

interRAI Family Survey on Nursing Home Quality of Life ©

SECTION C. SURVEY QUESTIONS (continued)

3. SAFETY /SECURITY ITEMS

Now let us consider safety.

- | | 0 | 1 | 2 | 3 | 4 | 6 | 7 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. My family member's possessions are safe. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. My family member is safe when he/she is alone. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. People ask before using my family member's things. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. My family member is safe around those who provide him/her with support and care. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. If he/she needs help right away, my family member can get it. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4. COMFORT ITEMS

The items that follow focus on your family member's life at your family member's nursing home.

- | | 0 | 1 | 2 | 3 | 4 | 6 | 7 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. My family member gets the services he/she needs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I would recommend this site or organization to others. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. This place feels like home to my family member. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. My family member can easily go outdoors if he/she wants. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. My family member is bothered by the noise in this home. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

5. MAKE DAILY DECISIONS ITEMS (Autonomy)

These items deal with how daily decisions are made.

- | | 0 | 1 | 2 | 3 | 4 | 6 | 7 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. My family member decides when to go to bed and get up. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. My family member decides how to spend his/her time. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. My family member can go where he/she wants on the "spur of the moment". | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. My family member controls who comes into his/her room. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. My family member can have a bath or shower as often as he/she wants. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. My family member decides how his/her money is spent. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

6. RESPECT ITEMS

Now let us consider how your family member feels about staff in your family member's nursing home.

- | | 0 | 1 | 2 | 3 | 4 | 6 | 7 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Staff pay attention to my family member. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. My family member can express his/her opinion without fear of consequences. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. My family member is treated with dignity by the people involved in his/her support and care. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. My family member is careful about what he/she says around staff. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Staff respect what my family member likes and dislikes. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

7. RESPONSIVE STAFF ITEMS

These items deal with how responsive staff are to your family member's needs.

- | | 0 | 1 | 2 | 3 | 4 | 6 | 7 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Staff respond quickly when my family member asks for assistance. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. My family member's services are delivered when he/she wants them. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. The care and support my family member gets, help him/her live life the way he/she wants. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Staff act on my family member's suggestions. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

8. STAFF-RESIDENT BONDING ITEMS

Next, let us consider the relationships between staff and your family member.

- | | 0 | 1 | 2 | 3 | 4 | 6 | 7 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Some of the staff know the story of my family member's life. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Staff take the time to have a friendly conversation with my family member. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Staff talk to my family member about how to meet his/her needs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. My family member considers a staff member his/her friend. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Staff are open and honest with my family member. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

9. ACTIVITY OPTION ITEMS

Now, let us consider how your family member feels about activities.

- | | 0 | 1 | 2 | 3 | 4 | 6 | 7 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. My family member has enjoyable things to do on weekends. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. My family member does things that keep him/her mentally active. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. My family member can take part in activities off the unit. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. My family member participated in meaningful activities in the past week. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. If my family member wants, he/she can participate in religious activities that have meaning to him/her. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

10. PERSONAL RELATIONSHIP ITEMS (presence of friends)

Finally, let us consider your family member's relationships with others.

- | | 0 | 1 | 2 | 3 | 4 | 6 | 7 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Another resident here is my family member's close friend. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. My family member has people who want to do things together with him/her. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. People ask my family member for help or advice. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. My family member plays an important role in people's lives. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. My family member has opportunities for affection or romance. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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SECTION D. SURVEY INFORMATION

1. SURVEY DATE

a) Year

- | | | | |
|-------------------------|-------------------------|-------------------------|-------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 8 | <input type="radio"/> 1 | <input type="radio"/> 1 |
| <input type="radio"/> 2 | <input type="radio"/> 9 | <input type="radio"/> 2 | <input type="radio"/> 2 |
| | <input type="radio"/> 0 | <input type="radio"/> 3 | <input type="radio"/> 3 |
| | | <input type="radio"/> 4 | <input type="radio"/> 4 |
| | | <input type="radio"/> 5 | <input type="radio"/> 5 |
| | | <input type="radio"/> 6 | <input type="radio"/> 6 |
| | | <input type="radio"/> 7 | <input type="radio"/> 7 |
| | | <input type="radio"/> 8 | <input type="radio"/> 8 |
| | | <input type="radio"/> 9 | <input type="radio"/> 9 |
| | | <input type="radio"/> 0 | <input type="radio"/> 0 |

b) Month

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

c) Day

- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 12 | <input type="radio"/> 22 |
| <input type="radio"/> 2 | <input type="radio"/> 13 | <input type="radio"/> 23 |
| <input type="radio"/> 3 | <input type="radio"/> 14 | <input type="radio"/> 24 |
| <input type="radio"/> 4 | <input type="radio"/> 15 | <input type="radio"/> 25 |
| <input type="radio"/> 5 | <input type="radio"/> 16 | <input type="radio"/> 26 |
| <input type="radio"/> 6 | <input type="radio"/> 17 | <input type="radio"/> 27 |
| <input type="radio"/> 7 | <input type="radio"/> 18 | <input type="radio"/> 28 |
| <input type="radio"/> 8 | <input type="radio"/> 19 | <input type="radio"/> 29 |
| <input type="radio"/> 9 | <input type="radio"/> 20 | <input type="radio"/> 30 |
| <input type="radio"/> 10 | <input type="radio"/> 21 | <input type="radio"/> |
| <input type="radio"/> 11 | | |

2. INTERVIEWER NAME (print)

a. (First)

b. (Middle Initial)

c. (Last)

d. (Jr/Sr)

