

NURSING FACILITY

INTERVIEW DETAILS

Today's Date: _____

Resident ID: _____

Length of Stay: ☐ Long-term
☐ Short-term

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.

Generally, yes Generally, no DK/NA/NR

1. Do you remember what it was like when you first came to stay at this nursing home [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)*

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☐

☐

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)*

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☐

☐

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

☐

☐

☐

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 nursing home)</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 the 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 like the activities here? <i>(Probe: Games like bingo, entertainers, movies, parties)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. 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"/>
12. 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"/>
13. Are there enjoyable things for you 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
14. Can you decide how you spend your day? <i>(Probe: Meals served at the time you want, baths scheduled on the days or times you want)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Are you able to do the things you want to do for yourself, with or without assistance? <i>(Probe: Getting dressed, grooming, moving around)</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 nursing home?	<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 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"/>
23. 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"/>
24. Are the people who work here gentle with your care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Do the people who work here come quickly anytime you call or ask for help?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Do the people who work here ever get angry at you? *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Do the people who work here tell you what they are doing when they care for you? <i>(Probe: Explain what is going to happen, tell you what is coming next)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Do the same people care for 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
29. Do you get enough to eat here?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Do you get enough fresh fruits and vegetables here?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Does the menu change often enough?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Can you ask for different food to be added to the menu?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Do you like the food here?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. 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 AND THE BUILDING.

	Generally, yes	Generally, no	DK/NA/NR
35. Is it very clean here?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Are you able to get around your room easily, with or without assistance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. With or without assistance, can you get to different places in the building?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. With or without assistance, can you enjoy the outdoors if you want to, weather permitting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. 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"/>
40. 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"/>
41. 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
42. 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"/>
43. Are your concerns taken care of in a timely way? (<i>Probe: Your bathing schedule, the food, your room</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. Are you involved in decisions about your care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. 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"/>
46. 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"/>
47. Do the people who work here help you with technology, if you need help? (<i>Probe: Using a cellphone, getting access to internet, setting up a video meeting</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. Do the people who work here tell you when rules, policies, and procedures change?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. Do you enjoy spending time with anyone who lives here? (<i>Example ok</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. Would you highly recommend [facility name] to someone who needs this type of care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. 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]**