

Appendix B

Resident Interview, Wave 1

RESIDENT – INTERVIEW, WAVE 1

INTERVIEWER: ID

--	--	--

NAME

--	--	--	--	--	--	--	--	--	--

DATE OF COMPLETION

--	--	--	--	--	--	--	--	--	--

TIME OF COMPLETION

		:			<input type="checkbox"/> 1 AM
		:			<input type="checkbox"/> 2 PM
hour			min		

Notes:

Instructions:

1. First break point:

Respondent unable to give definite answer to ANY EIGHT ITEMS on the next page:

You checked “Don’t know”, Refuse” or “No response” 8 times total (questions 1-6).

- You may go immediately to questions 93 and 94 and exit the interview,**
- you may continue the interview in the hopes of getting better responses and move to question 93 and 94 and exit the interview at any time.**

2. Second break point.

Respondent passes first break point but unable to give definite answer to ANY EIGHT CONSECUTIVE ITEMS:

You checked “Don’t know”, “Refuse” or “No response” 8 times in a row.

- you may go immediately to questions 93 and 94 and exit the interview,**
- you may continue the interview in the hopes of getting better responses and move to questions 93 and 94 and exit the interview at any time.**

INTRODUCTION: (Adapt to own style but cover points):

Hello, (NAME OF RESIDENT): I am _____. I am working with the University of Minnesota in a national project that is studying what makes a good or bad quality of life for people living in nursing homes. The study is sponsored by the part of the federal government that runs Medicare and organizes inspections of nursing homes. My talking to you is not part of an official inspection or survey of your nursing home, but it is part of an official government activity to learn more about how nursing home residents feel, what they like, and so on. None of the things you tell me will be repeated to anyone giving care to you: this is true for both compliments and complaints. This means you should feel comfortable in expressing yourself to us, but it also means that if our discussion raises issues that you want to tell staff about, you need to do that some other way. I would like to talk to you for awhile now or some time when it is convenient for you. There are no right answers to my questions and the whole discussion concerns what life is like for YOU.

The first questions are about how comfortable you are and the help you get to make you more comfortable. *(If no response is given from the first four columns, use next group of columns.)*

		Often	Some- times	Rarely	Never	Mostly yes	Mostly no	DK	Ref. NA
1	How often are you:								
a	Too cold here?								
b	Too hot here?								
c	So long in the same position that it hurts?								
d	In physical pain?								
e	Bothered by noise when you are in your room?								
f	Bothered by noise in the dining room or other parts of the nursing home?								
g	Unable to see well because the lighting in your room is poor?								
h	Thirsty without something to drink?								
2	When you are uncomfortable, do staff notice or pay attention without your asking?								
3	If something hurts or causes your pain, can you get?								
4	During the day, are call lights answered promptly (e.g., within five minutes)?								
5	When you are uncomfortable, do staff notice or pay attention without your asking?								
6	Are you satisfied with the cleanliness here?								

Notes:

The next questions are about how easy it is for you to do things for yourself as much as you want to. *(if no response is given from the first four columns, use next group of columns).*

		Often	Some- times	Rarely	Never	Mostly yes	Mostly no	DK	Ref. NA
7	Is it easy for you to get around in your room by yourself?								
8	Can you easily reach the things you need?								
9	If you are anywhere in the nursing home and need a bathroom, can you get to one quickly?								
10	Can you easily reach your toilet articles and things you want to use in your bathroom?								
11	Can you groom yourself and check your appearance when you want?								
12	Could you do more to dress yourself if you had more time?								
13	Do you do as much to take care of your own things and your room as you can and want?								

Notes:

The next questions here are about privacy or lack of privacy.
(if no response is given from the first four columns, use next group of columns).

14	Can you find a place to be alone here when you wish?	Often	Some-times	Rarely	Never	Mostly yes	Mostly no	DK	Ref. NA
15	Can you make a private phone call?								
16	When you have a visitor, can you find a place to visit in privacy?								
17	If you want to be together in private with another resident, (other than your roommate), is it possible?								
18	Do the people who work here knock and wait for a reply before entering your room?								
19	Do people working or living here know more of your personal business than you want them to?								

Notes:

The next questions are about your choice and control that you have.
(if no response is given from the first four columns, use next group of columns).

20	Can you go to bed at the time you want?	Often	Some-times	Rarely	Never	Mostly yes	Mostly no	DK	Ref. NA
21	Can you get up in the morning at the time you want?								
22	Can you decide what clothes to wear?								
23	Do you have a choice to keep your door open or not?								
24	Do you feel pressured to go to organized activities even if you don't want to?								
25	Have you been successful in making changes in things you do not like? (if R had no desire to make changes, check "Not applicable".)								

								DK	Ref.
26a	How many baths or showers per week do you have (<i>write-in number from 0-9</i>)?		Number of baths or showers						

		More than you want?	Fewer than you want?	The right number?	DK	Ref.
26b	Are the baths and showers you get:					

				DK	Ref.
27a	How many times a day do you take a walk, on foot or in your wheelchair? (write-in number from 0-9) (If R asks for a definition, say "A WALK FOR 5-MINUTES OR MORE")		Times per day		

		More than you want?	Fewer than you want?	The right number?	DK	Ref.
27b	Is this number:					

		A lot	Some	Not much	None	Mostly yes	Mostly no	DK	Ref. NA
28	How much say did you have in picking or changing your present roommate? (If R has not had a roommate in the last month, check "not applicable".)								

		Very Satisfied	Some-what satisfied	Somewhat unsatisfied	Very unsatisfied	Mostly yes	Mostly no	DK	Ref. NA
29	If you had a roommate in the last month, how satisfied are with your roommate? (If R has not had a roommate in the last month, check "not applicable").								

Notes:

The next questions concern how you feel your dignity is respected.

		Often	Some-times	Rarely	Never	Mostly yes	Mostly no	DK	Ref. NA
30	Do staff call you by the name you prefer?								
31	Do staff here treat you politely?								
32	Do you feel you are treated with respect?								
33	Do staff here handle you gently while giving care to you?								
34	Do staff here respect your modesty?								
35	Do you mind having a staff member of the opposite sex giving you a bath?								
36	Do staff here talk to residents as if they were children?								
37	Do staff remember to do the things you ask them to do?								
38	Do staff take time to listen to you when you have something you want to say?								

Notes:

Now we have some questions about how you spend your time.

		Mostly yes	Mostly no	DK	Ref. NA
39	Not counting medical appointments, during the past three months, that is since _____ (insert month), did you ever leave the grounds of (NAME OF FACILITY)?				

		Every day	Several times a week	About once a week	Less than once a week	Less than once a month	DK	Ref. NA
40	How often do you get outdoors:							

		Often	Some- times	Rarely	Never	Mostly yes	Mostly no	DK	Ref. NA
41	Do staff take time to listen to you when you have something you want to say?								

skip to 43

		Yes	No	DK	Ref.
42a	Here at (NAME OF FACILITY), have you been able to continue with any particular activities, pastimes, interests, or hobbies that have interested you during your life.				
		Relevant example given		No relevant example given	
b	Could you give me an example? (<i>Ask only if R does not elaborate, otherwise fill in what R said without asking</i>)				

skip to 44

		Yes	No	DK	Ref.
43a	Since you came to live at (NAME OF FACILITY), have you found any new, enjoyable activities, pastimes, or interests?				
		Relevant example given		No relevant example given	
b	Could you give me an example? (<i>Ask only if R does not elaborate, otherwise fill in what R said without asking</i>)				

		Often	Some- times	Rarely	Never	Mostly yes	Mostly no	DK	Ref. NA
44	Outside of religious activities, do you have enjoyable things to do at the nursing home during the weekend?								
45	Do you wish there were more interesting things to do here?								
46	Do you enjoy the organized activities here at the nursing home?								
47	When you want to do something or go somewhere that you decide, does the staff help make that possible?								
48	Despite your health condition, do you give help to others, such as other residents, your family, people in this nursing home, or in the outside community?								
49.	Do the days here seem too long to you?								

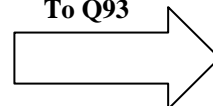
Notes:

My next section is about how you've been feeling in the past two weeks. For each question, please tell me if you have felt this way often, sometimes, seldom, or never.

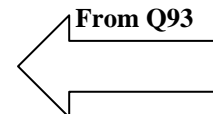
In the last 2 weeks, how often have you felt:	Often	Sometimes	Rarely	Never	Mostly yes	Mostly no	DK	Ref. NA
a. Lonely								
b. Happy								
c. Bored								
d. Angry								
e. Contented								
f. Worried								
g. Interested in things								
h. Sad								
i. Afraid								
j. Looking forward to the future								

If R cannot use the 4 response categories, go to **Q 93**, and then return to **Q 51** on this questionnaire.

To Q93



From Q93



Notes:

		Often	Sometimes	Rarely	Never	Mostly yes	Mostly no	DK	Ref. NA
51	Do you like the food here at (NAME OF FACILITY)?								
52	Do you enjoy mealtimes at (NAME OF FACILITY)?								
53	Can you get your favorite foods at (NAME OF FACILITY)?								
54	Do you get a good night's sleep at (NAME OF FACILITY)?								

Skip to 56

		Yes	No	DK	Ref.
55a	Is there anything you brought with you to (NAME OF FACILITY) that makes you feel especially at home?				
		Relevant example given		No relevant example given	
b	What did you bring? (<i>Ask only if R does not elaborate, otherwise fill in what R said without asking</i>)				

Notes:

		Often	Some- times	Rarely	Never	Mostly yes	Mostly no	DK	Ref. NA
56	In the past few weeks, how often did you feel like yourself?								
57	In the past few weeks, how often have you felt like everything here is impersonal?								
58	Taking all staff together—nurses and aides and others, does the staff know about your interest and what you like?								

		Yes, one staff member does	Yes, more than one staff member does	No, nobody on staff knows me as a person	DK	Ref. NA
59	Does one or more staff members know you as a person?					

		Often	Some- times	Rarely	Never	Mostly yes	Mostly no	DK	Ref. NA
60	Is it easy to make friends at this nursing home?								

		Yes	No	DK	Ref. NA
61	Do you consider that <u>any</u> other resident here is a <u>close</u> friend?				

		Often	Some- times	Rarely	Never	Mostly yes	Mostly no	DK	Ref. NA
62	In the last month, have people who worked here stopped just to have a friendly conversation with you?								

		Yes	No	DK	Ref. NA
63	Do you consider <u>any</u> staff member here to be a friend?				

		Often	Some- times	Rarely	Never	Mostly yes	Mostly no	DK	Ref. NA
64	Do you think that (NAME OF FACILITY) tries to make this an easy and pleasant place for families and friends of residents to visit?								

		Yes	No	DK	Ref. NA
65	Is there someone in your life whom you trust and confide in, and who you would discuss problems with?				

Notes:

		Yes	No	DK	Ref. NA
66	Is there someone in your life whom trusts and confide in <u>you</u> , and would discuss <u>their</u> problems with you?				

		Very Satisfied	Some-what satisfied	Somewhat unsatisfied	Very unsatisfied	Mostly yes	Mostly no	DK	Ref. NA
67a	Considering your own wishes these days, how satisfied are you with your romantic life?								
						Yes	No	DK	Ref. NA
b	Have you ever been stopped for establishing or expressing a romantic or sexual relationship because of lack of privacy in the nursing home or because of staff actions?								
						Yes	No	DK	Ref. NA
c	Are you still interested in having a romantic or sexual life?								

		Often	Some-times	Rarely	Never	Mostly yes	Mostly no	DK	Ref. NA
68.	Is (NAME OF FACILITY) a place where you as a resident know what to expect on a daily basis?								
69.	Are the rules and routines here difficult to understand?								
70.	Do you feel that your possessions are safe at this nursing home?								
71.	Do your clothes get lost or damaged in the laundry?								
72.	Do you feel confident you can get help when you need it?								
73.	If you don't feel good, can you get a nurse or doctor quickly?								
74.	Do you have trouble understanding the aides and other staff when they talk to you because of the way staff speaks your language?								
75.	Do you have trouble making staff understand you because of the way staff speaks your language?								
76.	Do you ever feel afraid because of the way you or some other resident is treated?								
77.	Do you feel comfortable making a complaint here?								
78.	Do you feel this is a safe place to live?								

Notes:

		Often	Some- times	Rarely	Never	Mostly yes	Mostly no	DK	Ref. NA
79.	Can you get a clergyman—for example a priest, minister, or rabbi—to talk to you when you want?								
80a	Do you participate in religious activities here?								
		Too much		Not enough		Right amount		DK	Ref. NA
b	Is the emphasis on religion here the right amount, too much, or not enough for you?								

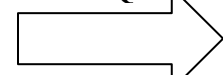
		Often	Some- times	Rarely	Never	Mostly yes	Mostly no	DK	Ref. NA
81	Does the religious observation here have personal meaning for you?								
82	Do you feel that your life as a whole has meaning?								
83	Do you feel at peace?								

Notes:

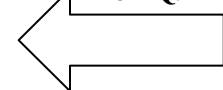
84	Considering your life here, rate the quality of your life here in each of these 12 areas:	Excellent	Good	Fair	Poor	DK	Ref. NA
a	Feeling physically comfortable						
b	Doing as much for yourself as you want						
c	Having the privacy that you want						
d	Having choice and control in your daily life						
e	Feeling your dignity is respected						
f	Having interesting things to see and do.						
g	Feeling life is enjoyable						
h	Following your own interests and preferences						
i	Having good friendships and relationships						
j	Feeling secure and safe						
k	Meeting your spiritual and religious needs						
l	Your life as a whole.						

If R cannot use the 4 response categories, go to **Q 94**, then return to **Q85** on this questionnaire.

To Q94



From Q94



Notes:

		Very Satisfied	Some-what satisfied	Somewhat unsatisfied	Very unsatisfied	Mostly yes	Mostly no	DK	Ref. NA
85a	Finally, how satisfied are you with the programs and services at (NAME OF FACILITY)?								
b	How satisfied are you with your bedroom and bathroom at (NAME OF FACILITY)?								
c	How satisfied are you with the physical layout and the quality of the other parts of the nursing home, not counting your own room and bath.								
		Very likely	Some-what likely	Somewhat unlikely	Very unlikely	Mostly Yes	Mostly No	DK	Ref. NA
86	How likely would you be to recommend (NAME OF FACILITY) to a friend?								

Notes:

The last few questions are about you:

		Never married	Married	Widowed	Separated	Divorced	DK/Ref./NA
87	Are you presently married, widowed, divorced, or single? <i>If R has experienced widowhood, and divorce or separation, use most current status</i>						

		Yes	No	DK	Ref. NA
88	Do you have any living children?				
89	Do you have any living grandchildren?				

		No Schooling	Elementary (8 th grade or less)	Some high school (9-11)	Graduated High School (12 th grade)	Technical or trade school	Some college	Bachelors degree	Graduate degree
90	What best describes the amount of formal education you have?								

Other:

		Protestant	Catholic	Jewish	Muslim	None	DK	Ref.NA
91	What, if anything, is your religious affiliation?							

Other:

		Asian/Pacific Islander	American Indian/ Alaska native	Black (Not Hispanic) African American	Hispanic	Caucasian not of Hispanic origin	Ref.NA DK
92	Which of these best describes your race or ethnicity?						

Other:

Notes:

93	These questions are about how you feel?	Yes	No	DK	Ref. NA
a	Do you feel lonely here?				
b	Do you feel happy here?				
c	Do you feel bored here?				
d	Do you feel angry here?				
e	Do you feel content here?				
f	Do you feel worried?				
g	Do you feel interested in things?				
h	Do you feel sad?				
i	Do you feel afraid?				
j	Are you looking forward to the future?				

Notes:

94	The next questions are about what it is like living at this nursing home.	Yes	No	DK	Ref. NA
a	At this nursing home, do you have interesting things to see and do?				
b	Do you have the privacy you want?				
c	Do you have good friendships?				
d	Is your dignity respected.?				
e	Do you feel physically comfortable?				
f	Can you do as much for yourself as you want?				
g	Do you feel safe and secure?				
h	Do you feel life is enjoyable?				
i	Do you have choices in your everyday life?				
j	Are you able to follow your own interests and preferences?				
k	Can you meet your spiritual or religious needs?				
l	Is your life as a whole of good quality?				

Notes: