

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?

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MOBILITY ASSISTANCE: Walking

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

1. Has somebody who works here helped you to walk today? ___Yes ___No ___DK/NR

2. How many times during the day does someone who works here help you walk?

___0 ___1 ___2 ___3 ___ More than 3 ___INDEPENDENT ___DK/NR

___ Other (e.g., 3 times / week): _____

If DK, NR, or unclear response: Do you think you get help to walk

___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 walk? ___Yes ___No ___DK/NR

4. Does someone help you to walk when you want to walk? ___Yes ___No ___DK/NR

5. How many times during the day would you like someone to help you to walk?

___0 ___1 ___2 ___3 ___ More than 3 ___DK/NR

6. If you could change something about your walking schedule or the way staff help you to walk, what would it be?

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SOCIAL ENVIRONMENT

Interviewer: "I would like to ask you some questions about the kinds of activities you enjoy."

1. Do you go to any of the activities here? (Provide examples of activities offered by the facility)

YES NO SOMETIMES DK/NR

2. Do the people who work here tell you about the activities (that are scheduled for the day)?

YES NO SOMETIMES DK/NR

3. Do you enjoy going to the activities here? YES NO SOMETIMES DK/NR

3a. Which activities do you enjoy the most? (Prompt with activities offered by the facility)

4. If you could change something about the activity schedule or the activities offered here, what would it be?

Interviewer: "Now I would like to ask you a few questions about the people who work here."

5. Do the people who work here talk to you in a nice way when they are helping you (e.g., to walk, eat, get dressed)? YES NO SOMETIMES DK/NR

6. Do you feel rushed when they are helping you (e.g., to walk, eat, get dressed, use the toilet)?

YES NO SOMETIMES DK/NR

7. Do the people who work here tell you when they will be back to check on you again?

YES NO SOMETIMES DK/NR

8. If you could change something about the care or the staff here, what would it be?

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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?

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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?

