

RESIDENTIAL CARE FACILITY

INTERVIEW DETAILS

Today's Date: _____

Resident ID: _____

Facility ID: _____

Admission Date: _____

Resident Gender: ☐ Male
☐ Female

Interviewer Name: _____

INTERVIEW STATUS

- ☐ Complete
- ☐ Incomplete → Reason why interview is incomplete (if applicable)

- ☐ Resident fatigue
- ☐ Unable to respond to questions
- ☐ Refusal to continue
- ☐ Necessary clinical care
- ☐ Resident Illness
- ☐ Other _____

Assistance with interview
(if applicable)

- ☐ Family Member
- ☐ Volunteer
- ☐ Guardian
- ☐ Other _____
- ☐ None

Visual Confirmation: Does this resident live in a memory care unit?

- ☐ Yes
- ☐ No
- ☐ Don't know

MOVING IN

FIRST, I'D LIKE YOU TO THINK BACK TO WHEN YOU FIRST CAME TO STAY HERE.

1. Do you remember what it was like when you first came to stay at this care facility [or facility name]? *(Repeat Answer Options)*

(If No or DK/NA/NR, skip to Spending Time, question 5.)

2. Did you receive a thorough orientation to [facility name]? *(Probe: Someone introduced you to the community, told you who to go to for different kinds of questions)*

3. Were you given enough information to learn how things work here? *(Probe: When meals are served, where to sit in the dining room, how to find out about activities)*

4. Did you feel warmly welcomed as a new resident?

Generally, yes	Generally, no	DK/NA/NR
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SPENDING TIME

NEXT, I'D LIKE YOU TO THINK ABOUT HOW YOU SPEND YOUR TIME.

	Generally, yes	Generally, no	DK/NA/NR
5. Do you usually enjoy how you spend your time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Do you have something to look forward to most days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Do you feel as connected to the outside community as you want to be? <i>(Probe: Knowing about things that are going on outside the facility)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Do you feel included in life here? <i>(Probe: Know about things that are happening, feel part of a community)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Do you have plenty of opportunities to do things that are meaningful to you? <i>(Probe: Things that are important to you, things that matter)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Do you have enough opportunities to go on outings and special events?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Do you like the activities here? <i>(Probe: Games like bingo, entertainers, movies, parties)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Are you able to do the activities offered here, if you want? <i>(Probe: For example, if you have a hearing or vision impairment or other disability)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Do you spend too much time waiting for things to begin? * <i>(Probe: Activities to begin, meals to be served)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Are there enjoyable things to do on the weekends if you want? <i>(Probe: Games and bingo, entertainers, movies, parties)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CARE AND SERVICES

NOW, I'D LIKE YOU TO THINK ABOUT THE HELP YOU GET HERE.

	Generally, yes	Generally, no	DK/NA/NR
15. Can you decide how to spend your day? <i>(Probe: Meals served at the time you want, get help with bathing when you want it)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Have you gotten or are you getting physical therapy, occupational therapy or speech therapy, while living at this care facility?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(If No or DK/NA/NR, skip to Caregivers, question 20.)

17. Did (Do) the therapists help you set goals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Did (Does) the therapy help you meet your goals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Did (Do) you know who to speak to about your therapy progress? <i>(Example ok)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CAREGIVERS

NEXT, I'D LIKE YOU TO THINK ABOUT THE PEOPLE WHO CARE FOR YOU.

	Generally, yes	Generally, no	DK/NA/NR
20. Are the people who work here knowledgeable about your medical conditions and treatments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Do the people who work here do things the way you want them done? <i>(Probe: Clean your room properly, turn on music that you like, prepare your coffee the way you like it)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Do the people who work here make sure you are comfortable when they provide care or services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Do the people who work here do everything they can to protect you from getting sick? <i>(Probe: Wash their hands, sanitize high touch surfaces, wear masks if they are recovering from illness)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Do the people who work here check on you often enough to see if you need anything?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Do the people who work here support you to do as much for yourself as you are able to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Do you have opportunities to maintain your health and wellness, if you want? <i>(Probe: Participate in exercise classes)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Do you feel confident the people who work here would come quickly anytime you needed help?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Do the people who work here ever get angry at you? *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Do the people who care for you explain your care and services to you? <i>(Probe: Explain what is going to happen next, describe what they are doing)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Do the same people take care of you most of the time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MEALS AND DINING

NOW, I WANT YOU TO THINK ABOUT THE FOOD AND MEALTIME.

	Generally, yes	Generally, no	DK/NA/NR
31. Do you get enough to eat here?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Do you get enough fresh fruits and vegetables here?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Does the menu change often enough?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Can you ask for different food to be added to the menu?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Do you like the food here?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Do you look forward to mealtimes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ENVIRONMENT

NEXT, I'D LIKE YOU TO THINK ABOUT YOUR ROOM (OR APARTMENT) AND THE BUILDING.

	Generally, yes	Generally, no	DK/NA/NR
37. Is it very clean here?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Are you able to get around your room or apartment easily, with or without assistance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. With or without assistance, can you get to different places in the building?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. With or without assistance, can you enjoy the outdoors if you want to, weather permitting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Do you feel you have enough privacy? <i>(Probe: To have a conversation, meet with visitors, do things by yourself)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Are your personal items safe here? <i>(Probe personal items: Your clothing, other things that belong to you; Probe safe: Things don't get lost or stolen, things don't get damaged)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Do you feel safe here?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FACILITY CULTURE

FOR THESE LAST QUESTIONS, I'D LIKE YOU TO THINK ABOUT THINGS OVERALL.

	Generally, yes	Generally, no	DK/NA/NR
44. Do you feel comfortable speaking up about things you don't like here? <i>(Probe: Your bathing schedule, the food, your room)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. Are your concerns taken care of in a timely way? <i>(Probe: The food, your room)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. Are you as involved in decisions about your care as you want to be?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. Do the people who work here seem happy to work here? <i>(Probe: Aides, nurses, dining room servers)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. Do the people who work here go above and beyond to give you a good life? <i>(Probe: Assist with technology, go the extra mile, do extra things)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. Do the people who work here help you with technology, if needed? <i>(Probe: using a cellphone, getting access to internet, setting up a video meeting)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. Do the people who work here tell you when rules, policies, and procedures change?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. Do you enjoy spending time with anyone who lives here? <i>(Example ok)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. Would you highly recommend [name of facility] to someone who needs this type of care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. Overall, are you satisfied with the care you receive here?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**THOSE ARE ALL THE QUESTIONS I HAVE FOR YOU. THANK YOU VERY MUCH FOR ANSWERING ALL MY QUESTIONS.
[RETURN TO PAGE ONE TO COMPLETE ALL APPLICABLE SECTIONS.]**