

NURSING HOME RESIDENT INTERVIEW: MET NEEDS AND CARE PREFERENCES

RESIDENT NAME/ ID# _____

DATE: ____/____/____

FACILITY/ROOM #: _____

INTERVIEWER NAME: _____

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

IN and OUT of BED SCHEDULE

Interviewer: "I would like to ask you some questions about your bedtime schedule."

1. About what time do you get out of bed in the morning? _____(Fill in time) ___DK/NR

If DK/NR: Do you get out of bed before or after breakfast? ___Before breakfast ___After breakfast

2. Do you have to wait a long time for someone to help you out of bed?

___YES ___NO ___SOMETIMES ___DK/NR

3. About what time do you like to get out of bed in the morning? _____(Fill in time) ___DK/NR

If DK/NR: Do you like to get out of bed before or after breakfast? ___Before ___After breakfast

4. Do you go back to bed for a nap during the day? ___YES ___NO ___SOMETIMES ___DK/NR

5. Do you like to take naps during the day? ___YES ___NO ___SOMETIMES ___DK/NR

6. About what time do you go back to bed at night? _____(Fill in time) ___DK/NR

If DK/NR: Do you go back to bed before or after dinner? ___Before dinner ___After dinner

7. About what time do you like to go back to bed at night? _____(Fill in time) DK NR

If DK/NR: Do you like to go back to bed before or after dinner? ___Before dinner ___After dinner

8. If you could change something about your bedtime schedule and/or the way staff help you in and out of bed, what would it be?