

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"

INCONTINENCE CARE: Toileting Assistance

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

1. Has somebody who works here helped you to use the toilet today? ___Yes ___No
___DK/NR

2. How many times during the day does someone who works here help you to use the toilet (bedpan,urinal)?

___0 ___1 ___2 ___3 ___ More than 3 ___INDEPENDENT ___DK/NR

If DK, NR, or unclear response: Do you think you get help to use the toilet (bedpan, urinal)

___Not at all/0 times ___1 time/day or ___More than 1 time/day

3. Are you ever afraid to ask the staff to help you to use the toilet? ___Yes ___No ___DK/NR

4. IF resident reports receiving toileting assistance from staff, ask:

Do you have to wait a long time for someone to help you use the toilet? ___Yes ___No
___DK/NR

5. How many times during the day would you like someone to help you use the toilet (bedpan, urinal)?

___0 ___1 ___2 ___3 ___ More than 3 ___DK/NR

6. If you could change something about the toileting schedule or the way staff help you to use the toilet (bedpan, urinal), what would it be?