NURSING HOME RESIDENT INTERVIEW: MET NEEDS AND CARE PREFERENCES

RESIDENT NAME/ ID# _______________________                     DATE: ____/____/_____
FACILITY/ROOM #: ___________________________
INTERVIEWER NAME: ___________________________

DK = “Don’t Know” ; NR = “no response” or “nonsense response”

IN and OUT of BED SCHEDULE

Interviewer: “I would like to ask you some questions about your bedtime schedule.”

1. About what time do you get out of bed in the morning? ______(Fill in time)     ___DK/NR
   
   If DK/NR: Do you get out of bed before or after breakfast?     ___Before breakfast    ___After breakfast

2. Do you have to wait a long time for someone to help you out of bed?
   ___YES     ___NO     ___SOMETIMES     ___DK/NR

3. About what time do you like to get out of bed in the morning? ______(Fill in time)   ___DK/NR
   
   If DK/NR: Do you like to get out of bed before or after breakfast?   ___Before     ___After breakfast

4. Do you go back to bed for a nap during the day?     ___YES     ___NO     ___SOMETIMES     ___DK/NR

5. Do you like to take naps during the day? ___YES     ___NO     ___SOMETIMES     ___DK/NR

6. About what time do you go back to bed at night?______(Fill in time)     ___DK/NR
   
   If DK/NR: Do you go back to bed before or after dinner?     ___Before dinner    ___After dinner

7. About what time do you like to go back to bed at night?______(Fill in time)     ___DK/NR

   If DK/NR: Do you like to go back to bed before or after dinner?     ___Before dinner    ___After dinner

8. If you could change something about your bedtime schedule and/or the way staff help you in and out of bed, what would it be?