

Appendix C

Staff Interview about Resident, Wave 1

Staff Contact Form
(Used to select staff members for sample)

RESIDENT – STAFF INTERVIEW

INTERVIEWER: ID

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NAME

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DATE OF COMPLETION

		/			/				
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TIME OF COMPLETION

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

COMPLETED

- ☐ 1. NH during paid shift
☐ 2. NH but not during paid shift
☐ 3. Elsewhere

Notes:

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Staff Respondent Name:

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ROLE:

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Introduction points:

- the University of Minnesota is conducting a national study of the quality of life of nursing home residents. Your nursing home is participating.
- NAME is in the study.
- you were suggested by NAME OF SUGGESTING PERSON as a direct caregiver who could speak to us about NAME.
- in this study we are collecting information about resident quality of life from residents themselves, a family member, and a CNA or other direct care staff person.
- interviews are confidential and not shared with residents of the nursing home.
- there are no right answers, just your impressions.
- your views are important; CNAs are in an ideal position to comment on a resident's daily life.
- in appreciation for your time we have... (explain incentive: i.e. the particular gift certificates chosen for local area).

The first questions concern NAME OF RESIDENT'S physical comfort.

		Often	Some- times	Rarely	Never	DK
1	Just thinking of NAME in the last month or so, or as long as you have known him/her, how often would you say:					
a	He/she complains about or feels too cold?					
b	He/she complains about or feels too hot?					
c	He/she complains about or feels uncomfortable in his/her position?					
d	He/she feels in physical pain?					
e	He/she is bothered by noise in his/her own room?					
f	He/she is bothered by noise in the dining room and other parts of the nursing home?					
g	He/she complains about or is unable to see well because of lighting in his/her room?					
h	He/she is thirsty and without a drink?					
2	Can you tell when NAME is uncomfortable and needs something?					
3	Can you or other staff succeed in making NAME comfortable when something seems to be bothering him/her?					

The next questions concern whether NAME does things for him/herself as much as he/she wants.

		Often	Some- times	Rarely	Never	DK	NA
4	Can NAME move about his/her room as easily as possible for someone in his/her physical condition?						
5	Can NAME find the items he/she wants close enough to reach in his/her room?						
6	Can NAME get to a bathroom quickly anywhere in the nursing home?						
7	Does NAME take care of his/her own things and room as much as he/she wants?						
8	Do time pressures or facility rules or routines keep NAME from being as independent as he/she wants and can?						

The next questions concern NAME's privacy.

		Often	Some- times	Rarely	Never	DK	NA
9	Does NAME find a place to be alone when he/she wishes?						
10	Can NAME make a telephone call in private?						
11	Does NAME have a place where he/she visits with family and friends in private?						
12	Does NAME seem concerned that people living or working at the facility know too much of her/his personal business?						

The next question concerns the extent to which NAME has control over his/her daily life. We realize that most nursing homes have standard care routines. In answering these questions, try to think about NAME in particular.

		Often	Some- times	Rarely	Never	DK	NA
13	Does NAME go to bed at the time he/she wants?						
14	Does NAME get up in the morning at the time he/she wants?						
15	Does NAME decide what clothes to wear?						
16	Does NAME decide whether or not to attend organized activities?						

Skip to 18

						DK
17a	How many baths of showers does NAME usually get in a week?		Number of baths or showers			
		More than he/she wants?	Fewer than he/she wants?	About the right number?		DK
b	Is this number:					

Skip to 19

						DK
18a	How many walks does NAME take, either on foot or in a wheelchair, in a week. (A walk should take at least 5 minutes.)		Times per day			
		More than he/she wants?	Fewer than he/she wants?	About the right number?		DK
b	Is this number:					

Skip to 20

		A lot	Some	Not much	None	DK	NA
19a	How much say did NAME have in picking his/her current roommate. <i>if in a single room, mark "doesn't apply."</i>						
		Very Satisfied	Somewhat satisfied	Somewhat unsatisfied	Very unsatisfied		DK
19b	How satisfied do you think NAME is with his/her current roommate?						

		Often	Some- times	Rarely	Never	DK	NA
20	Does NAME seem to enjoy the organized activities at the nursing homes?						
21	Does NAME complain about days being too long or time hanging heavily?						
22	Outside of religious activities, does NAME have interesting things to do on the weekends at the nursing home?						
23	Despite his/her health condition, does he/she do anything to help others, such as other residents, family members, the nursing home, or the outside community?						

		Often	Some-	Rarely	Never	DK	NA
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			times				
24	Does NAME seem to enjoy the religious services and programming at the facility?						
25	Does NAME have a clergyman—for example, a priest, minister, or rabbi—who talks with him/her when he/she wants?						
26	Does NAME like the food at the nursing home?						
27	Does NAME seem to enjoy mealtimes at the nursing home?						

		Often	Some-times	Rarely	Never	DK	NA
28	Can NAME get his/her favorite foods at the nursing home?						
29	Does NAME usually get a good night's sleep?						
30	Does NAME or his/her family complain about loss or disappearance of possessions?						
31	Does NAME or his/her family complain about loss or damage of clothing in the laundry?						
32	Does NAME seem familiar with nursing home routines and what to expect on an ordinary day?						
33	Does NAME get upset when staff give him/her baths or shower?(DO BATHS/SHOWERS BECOME A STRUGGLE?)						
34	Does NAME ever seem afraid of other residents or any staff members?						
35	Does NAME ever seem afraid of you or any other staff members?						

		Very much aware	Some-what aware	Only a bit aware	not aware at all	DK
36	How much are you aware of NAME'S interests, preferences, or life experiences?					

		Knowledgeable answer	Answer seems vague/inaccurate	DK
37a	What kind of work did this resident do (or was he/she largely not in the labor force?) _____ (answer)			

		Very well	Some-what well	A little bit	Not at all	DK
38	How well do you feel you know NAME as a person.					

		Knowledgeable answer	Answer seems vague/inaccurate	DK
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39	Which family members, if any, are in touch with NAME? _____ (answer)			
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		No	Yes	Knowledgeable answer	Answer seems vague/ inaccurate	DK
40	Is there anything that NAME brought to the nursing home that makes him/her feel particularly at home?					

Describe: _____

		No	Yes	Knowledgeable answer	Answer seems vague/ inaccurate	DK
41	Since coming to the nursing home, has NAME continued with any hobby, pastime or activity of interest to him/her?					

Describe: _____

		No	Yes	Knowledgeable answer	Answer seems vague/ inaccurate	DK
42	Since coming to the nursing home, has NAME found any <u>new</u> enjoyable activity, pastime, or interests?					

Describe: _____

Skip to 44

					No	Yes	DK
43a	Have physical restraints been used for NAME in the past two weeks? Count limb restraints, vest restraints, lap restraints, chairs that prevent rising. Don't count bedrails.						
		Not at all	Seldom	Often	Very often or always upset		DK
43b	Does NAME express distress about being restrained physically? Which best describes his/her reaction?						

Skip to 45

					No	Yes	DK
44a	Have bedrails been used for NAME in the last two weeks?						
		Not at all	Seldom	Often	Very often or always upset		DK
44b	Does NAME express distress about bedrails being restrained physically? Which best describes his/her reaction?						

45	The next question concerns the kinds of activities RESIDENT does and how often. Use the last 2 weeks as the basis for your estimate.	Daily (or almost daily)	Less than daily, but more than once a week	About weekly	Less than once a week, but at least monthly	Less than once a month	Not at all	DK
a	Planned physical activity or exercise.							
b	Planned social activities – games, crafts, music, parties, events.							
c	Planned outdoor activities.							
d	Religious activities: services, study, meeting with clergy, etc.							
e	Leaving the nursing home on a trip planned by facility.							
f	Leaving the nursing home with family or friends.							

		No	Yes	DK
46	Other than for a medical appointment, has NAME left the grounds of the nursing home at all in the last three months?			

This next set of questions are a standard group that have been used to get a sense of a residents= mood and outlook, relationships and interests. They are especially useful to estimate the well-being of residents with Alzheimer=s disease or other cognitive impairment.

		Often (More than 3 days for most of the day)	At times (More than 3 days for short periods, or 1-3 days for most of the day)	Seldom (1-3 days & only short periods)	Not at all	D K	N A
47	In the past week, how often did:						
a.	NAME look sad and depressed? Count looking gloomy, unhappy, and mournful. Do not include looking bored, indifferent, or anxious.						
b.	NAME talk about being sad or depressed or wanting to be somewhere else? Do not include complaints about care or talking about being worried.						
c.	NAME sound sad and depressed? Count using a tone of voice suggesting sadness or making sad noises like moans or sighs. Do not count sounding angry, worried or being in acute pain.						
d.	NAME cry ?						
e.	NAME seem to be in good spirits. This includes being happy, cheerful, smiling, laughing.						
48	In the last week, how often did:						
a.	NAME look worried tense and anxious?						
b.	NAME talk about being worried about certain things? Do not count talking about being unhappy.						
a.	NAME pay attention to things happening around him/her? (E.g., watching or listening or reacting to things going on around him/her).						
b.	NAME keep himself/herself occupied on his/her own? E.g. by reading, actively watching TV or listening to the radio, going on walks, working on hobbies, chatting with others. Do not count organized recreational activities.						
c.	NAME help other residents? Include any kind of help that seems to reflect concern for the other person, e.g. physically helping them, comforting or entertaining them.						
d.	NAME seem to take any interest in events happening outside his/her nursing home? E.g. taking interest in the activities of his family or absent friends or news or sports.						

48 SOCIAL CONTACTS

- a. How often in the past week did NAME initiate social contacts? This includes by speaking or gesturing or smiling first or by approaching.
- ___ 1. **Frequently.** (Several times or on more than 3 days with **anyone** staff, other residents, visitors)
 - ___ 2. **Sometimes.** (Less than on 3 days)
 - ___ 3. **Never.**
 - ___ 8. DK
 - ___ 9. NA
- b. How often during the past week did NAME respond to social contacts made by other people? Don't count simply looking at the person or following instructions as responding.
- ___ 1. **Most of the time, and tried to keep the contact going.** (E.g. by continuing the conversation and holding on to the person.)
 - ___ 2. **Most of the time, but only briefly.** (E.g. nodded or smiled or answered a question but did not try to keep the contact going.)
 - ___ 3. **Some of the time.** (Under 2 the times others tried to make contact with him/her.)
 - ___ 4. **Not at all.**
 - ___ 8. DK
- c. In the past week how much close friendship did the resident show with other residents?
- ___ 1. **Was close friends with more than one resident.** (This implies a real relationship or bond.)
 - ___ 2. **Was close friends with one other resident.**
 - ___ 3. **Established a casual relationship with at least 1 other resident.** (E.g. tagged along for a while but no real bond.)
 - ___ 4. **Didn't have any type of friendship with another resident.**
 - ___ 8. DK

49. Now I gave 2 sets of summary questions about the quality of NAME'S life. The first concerns how you think NAME has been feeling in the past two weeks. For each of these feelings, please tell me if NAME has felt that way often, sometimes, rarely, or never.

	Never	Sometimes	Rarely	Never	Don't know
a. Lonely					
b. Happy					
c. Bored					
d. Angry					
e. Contented					
f. Worried					
g. Interested in things.					
h. Sad					
i. Afraid					
j. In physical pain.					

50. Please rate the quality of NAME's overall life in the nursing home for each of 12 aspects. For each aspect I mention, choose whether NAME's life is excellent, good, fair or poor.

	Excellent	Good	Fair	Poor	Don't know
a. Having interesting and enjoyable things to see and do?					
b. Having the privacy he/she wants?					
c. Having good friendships and relationships?					
d. Feeling his/her dignity is respected?					
e. Feeling physically comfortable?					
f. Doing as much for him/herself and he/she can and wants?					
g. Feeling safe and secure?					
h. Feeling life is enjoyable?					
i. Having choice and control over his/her life?					
j. Following his own interests and preferences?					
k. His/her spiritual and religious needs are met?					
l. His/her life as a whole?					

Finally, we conclude with a few questions about you.

51. What is your job classification?

- ___ 1. CNA
- ___ 2. CMA
- ___ 3. LPN
- ___ 4. Nurse
- ___ 5. Other (Specify) _____

52. Gender (Complete without asking).

- ___ 1 male
- ___ 2 female

53. Which age group are you in?

- ☐ 20 or younger
- ☐ 21-30
- ☐ 31-40
- ☐ 41-50
- ☐ 51-60
- ☐ 61 or older

54. How long have you cared for NAME?

- ☐ 1. under 2 weeks
- ☐ 2. 2 weeks to a month
- ☐ 3. more than a month, up to 6 months
- ☐ 4. more than 6 months

55. How long have you worked in this facility?

- ☐ 1. less than a month
- ☐ 2. more than a month, less than 6 months
- ☐ 3. more than 6 months, less than 1 year
- ☐ 4. more than a year

56. What best describes your race or ethnicity?

- ☐ 1. American Indian/Alaska native
- ☐ 2. Asian/Pacific Islander
- ☐ 3. Black, not of Hispanic origin
- ☐ 4. Hispanic
- ☐ 5. White, not of Hispanic origin
- ☐ 6. Other (SPECIFY) _____

57. What is the highest level of education you completed?

(Don't read categories unless necessary to get correct response.)

- ☐ No Schooling
- ☐ Elementary school (grade 8 or less)
- ☐ Some high school.
- ☐ Graduated high school (Count GED)
- ☐ Technical or trade school.
- ☐ Some college.
- ☐ Bachelor's degree,
- ☐ Graduate degree.
- ☐ Other. _____