

Appendix P

Resident Interview, Wave 2

Resident Interview with Chart Audit, Wave 2

Interviewer/Lead:	
Nursing Home: <input style="width: 400px; height: 30px;" type="text"/>	NH ID: <input style="width: 30px; height: 30px;" type="text"/> <input style="width: 30px; height: 30px;" type="text"/> <input style="width: 30px; height: 30px;" type="text"/>
Resident Name: <input style="width: 430px; height: 30px;" type="text"/>	Room: <input style="width: 100px; height: 30px;" type="text"/>

Interviewer:

ID: Name:

Completion Summary:

Date of Interview: - - 2001 ☐ Check if interview completed

If interview not completed, record reason for non-completion below:

<input type="checkbox"/> Resident cognitively unable to complete	<input type="checkbox"/> Resident discharged before completing
<input type="checkbox"/> Resident refused to complete	<input type="checkbox"/> Resident died before completion
<input type="checkbox"/> Resident hospitalized before completing	<input type="checkbox"/> Other: _____

Lead:

<input type="checkbox"/> Interview validated	<input type="checkbox"/> Interview does not pass validation
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ID: Name:

Instructions: 1) If the interviewer is unable to obtain a definitive response from the resident, meaning the resident has answered “DK” or “NR/Ref” to four (4) of the first six (6) questions, you may exit the interview. Record “Resident cognitively unable to complete” on completion summary. 2) If you have begun the interview, but the resident is unable to complete, be sure to record reason above. 3) For completed interviews, obtain information about resident’s room and roommate before submitting to lead.

Resident Room Information

How many beds are in the resident’s room? 1 2 3 4 5 6 7 8

How many roommates does the resident have at present? 0 1 2 3 4 5 6 7

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 study about quality of life in nursing homes. The study is sponsored by the part of the federal government that runs Medicare and organizes inspections. 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 either compliments or 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.

(CMF) The first questions are about how comfortable you are and the help you get to make you more comfortable. (If interviewer is unable to get a response in the first four columns, use next group of columns.

1. How often are you too cold here?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref
2. How often are you so long in the same position that it hurts?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref
3. How often are you in physical pain?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref
4. How often are you bothered by noise when you are in your room?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref
5. How often are you bothered by noise in other parts of the nursing home, for example the dining room?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref
6. Do you get a good night's sleep here?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref

LEAD: Π 1 Domain Complete π 2 Domain incomplete

(FC) The next questions are about how easy it is for you to do things for yourself as much as you want.

7. Is it easy for you to get around in your room by yourself?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref
8. Can you easily reach the things that you need?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref
9. If you are anywhere in the nursing home and need a bathroom, can you get to one quickly?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref
10. Can you easily reach your toilet articles and things you want to use in your bathroom?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref
11. Do you do as much to take care of your own things and your room as you can and want?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref

(PRI) The next questions are about privacy or lack of privacy.

12. Can you find a place to be alone when you wish?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref
13. Can you make a private phone call?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref
14. When you have a visitor, can you find a place to visit in private?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref
15. Can you be together in private with another resident (other than your roommate)?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref
16. Do the people who work here knock and wait for a reply before entering your room?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref

(DIG) The next questions concern respect for your dignity.

21. Do staff here treat you politely?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref
22. Do you feel that you are treated with respect here?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref
23. Do staff here handle you gently while giving you care?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref
24. Do staff here respect your modesty?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref
25. Do staff take time to listen to you when you have something you want to say?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref

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

26. Do you get outdoors as much as you want, too much, or not enough?	9 1 As much as you want 9 2 Too much 9 3 Not enough 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref
27. About how often do you get outdoors.	9 1 every day 9 2 several times a week 9 3 about once a week 9 4 less than once a week 9 5 less than once a month		9 7 DK 9 8 NR/Ref
28. Do you enjoy the organized activities here at the nursing home?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref
29. Outside of religious activities, do you have enjoyable things to do at the nursing home during the weekend?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref
30. Despite your health condition, do you give help to others, such as other residents, your family, people at this nursing home, or the outside community?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref
31. Do the days here seem too long to you.	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref
LEAD: π 1 Domain Complete π 2 Domain incomplete			

(REL) The next questions are about your relationships here at (nursing home).

35. Is it easy to make friends at this nursing home?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref
36. Do you consider that any other resident is your close friend?	9 1 Yes 9 2 No		9 7 DK 9 8 NR/Ref
37. In the last month, have people who worked here stopped just to have a friendly conversation with you?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref
38. Do you consider any staff member here to be your friend?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref
39. Do you think that (name of facility) tries to make this an easy and pleasant place for families and friends of residents to visit?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref

(AUT) The next questions are about the choice and control that you have.

17. Can you go to bed at the time you want?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref
18. Can you get up in the morning at the time you want?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref
19. Can you decide what clothes to wear?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref
20. Have you been successful in making changes in things you do not like?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref

LEAD: Π 1 Domain Complete π 2 Domain incomplete

(ENJ) The next 3 questions are about your eating experiences at (name of the facility).

32. Do you like the food at NAME OF FACILITY?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref
33. Do you enjoy mealtimes at NAME OF FACILITY?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref
34. Can you get your favorite foods at NAME OF FACILITY?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref

LEAD: Π 1 Domain Complete π 2 Domain incomplete

(SWB) The next questions ask about your spiritual life here at (name of nursing home).

45. Do you participate in religious activities here?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref
46. Do the religious observances here have personal meaning for you?	9 1 Often 9 2 Sometimes 9 3 Rarely 9 4 Never	9 5 Mostly yes 9 6 Mostly no	9 7 DK 9 8 NR/Ref

47. Do you feel your life as a whole has meaning?	9 1 Often	9 5 Mostly yes	9 7 DK
	9 2 Sometimes	9 6 Mostly no	9 8 NR/Ref
	9 3 Rarely		
	9 4 Never		
LEAD: Π 1 Domain Complete π 2 Domain incomplete			

(SEC)The next set of questions asks about how safe and secure you feel at (name of nursing home).

40. Do you feel that your possessions are safe at this nursing home?	9 1 Often	9 5 Mostly yes	9 7 DK
	9 2 Sometimes	9 6 Mostly no	9 8 NR/Ref
	9 3 Rarely		
	9 4 Never		
41. Do your clothes get lost or damaged in the laundry?	9 1 Often	9 5 Mostly yes	9 7 DK
	9 2 Sometimes	9 6 Mostly no	9 8 NR/Ref
	9 3 Rarely		
	9 4 Never		
42. Do you feel confident that you can get help when you need it?	9 1 Often	9 5 Mostly yes	9 7 DK
	9 2 Sometimes	9 6 Mostly no	9 8 NR/Ref
	9 3 Rarely		
	9 4 Never		
43. If you do not feel well, can you get a nurse or doctor quickly?	9 1 Often	9 5 Mostly yes	9 7 DK
	9 2 Sometimes	9 6 Mostly no	9 8 NR/Ref
	9 3 Rarely		
	9 4 Never		
44. Do you ever feel afraid because of the way you or some other resident is treated?	9 1 Often	9 5 Mostly yes	9 7 DK
	9 2 Sometimes	9 6 Mostly no	9 8 NR/Ref
	9 3 Rarely		
	9 4 Never		
LEAD: Π 1 Domain Complete π 2 Domain incomplete			

(IND) The next questions are about your individual preferences for your life.

49. Taking all staff together, nurses, aides and others, does the staff know about your interests and what you like?	9 1 Often	9 5 Mostly yes	9 7 DK
	9 2 Sometimes	9 6 Mostly no	9 8 NR/Ref
	9 3 Rarely		
	9 4 Never		
50. Do staff members know you as a person?	9 1 Often	9 5 Mostly yes	9 7 DK
	9 2 Sometimes	9 6 Mostly no	9 8 NR/Ref
	9 3 Rarely		
	9 4 Never		
51. Are people working here interested in your experiences and the things you have done in your life?	9 1 Often	9 5 Mostly yes	9 7 DK
	9 2 Sometimes	9 6 Mostly no	9 8 NR/Ref
	9 3 Rarely		
	9 4 Never		
52. Do staff here take your preferences seriously?	9 1 Often	9 5 Mostly yes	9 7 DK
	9 2 Sometimes	9 6 Mostly no	9 8 NR/Ref
	9 3 Rarely		
	9 4 Never		
53. Do residents here know you as a person?	9 1 Often	9 5 Mostly yes	9 7 DK
	9 2 Sometimes	9 6 Mostly no	9 8 NR/Ref
	9 3 Rarely		
	9 4 Never		

54. Are your personal wishes and interests respected here?

9 1 Often

9 2 Sometimes

9 3 Rarely

9 4 Never

9 5 Mostly yes

9 6 Mostly no

9 7 DK

9 8 NR/Ref

LEAD: Π 1 Domain Complete π 2 Domain incomplete

SUM. The next twelve questions sum up what we have discussed so far. They ask for overall ratings of the quality of your life in(name of the facility). *Instructions: Try to use the “excellent/poor” format. If the resident cannot use the four-item scale, go to the “yes/ no” format.*

How would you rate the quality of your life here with respect to:											
		Excellent	Good	Fair	Poor		Yes	No	DK	NR	Ref
CMF	Feeling physically comfortable?					Do you feel physically comfortable?					
FC	Doing as much for yourself as you want?					Can do as much for yourself as you want?					
PRI	Having the privacy that you want?					Do you have the privacy you want?					
AUT	Having choice and control in your daily life?					Do you have choices in your everyday life?					
DIG	Feeling that your dignity is respected?					Is your dignity respected?					
MA	Having interesting things to see and do?					Do you have interesting things to see and do?					
ENJ	Enjoying food and meals?					Do you enjoy food and meals?					
IND	Following your own interests and preferences?					Are you able to follow your own interests and preferences?					
REL	Having good friendships and relationships?					Do you have good friendships and relationships?					
SEC	Feeling safe and secure?					Do you feel secure and safe?					
SWB	Meeting your spiritual and religious needs?					Can you meet your spiritual or religious needs?					
QOL	Your life as a whole?					Is your life as a whole good?					
LEAD: Π 1 Domain Complete π 2 Domain incomplete											

PERS. Here are some ways of describing personalities. We would like to know how much you agree or disagree with these statements as they apply to you. There are no right or wrong answers to these questions. If you don't know, please feel free to say so. Instructions: In all cases try to use the "disagree/agree" format. If the resident cannot use the 5-item scale, go to the "yes/no" format.

Thinking of yourself during your whole life do you see yourself as someone who:

	Disagree strongly	Disagree	Neutral/ DK	Agree	Agree Strongly	NR/ REF	Yes	No	DK	NR/ REF
01. Is talkative?										
02. Starts quarrels with others?										
03. Does a thorough job?										
04. Is relaxed, handles stress well?										
05. Is original, comes up with new ideas?										
06. Is reserved, slow to express an opinion?										
07. Has a forgiving nature?										
08. Can be somewhat careless?										
09. Can be tense or anxious?										
10. Is curious about many different things?										
11. Tends to be quiet?										
12. Is generally trusting?										
13. Is a reliable worker?										
14. Worries a lot?										
15. Is a deep thinker?										
16. Is sometimes shy, inhibited?										
17. Is considerate and kind to almost everyone?										
18. Tends to be lazy?										
19. Can be moody?										
20. Has an active imagination?										
21. Is outgoing, sociable?										
22. Likes to cooperate with others?										
23. Sticks with a task until it is finished?										
24. Gets nervous easily?										
25. Likes to reflect, play with ideas?										
26. Does things efficiently?										
27. Is inventive?										

LEAD: π 1 Domain Complete π 2 Domain incomplete

We finish with a few factual questions about you.

MARITAL

Which describes your marital status?
Are you presently...?

9 1 Never married 9 4 Separated
9 2 Married 9 5 Divorced
9 3 Widowed 9 99 DK/R/NR/NA

Other: _____

CHILD.

Do you have any living children?

9 1 Yes 9 2 No 9 99 DK/R/NR/NA

VISITS.

In the past month, how often did family and/or friends visit?

9 1 Almost every day 9 3 At least once a month
9 2 About once a week 9 4 Not at All
9 99 DK/R/NR/NA

EDUC.

What best describes the amount of formal education you have?

9 1 No schooling 9 6 Some college
9 2 Elementary school (8th grade or less) 9 7 Bachelors degree
9 3 Some high school (9 to 11) 9 8 Graduate degree
9 4 Graduated high school (12th grade) 9 9 Other
9 5 Technical or trade school 9 99 DK/R/NR/NA

RACE.

Which of these best describes your race or ethnicity?

9 1 Asian / Pacific Islander 9 6 Other
9 2 American Indian / Alaska native
9 3 Black (not Hispanic) African American
9 4 Hispanic 9 99 DK/R/NR/NA
9 5 Caucasian, not of Hispanic origin

Reminder:

- 1) If the interview is complete, mark the completion, the number of beds and the number of roommates for this resident on the front page;
- 2) If the interview has begun, but it was not completed, mark the reason for non-completion on front page.

Chart Abstraction (Instructions for completed interviews only)

Instructions: Fill out the following section from the cover page of the resident's NURSING HOME CHART.

Resident Name:

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First Name

MI

Last Name

Jr/Sr

Room Number :

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DOB:

--	--

--	--

--	--	--	--

Month

Day

YEAR

Date of Admission:

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Month

Day

Year

SSN:

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