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”

DRESSING, GROOMING, and PERSONAL HYGIENE ASSISTANCE

Introducer: “I would like to ask you some questions about the help you receive to get dressed.”

1. Did someone who works here help you get dressed today? ___YES     ___NO (Independent)    ___DK/NR

2. Did someone who works here help you to:
   a. Comb your hair today? ___YES     ___NO (Independent)     ___NO (Didn’t get done)     ___DK/NR
   b. Clean your mouth/teeth today? ___YES     ___NO (Independent)     ___NO (Didn’t get done)     ___DK/NR

3. Did you have to wait a long time for someone to help you get dressed today?
   ___YES     ___NO (Independent)    ___DK/NR

4. If you could change something about the way staff help you to get ready or the things they do for you, what would it be?

5. How often do you have a shower or bath?
   ___Every Day     ___1/week     ___2/week     ___3/week     #Stated by Resident:________

6. How often would you like to have a shower or bath?
   ___Every Day     ___1/week     ___2/week     ___3/week     #Stated by Resident:________

7. If you could change something about your shower/bath schedule or the way staff help you to take a shower or bath, what would it be?