

## NURSING HOME RESIDENT INTERVIEW: MET NEEDS AND CARE PREFERENCES

RESIDENT NAME/ ID# \_\_\_\_\_  
FACILITY/ROOM #: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

INTERVIEWER NAME: \_\_\_\_\_

DK = "Don't Know" ; NR = "no response" or "nonsense response"

### DRESSING, GROOMING, and PERSONAL HYGIENE ASSISTANCE

**Interviewer: "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?