

## 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"

### **INCONTINENCE CARE: Toileting Assistance**

**Interviewer: "I would like to ask you some questions about the help you receive to use the toilet".**

1. Has somebody who works here helped you to use the toilet today? \_\_\_ Yes \_\_\_ No \_\_\_ DK/NR
2. How many times during the day does someone who works here help you to use the toilet (bedpan,urinal)?  
\_\_\_0 \_\_\_1 \_\_\_2 \_\_\_3 \_\_\_ More than 3 \_\_\_INDEPENDENT \_\_\_DK/NR

**If DK, NR, or unclear response:** Do you think you get help to use the toilet (bedpan, urinal)

\_\_\_ Not at all/0 times \_\_\_ 1 time/day or \_\_\_ More than 1 time/day

3. Are you ever afraid to ask the staff to help you to use the toilet? \_\_\_ Yes \_\_\_ No \_\_\_ DK/NR

**4. IF resident reports receiving toileting assistance from staff, ask:**

Do you have to wait a long time for someone to help you use the toilet? \_\_\_ Yes \_\_\_ No \_\_\_ DK/NR

5. How many times during the day would you like someone to help you use the toilet (bedpan, urinal)?  
\_\_\_0 \_\_\_1 \_\_\_2 \_\_\_3 \_\_\_ More than 3 \_\_\_DK/NR

6. If you could change something about the toileting schedule or the way staff help you to use the toilet (bedpan, urinal), what would it be?