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?