

## 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?