

NURSING HOME RESIDENT INTERVIEW: MET NEEDS AND CARE PREFERENCES

RESIDENT NAME/ ID# _____
FACILITY/ROOM #: _____

DATE: ____/____/____

INTERVIEWER NAME: _____

DK = "Don't Know" ; NR = "no response" or "nonsense response"

DRESSING, GROOMING, and PERSONAL HYGIENE ASSISTANCE

Interviewer: "I would like to ask you some questions about the help you receive to get dressed."

1. Did someone who works here help you get dressed today? ___YES ___NO (Independent)
___DK/NR

2. Did someone who works here help you to:

a. Comb your hair today? ___YES ___NO (Independent) ___NO (Didn't get done) ___DK/NR

b. Clean your mouth/teeth today? ___YES ___NO (Independent) ___NO (Didn't get done)
___DK/NR

3. Did you have to wait a long time for someone to help you get dressed today?

___YES ___NO (Independent) ___DK/NR

4. If you could change something about the way staff help you to get ready or the things they do for you,
what would it be?

5. How often do you have a shower or bath?

___Every Day ___1/week ___2/week ___3/week #Stated by Resident: _____

6. How often would you like to have a shower or bath?

___Every Day ___1/week ___2/week ___3/week #Stated by Resident: _____

7. If you could change something about your shower/bath schedule or the way staff help you to take a

shower or bath, what would it be?