

DEPTXYR (MH)

Within the past year, did the patient have at least one clinical encounter where depression was identified as a reason for the clinical encounter as evidenced by one of the following ICD-10-CM diagnosis codes:

F32, F320 - F325, F328, F329, F33, F330, F331, F332, F333, F334, F3340, F3341, F3342, F339, F341, F338, F0631, F0632

- 1. Yes
- 2. No

BPDXYR (MH)

Within the past year, did the patient have at least one clinical encounter where bipolar disorder was identified as a reason for the clinical encounter as evidenced by one of the following ICD-10-CM diagnosis codes:

F30, F301, F3010 - F3013, F302 - F304, F308, F309, F31, F310, F311, F3110 - F3113, F312, F313, F3130 - F3132, F314 - F316, F3160 - F3164, F317, F3170 - F3178, F318, F3181, F3189, F319

- 1. Yes
- 2. No

SCRPHQ2 (MH)

During the past year was the patient screened for depression by the PHQ-2?

- 1. Yes
- 2. No

SCRPHQi9 (MH)

During the past year was the patient screened for depression by the PHQ-2 + I9?

- 1. Yes
- 2. No

98. Patient refused depression screening

PH9SCOR (MH)

Enter the score for item 9/question #3 of the PHQ-2 + I9 screen documented in the record:

Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead, or of hurting yourself in some way?

- 0. Not at all \rightarrow 0
- 1. Several days → 1
- 2. More than half the days \rightarrow 2
- 3. Nearly every day → 3
- 99. No answer documented

OUTCOMEI9 (MH)

Enter the interpretation of item 9/question #3 of the PHQ-2 +19 screen as documented in the medical record.

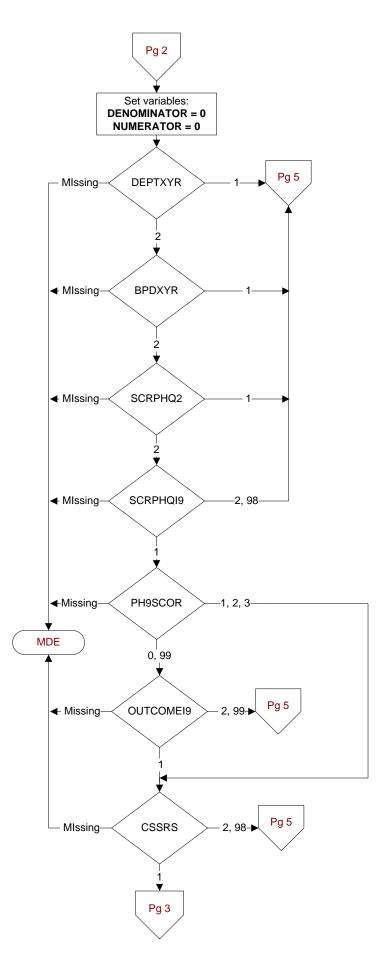
- 1. Positive
- 2. Negative
- 99. No interpretation documented

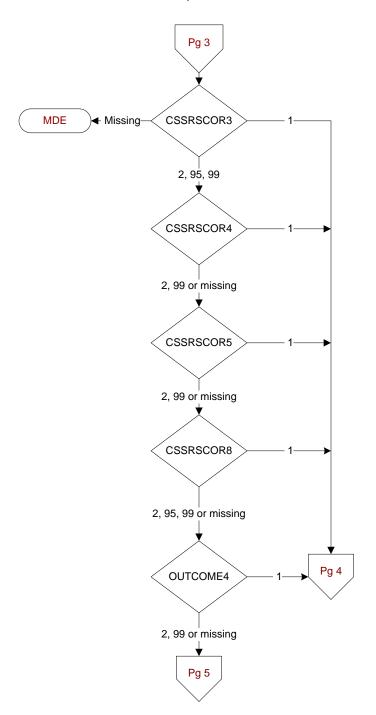
CSSRS (MH)

On (computer to display **phqi9dt)**, the day of the positive **I 9**, did the acceptable provider complete the Columbia-Suicide Severity Rating Scale (C-SSRS) Screener?

- 1. Yes
- 2. No

98. Patient refused to complete the C-SSRS screener





CSSRSCOR3 (MH)

Enter the score for C-SSRS Screener Question 3 documented in the record: (Time period designated, e.g. Over the past month) Have you been thinking about how you might do this?

- 1. Yes
- 2. No
- 95. Not applicable
- 99. Score not documented

CSSRSCOR4 (MH)

Enter the score for C-SSRS Screener Question 4 documented in the record: (Time period designated e.g., Over the past month) Have you had these thoughts and had some intention of acting on them?

- 1. Yes
- 2. No
- 99. Score not documented

CSSRSCOR5 (MH)

Enter the score for C-SSRS Screener Question 5 documented in the record: (Time period designated e.g., Over the past month) Have you started to work out or worked out the details of how to kill yourself?

- 1.Yes
- 2.No
- 99. Score not documented

CSSRSCOR8 (MH)

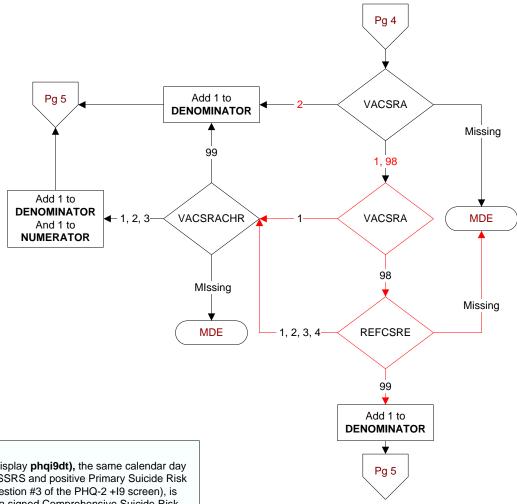
Enter the score for C-SSRS Screener Question 1 documented in the record: (Time period designated, e.g. Over the past month) Have you wished you were dead or wished you could go to sleep and not wake up?

- 1. Yes
- 2. No
- 99. Score not documented

OUTCOME4 (MH)

Enter the interpretation of the C-SSRS Screener as documented in the medical record.

- 1. Positive
- 2. Negative
- 99. No interpretation documented



VACSRA (MH)

On (computer to display **phqi9dt)**, the same calendar day as the positive C-SSRS and positive Primary Suicide Risk Screen (item 9/question #3 of the PHQ-2 +19 screen), is there evidence of a signed Comprehensive Suicide Risk Evaluation (CSRE) in the record?

- 1. Yes
- 2. No
- 98. Patient refused to complete CSRE

REFCSRE (MH)

Was there documentation by the acceptable provider that the validity of the information contained within the CSRE was in question?

- 1. Yes, due to Veteran being under the influence $\ (e.g., drugs, alcohol, etc.)$
- 2. Yes, due to Veteran's medical condition (e.g., dementia, etc.)
- 3. Yes, due to Other (e.g., refusal)
- 4. No (no checkbox indicates validity of the CSRE information was not in question)
- 99. No documentation whether the validity of the CSRE information was or was not in question

VACSRACHR (MH)

Enter the Clinical Impression of Chronic Risk as documented in the medical record:

- 1. High Risk (as evidenced by):
- 2. Intermediate Risk (as evidenced by):
- 3. Low Risk (as evidenced by):
- 99. Chronic risk not documented

PTSDX (MH)

Within the past year, did the patient have at least one clinical encounter where PTSD was identified as a reason for the clinical encounter as evidenced by one of the following ICD-10-CM diagnosis codes:

F431, F4310 - F4312

- 1. Yes
- 2. No

PTSRNPC (MH)

Within the past five years, was the patient screened for PTSD using the Primary Care PTSD Screen (PC-PTSD)?

- 1. Yes
- 2. No

SCRPTSD5I9 (MH)

Within the past year, was the patient screened for PTSD using the Primary Care PTSD5 +19?

- 1. Yes
- 2. No

98. Patient refused to complete PC-PTSD5 +I9

PTSDI9SCOR (MH)

Enter the score for item 9 question #6 of the PC-PTSD5 + I9 screen documented in the record:

Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead, or of hurting yourself in some way?

- 0. Not at all \rightarrow 0
- 1. Several days \rightarrow 1
- 2. More than half the days \rightarrow 2
- 3. Nearly every day \rightarrow 3
- 99. No answer documented

PTSDI9OUT (MH)

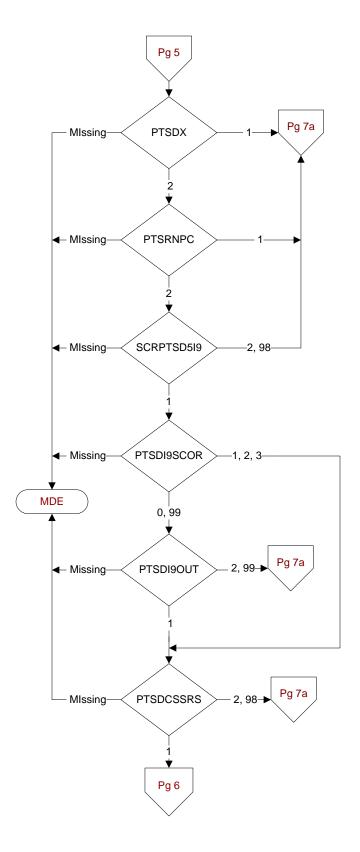
Enter the interpretation of item 9 question #6 of the PC-PTSD5- +I9 screen as documented in the medical record.

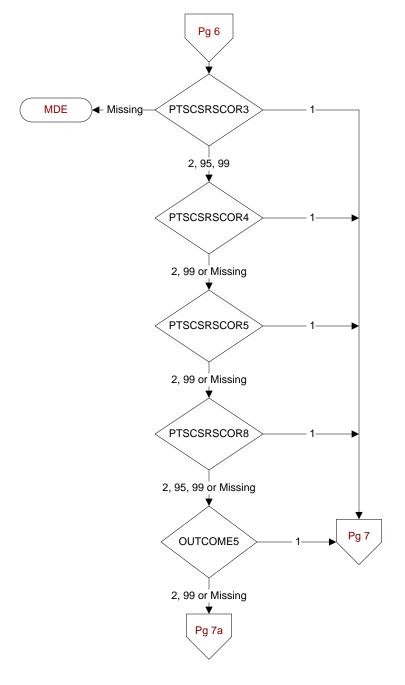
- 1. Positive
- 2. Negative
- 99. No interpretation documented

PTSDCSSRS (MH)

On (computer to display pcptsd5dt), the day of the positive I 9, did the acceptable provider complete the Columbia-Suicide Severity Rating Scale (C-SSRS) Screener?

- 1. Yes
- 2. No
- 98. Patient refused to complete the C-SSRS screener





PTSCSRSCOR3 (MH)

Enter the score for C-SSRS Screener Question 3 documented in the record: (Time period designated, e.g. Over the past month) Have you been thinking about how you might do this?

1. Yes

2. No

95. Not applicable

99. Score not documented

PTSCSRSCOR4 (MH)

Enter the score for C-SSRS Screener Question 4 documented in the record: (Time period designated e.g., Over the past month) Have you had these thoughts and had some intention of acting on them?

1. Yes

2. No

99. Score not documented

PTSCSRSCOR5 (MH)

Enter the score for C-SSRS Screener Question 5 documented in the record: (Time period designated e.g., Over the past month) Have you started to work out or worked out the details of how to kill yourself?

1.Yes

2.No

99. Score not documented

PTSCSRSCOR8 (MH)

Enter the score for C-SSRS Screener Question 8 documented in the medical record: Was this within the past 3 months?

1. Yes

2. No

95. Not applicable

99. Score not documented

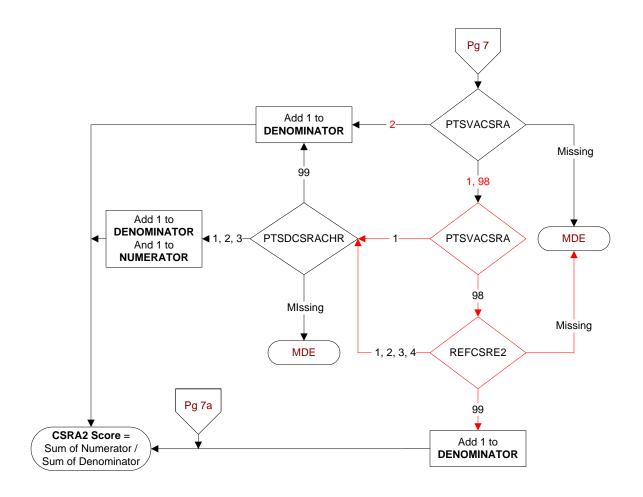
OUTCOME5 (MH)

Enter the interpretation of the C-SSRS Screener as documented in the medical.

1. Positive

2. Negative

99. No interpretation documented



PTSVACSRA (MH)

On (computer to display pcptsd5dt), the same calendar day as the positive C-SSRS Screener and positive Primary Suicide Risk Screen (item 9/question #6 of the PC-PTSD5+19 screen), is there evidence of a signed Comprehensive Suicide Risk Evaluation (CSRE) in the record?

- 1. Yes
- 2. No

98. Patient refused to complete CSRE

PTSDCSRACHR (MH)

Enter the Clinical Impressions of Chronic Risk as documented in the medical record:

- 1. High Risk (as evidenced by):
- 2. Intermediate Risk (as evidenced by):
- 3. Low Risk (as evidenced by):
- 99. Chronic risk not documented

REFCSRE2 (MH)

Was there documentation by the acceptable provider that the validity of the information contained within the CSRE was in question?

- 1. Yes, due to Veteran being under the influence (e.g., drugs, alcohol, etc.)
- 2. Yes, due to Veteran's medical condition (e.g., dementia, etc.)
- 3. Yes, due to Other (e.g., refusal)
- 4. No (no checkbox indicates validity of the CSRE information was not in question)
- 99. No documentation whether the validity of the CSRE information was or was not in question