

SUPPLEMENT A: GUIDANCE FOR COMPLETING THE BIMS

If the patient'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 to this circumstance.

Instructions for BIMS When Administered in Writing

1. Interview any patient not screened out by the Should Brief Interview for Mental Status Be Conducted? item (C0100).
2. Conduct the interview in a private setting, if possible.
3. Patients with visual impairment should be tested using their usual visual aids.
4. Minimize glare by directing light sources away from the patient's face and from written materials.
5. Provide a written introduction before starting the interview.
6. 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."
7. Directly provide the written questions for each item in C0200, Repetition of Three Words through C0400, Recall at one sitting and in the order provided.
 - For each BIMS question, show the patient 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 patient may respond to any of the BIMS questions in writing.
 - Show separate sheets or cards for each question or statement.
 - For C0200, Repetition of Three Words 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 patient in writing after the patient's first attempt to answer. Written category cues should state: "sock, something to wear; blue, a color; bed, a piece of furniture."
 - For C0300, Temporal Orientation items, instructions should be written as:
 - C0300A, Able to report correct year: "Please tell me what year it is right now."
 - C0300B, Able to report correct month: "What month are we in right now?"
 - C0300C, Able to report correct day of the week: "What day of the week is today?"
 - For C0400, Recall 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 patient is unable to remember a word, provide Category cues again, but without using the actual word. Therefore, Category cues for:
 - C0400A, Able to recall “sock” should be written as “something to wear”,
 - C0400B, Able to recall “blue” should be written as “a color”, and
 - C0500C, Able to recall “bed” should be written as “a piece of furniture”.
- 8. If the patient chooses not to answer a particular item, accept their refusal, and move on to the next question. For C0200 through C0400C, code refusals as incorrect/no answer or could not recall.
- 9. Rules for stopping the interview are the same as if for administering the BIMS verbally. See page C-5.

The facility may develop its own signs for this process. If the facility develops its own, it must use the exact language as that used in the item set.

SUPPLEMENT B: INTERVIEWING TO INCREASE PATIENT VOICE IN BIMS

All patients 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 BIMS sections that require direct interview of the patient as the primary source of information (e.g., mood, pain). Self-report is the single most reliable indicator of these topics. Staff should actively seek information from the patient regarding these specific topic areas; however, patient interview/inquiry should become part of a supportive care environment that helps patients fulfill their choices over aspects of their lives.

A simple performance-based assessment of cognitive function can quickly clarify a patient's cognitive status. The majority of patients, 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 the BIMS involve a dynamic, collaborative process. There are some basic approaches that can make interviews simpler and more effective.

- Introduce yourself to the patient.
- Be sure the patient can hear what you are saying.
 - Do not mumble or rush. Articulate words clearly.
 - Ask the patient if they use or own a hearing aid or other communication device.
 - Help the patient get the aid or device in place before starting the interview.
 - The assessor may need to offer an assistive device (headphones).
 - If the patient is using a hearing aid or other communication device, make sure that it is operational.
- Ask whether the patient would like an interpreter (language or signing) if the patient 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 patient 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 interviewee's responses. The patient should determine meaning based solely on the patient's 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 patient 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 patient can see you clearly and you can see their expressions.

- Have your face well lighted.
- Minimize glare by directing light sources away from the patient's face.
- Ask the patient where you should sit so that they can see you best. Some patients 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 patient in general conversation to help establish rapport.
 - If the patient 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 patient.
 - Start by introducing the topic and explain that you are going to ask a series of questions.
 - You can tell the patient 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 the patient's answers will help the care team develop a care plan that is appropriate for the patient.
 - 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 patient the items written in large, clear print on a piece of paper or card.
 - Patients 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 patient might say; you are there to hear it.
 - Actively listen; these questions can provide insights beyond the direct answer.
- Move on to another question if the patient is unable to answer.
 - Even if the interview item cannot be completed the time spent is not wasted. The observation of patient behaviors and attention during the interview attempt provide important insights into delirium, cognition, mood, etc.

SUPPLEMENT C: CUE CARDS FOR BIMS

Written Introduction Card – BIMS – Items C0200 – C0400

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.

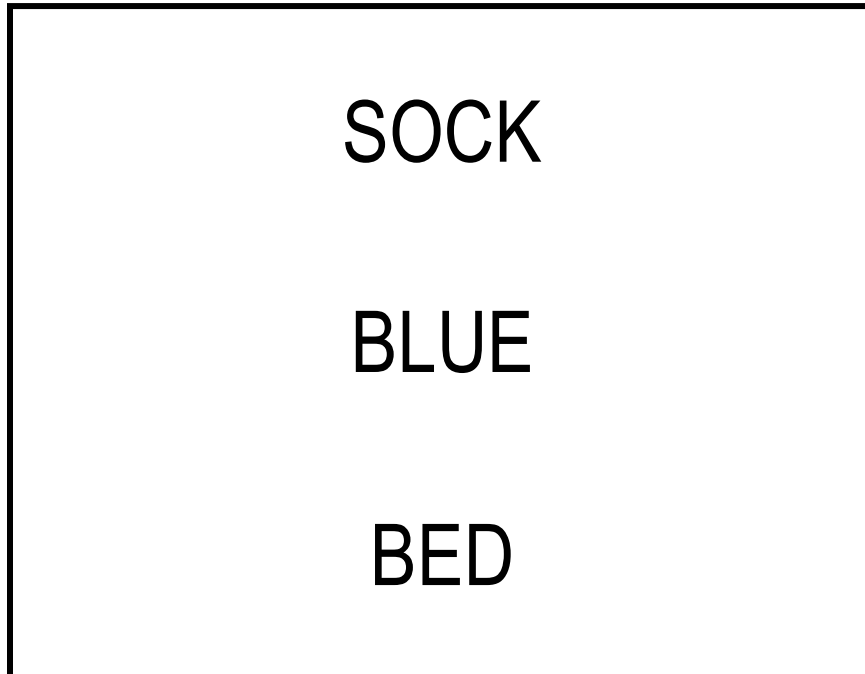
Written Instruction Cards – Item C0200, Repetition of Three Words

I have written 3 words for you to remember.

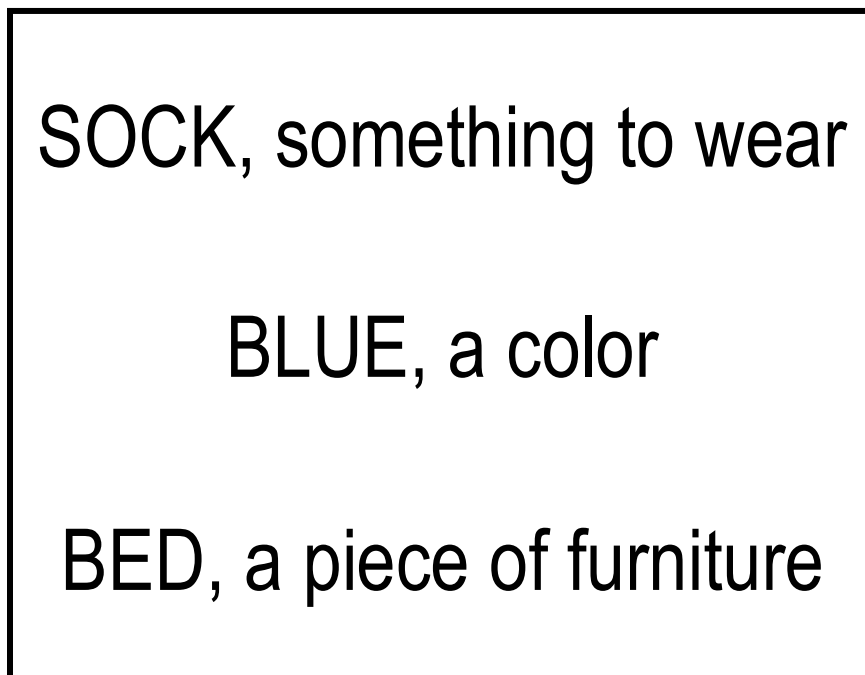
Please read them.

Then, I will remove the card and ask you to repeat or write down the words as you remember them.

Word Card – Item C0200



Category Cue Card – Item C0200



**Written Instruction Cards – Item C0300 – Temporal
Orientation Statement Card – C0300A, Year**

Please tell me what
year it is right now.

Question Card – C0300B, Month

What month are we
in right now?

Question Card – Item C0300C, Day

What day of the
week is today?

Written Instruction Card – Item C0400, Recall

Let's go back to an
earlier question

What were those three words
that I asked you to repeat?

Category Cue Card – Item C0400A, Sock

Something to wear

Category Cue Card – Item C0400B, Blue

A color

Category Cue Card – Item C0400C, Bed

A piece of furniture

SUPPLEMENT D: SCORING RULES – PATIENT MOOD INTERVIEW TOTAL SEVERITY SCORE D0160

If only the PHQ-2 is completed because **both** D0150A2 and D0150B2 are **coded 0 or 1 less than 2 (but not blank)** add the numeric scores from these two frequency items and enter the value in D0160.

If items D0150C through D0150I were asked, calculate the Total Severity Score:

- Item D0160 is used to score the total severity score for the Patient Mood Interview. The score in item D0160 is based upon the sum of the values that are contained in the following nine items: D0150A2, D0150B2, D0150C2, D0150D2, D0150E2, D0150F2, D0150G2, D0150H2, D0150I2. These are referred to as the “items in Column 2”, below.
- The following rules explain how to compute the score that is placed in item D0160. These rules consider the “number of missing items in Column 2” which is the number of items in Column 2 that are **blank (or either skipped) or are equal to dash**. An item in Column 2 could be **skipped blank** if the corresponding item in Column 1 was equal to 9, **No response, (no response) or a dash (symptom not assessed)**. ~~An item in Column 2 could be equal to dash if the item could not be assessed for some other reason (e.g., if the patient was unexpectedly discharged before the assessment could be completed).~~
- If all of the items in Column 2 have a value of 0, 1, 2, or 3 (i.e., they all contain non-missing values), then item D0160 is equal to the simple sum of those values.
- If any of the items in Column 2 are **blank (or skipped) or equal to dash**, then omit their values when computing the sum.
- If the number of missing items in Column 2 is equal to one, then compute the simple sum of the eight items in Column 2 that have non-missing values, multiply the sum by 9/8 (1.125), and place the result rounded to the nearest integer in item D0160.
- If the number of missing items in Column 2 is equal to two, then compute the simple sum of the seven items in Column 2 that have non-missing values, multiply the sum by 9/7 (1.286), and place the result rounded to the nearest integer in item D0160.
- If the number of missing items in Column 2 is equal to three or more, then item D0160 must equal 99.

Example 1: All Items in Column 2 Have Non-missing Values

The following example shows how to score the Patient interview when all of the items in Column 2 have non-missing values:

Item	Value
D0150A2	1
D0150B2	2
D0150C2	2
D0150D2	0
D0150E2	3
D0150F2	0
D0150G2	1
D0150H2	3
D0150I2	2
D0160	14

In this example, all of the items in Column 2 have non-missing values (i.e., none of the values are ~~skipped~~ **blank** or equal to dash). Therefore, the value of D0160 is equal to the simple sum of the values in Column 2, which is 14.

Example 2: One Missing Value in Column 2

The following example shows how to score the Patient interview when one of the items in Column 2 has a missing value:

Item	Value
D0150A2	1
D0150B2	2
D0150C2	
D0150D2	0
D0150E2	3
D0150F2	0
D0150G2	1
D0150H2	3
D0150I2	1
D0160	12

In this example, one of the items in Column 2 (D0150C2) has a missing value (it is blank or skipped) and the other 8 items have non-missing values. D0160 is computed as follows:

1. Compute the sum of the 8 items with non-missing values. This sum is 11.
2. Multiply this sum by 1.125. In the example, $11 \times 1.125 = 12.375$.
3. Round the result to the nearest integer. In the example, 12.375 rounds to 12.
4. Place the rounded result in D0160.

Example 3: Two Missing Values in Column 2

The following example shows how to score the Patient interview when two of the items in Column 2 ~~have missing values~~ are blank:

Item	Value
D0150A2	1
D0150B2	2
D0150C2	
D0150D2	0
D0150E2	3
D0150F2	0
D0150G2	1
D0150H2	1
D0150I2	
D0160	10

In this example, two of the items in Column 2 have missing values: **both D0150C2 and D0150I2** ~~is are blank (or skipped), and D0150I2 is equal to dash.~~ The other ~~7~~ **seven** items have non-missing values. D0160 is computed as follows:

1. Compute the sum of the 7 items with non-missing values. This sum is 8.
2. Multiply this sum by 1.286. In the example, $8 \times 1.286 = 10.288$.
3. Round the result to the nearest integer. In the example, 10.288 rounds to 10.
4. Place the rounded result in D0160.

Example 4: Three or More Missing Values in Column 2

The following example shows how to score the Patient interview when three or more of the items in Column 2 have missing values **are blank** and at least one of the values is not equal to dash:

Item	Value
D0150A2	1
D0150B2	2
D0150C2	
D0150D2	0
D0150E2	3
D0150F2	
D0150G2	
D0150H2	3
D0150I2	2
D0160	99

In this example, three of the items in Column 2 have missing values: D0150C2, ~~and~~ D0150F2, **and D0150G2** are blank (or skipped), ~~and D0150G2 is equal to dash~~. Because three or more items have missing values, D0160 is equal to 99.