



INTERVIEW DETAILS

Today's Date: _____

Resident ID: _____

Length of Stay: Long-term
 Short-term

Facility ID: _____

Admission Date: _____

Resident Gender: Male
 Female

Interviewer ID: _____

Mark only if interview was interrupted and re-started

Start Time 1: _____ : _____ am / pm
 Hr Min

Start Time 2: _____ : _____ am / pm
 Hr Min

End Time 1: _____ : _____ am / pm
 Hr Min

End Time 2: _____ : _____ am / pm
 Hr Min

INTERVIEW STATUS

Complete

Incomplete → Reason why interview is incomplete (if applicable)

Resident fatigue

Necessary clinical care

Unable to respond to questions

Resident illness

Refusal to continue

Other

Assistance with interview
(if applicable)

Family member

Volunteer

Guardian

Other

MOVING IN

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

Generally,
yes

Generally,
no

DK/NA/NR

1. Do you remember what it was like when you first moved in here?

(If no, skip to Spending Time, question 4.)

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

3. 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 |
|--|-----------------------|-----------------------|-----------------------|
| 4. Do you usually enjoy how you spend your time? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Do you have something to look forward to most days? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Do the people who work here keep you connected to the community? (Probe: Knowing about things that are going on here and outside the nursing home) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Are you given plenty of opportunities to do things that are meaningful to you? (Probe: Things that are important to you, things that matter) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Do you like the activities that are provided here? (Probe: Games like bingo, entertainers, movies, parties) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Do you spend too much time waiting for things? (Probe: Activities to begin, meals to be served) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Does the nursing home [or facility name] provide enjoyable things to do on the weekends? (Probe: Games and bingo, entertainers, movies, parties) | <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 |
|---|-----------------------|-----------------------|-----------------------|
| 11. Are your preferences about daily routines carried out? (Probe: Meals are served at the time you want, you get the type of bath you want) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. Do the people who work here give you enough time to do the things you can do for yourself? (Probe: Getting dressed, grooming, moving around) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. Have you gotten or are you getting special therapies, like physical therapy, occupational therapy or speech therapy, while living at this nursing home? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

(If no, skip to Caregivers, question 17.)

| | | | |
|--|-----------------------|-----------------------|-----------------------|
| 14. Did the therapists help you set goals? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. Did the therapy help you meet your goals? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. Did (Do) you know who to speak to about your therapy progress? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

CAREGIVERS

NEXT I'D LIKE YOU TO THINK ABOUT THE PEOPLE WHO TAKE CARE OF YOU.

| | Generally, yes | Generally, no | DK/NA/NR |
|--|-----------------------|-----------------------|-----------------------|
| 17. Are the people who work here knowledgeable about your medical conditions and treatments? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. Do the people who work here do things the way you want them done? (Probe: Clean your room properly, turn on music that you like, prepare your coffee the way you like it) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. 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"/> |
| 20. Are the people who work here gentle with your care? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. Do the people who work here come quickly anytime you call or ask for help? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. Do the people who work here ever get angry at you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. Do the people who work here tell you what they are doing when they care for you? (Probe: Explain what is going to happen, tell you what is coming next) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. 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 |
|---|-----------------------|-----------------------|-----------------------|
| 25. Do you get your favorite foods here? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26. Does the menu change often enough? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27. Do you have input into the food that is served? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28. Do you like the food here? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 29. 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 |
|---|-----------------------|-----------------------|-----------------------|
| 30. Is it very clean here? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31. Is it easy for you to get around in your room? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 32. Can you enjoy the outdoors when you want to? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 33. 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"/> |
| 34. Can you find a place to be alone when you want to be alone? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 35. 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"/> |
| 36. 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 |
|---|-----------------------|-----------------------|-----------------------|
| 37. Are you encouraged to speak 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"/> |
| 38. 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"/> |
| 39. Are you involved in decisions about your care? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 40. 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"/> |
| 41. Do the people who work here go above and beyond to give you a good life? <i>(Probe: Go the extra mile, do extra things)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 42. 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"/> |
| 43. Are you friends with anyone who lives here? <i>(Probe: Is there anyone you enjoy spending time with)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 44. Would you highly recommend this nursing home to a family member or friend? | <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.

[GO TO THE FIRST PAGE AND RECORD INTERVIEW STATUS AND INTERVIEW END TIME.]