

MDS 3.0
Resident Interview
Pocket Guide

Excerpts from the

Centers for Medicare &
Medicaid Services (CMS)

MDS 3.0
Resident Assessment
Instrument User's Manual

April 2012

This pocket guide and the accompanying cue cards are being provided to assist you in conducting the resident interview portions of the MDS 3.0 Resident Assessment Instrument (RAI). Information found in this guide comes directly from the Centers for Medicare & Medicaid Services' Long-Term Care Facility Resident Assessment Instrument User's Manual, MDS 3.0, April 2012.

- ◆ *Appendix D provides an overview of various interviewing techniques pertinent to all resident interviews and therefore appears first in the pocket guide.*
- ◆ *The remainder of the pocket guide is arranged in alphabetical order by section as indicated on the far side of each page.*
- ◆ *The first page of each section shows an example of the cue card from the "Resident Cue Cards" booklet that may be provided to the resident for use during the interview.*
- ◆ *Immediately after the cue card you will find "Steps for Assessment" with suggested language for the interview.*

This pocket guide does not contain coding conventions. You must study and be thoroughly familiar with the RAI Manual in order to accurately assess your patients according to CMS requirements. Please let us know if we can be of assistance.

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APPENDIX D

INTERVIEWING TO INCREASE RESIDENT VOICE IN MDS ASSESSMENTS

APPENDIX D—INTERVIEWING TO INCREASE RESIDENT VOICE IN MDS ASSESSMENTS

All residents capable of any communication should be asked to provide information regarding what they consider to be the most important facets of their lives. There are several MDS 3.0 sections that require direct interview of the resident as the primary source of information (e.g., mood, preferences, pain). Self-report is the single most reliable indicator of these topics. Staff should actively seek information from the resident regarding these specific topic areas; however, resident interview/inquiry should become part of a supportive care environment that helps residents fulfill their choices over aspects of their lives.

In addition, a simple performance-based assessment of cognitive function can quickly clarify a resident's cognitive status. The majority of residents, even those with moderate to severe cognitive impairment, are able to answer some simple questions about these topics.

Even simple scripted interviews like those in MDS 3.0 involve a dynamic, collaborative process. There are some basic approaches that can make interviews simpler and more effective.

- **Introduce yourself** to the resident.

- **Be sure the resident can hear what you are saying.**
 - Do not mumble or rush. Articulate words clearly.
 - Ask the resident if he or she uses or owns a hearing aid or other communication device.
 - Help him or her get the aid or device in place before starting the interview.
 - The assessor may need to offer an assistive device (headphones).
 - If the resident is using a hearing aid or other communication device make sure that it is operational.

- **Ask whether the resident would like an interpreter (language or signing)** if the resident does not appear to be fluent in English or continues to have difficulty understanding. Interpreters are people who translate oral or written language from one language to another. If an interpreter is used during resident interviews, he or she should not attempt to determine the intent behind what is being translated, the outcome of the interview, or the meaning or significance of the interviewee's responses. The resident should determine meaning based solely on his or her interpretation of what is being translated.

- **Find a quiet, private area where you are not likely to be interrupted or overheard.** This is important for several reasons:
 - Background noise should be minimized.

- Some items are personal, and the resident will be more comfortable answering in private. The interviewer is in a better position to respond to issues that arise.
- Decrease available distractions.
- **Sit where the resident can see you clearly and you can see his or her expressions.**
 - Have your face well lighted.
 - Minimize glare.
 - Ask the resident where you should sit so that he or she can see you best. Some residents have decreased central vision or limited ability to turn their heads.
- **Establish rapport and respect.**
 - The steps you have already taken to ensure comfort go a long way toward establishing rapport and demonstrating respect.
 - You can also engage the resident in general conversation to help establish rapport.
 - If the resident asks a particular question or makes a request, try to address the request or question before proceeding with the interview.
- **Explain the purpose of the questions to the resident.**
 - Start by introducing the topic and explain that you are going to ask a series of questions.

- You can tell the resident that these questions are designed to be asked of everyone to make sure that nothing is missed.
 - Highlight what you will ask.
 - End by explaining that his or her answers will help the care team develop a care plan that is appropriate for the resident.
 - Suggested explanations and introductions are included in specific item instructions.
- **Say and show the item responses.**
 - It is helpful to many older adults to both hear and read the response options.
 - As you verbally review the response options, show the resident the items written in large, clear print on a piece of paper or card.
 - Residents may respond to questions verbally, by pointing to their answers on the visual aid or by writing out their answers.
 - **Ask the questions** as they appear in the questionnaire.
 - Use a nonjudgmental approach to questioning.
 - Don't be afraid of what the resident might say; you are there to hear it.
 - Actively listen; these questions can provide insights beyond the direct answer.

- **Break the question apart if necessary.** If the resident has difficulty understanding, requests clarification, or seems hesitant, you can employ unfolding or disentangling techniques. (Do not, however, use these techniques for the memory test).

1. Unfolding refers to the use of a general question about the symptom followed by a sequence of more specific questions if the symptom is reported as present. This approach walks the resident through the steps needed to think through the question.

Example: Read the item (or part of the item) to the resident, then ask, “Do you have this at all?” If yes, then ask, “Do you have it every day?” If no, then ask, “Did you have it at least half the days in the past 2 weeks?”

2. Disentangling refers to separating items with several parts into manageable pieces. The type of items that lend themselves to this approach are those that include a list and phrases such as “and” or “or.” The resident is given a chance to respond to each piece separately. If a resident responds positively to more than one component of a complex item, obtain a frequency rating for each positive response and score that item using the frequency of the component that occurred most often.

Example: An item asks about “Poor appetite or overeating.” Disentangle this item by asking, “Poor

appetite?"; pause for a response and then ask, "Or overeating?" If neither part is rated positively by the resident, mark no. If either or both are rated positively, then mark yes.

- **Clarify using echoing.** If the resident appears to understand but is having difficulty selecting an answer, try clarifying his or her response by first echoing what he or she told you and then repeating the related response options.
 - **Echoing** means simply restating part of the resident's response. This is often extremely helpful during clinical interviews. If the resident provides a related response but does not use the provided response scale or fails to directly answer the question, then help clarify the best response by repeating the resident's own comment and then asking the related response options again. This interview approach frequently helps the resident clarify which response option he or she prefers.
- **Repeat the response options** as needed. Some residents might need to have response choices repeated for each item on a given list.
- **Move on to another question** if the resident is unable to answer.
 - Even if the interview item cannot be completed the

time spent is not wasted. The observation of resident behaviors and attention during the interview attempt provide important insights into delirium, cognition, mood, etc.

- **Break up the interview if the resident becomes tired or needs to leave for rehabilitation, etc.**
 - Try to complete the current item set and then offer to come back at another time to complete the remaining interview sections.
 - It is particularly important to complete the performance-based cognitive items in one sitting.

- **Do not try to talk a resident out of an answer.** If the resident expresses strong emotions, be nonjudgmental, and listen.

- **Record the resident's response,** not what you believe he or she should have said.

- **If the resident becomes deeply sorrowful or agitated,** sympathetically respond to his or her feelings.
 - Allowing emotional expression—even when it is uncomfortable for you as the interviewer—recognizes its validity and provides cathartic support to residents.
 - If the resident remains agitated or overly emotional and does not want to continue, respond to his or

her needs. This is more important than finishing the interview at that moment. You can complete this and other sections at a later point in time.

- **Resident preferences may be influenced by many factors in a resident's physical, psychological and environmental state, and can be challenging to truly discern.**
 - Residents should be encouraged to articulate their desires and not be strictly limited by their physical limitations and perceived environmental restrictions.
 - When a resident is unable to communicate information about his or her preferences, a family member, close friend, or other representative must be used to complete preference questions. In this case, it is important to emphasize that this person should try to answer based on what the resident would prefer. The resident's preferences while in the nursing home and the resident's current responses when the particular item is offered or provided should form the basis for these responses.

SECTION C

BRIEF

INTERVIEW

FOR MENTAL

STATUS (BIMS)

DO NOT USE CUE CARDS TO CONDUCT THIS INTERVIEW

(If the resident's primary method of communication is in written format, follow the assessment steps for administering the BIMS in writing beginning on Page 23.)

Basic Interview Instructions for BIMS (C0200-C0500)

1. Refer to Appendix D for a review of basic approaches to effective interviewing techniques.
2. Interview any resident not screened out by **Should Brief Interview for Mental Status Be Conducted?** item (C0100).
3. Conduct the interview in a private setting.
4. Be sure the resident can hear you.
 - Residents with hearing impairment should be tested using their usual communication devices/techniques, as applicable.
 - Try an external assistive device (headphones or hearing amplifier) if you have any doubt about hearing ability.
 - Minimize background noise.
5. Sit so that the resident can see your face. Minimize glare by directing light sources away from the resident's face.
6. Give an introduction before starting the interview.

Suggested language: *“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.”*

7. If the resident expresses concern that you are testing his or her memory, he or she may be more comfortable if you reply: ***“We ask these questions of everyone so we can make sure that our care will meet your needs.”***
8. Directly ask the resident each item in C0200 through C0400 at one sitting and in the order provided.
9. If the resident chooses not to answer a particular item, accept his or her refusal and move on to the next questions. For C0200 through C0400, code refusals as incorrect.

C0200: Repetition of Three Words

Steps for Assessment

Basic BIMS interview instructions are shown on page 17 of this Guide. In addition, for repetition of three words:

1. Say to the 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.”*** Interviewers need to use the words and related category cues as indicated. If the interview is being conducted with an interpreter present, the interpreter should use the equivalent words and similar, relevant prompts for category cues.
2. Immediately after presenting the three words, say to the resident: ***“Now please tell me the three words.”***
3. After the resident’s first attempt to repeat the items:
 - If the resident correctly stated all three words, say, ***“That’s right, the words are sock, something to wear; blue, a color; and bed, a piece of furniture”*** [category cues].

- Category cues serve as a hint that helps prompt residents' recall ability. Putting words in context stimulates learning and fosters memory of the words that residents will be asked to recall in item C0400, even among residents able to repeat the words immediately.
- If the resident recalled two or fewer words, say to the resident: ***“Let me say the three words again. They are sock, something to wear; blue, a color; and bed, a piece of furniture. Now tell me the three words.”***
If the resident still does not recall all three words correctly, you may repeat the words and category cues one more time.
- If the resident does not repeat all three words after three attempts, re-assess ability to hear. If the resident can hear, move on to the next question. If he or she is unable to hear, attempt to maximize hearing (alter environment, use hearing amplifier) before proceeding.

C0300: Temporal Orientation

Steps for Assessment

Basic BIMS interview instructions are shown on page 17 of this Guide.

1. Ask the resident each of the 3 questions in Item C0300 separately.
2. Allow the resident up to 30 seconds for each answer and do not provide clues.
3. If the resident specifically asks for clues (e.g., “is it bingo day?”) respond by saying, ***“I need to know if you can answer this question without any help from me.”***

C0400: Recall

Steps for Assessment

Basic BIMS interview instructions are shown on page 17 of this Guide.

1. Ask the resident the following: ***“Let’s go back to an earlier question. What were those three words that I asked you to repeat?”***
2. Allow up to 5 seconds for spontaneous recall of each word.
3. For any word that is not correctly recalled after 5 seconds, provide a category cue (refer to the RAI Manual for the definition of category cue). Category cues should be used only after the resident is unable to recall one or more of the three words.
4. Allow up to 5 seconds after category cueing for each missed word to be recalled.

Use Cue Cards Marked “C” to Conduct the Interview if the Resident’s Primary Method of Communication is in Written Format. Otherwise, the interview should be conducted without Cue Cards.

I would like to ask you some questions, which I will show you in a moment.

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.

We ask these questions so that we can make sure that our care will meet your needs.



Instructions for BIMS When Administered In Writing, RAI Manual, Appendix E

When staff identify that the resident's primary method of communication is in written format, the BIMS and Category Cues can be administered in writing. **The administration of the BIMS in writing should be limited only to this circumstance.**

1. Interview any resident not screened out by **Should Brief Interview for Mental Status Be Conducted?** item (C0100).
2. Conduct the interview in a private setting.
3. Residents with visual impairment should be tested using their usual visual aids.
4. Minimize glare by directing light sources away from the resident's face and from written materials.
5. Provide a written introduction before starting the interview.
 - **Suggested language:** ***"I would like to ask you some questions, which I will show you in a moment. 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. We ask these questions of everyone so we can make sure that our care will meet your needs.”

6. Directly provide the written questions for each item in C0200 through C0400 at one sitting and in the order provided.
 - For each BIMS question, show the resident a sheet of paper or card with the instruction for that question from the form clearly written in a large enough font to be easily seen.
 - The resident may respond to any of the BIMS questions in writing.
 - Show separate sheets or cards for each question or statement.
 - For C0200 items, instructions should be written as:
 - I have written 3 words for you to remember. Please read them. Then I will remove the card and ask you repeat or write down the words as you remember them.

- Category cues should be provided to the resident in writing after the resident’s first attempt to answer. Written category cues should state: “sock, something to wear; blue, a color; bed, a piece of furniture.”

- For C0300 items, instructions should be written as:
 - C0300A: “Please tell me what year it is right now.”
 - C0300B: “What month are we in right now?”
 - C0300C: “What day of the week is today?”
- For C0400 items, instructions should be written as:
 - “Let’s go back to an earlier question. What were those three words that I asked you to repeat?”
 - If the resident is unable to remember a word, provide Category cues again, but without using the actual word. Therefore, Category cues for:
 - C0400A should be written as “something to wear,”
 - C0400B should be written as “a color,” and
 - C0500C should be written as “a piece of furniture.”

7. If the resident chooses not to answer a particular item, accept his or her refusal and move on to the next ques-

- tions. For C0200 through C0400, code refusals as incorrect.
8. Rules for stopping the interview are the same as if for administering the BIMS verbally.

SECTION D

RESIDENT

MOOD

INTERVIEW

(PHQ-9©)

Use Cue Cards Marked “D” to Conduct Interview

Never or 1 Day

2—6 Days
(several days)

7—11 Days
(half or more of the days)

12—14 Days
(nearly every day)

D

D0200: Resident Mood Interview (PHQ-9©)

Steps for Assessment

Look-back period for this item is 14 days.

1. Conduct the interview preferably the day before or day of the ARD.
2. Interview any resident when D0100 = 1.
3. Conduct the interview in a private setting.
4. If an interpreter is used during resident interviews, the interpreter should not attempt to determine the intent behind what is being translated, the outcome of the interview, or the meaning or significance of the resident's responses. Interpreters are people who translate oral or written language from one language to another.
5. Sit so that the resident can see your face. Minimize glare by directing light sources away from the resident's face.
6. Be sure the resident can hear you.
 - Residents with a hearing impairment should be tested using their usual communication devices/

techniques, as applicable.

- Try an external assistive device (headphones or hearing amplifier) if you have any doubt about hearing ability.
 - Minimize background noise.
7. If you are administering the PHQ-9© in paper form, be sure that the resident can see the print. Provide large print or assistive device (e.g., page magnifier) if necessary.
8. 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.”*
9. Explain and /or show the interview response choices. A cue card with the response choices clearly written in large print might help the resident comprehend the response choices.

Suggested language: *“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 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.”*

10. Interview the resident.

Suggested language: *“Over the last 2 weeks, have you been bothered by any of the following problems?”*

Then, for each question in **Resident Mood Interview (D0200)**:

- Read the item as it is written.
- Do not provide definitions because the meaning **must be** based on the resident’s interpretation. For example, the resident defines for himself what “tired” means; the item should be scored based on the resident’s interpretation.

- Each question **must be** asked in sequence to assess presence (column 1) and frequency (column 2) before proceeding to the next question.
- Enter code 9 for any response that is unrelated, incomprehensible, or incoherent or if the resident's response is not informative with respect to the item being rated; this is considered a **nonsensical** response (e.g., when asked the question about "poor appetite or overeating," the resident answers, "I always win at poker.>").
- For a **yes** response, ask the resident to tell you how often he or she was bothered by the symptom over the last 14 days. Use the response choices in D0200 Column 2, **Symptom Frequency**. Start by asking the resident the number of days that he or she was bothered by the symptom and read and show cue card with frequency categories/descriptions (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).

SECTION F
INTERVIEW
FOR DAILY
PREFERENCES
AND ACTIVITY
PREFERENCES

Use Cue Card Marked “F” to Conduct Interview

Very important

Somewhat important

Not very important

Not important at all

**Important, but
can't do, or no choice**

F

F0400: Interview for Daily Preferences & F0500: Interview for Activity Preferences

Steps for Assessment

1. Interview any resident not screened out by the **Should Interview for Daily and Activity Preferences Be Conducted?** item (F0300).
2. Conduct the interview in a private setting.
3. Sit so that the resident can see your face. Minimize glare by directing light sources away from the resident's face.
4. Be sure the resident can hear you.
 - Residents with hearing impairment should be interviewed using their usual communication devices/techniques, as applicable.
 - Try an external assistive device (headphones or hearing amplifier) if you have any doubt about hearing ability.
 - Minimize background noise.
5. Explain the reason for the interview before beginning.
Suggested language: *“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."

6. Explain the interview response choices. While explaining, also show the resident a clearly written list of the response options, for example a cue card.

Suggested language: *"I am going to ask you how important various activities and routines are to you while you are in this home. I will ask you to answer using the choices you see on this card [read the answers while pointing to cue card]: 'Very Important,' 'Somewhat important,' 'Not very important,' 'Not important at all,' or 'Important, but can't do or no choice.'"*

Explain the "Important, but can't do or no choice" response option.

Suggested language: *“Let me explain the ‘Important, but can’t do or no choice’ answer. You can select this answer if something would be important to you, but because of your health or because of what’s available in this nursing home, you might not be able to do it. So, if I ask you about something that is important to you, but you don’t think you’re able to do it now, answer ‘Important, but can’t do or no choice.’ If you choose this option, it will help us to think about ways we might be able to help you do those things.”*

7. Residents may respond to questions
 - verbally,
 - by pointing to their answers on the cue card, OR
 - by writing out their answers.

8. If resident cannot report preferences, then interview family or significant others.

SECTION J

PAIN

ASSESSMENT

INTERVIEW

Use Cue Cards Marked “J” to Conduct Interview

Almost constantly

Frequently

Occasionally

Rarely

J

Basic Interview Instructions for Pain Assessment Interview (J0300-J0600)

1. Interview any resident not screened out by the **Should Pain Assessment Interview be Conducted?** item (J0200).
2. The Pain Assessment Interview for residents consists of four items: the primary question **Pain Presence** item (J0300), and three follow-up questions **Pain Frequency** item (J0400); **Pain Effect on Function** item (J0500); and **Pain Intensity** item (J0600). If the resident is unable to answer the primary question on **Pain Presence** item J0300, skip to the **Staff Assessment for Pain** beginning with **Indicators of Pain or Possible Pain** item (J0800).
3. The look-back period on these items is 5 days. Because this item asks the resident to recall pain during the past 5 days, this assessment should be conducted close to the end of the 5-day look-back period; preferably on the day before, or the day of the ARD. This should more accurately capture pain episodes that occur during the 5-day look-back period.
4. Conduct the interview in a private setting.
5. Be sure the resident can hear you.
 - Residents with hearing impairment should be tested using their usual communication devices/

techniques, as applicable.

- Try an external assistive device (headphones or hearing amplifier) if you have any doubt about hearing ability.
 - Minimize background noise.
6. Sit so that the resident can see your face. Minimize glare by directing light sources away from the resident's face.
 7. Give an introduction before starting the interview.
Suggested language: *“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.”*
 8. Directly ask the resident each item in J0300 through J0600 in the order provided.
 - Use other terms for pain or follow-up discussion if the resident seems unsure or hesitant. Some residents avoid use of the term “pain” but may report that they “hurt.” Residents may use other terms such as “aching” or “burning” to describe pain.

9. If the resident chooses not to answer a particular item, accept his/her refusal, **Code 9**, and move on to the next item.

10. If the resident is unsure about whether the pain occurred in the 5-day time interval, prompt the resident to think about the most recent episode of pain and try to determine whether it occurred within the look-back period.

J0300: Pain Presence

Steps for Assessment

1. Ask the resident; ***“Have you had pain or hurting at any time In the last 5 days?”***

J0400: Pain Frequency

Steps for Assessment

1. Ask the resident: ***“How much of the time have you experienced pain or hurting over the last 5 days?”*** Staff may present response options on a written sheet or cue card. This can help the resident respond to the items.
2. If the resident provides a related response but does not use the provided response scale, help clarify the best response by echoing (repeating) the resident’s own comment and providing related response options. This interview approach frequently helps the resident clarify which response option he or she prefers.
3. If the resident, despite clarifying statement and repeating response options, continues to have difficulty selecting between two of the provided responses, then select the more frequent of the two.

J0500: Pain Effect on Function (5-Day Look Back)

Steps for Assessment

1. Ask the resident each of the two questions exactly as they are written.
 - A. *“Over the past 5 days, has pain made it hard for you to sleep at night?”***
 - B. *“Over the past 5 days, have you limited your day-to-day activities because of pain?”***
2. If the resident’s response does not lead to a clear “yes” or “no” answer, repeat the resident’s response and then try to narrow the focus of the response. For example, if the resident responded to the question, “Has pain made it hard for you to sleep at night?” by saying, “I always have trouble sleeping,” then the assessor might reply, “You always have trouble sleeping. Is it your pain that makes it hard for you to sleep?”

J0600: Pain Intensity

Steps for Assessment

1. You may use either **Numeric Rating Scale** item (J0600A) or **Verbal Descriptor Scale** item (J0600B) to interview the resident about pain intensity.
 - For each resident, try to use the same scale used on prior assessments.
2. If the resident is unable to answer using one scale, the other scale should be attempted.
3. Record **either** the **Numeric Rating Scale** item (J0600A) **or** the **Verbal Descriptor Scale** item (J0600B). Leave the response for the unused scale blank.
4. Read the question and item choices slowly. While reading, you may show the resident the response options (the Numeric Rating Scale or Verbal Descriptor Scale) clearly printed on a piece of paper, such as a cue card. Use large, clear print.
 - For the **Numeric Rating Scale**, say, ***“Please rate your worst pain over the last 5 days with zero being no pain, and ten as the worst pain you can imagine.”***

- For **Verbal Descriptor Scale**, say, ***“Please rate the intensity of your worst pain over the last 5 days.”***
5. The resident may provide a verbal response, point to the written response, or both.



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