate your understanding of what the patient is saying by asking for clarification.

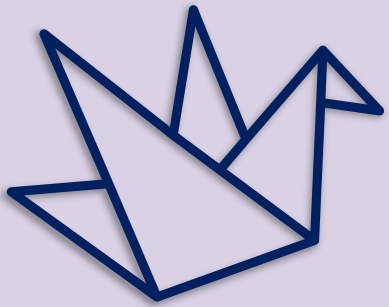
## Example Language

*“I think I hear you saying that...”; “Let’s see if I  
understood you correctly.”; “You said.... Is that right?”*



# D0150: Unfolding

## Unfolding



- If the patient has difficulty selecting a frequency response, start by offering a single frequency response and follow with a sequence of more specific questions. This is known as **unfolding**.
  - Example:

*“Would you say feeling down, depressed or hopeless bothered you more than half the days in the past 2 weeks?”*
  - If the patient says “yes,” show the cue card and ask whether it bothered them nearly every day (12–14 days) or on half or more of the days (7–11 days).
  - If the patient says “no,” show the cue card and ask whether it bothered them several days (2–6 days) or never or 1 day (0–1 day).

# D0150: Probing

## Probing



- Noncommittal responses such as “not really” should be explored.
- Patients may be reluctant to report symptoms and should be gently encouraged to tell you if the symptom bothered them, even if it was only some of the time.
- Probe by asking neutral or nondirective questions such as:

- *“What do you mean?”*
- *“Tell me what you have in mind.”*
- *“Tell me more about that.”*
- *“Please be more specific.”*
- *“Give me an example.”*

# D0150: Echoing

- Sometimes respondents give a long answer to interview items.
- To narrow the answer to the response choices available, it can be useful to summarize their longer answer and then ask them which response option best applies.
- Example: Item D0150E. Poor Appetite or Overeating:
  - The patient responds,
  - Possible interview response:

*“My daughter’s food is always cold, and it just doesn’t taste like it does at home. The doctors won’t let me have any salt.”*

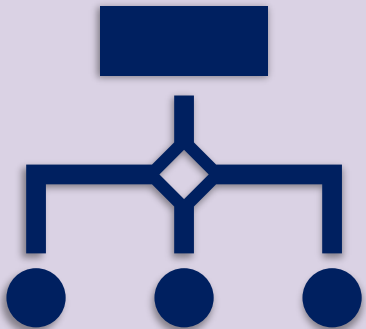
*“You are telling me the food is not what you eat at home, and you can’t add salt. How often would you say that you were bothered by a poor appetite or overeating during the last 2 weeks?”*

## Echoing



# D0150: Disentangling

## Disentangling



- If the patient has difficulty with longer items, separate the item into shorter parts and provide a chance to respond after each part.
- Disentangling is helpful if a patient has moderate cognitive impairment but can respond to simple, direct questions.
- Example: Item D0150E. Poor Appetite or Overeating:
  - You can simplify this item by asking:

*“In the past 2 weeks, how often have you been bothered by poor appetite?” (pause for a response)  
“Or overeating?”*

# D0160. Total Severity Score

# D0160. Total Severity Score

- **Item Intent:**
  - This item identifies the severity score calculated from responses to the PHQ-2 to 9, item D0150.



D0160. Total Severity Score	
Enter Score <div><div></div><div></div></div>	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 required items)



# D0160: Item Rationale

## Item Rationale:

- D0160. Total Severity Score does not diagnose a mood disorder or depression but provides a standard score that can be communicated to the patient's physician, other clinicians, and mental health specialists for appropriate follow-up.
- The Total Severity Score is a summary of the frequency scores on the PHQ-2 to 9 that indicates the extent of potential depression symptoms.



# D0160: Response-Specific Instructions

D0150. Patient Mood Interview (PHQ-2 to 9)			
Say to patient: <i>"Over the last 2 weeks, have you been bothered by any of the following problems?"</i>			
If symptom is present, enter 1 (yes) in column 1, Symptom Presence.			
If yes in column 1, then ask the patient: "About how often have you been bothered by this?"			
Read and show the patient a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.			
1. Symptom Presence	2. Symptom Frequency	1. Symptom Presence	2. Symptom Frequency
0. No (enter 0 in column 2)	0. Never or 1 day	↓ Enter Scores in ↓ Boxes	
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 day)		
A. Little interest or pleasure in doing things			
B. Feeling down, depressed, or hopeless			
If either D0150A2 or D0150B2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview.			
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			

- Do not add up the score while you are interviewing the patient.
  - Focus your full attention on the interview.
- Use the scoring guide, **Scoring Rules: Patient Mood Interview Total Severity Score D0160**, to complete scoring.
- The maximum score is 27.

# D0160: Coding Instructions

- The **Total Severity Score** will be between **00** and **27** (or “**99**” if symptom frequency is blank for three or more items).
- As a reminder, the Total Severity Score is left blank if only the PHQ-2 is completed because both D0150A1 and D0150B1 are coded 9:
  - leave D0150A2 and D0150B2 blank,
  - then end the PHQ-2 and
  - leave D0160. Total Severity Score blank.
- If no assessment is conducted for Symptom Presence, enter a dash(-) in Column 1, skip Column 2 in each row of D0150 A-I:
  - Then code 99 for D0160. Total severity score.

# D0150. Patient Mood Interview – Column 1 and 2 Coding

1. Symptom Presence	2. Symptom Frequency	
↓ Enter Scores in Boxes ↓		
1		
1	0	
<b>Do not complete</b>		

If only the PHQ-2 is completed because both D0150A2 and D0150B2 are scored 0 or 1, then

Add the numeric scores from these two frequency items and enter the value in D0160.

## D0160. Total Severity Score

Enter Score

01

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 required items)



# D0150. Patient Mood Interview – Column 1 and 2 Coding

1. Symptom Presence	2. Symptom Frequency
↓ Enter Scores in Boxes ↓	
1	2
1	2
1	3
1	3
1	2
0	0
1	2
0	0
1	2

If the PHQ-9 was completed (that is, D0150C – D0150I are not blank due to the responses in D0150A and B),

AND If the patient answered the frequency responses of at least 7 of the 9 items on the PHQ- 9, then

Add the numeric scores from D0150A2–D0150I2 following the instructions found in the Scoring Rules in Section D and enter in D0160.

## D0160. Total Severity Score

Enter Score

16

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 required items)

# D0150. Patient Mood Interview – Column 1 and 2 Coding

1. Symptom Presence	2. Symptom Frequency
↓ Enter Scores in Boxes ↓	
1	2
1	3
1	1
1	2
1	3
1	1
9	
9	
-	

If symptom frequency in items D0150A2 through D0150I2 is blank for 3 or more items, the interview is deemed NOT complete, then

The Total Severity Score should be coded as “99.”

## D0160. Total Severity Score

Enter Score

99

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 required items)



# D0150: Response Interpretation

Responses to the **PHQ-2 to 9** can indicate possible depression if the full **PHQ-2 to 9** is completed.

Responses can be interpreted as follows:

- **Major Depressive Syndrome:**

- Suggested if, of the 9 items:
  - Five or more items are identified at a frequency of half or more of the days (7–11 days) during the look-back period.

- **Minor Depressive Syndrome:**

- Suggested if, of the 9 items, the following are identified at a frequency of half or more of the day (7–11 days) during the look-back period:
  - D0150B. Feeling down, depressed, or hopeless,
  - D0150C. Trouble falling or staying asleep, or sleeping too much, or
  - D0150D. Feeling tired or having little energy.

# D0160: Total Severity Score Interpretation

- In addition, the PHQ-2 to 9 **Total Severity Score** can be used to track changes in severity over time.
- **Total Severity Score** can be interpreted as follows:

Score	Interpretation
0–4	Minimal depression.
5–9	Mild depression.
10–14	Moderate depression.
15–19	Moderately severe depression.
20–27	Severe depression.

# Scoring Rules for D0160

- Additional scoring rules for scoring D0160 can be found in the OASIS-E Guidance Manual.
  - These rules apply if D0150C through D0150I were asked and describe the following:
    - Descriptions on why Column 2, Symptom Frequency, could be left blank.
    - How to compute the Total Severity Score, with considerations for the number of missed items in Column 2, Symptom Frequency.
    - Examples of scoring the Total Severity Score based on the number of missing values in Column 2, Symptom Frequency.



# Summary



- **D0150: Patient Mood Interview (PHQ-2 to 9)** is a standardized assessment for depression and mood disorders.
  - Following the Response-Specific and Coding Instructions for the PHQ-2 to 9 is essential for accurate detection of possible depression.
  - By tallying the PHQ-2 to 9 Symptom Frequency Scores, a Total Severity Score can be calculated.
- **D0160: Total Severity Score** can help clinicians detect possible depression and the extent of depressive symptoms.

# Submitting Questions

- If you have questions about this presentation, please submit them to [PACTraining@Econometricalnc.com](mailto:PACTraining@Econometricalnc.com) by August 31, 2022.
- Select questions will be answered in a Q&A session during the September 2022 virtual live event.

