

## **Appendix F**

### Facility-Level Observation of Resident and Staff Interactions, Wave 1

Note: This procedure included 2 meal observations (breakfast and dinner), two activity observations, two walk-through observations, and 1 lobby observation. Each observation protocol contained a single page of specific observations and an accompanying page for open-ended comments related to the QOL domains (the latter to help us refine the procedures and items to be observed for later data collection). During Wave 1, each interviewer completed the full set of 7 observation occasions in all the facilities where they were assigned.



## OBSERVATION - FACILITY LEVEL

Interviewer	ID				Name	
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Label

-These observations at the facility level are of the following type: staff in their relationship to residents and family members; residents in their relationship to other residents and family; and resident activity, behavior and observable moods when not interacting with anyone. In other words, they refer to what residents, staff, and others are doing or how they are behaving; they do NOT refer to observation of the physical environment itself, which is a separate protocol.

Each member of the data collection team completes a specific form for each of 7 observation periods. The types of observations are as follows:

- 1 10-minute observation of breakfast in progress
- 1 10- minute observation of dinner in progress
- 2 10-minute observations of an activity (must be 6 residents at activity to count)
- 1 10-minute observation at the front lobby of the nursing home (between breakfast and dinner hour)
- 2 Solo walks-through of facility between the conclusion of breakfast and 7 p.m. (One to be done on Saturday or Sunday)

A walk-through includes: walking through each unit in the study, including stroll through corridors and glancing into rooms where door is open while walking; walking through any central areas or nursing station areas; walk through front lobby and central space of facility, including walking by activity rooms, and dining rooms and looking in. (Depending on size of facility, will take 25 minutes to an hour.)

Total of 7 observations will be made during 7 distinct time periods	Breakfast observation	9
	Dinner observation	9
	Activity 1	9
	Activity 2	9
	Front lobby observation	9
	Walk through of facility - weekend	9
	Walk through of facility - anytime	9

**Breakfast Observation**Date: \_\_\_\_\_ Day of week \_\_\_\_\_ Time begun \_\_\_\_\_ 9 a.m.  
9 p.m**0=not seen at all during observation; 1=seen once; 2=seen more than once during observation**

1. Resident makes explicit choice of food or refuses a food offered.	0	1	2	2. Staff observed offering resident a choice of food or something else.	0	1	2
3. Private dining room actually in use by resident and guest	0	1	2	4. Staff discuss residents= health or private business in dining room.	0	1	2
5. Residents at a table talking or laughing.	0	1	2	6. Residents at a table sit in complete silence.	0	1	2
7. Staff talk to residents in baby talk.	0	1	2	8. Staff move resident without asking if ready.	0	1	2
9. Staff talk to each other over resident=s head while helping resident	0	1	2	10. Staff ask residents about weight, bowel movements, continence etc during meal	0	1	2
11. Staff pause & answer residents= questions or comments.	0	1	2	12. Residents seen being fed slowly with requests for feedback about pace etc.	0	1	2
13. Residents fed in a way that creates messy dribbles and/or inattention to wiping dribbles.	0	1	2	14. Residents spontaneous expressions of pleasure overheard	0	1	2
15. Residents= spontaneous expressions of displeasure or distress overheard.	0	1	2	16. Staff overheard comforting a resident in distress or discomfort.	0	1	2
17. Quarrels observed among residents	0	1	2	18. Resident observed helping other residents	0	1	2
19. Staff observed explaining reason for a rule or policy to resident.	0	1	2	20. Staff observed speaking roughly to resident &/or threatening him/her.	0	1	2
21. Residents observed calling out in distress or crying without getting attention.	0	1	2	22. Staff inquire about a resident=s physical comfort.	0	1	2
23. Staff shows specific knowledge of a resident=s interests or background.	0	1	2	24. Staff shows specific knowledge of a resident=s food preferences.	0	1	2

**Breakfast: Other Observations Of Promoting or Discouraging QOL Domains**

(Use space also to elaborate on any scores from previous page.

Domain definition	Indicate any examples of positive instances observed.	Indicate any instances of negative examples observed.
<b>Autonomy/Choice.</b> Staff encourage (& don=t discourage) residents to take initiative, make choices & decisions.		
<b>Privacy.</b> Staff sensitive to residents= desire for bodily privacy, information privacy, being alone, and being with others unobserved by staff.		
<b>Dignity:</b> Staff maintain and promote residents= sense of dignity & do not belittle, devalue, humiliate, or infantilize residents.		
<b>Individuality.</b> Facility and staff know residents= preferences and interests and promote their individuality and continuity of interests		
<b>Enjoyment.</b> Staff promotes resident enjoyment.		
<b>Meaningful activity.</b> Encourages residents to do what interests them. Provides interesting things to watch. Encourages residents to contribute to community.		
<b>Relationships.</b> Promotes & does not deter residents= meaningful interchanges & relationships with other residents, staff, family, and friends.		
<b>Safety.</b> Promotes resident perception of safety and security of self and possessions. Rules & expectations presented clearly & applied fairly and flexibly.		
<b>Comfort.</b> Staff ask about and observe resident=s physical comfort and try to alleviate discomfort.		
<b>Spiritual well-being.</b> Respect shown for each resident=s religious beliefs and practices and moral values, and help given for them to meet spiritual needs.		
<b>Functional competence.</b> Encourages independent functioning and maintenance of or improvement of physical & social skills at risk of decline.		

**0=not seen at all during observation; 1=seen once; 2=seen more than once during observation**

1. Resident makes explicit choice of food or refuses a food offered.	0	1	2	2. Staff observed offering resident a choice of food or something else.	0	1	2
3. Private dining room actually in use by resident and guest	0	1	2	4. Staff discusses residents= health or private business in dining room.	0	1	2
5. Residents at a table talking or laughing.	0	1	2	6. Residents at a table sit in complete silence.	0	1	2
7. Staff talk to residents in baby talk.	0	1	2	8. Staff move resident without asking if ready.	0	1	2
9. Staff talk to each other over resident=s head while helping resident	0	1	2	10. Staff ask residents about weight, bowel movements, continence etc during meal	0	1	2
11. Staff pause & answer residents= questions or comments.	0	1	2	12. Residents seen being fed slowly with requests for feedback about pace etc.	0	1	2
13. Residents fed in a way that creates messy dribbles and/or inattention to wiping dribbles.	0	1	2	14. Residents spontaneous expressions of pleasure overheard	0	1	2
15. Residents= spontaneous expressions of displeasure or distress overheard.	0	1	2	16. Staff overheard comforting a resident in distress or discomfort.	0	1	2
17. Quarrels observed among residents	0	1	2	18. Resident observed helping other residents	0	1	2
19. Staff observed explaining reason for a rule or policy to resident.	0	1	2	20. Staff observed speaking roughly to resident &/or threatening him/her.	0	1	2
21. Residents observed calling out in distress or crying without getting attention.	0	1	2	22. Staff inquire about a resident=s physical comfort.	0	1	2
23. Staff shows specific knowledge of a resident=s interests or background.	0	1	2	24. Staff shows specific knowledge of a resident=s food preferences.	0	1	2

(Use space also to elaborate on any scores from previous page)

Domain definition	Indicate any examples of positive instances observed.	Indicate any instances of negative examples observed.
<b>Autonomy/Choice.</b> Staff encourage (& don't discourage) residents to take initiative, make choices & decisions.		
<b>Privacy.</b> Staff sensitive to residents= desire for bodily privacy, information privacy, being alone, and being with others unobserved by staff.		
<b>Dignity:</b> Staff maintain and promote residents= sense of dignity & do not belittle, devalue, humiliate, or infantilize residents.		
<b>Individuality.</b> Facility and staff know residents= preferences and interests and promote their individuality and continuity of interests		
<b>Enjoyment.</b> Staff promotes resident enjoyment.		
<b>Meaningful activity.</b> Encourages residents to do what interests them. Provides interesting things to watch. Encourages residents to contribute to community.		
<b>Relationships.</b> Promotes & does not deter residents' meaningful interchanges & relationships with other residents, staff, family, and friends.		
<b>Safety.</b> Promotes resident perception of safety and security of self and possessions. Rules & expectations presented clearly & applied fairly and flexibly.		
<b>Comfort.</b> Staff ask about and observe resident=s physical comfort and try to alleviate discomfort.		
<b>Spiritual well-being.</b> Respect shown for each resident=s religious beliefs and practices and moral values, and help given for them to meet spiritual needs.		
<b>Functional competence.</b> Encourages independent functioning and maintenance of or improvement of physical & social skills at risk of decline.		

**First Activity Observation** Date: \_\_\_\_\_ Day of week \_\_\_\_\_ Time begun \_\_\_\_\_ 9 a.m.  
9 p.m

Activity Type: \_\_\_\_\_ # residents present \_\_\_\_\_ # staff present \_\_\_\_\_

**0=not seen at all during observation; 1=seen once; 2=seen more than once during observation**

1. A resident makes explicit choice or request regarding anything.	0	1	2	2. Staff offers resident a specific choice about anything.	0	1	2
3. Staff agree to/implement a resident request.	0	1	2	4. Staff discuss a resident=s health or private business during activity.	0	1	2
5. A resident visibly enjoying activity..	0	1	2	6. A resident completely disengaged in activity.	0	1	2
7. Staff talk to a resident in baby talk.	0	1	2	8. Staff move resident without asking if ready.	0	1	2
9. Staff talk to each other over resident=s head while helping resident	0	1	2	10. Staff ask residents about weight, bowel movements, continence etc during meal	0	1	2
11. Staff pause & answer residents= questions or comments.	0	1	2	12. Staff engaged in own discussion during activity.	0	1	2
13. A resident=s spontaneous expression of pleasure or enjoyment.	0	1	2	14. A resident=s spontaneous expressions of displeasure or boredom.	0	1	2
15. Quarrels observed among residents. Displeasure or distress overheard.	0	1	2	16. Resident expression of pain/discomfort.	0	1	2
17. Staff comforting or assisting a resident in distress or discomfort.	0	1	2	18. Resident observed helping other residents	0	1	2
19. Staff observed explaining reason for a rule or policy to resident.	0	1	2	20. Staff observed speaking roughly to resident &/or threatening him/her.	0	1	2
21. Residents observed calling out in distress or crying without getting attention.	0	1	2	22. Staff inquire about a resident=s physical comfort.	0	1	2
23. Staff shows specific knowledge of a resident=s interests or background.	0	1	2	24. Staff shows specific knowledge of a resident=s food preferences.	0	1	2

**Activity 1: Other Observations Of Promoting or Discouraging QOL Domains**

(Use space also to elaborate on any scores from previous page)

Domain definition	Indicate any examples of positive instances observed.	Indicate any instances of negative examples observed.
<b>Autonomy/Choice.</b> Staff encourage (& don=t discourage) residents to take initiative, make choices & decisions.		
<b>Privacy.</b> Staff sensitive to residents= desire for bodily privacy, information privacy, being alone, and being with others unobserved by staff.		
<b>Dignity:</b> Staff maintain and promote residents= sense of dignity & do not belittle, devalue, humiliate, or infantilize residents.		
<b>Individuality.</b> Facility and staff know residents= preferences and interests and promote their individuality and continuity of interests		
<b>Enjoyment.</b> Staff promotes resident enjoyment.		
<b>Meaningful activity.</b> Encourages residents to do what interests them. Provides interesting things to watch. Encourages residents to contribute to community.		
<b>Relationships.</b> Promotes & does not deter residents= meaningful interchanges & relationships with other residents, staff, family, and friends.		
<b>Safety.</b> Promotes resident perception of safety and security of self and possessions. Rules & expectations presented clearly & applied fairly and flexibly.		
<b>Comfort.</b> Staff ask about and observe resident=s physical comfort and try to alleviate discomfort.		
<b>Spiritual well-being.</b> Respect shown for each resident=s religious beliefs and practices and moral values, and help given for them to meet spiritual needs.		
<b>Functional competence.</b> Encourages independent functioning and maintenance of or improvement of physical & social skills at risk of decline.		

**Second Activity Observation** Date: \_\_\_\_\_ Day of week \_\_\_\_\_ Time begun \_\_\_\_\_ 9 a.m.  
 \_\_\_\_\_ 9 p.m.

Activity Type: \_\_\_\_\_ # residents present \_\_\_\_\_ # staff present \_\_\_\_\_

**0=not seen at all during observation; 1=seen once; 2=seen more than once during observation**

1. A resident makes explicit choice or request regarding anything.	0	1	2	2. Staff offers resident a specific choice about anything.	0	1	2
3. Staff agree to/implement a resident request.	0	1	2	4. Staff discuss a resident=s health or private business during activity.	0	1	2
5. A resident visibly enjoying activity..	0	1	2	6. A resident completely disengaged in activity.	0	1	2
7. Staff talk to a resident in baby talk.	0	1	2	8. Staff move resident without asking if ready.	0	1	2
9. Staff talk to each other over resident=s head while helping resident	0	1	2	10. Staff ask residents about weight, bowel movements, continence etc during meal	0	1	2
11. Staff pause & answer residents= questions or comments.	0	1	2	12. Staff engaged in own discussion during activity.	0	1	2
13. A resident=s spontaneous expression of pleasure or enjoyment.	0	1	2	14. A resident=s spontaneous expressions of displeasure or boredom.	0	1	2
15. Quarrels observed among residents. Displeasure or distress overheard.	0	1	2	16. Resident expression of pain/discomfort.	0	1	2
17. Staff comforting or assisting a resident in distress or discomfort.	0	1	2	18. Resident observed helping other residents	0	1	2
19. Staff observed explaining reason for a rule or policy to resident.	0	1	2	20. Staff observed speaking roughly to resident &/or threatening him/her.	0	1	2
21. Residents observed calling out in distress or crying without getting attention.	0	1	2	22. Staff inquire about a resident=s physical comfort.	0	1	2
23. Staff shows specific knowledge of a resident=s interests or background.	0	1	2	24. Staff shows specific knowledge of a resident=s food preferences.	0	1	2

**Activity 2: Other Observations Of Promoting or Discouraging QOL Domains**

(Use space also to elaborate on any scores from previous page)

Domain definition	Indicate any examples of positive instances observed.	Indicate any instances of negative examples observed.
<b>Autonomy/Choice.</b> Staff encourage (& don't discourage) residents to take initiative, make choices & decisions.		
<b>Privacy.</b> Staff sensitive to residents= desire for bodily privacy, information privacy, being alone, and being with others unobserved by staff.		
<b>Dignity:</b> Staff maintain and promote residents= sense of dignity & do not belittle, devalue, humiliate, or infantilize residents.		
<b>Individuality.</b> Facility and staff know residents= preferences and interests and promote their individuality and continuity of interests.		
<b>Enjoyment.</b> Staff promotes resident enjoyment.		
<b>Meaningful activity.</b> Encourages residents to do what interests them. Provides interesting things to watch. Encourages residents to contribute to community.		
<b>Relationships.</b> Promotes & does not deter residents' meaningful interchanges & relationships with other residents, staff, family, and friends.		
<b>Safety.</b> Promotes resident perception of safety and security of self and possessions. Rules & expectations presented clearly & applied fairly and flexibly.		
<b>Comfort.</b> Staff ask about and observe resident=s physical comfort and try to alleviate discomfort.		
<b>Spiritual well-being.</b> Respect shown for each resident=s religious beliefs and practices and moral values, and help given for them to meet spiritual needs.		
<b>Functional competence.</b> Encourages independent functioning and maintenance of or improvement of physical & social skills at risk of decline.		

**Walk- Through Observation, #1.**

Date: \_\_\_\_\_ Day of week \_\_\_\_\_ Time begun \_\_\_\_\_ 9a.m. 9p.m. Time ended \_\_\_\_\_ 9a.m.9p.m.

**0=not seen at all during observation; 1=seen once; 2=seen more than once during observation**

1. Resident makes explicit request.	0	1	2	2. Staff observed offering resident explicit choice.	0	1	2
3. Staff agreeing or implementing resident request.	0	1	2	4. Staff knock, announce selves, & wait before entering resident=s room.	0	1	2
5. Private meeting or dining rooms actually used by residents and their guests.	0	1	2	6. Staff discuss residents in public places.	0	1	2
7. Care routines done in public view (e.g. with bedroom or bathroom doors open).	0	1	2	8. A resident= body s uncovered where resident can be seen.	0	1	2
9. Staff interrupt residents who are talking to other resident(s) or family.	0	1	2	10. Staff talk in baby talk to residents.	0	1	2
11. Staff wheel residents w/o asking or explaining.	0	1	2	12. Staff ask residents about weight, bowel movements, continence etc in public places.	0	1	2
13. Staff talk to each other over resident while giving care or transporting resident.	0	1	2	14. Residents lined up in public place for baths, medications, etc.	0	1	2
15. Staff pause to answer resident question or comment.	0	1	2	16. Staff get at wheelchair resident= eye level	0	1	2
17. Staff in conversation with residents about other than care.	0	1	2	18. Staff shows specific knowledge of a resident=s interest or background.	0	1	2
19. A highly individualized resident activityBe.g. piano, maintaining a garden.	0	1	2	20. Resident observed in common space engaged in solitary activity--e.g., reading, doing puzzles, really watching tv.	0	1	2
21. Residents seen interacting with animals.	0	1	2	22. Resident interacting with a child/children.	0	1	2
23. Resident heard expressing happiness or positive emotion.	0	1	2	24. Resident heard expressing displeasure or negative emotion.	0	1	2
25. Residents sitting in twos or small groups apparently interacting with each other.	0	1	2	26. Staff observed assisting residents with pain & discomfort or inquiring about it.	0	1	2
27. Residents sitting at nursing stations or day rooms appear to be doing nothing at all.	0	1	2	28. Resident calling out in distress, pain, or anxiety and not getting attention.	0	1	2
29. Resident in productive community role, e.g. working in store, delivering mail.	0	1	2	30. Staff speak harshly or roughly to a resident.	0	1	2
31. Staff explain a rule or policy to a resident.	0	1	2	32. Staff observed assisting or encouraging resident in walking or doing an independent task.	0	1	2
33. Resident seen tidying room, sewing, doing her laundry, arranging/discarding flowers or so some productive task.	0	1	2	34. Staff observed assisting family to take resident out or find a place to visit.	0	1	2
35. Staff observed assisting family to take resident out or find a place to visit.	0	1	2	36. Staff observed helping resident make or receive a private phone call.	0	1	2
37. Resident appears to be enjoying a group activity.	0	1	2		0	1	2

**Walk- through #1: Other Observations Of Promoting or Discouraging QOL Domains**  
(Use space also to elaborate on any scores from previous page)

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Domain definition	Indicate any examples of positive instances observed.	Indicate any instances of negative examples observed.
<b>Autonomy/Choice.</b> Staff encourage (& don't discourage) residents to take initiative, make choices & decisions.		
<b>Privacy.</b> Staff sensitive to residents= desire for bodily privacy, information privacy, being alone, and being with others unobserved by staff..		
<b>Dignity:</b> Staff maintain and promote residents= sense of dignity & do not belittle, devalue, humiliate, or infantilize residents.		
<b>Individuality.</b> Facility and staff know residents= preferences and interests and promote their individuality and continuity of interests		
<b>Enjoyment.</b> Staff promotes resident enjoyment.		
<b>Meaningful activity.</b> Encourages residents to do what interests them. Provides interesting things to watch. Encourages residents to contribute to community.		
<b>Relationships.</b> Promotes & does not deter residents= meaningful interchanges & relationships with other residents, staff, family, and friends.		
<b>Safety.</b> Promotes resident perception of safety and security of self and possessions. Rules & expectations presented clearly & applied fairly and flexibly.		
<b>Comfort.</b> Staff ask about and observe resident=s physical comfort and try to alleviate discomfort.		
<b>Spiritual well-being.</b> Respect shown for each resident=s religious beliefs and practices and moral values, and help given for them to meet spiritual needs.		
<b>Functional competence.</b> Encourages independent functioning and maintenance of or improvement of physical & social skills at risk of decline.		

**Walk- Through Observation, #2.**

Date: \_\_\_\_\_ Day of week \_\_\_\_\_ Time begun \_\_\_\_\_ 9a.m. 9p.m. Time ended \_\_\_\_\_ 9a.m.9p.m.

**0=not seen at all during observation; 1=seen once; 2=seen more than once during observation**

1. Resident makes explicit request.	0	1	2	2. Staff observed offering resident explicit	0	1	2
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				choice.			
3. Staff agreeing or implementing resident request.	0	1	2	4. Staff knock, announce selves, & wait before entering resident=s room.	0	1	2
5. Private meeting or dining rooms actually used by residents and their guests.	0	1	2	6. Staff discuss residents in public places.	0	1	2
7. Care routines done in public view (e.g. with bedroom or bathroom doors open).	0	1	2	8. A resident= body s uncovered where resident can be seen.	0	1	2
9. Staff interrupt residents who are talking to other resident(s) or family.	0	1	2	10. Staff talk in baby talk to residents.	0	1	2
11. Staff wheel residents w/o asking or explaining.	0	1	2	12. Staff ask residents about weight, bowel movements, continence etc in public places.	0	1	2
13. Staff talk to each other over resident while giving care or transporting resident.	0	1	2	14. Residents lined up in public place for baths, medications, etc.	0	1	2
15. Staff pause to answer resident question or comment.	0	1	2	16. Staff get at wheelchair resident= eye level	0	1	2
17. Staff in conversation with residents about other than care.	0	1	2	18. Staff shows specific knowledge of a resident=s interest or background.	0	1	2
19. A highly individualized resident activityBe.g. piano, maintaining a garden.	0	1	2	20. Resident observed in common space engaged in solitary activity--e.g., reading, doing puzzles, really watching tv.	0	1	2
21. Residents seen interacting with animals.	0	1	2	22. Resident interacting with a child/children.	0	1	2
23. Resident heard expressing happiness or positive emotion.	0	1	2	24. Resident heard expressing displeasure or negative emotion.	0	1	2
25. Residents sitting in twos or small groups apparently interacting with each other.	0	1	2	26. Staff observed assisting residents with pain & discomfort or inquiring about it.	0	1	2
27. Residents sitting at nursing stations or day rooms appear to be doing nothing at all.	0	1	2	28. Resident calling out in distress, pain, or anxiety and not getting attention.	0	1	2
29. Resident in productive community role, e.g. working in store, delivering mail.	0	1	2	30. Staff speak harshly or roughly to a resident.	0	1	2
31. Staff explain rule or policy to a resident.	0	1	2	32. Staff observed assisting or encouraging resident in walking or independent task.	0	1	2
33. Resident seen tidying room, sewing, doing her laundry, arranging/discarding flowers or so some productive task.	0	1	2	34. Staff observed assisting family to take resident out or find a place to visit.	0	1	2
35. Staff observed assisting family to take resident out or find a place to visit.	0	1	2	36. Staff observed helping resident make or receive a private phone call.	0	1	2
37. Resident appears to be enjoying a group activity.	0	1	2		0	1	2

**Walk- through #2: Other Observations Of Promoting or Discouraging QOL Domains**  
(Use space also to elaborate on any scores from previous page)

Domain definition	Indicate any examples of positive instances observed.	Indicate any instances of negative examples observed.
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<b>Autonomy/Choice.</b> Staff encourage (& don't discourage) residents to take initiative, make choices & decisions.		
<b>Privacy.</b> Staff sensitive to residents= desire for bodily privacy, information privacy, being alone, and being with others unobserved by staff.		
<b>Dignity:</b> Staff maintain and promote residents= sense of dignity & do not belittle, devalue, humiliate, or infantilize residents.		
<b>Individuality.</b> Facility and staff know residents= preferences and interests and promote their individuality and continuity of interests.		
<b>Enjoyment.</b> Staff promotes resident enjoyment.		
<b>Meaningful activity.</b> Encourages residents to do what interests them. Provides interesting things to watch. Encourages residents to contribute to community.		
<b>Relationships.</b> Promotes & does not deter residents= meaningful interchanges & relationships with other residents, staff, family, and friends.		
<b>Safety.</b> Promotes resident perception of safety and security of self and possessions. Rules & expectations presented clearly & applied fairly and flexibly.		
<b>Comfort.</b> Staff ask about and observe resident=s physical comfort and try to alleviate discomfort.		
<b>Spiritual well-being.</b> Respect shown for each resident=s religious beliefs and practices and moral values, and help given for them to meet spiritual needs.		
<b>Functional competence.</b> Encourages independent functioning and maintenance or improvement of physical & social skills .		

**Lobby observation.**

Date: \_\_\_\_\_ Day of week \_\_\_\_\_ Time begun \_\_\_\_\_ 9 a.m. 9 p.m

**0=not seen at all during observation; 1=seen once; 2=seen more than once during observation**

1. Resident makes explicit request.	0	1	2	2. Staff observed offering resident explicit choice.	0	1	2
3. Staff agreeing or implementing resident request.	0	1	2	4. Staff knock, announce selves, & wait before entering resident=s room.	0	1	2
5. A resident= body s uncovered where resident can be seen	0	1	2	6. Staff discuss residents in public places.	0	1	2
7. Care routines done in public view (e.g. with bedroom or bathroom doors open).	0	1	2	8. Visitor receives prompt welcome and attention.	0	1	2
9. Visitor cannot attract attention.	0	1	2	10. Staff talk in baby talk to residents.	0	1	2
11. Staff wheel residents w/o asking or explaining	0	1	2	12. Staff ask residents about weight, bowel movements, continence etc in public places.	0	1	2
13. Staff talk to each other over resident while giving care or transporting resident.	0	1	2	14. Staff interrupt residents who are talking to other resident(s) or family.	0	1	2
15. Staff pause to answer resident question or comment.	0	1	2	16. Staff get at wheelchair resident= eye level	0	1	2
17. Staff in conversation with residents about other than care.	0	1	2	18. Staff shows specific knowledge of a resident=s interest or background.			
19. Evidence of highly individualized resident activity.	0	1	2	20. Resident observed in common space engaged in solitary activity--e.g., reading, doing puzzles, really watching tv.	0	1	2
21. Residents seen interacting with animals.	0	1	2	22. Resident interacting with a child/children.	0	1	2
23. Resident heard expressing happiness or positive emotion.	0	1	2	24. Resident heard expressing displeasure or negative emotion.	0	1	2
25. Staff observed assisting residents with pain & discomfort or inquiring about it	0	1	2	26. Resident calling out in distress, pain, or anxiety and not getting attention.	0	1	2
27. Resident in productive community role, e.g. working in store, delivering mail.	0	1	2	28. Staff speak harshly or roughly to a resident.	0	1	2
29. Staff explain a rule or policy to a resident.	0	1	2	30. Staff observed assisting or encouraging resident in walking or doing an independent task.	0	1	2
31. Staff observed assisting family to take resident out or find a place to visit.	0	1	2	31. Staff observed assisting family to take resident out or find a place to visit.	0	1	2
33. Resident appears to be enjoying a group activity.	0	1	2	34. Staff observed helping resident make or receive a private phone call.	0	1	2

**Lobby : Other Observations Of Promoting or Discouraging QOL Domains**

(Use space also to elaborate on any scores from previous page)

<b>Domain definition</b>	<b>Indicate any examples of positive instances observed.</b>	<b>Indicate any instances of negative examples observed.</b>
<b>Autonomy/Choice.</b> Staff encourage (& don=t discourage) residents to take initiative, make choices & decisions.		
<b>Privacy.</b> Staff sensitive to residents= desire for bodily privacy, information privacy, being alone, and being with others unobserved by staff.		
<b>Dignity:</b> Staff maintain and promote residents= sense of dignity & do not belittle, devalue, humiliate, or infantilize residents.		
<b>Individuality.</b> Facility and staff know residents= preferences and interests and promote their individuality and continuity of interests.		
<b>Enjoyment.</b> Staff promotes resident enjoyment.		
<b>Meaningful activity.</b> Encourages residents to do what interests them. Provides interesting things to watch. Encourages residents to contribute to community.		
<b>Relationships.</b> Promotes & does not deter residents’ = meaningful interchanges & relationships with other residents, staff, family, and friends.		
<b>Safety.</b> Promotes resident perception of safety and security of self and possessions. Rules & expectations presented clearly & applied fairly and flexibly.		
<b>Comfort.</b> Staff ask about and observe resident=s physical comfort and try to alleviate discomfort.		
<b>Spiritual well-being.</b> Respect shown for each resident=s religious beliefs and practices and moral values, and help given for them to meet spiritual needs.		
<b>Functional competence.</b> Encourages independent functioning and maintenance of or improvement of physical & social skills at risk of decline.		