

RESIDENT INTERVIEW & RESIDENT OBSERVATION

Resident Name: _____ Room: _____ Date: _____

Interviewer Name: _____

Choices

1) Are you able to participate in making decisions regarding food choices/ preferences?

No Yes (**skip to #3**)

2) Is this acceptable to you? No Yes

3) Do you participate in choosing your bedtime? No Yes (**skip to #5**)

4) Is this acceptable to you? No Yes

5) Do you participate in choosing when to get up? No Yes (**skip to #7**)

6) Is this acceptable to you? No Yes

7) Do you choose your dressing and bath schedule? No Yes (**skip to Dignity section**)

8) Is this acceptable to you? No Yes

Comments:

Dignity

1) Do you feel the staff treats you with respect? No Yes

2) Does staff take time to listen to you? No Yes

3) Is staff helpful when you request assistance? No Yes

If resident answers no to any of the above questions, ask who, what, when, where, how often?

Comments:

Abuse

1) Have you ever been treated roughly by anyone here? No Yes

2) Has anyone here ever yelled at you? No Yes

3) Has anyone here ever been rude to you? No Yes

4) Do you ever feel afraid because of the way you or some other resident is treated? No Yes

If resident answers yes to any of the above questions, ask who, what, when, where, how often?

Comments:

Interaction with Others

1) Have you had any concerns or problems with a roommate or any other resident? No Yes
If resident answers yes, ask who, what, when, where, how often?

2) Have these concerns been addressed to your satisfaction? No Yes
If resident answers no, ask what could be done to resolve the issue to their satisfaction.

Personal Property

1) Have you had any missing personal items, such as clothing, jewelry, a radio, money, etc?
 No Yes

If Yes: Ask what is missing and for how long and if the resident has any idea of what might have happened to the item(s)?

2) Did you report the missing property to staff? No Yes
If Yes: Ask if they remember who they reported this to and when.

3) Is the property still missing? No Yes

Comments:

Resident Observation

Based on general observations, did you see any of the following? (Mark all that apply)

- Unpleasant body odor Unclean face/hands
- Bad Breath Un-brushed teeth/dentures Dentures not in place
- Teeth broken/loose Problems with dentures
- Uncombed/unclean hair Unshaven or facial hair not removed
- Unclean fingernails Soiled clothing
- Matted eyes Dirty or broken glasses
- Any bruising: Indicate where: _____
- None of the above

Comments: