

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"

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?