

## **Appendix T**

### **Resident Interview for the Transferability Study**

Note: This interview was used by pairs of nursing home staff and research interviewers to study concordance between the two types of interviewers. Slight differences in instructions (for clarity) and in content are found between this and the Wave 2 Interview. Also the last few pages have unique items present to permit analysis of factors that might affect agreement or disagreement between the interviewer pairs.

## Resident Interview: Transferability Study

<p style="text-align: center;">Nursing Home Name</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<p style="text-align: center;">Nursing Home ID</p> <div style="border: 1px solid black; width: 100%; height: 30px; display: flex; justify-content: space-between;"> <div style="width: 45%;"></div> <div style="width: 45%;"></div> </div>
<p style="text-align: center;">Resident Name</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<p style="text-align: center;">Resident ID</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
<p style="text-align: center;">Interviewer Name</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<p style="text-align: center;">Resident Room</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
<p style="text-align: center;">Interviewer Role</p> <p>             Nurse <input type="checkbox"/> SW <input type="checkbox"/> Activities <input type="checkbox"/>              Interviewer ID <input type="checkbox"/> Interviewer Order <input type="checkbox"/>              Time 1 <input type="checkbox"/> Time 2 <input type="checkbox"/> </p>	

Date competed \_\_\_\_\_ Total minutes \_\_\_\_\_ Number of sessions \_\_\_\_\_

### Completion

- \_\_\_ Yes, interview completed
- \_\_\_ No, resident cognitively unable to complete
- \_\_\_ No, resident refused to complete
- \_\_\_ No, resident hospitalized before completing.
- \_\_\_ No, Resident discharged before completing.
- \_\_\_ No, resident died before completing.
- \_\_\_ No, other.

### Comments

### Instructions for Interviewer

- Read the manual before using this interview. It contains critical information on how to ask the questions so as not to bias the results.**
- Always introduce yourself to the resident and explain you are talking to residents to get information on how they experience life at this facility.
- Let the resident know that the interview could take about half an hour. Do it at their convenience. Keep. Keep the order of the questions, but feel free to break the interview into two parts if an interruption such as a visitor or care routine occurs.
- Use response cards to show the resident the scale being used. For most questions, the resident has a choice of answering from a response set of either “often, sometimes, rarely, never” or “mostly yes, mostly no.” Attempt to obtain a response in the 4-category response set if possible, by repeating the choices up to three times.
- Use “mostly yes, mostly no” only when the resident cannot use the first pattern. “Mostly yes, mostly no” may be used for particular questions where a resident is having difficulty. When necessary, it may be used for the whole interview.
- Make every effort to get a response with often, sometimes, rarely, never” or “mostly yes, mostly no.”** Give the resident the time to reflect and give his or her best substantive opinions rather than quickly accepting “don’t know.” Use of answers in the third column like “don’t know” may make it impossible to calculate some of the quality of life scores for the resident.
- Once completed, check your interview to make sure there are no missing items. If you have missed a question, go back and ask the resident before handing in the interview.**

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

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

1. Is it easy for you to get around in your room by yourself?	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		
2. Can you easily reach the things that you need?	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		
3. If you are anywhere in the nursing home and need a bathroom, can you get to one 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		
4. Can you easily reach your toilet articles and things you want to use in your bathroom?	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		
5. Do you do as much to take care of your own things and your room as you can and want?	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		

**The next questions are about privacy or lack of privacy.**

1. 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
2. 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
3. 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
4. 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
5. 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

**The next questions concern respect for your dignity.**

1. 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
1. 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
3. 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
4. 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
5. 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

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

1. 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
2. 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
3. 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
4. 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
5. 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
6. 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

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

1. 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
2. Do you consider that any other resident is your close friend?	9 1 Yes 9 2 No		9 7 DK 9 8 NR/Ref
3. 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
4. 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

5. 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 5 Mostly yes	9 7 DK
	9 2 Sometimes	9 6 Mostly no	9 8 NR/Ref
	9 3 Rarely		
	9 4 Never		

**The next questions are about the choice and control that you have.**

1. Can you go to bed at the time you want?	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		
2. Can you get up in the morning at the time you want?	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		
3. Can you decide what clothes to wear?	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		
4. Have you been successful in making changes in things you do not 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		

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

1. Do you like the food at NAME OF FACILITY?	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		
2. Do you enjoy mealtimes at NAME OF FACILITY?	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		
3. Can you get your favorite foods at NAME OF FACILITY?	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		

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

1. Do you participate in religious activities here?	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		
2. Do the religious observances here have personal meaning for you?	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		

3. 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		
4. Do you feel at peace?	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		

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

1. 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		
2. 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		
3. 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		
4. 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		
5. 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		

**The next questions are about your individual preferences for your life.**

1. 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		
2. 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		
3. 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		
4. 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		

5. 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		
6. Are your personal wishes and interests respected here?	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		



The next questions are about how you have been feeling lately.

1. How often do you feel lonely?	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 do you feel happy?	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 do you feel bored?	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 do you feel angry?	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 do you feel content?	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. How often do you feel worried?	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
7. How often do you feel interested in things?	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. How often do you feel sad?	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. How often do you feel afraid?	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. How often are you looking forward to the future?	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

**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.**

	Excellent	Good	Fair	Poor		Yes	No	DK	NR Ref
Feeling physically comfortable?					Do you feel physically comfortable?				
Doing as much for yourself as you want?					Can do as much for yourself as you want?				
Having the privacy that you want?					Do you have the privacy you want?				
Having choice and control in your daily life?					Do you have choices in your everyday life?				
Feeling that your dignity is respected?					Is your dignity respected?				
Having interesting things to see and do?					Do you have interesting things to see and do?				
Enjoying food and meals?					Do you enjoy food and meals?				
Following your own interests and preferences?					Are you able to follow your own interests and preferences?				
Having good friendships and relationships?					Do you have good friendships and relationships?				
Feeling safe and secure?					Do you feel secure and safe?				
Meeting your spiritual and religious needs?					Can you meet your spiritual or religious needs?				
Your life as a whole?					Is your life as a whole good?				

We would like to know if your overall quality of life has changed for the better or worse in the last few days.

1. If we were asking these questions about your quality of life a few days ago, would your answers be different from **now** or about the same? ☐ Different. ☐ About the same END INTERVIEW  
IF RESIDENT SAYS “JUST SAME”

IF RESIDENT SAYS “DIFFERENT”:

2. Is your quality of life now much better, somewhat better, somewhat worse, or much worse than it was a few days ago?  
 \_\_\_\_\_ Much better  
 \_\_\_\_\_ Somewhat better.  
 \_\_\_\_\_ Somewhat worse.  
 \_\_\_\_\_ Much worse  
 \_\_\_\_\_ Don't know/no response. END RESIDENT INTERVIEW WITH THIS QUESTION

THIS PAGE IS FOR NURSING HOME STAFF ONLY

1. How well would you say you know the overall health status of this resident?

\_\_\_\_ very well    \_\_\_\_ somewhat well    \_\_\_\_ not very well    \_\_\_\_ not at all

2. How well would you say you know this resident as a person?

\_\_\_\_ very well    \_\_\_\_ somewhat well    \_\_\_\_ not very well    \_\_\_\_ not at all

3. During this interview, do you think that the resident recognized you as an employee of this nursing home?

\_\_\_\_\_ yes                      \_\_\_\_\_ no

4. This is the first time nursing home staff are using the Quality of Life resident interview. Your reactions and comments are important to us. Please write down any comments, general or specific, about the interview in the space below.

Nursing Home Chare Abstraction: For University of Minnesota Interviewer Only.

Date of Birth. \_\_\_\_\_  
 \_\_\_\_\_  
 Month Day Year

SSN. \_\_\_\_\_ Gender ☐ male ☐ female

From MDS. Check if MDS not available:\_\_\_\_\_

Race/Ethnicity: ☐ American Indian/Alaska native ☐ Hispanic  
☐ Asian/Pacific Islander ☐ While, not of Hispanic origin  
☐ Black/not of Hispanic origin

Fill out the Section 2 and 4 from Section b: Cognitive Patterns

2. a. Short term memory OK—seems to recall after 5 minutes.

0 Memory OK                      1 Memory problem.

b. Long term memory OK\_\_ appears to recall long past.

0 Memory OK                      1 Memory problem

- #### 4. Cognitive Skills for Daily Decision-Making.

O Independent—decisions consistent/reasonable

1 Modified independence—some difficulty in new situations only

2 Moderately impaired—decisions poor; cues/supervision required

3 Severely impaired—rarely/never made decisions