

**ACTIVITIES PACKET**

*To be used by the activities staff in conjunction MDS 3.0 upon admission and with annual assessment*

**CONTENTS:**

Face Sheet

Domain Questionnaire (QoL.SRI.DQ)

In-Depth Assessment (QoL.SRI.ID)

Care Plan (QoL.CP)

*Instructions included with each section*

Resident Name: \_\_\_\_\_  
Assessor: \_\_\_\_\_

Resident Room Number: \_\_\_\_\_  
Department: \_\_\_\_\_

Q1: Date: __/__/____			Q2: Date: __/__/____			Q3: Date: __/__/____			Q4: Date: __/__/____		
Rank	Item	Score	Rank	Item	Score	Rank	Item	Score	Rank	Item	Score
1			1			1			1		
2			2			2			2		
3			3			3			3		
W			W			W			W		
<b>Domain</b>		<b>Domain Average</b>	<b>Domain</b>		<b>Domain Average</b>	<b>Domain</b>		<b>Domain Average</b>	<b>Domain</b>		<b>Domain Average</b>
MA			MA			MA			MA		
REP			REP			REP			REP		
SWB			SWB			SWB			SWB		

**INSTRUCTIONS**

1. Use the grid on the face sheet to record the date completed.
2. Always knock and ask permission to enter.
3. Establish rapport. **If resident is unable to engage in brief pleasantries due to cognitive impairment, terminate assessment.**
4. Transition from MDS 3.0 Resident Voice Interview to Quality of Life Assessment.

Sample script to use with residents:

*"I'd like to switch gears now to some different questions that are on the same types of topics that we have been discussing. This will help us to further provide you better care based on what you have been telling us."*

5. Explain how the QOL Assessment works

Sample script to use with residents:

*"Here is how the Quality of Life Assessment works. I will ask you questions about your Quality of Life here at \_\_\_\_\_. Every question has a "yes" or a "no" answer first. Once you answer "yes" or "no" I will ask you another question about "how often" the "yes" or the "no" occurs. For example, when I ask "Do you get to watch what you want on TV?" If you say "YES", I will ask you if you feel that way "often" or "always." If you answer "NO" to the question "Do you get to watch what you want on TV?" I will ask you if you feel this way "rarely" or "never." If you answer "no" that you do not get to watch what you want on TV I will ask if this issue is "very important", "somewhat important", "not very important" or "not important at all". So each question has 2 answers and some may have an additional follow up question. First there will be a "yes" or "no", then a "how often" question about your "yes" or "no" and possibly an "importance" question depending on the first two responses. Let's begin."*

6. Asking the Questions

Each question has four parts, each in a separate column:

- Yes/No. Ask this part first. Based on the answer, move to the appropriate column.
- If Yes. This part gathers an additional level of detail about the level of QOL. If it is shaded, follow with Importance rating.
- If No. This part gathers an additional level of detail about the level of QOL. If it is shaded, follow with Importance rating.
- Importance Rating. This part allows you to prioritize each issue according to the residents' preferences. It also allows consistency with MDS 3.0 scoring.

*Other Acceptable Answers*

Yes	"Absolutely" "All the time"	Always	"All the time" "Every day" "Every time"	Rarely	"Sometimes" "Hardly ever" "Not that often"
No	"Never"	Often	"Sometimes" "Most of the time" "Usually"	Never	"None" "Doesn't happen"

If the resident is able to answer the Yes/No question but consistently unable to answer the second (Always/Often or Rarely/Never) part after 4 tries then you may code them as 'unable' and can use only the Yes/No query. You must still ask the importance question for each item that scores in a shaded cell.

7. Stopping Rules

If the resident is **unable to answer 8 consecutive questions** using the response categories then you may terminate the interview.

8. Scoring Instructions

Each question is scored by multiplying the QOL rating (frequency scale) by the importance scale. Write the score in the far right column (under the heading 'Score').

The following chart shows what to put based on each possible combination of scores. If the importance part is not answered, then leave the score blank. Note that some QOL items are 'reverse' coded so that higher always implies better QOL (i.e., bad events are rare, good events are common).

QOL Rating		Very Important	Important, Can't Do	Somewhat Important	Not Very Important	Not Important	Missing
		1	1.5	2	3	4	999
Poor	1	1.0	1.5	2.0	3.0	4.0	-
	1.5	1.5	2.3	3.0	4.5	6.0	-
	2	2.0	3.0	4.0	6.0	8.0	-
	3	-	-	-	-	-	-
	3.8	-	-	-	-	-	-
Good	4	-	-	-	-	-	-
Missing	999	-	-	-	-	-	-

9. Calculating Domain Averages

Upon completion of in interview, the resident's average quality of life for each domain is tabulated and recorded by taking the sum value of the always/often/rarely/never responses (yes/no response value if failure to answer four point branching) in the domain divided by the total number of responses in that domain. If the resident failed to answer 50% of the domain's responses that domain is considered "missing".

This scoring chart is a summary of all of the components in the QoL.DQ and QoL.ID. It should be placed in the resident's chart and used to track the progress of the resident.

$$\frac{\text{Sum of Responses}}{\text{Total Answers}} = \text{Domain Score}$$

Record these Domain Averages on the Face Sheet

10. Separate face sheet from assessment to record Domain Averages and Item Scores for resident over the course of a year. Keep the face sheet with the resident's chart and retrieve at next assessment to update.

This assessment and care plan system were developed by Howard B. Degenholtz, Ph.D., Natalie Bulger, BASW, and Abby Resnick, MA at the University of Pittsburgh, Graduate School of Public Health, Department of Health Policy and Management.

For more information, please visit [www.improvingqol.pitt.edu](http://www.improvingqol.pitt.edu)

Meaningful Activities: Now we have some questions about how you spend your time.				
MA	If Yes	If No	How Important	Score
When it is nice out, do you like to get outdoors?	go to question MA_1	Skip question MA_1 go to MA_2.		
<b>MA_1</b> Do you get outdoors as much as you want to? 3.8 <input type="checkbox"/> Yes 1.5 <input type="checkbox"/> No 777 <input type="checkbox"/> N/A 999 <input type="checkbox"/> Unable	4 <input type="checkbox"/> Always 3 <input type="checkbox"/> Often 777 <input type="checkbox"/> N/A 999 <input type="checkbox"/> Unable	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Rarely 777 <input type="checkbox"/> N/A 999 <input type="checkbox"/> Unable	1 <input type="checkbox"/> Very Imp 2 <input type="checkbox"/> Somewhat Important 3 <input type="checkbox"/> Not Very Imp 4 <input type="checkbox"/> Not imp at all 777 <input type="checkbox"/> N/A 1.5 <input type="checkbox"/> Imp can't do/no choice 999 <input type="checkbox"/> Unable	
<b>MA_2</b> Do you enjoy the organized activities here at the nursing home? 3.8 <input type="checkbox"/> Yes 1.5 <input type="checkbox"/> No 999 <input type="checkbox"/> Unable	4 <input type="checkbox"/> Always 3 <input type="checkbox"/> Often 999 <input type="checkbox"/> Unable	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Rarely 999 <input type="checkbox"/> Unable	1 <input type="checkbox"/> Very Imp 2 <input type="checkbox"/> Somewhat Important 3 <input type="checkbox"/> Not Very Imp 4 <input type="checkbox"/> Not imp at all 1.5 <input type="checkbox"/> Imp can't do/no choice 999 <input type="checkbox"/> Unable	
<b>MA_3</b> Outside of religious activities, do you have enjoyable things to do at the nursing home during the weekend? 3.8 <input type="checkbox"/> Yes 1.5 <input type="checkbox"/> No 999 <input type="checkbox"/> Unable	4 <input type="checkbox"/> Always 3 <input type="checkbox"/> Often 999 <input type="checkbox"/> Unable	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Rarely 999 <input type="checkbox"/> Unable	1 <input type="checkbox"/> Very Imp 2 <input type="checkbox"/> Somewhat Important 3 <input type="checkbox"/> Not Very Imp 4 <input type="checkbox"/> Not imp at all 1.5 <input type="checkbox"/> Imp can't do/no choice 999 <input type="checkbox"/> Unable	
<b>MA_4</b> Despite your health condition, do you give help to other people, such as other residents, your family, people at this nursing home, or the outside community? 3.8 <input type="checkbox"/> Yes 1.5 <input type="checkbox"/> No 999 <input type="checkbox"/> Unable	4 <input type="checkbox"/> Always 3 <input type="checkbox"/> Often 999 <input type="checkbox"/> Unable	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Rarely 999 <input type="checkbox"/> Unable	1 <input type="checkbox"/> Very Imp 2 <input type="checkbox"/> Somewhat Important 3 <input type="checkbox"/> Not Very Imp 4 <input type="checkbox"/> Not imp at all 1.5 <input type="checkbox"/> Imp can't do/no choice 999 <input type="checkbox"/> Unable	
<b>MA_5</b> Considering your overall quality of life here, do you have interesting things to see and do? 3.8 <input type="checkbox"/> Yes 1.5 <input type="checkbox"/> No 999 <input type="checkbox"/> Unable	4 <input type="checkbox"/> Always 3 <input type="checkbox"/> Often 999 <input type="checkbox"/> Unable	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Rarely 999 <input type="checkbox"/> Unable	1 <input type="checkbox"/> Very Imp 2 <input type="checkbox"/> Somewhat Important 3 <input type="checkbox"/> Not Very Imp 4 <input type="checkbox"/> Not imp at all 1.5 <input type="checkbox"/> Imp can't do/no choice 999 <input type="checkbox"/> Unable	

Sum of rating (a/o/r/n)

Total number answered

Domain Average (MA)


← If less than 3, do not complete

= Sum / # answered

Quality of Life

Structured Resident Interview

Domain Questionnaire (QoL\_SRLDQ)

ACTIVITIES

Religious Practice: Now I will ask you about the roles religion and religious practice play in your life.

REP	If Yes	If No	How Important	Score
Do you practice a religion? 3.8 <input type="checkbox"/> Yes 1.5 <input type="checkbox"/> No	go to question REP_1	Skip section		
<b>REP_1</b> Do you participate in religious activities here? 3.8 <input type="checkbox"/> Yes 1.5 <input type="checkbox"/> No 777 <input type="checkbox"/> N/A 999 <input type="checkbox"/> Unable	4 <input type="checkbox"/> Always 3 <input type="checkbox"/> Often 777 <input type="checkbox"/> N/A 999 <input type="checkbox"/> Unable	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Rarely 777 <input type="checkbox"/> N/A 999 <input type="checkbox"/> Unable	1 <input type="checkbox"/> Very Imp 2 <input type="checkbox"/> Somewhat Important 3 <input type="checkbox"/> Not Very Imp 4 <input type="checkbox"/> Not imp at all 777 <input type="checkbox"/> N/A 1.5 <input type="checkbox"/> Imp can't do/no choice 999 <input type="checkbox"/> Unable	
<b>REP_2</b> Do the religious observances here have personal meaning for you? 3.8 <input type="checkbox"/> Yes 1.5 <input type="checkbox"/> No 777 <input type="checkbox"/> N/A 999 <input type="checkbox"/> Unable	4 <input type="checkbox"/> Always 3 <input type="checkbox"/> Often 777 <input type="checkbox"/> N/A 999 <input type="checkbox"/> Unable	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Rarely 777 <input type="checkbox"/> N/A 999 <input type="checkbox"/> Unable	1 <input type="checkbox"/> Very Imp 2 <input type="checkbox"/> Somewhat Important 3 <input type="checkbox"/> Not Very Imp 4 <input type="checkbox"/> Not imp at all 777 <input type="checkbox"/> N/A 1.5 <input type="checkbox"/> Imp can't do/no choice 999 <input type="checkbox"/> Unable	
<b>REP_3</b> Do you have the opportunity to discuss your faith as much as you want to? 3.8 <input type="checkbox"/> Yes 1.5 <input type="checkbox"/> No 777 <input type="checkbox"/> N/A 999 <input type="checkbox"/> Unable	4 <input type="checkbox"/> Always 3 <input type="checkbox"/> Often 777 <input type="checkbox"/> N/A 999 <input type="checkbox"/> Unable	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Rarely 777 <input type="checkbox"/> N/A 999 <input type="checkbox"/> Unable	1 <input type="checkbox"/> Very Imp 2 <input type="checkbox"/> Somewhat Important 3 <input type="checkbox"/> Not Very Imp 4 <input type="checkbox"/> Not imp at all 777 <input type="checkbox"/> N/A 1.5 <input type="checkbox"/> Imp can't do/no choice 999 <input type="checkbox"/> Unable	
<b>REP_4</b> Outside of services, are you interrupted when you are praying? 1.5 <input type="checkbox"/> Yes 3.8 <input type="checkbox"/> No 777 <input type="checkbox"/> N/A 999 <input type="checkbox"/> Unable	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Often 777 <input type="checkbox"/> N/A 999 <input type="checkbox"/> Unable	4 <input type="checkbox"/> Never 3 <input type="checkbox"/> Rarely 777 <input type="checkbox"/> N/A 999 <input type="checkbox"/> Unable	1 <input type="checkbox"/> Very Imp 2 <input type="checkbox"/> Somewhat Important 3 <input type="checkbox"/> Not Very Imp 4 <input type="checkbox"/> Not imp at all 777 <input type="checkbox"/> N/A 1.5 <input type="checkbox"/> Imp can't do/no choice 999 <input type="checkbox"/> Unable	
<b>REP_5</b> Is clergy, for ex a priest, minister, or rabbi – available to talk to you when you want to? 3.8 <input type="checkbox"/> Yes 1.5 <input type="checkbox"/> No 777 <input type="checkbox"/> N/A 999 <input type="checkbox"/> Unable	4 <input type="checkbox"/> Always 3 <input type="checkbox"/> Often 777 <input type="checkbox"/> N/A 999 <input type="checkbox"/> Unable	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Rarely 777 <input type="checkbox"/> N/A 999 <input type="checkbox"/> Unable	1 <input type="checkbox"/> Very Imp 2 <input type="checkbox"/> Somewhat Important 3 <input type="checkbox"/> Not Very Imp 4 <input type="checkbox"/> Not imp at all 777 <input type="checkbox"/> N/A 1.5 <input type="checkbox"/> Imp can't do/no choice 999 <input type="checkbox"/> Unable	
<b>REP_6</b> Considering your overall quality of life here, can you meet your religious needs? 3.8 <input type="checkbox"/> Yes 1.5 <input type="checkbox"/> No 777 <input type="checkbox"/> N/A 999 <input type="checkbox"/> Unable	4 <input type="checkbox"/> Always 3 <input type="checkbox"/> Often 777 <input type="checkbox"/> N/A 999 <input type="checkbox"/> Unable	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Rarely 777 <input type="checkbox"/> N/A 999 <input type="checkbox"/> Unable	1 <input type="checkbox"/> Very Imp 2 <input type="checkbox"/> Somewhat Important 3 <input type="checkbox"/> Not Very Imp 4 <input type="checkbox"/> Not imp at all 777 <input type="checkbox"/> N/A 1.5 <input type="checkbox"/> Imp can't do/no choice 999 <input type="checkbox"/> Unable	

Sum of rating (a/o/r/n)

Total number answered

Domain Average (REP)


←If less than 3, do not complete

= Sum / # answered

<b>Spiritual Well-being: the next questions ask about your spiritual life here.</b>				
<b>SWB</b>	<b>If Yes</b>	<b>If No</b>	<b>How Important</b>	<b>Score</b>
<b>SWB_1</b> Do you feel your life as a whole has meaning? 3.8 <input type="checkbox"/> Yes 1.5 <input type="checkbox"/> No 999 <input type="checkbox"/> Unable	4 <input type="checkbox"/> Always 3 <input type="checkbox"/> Often 999 <input type="checkbox"/> Unable	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Rarely 999 <input type="checkbox"/> Unable	1 <input type="checkbox"/> Very Imp 2 <input type="checkbox"/> Somewhat Important 3 <input type="checkbox"/> Not Very Imp 4 <input type="checkbox"/> Not imp at all 1.5 <input type="checkbox"/> Imp can't do/no choice 999 <input type="checkbox"/> Unable	
<b>SWB_2</b> Do you feel at peace? 3.8 <input type="checkbox"/> Yes 1.5 <input type="checkbox"/> No 999 <input type="checkbox"/> Unable	4 <input type="checkbox"/> Always 3 <input type="checkbox"/> Often 999 <input type="checkbox"/> Unable	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Rarely 999 <input type="checkbox"/> Unable	1 <input type="checkbox"/> Very Imp 2 <input type="checkbox"/> Somewhat Important 3 <input type="checkbox"/> Not Very Imp 4 <input type="checkbox"/> Not imp at all 1.5 <input type="checkbox"/> Imp can't do/no choice 999 <input type="checkbox"/> Unable	
<b>SWB_3</b> Do the days here seem too long to you? 1.5 <input type="checkbox"/> Yes 3.8 <input type="checkbox"/> No 999 <input type="checkbox"/> Unable	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Often 999 <input type="checkbox"/> Unable	4 <input type="checkbox"/> Never 3 <input type="checkbox"/> Rarely 999 <input type="checkbox"/> Unable	1 <input type="checkbox"/> Very Imp 2 <input type="checkbox"/> Somewhat Important 3 <input type="checkbox"/> Not Very Imp 4 <input type="checkbox"/> Not imp at all 1.5 <input type="checkbox"/> Imp can't do/no choice 999 <input type="checkbox"/> Unable	
<b>SWB_4</b> Considering your overall quality of life here, can you meet your spiritual needs? 3.8 <input type="checkbox"/> Yes 1.5 <input type="checkbox"/> No 999 <input type="checkbox"/> Unable	4 <input type="checkbox"/> Always 3 <input type="checkbox"/> Often 999 <input type="checkbox"/> Unable	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Rarely 999 <input type="checkbox"/> Unable	1 <input type="checkbox"/> Very Imp 2 <input type="checkbox"/> Somewhat Important 3 <input type="checkbox"/> Not Very Imp 4 <input type="checkbox"/> Not imp at all 1.5 <input type="checkbox"/> Imp can't do/no choice 999 <input type="checkbox"/> Unable	

Sum of rating (a/o/r/n)

Total number answered

Domain Average (SWB)


← If less than 2, do not complete

= Sum / # answered

### INSTRUCTIONS

1. After completed the closed ended section of the interview, score the results as previously instructed. Use the grid on the Face Sheet to record the item numbers and scores for the 3 items with the LOWEST scores.

In the case of a tie, choose the item that was asked closest to the beginning of the interview. For example, if both CMF\_2 and AUT\_4 scored a 1.5, CMF\_2 should be selected.

In addition, you may choose a fourth “wild card” item based on your observations and judgment that an issue is important to a resident, even if it does not rank highly or is not an actual question from the QoL Assessment.

At the end of the in-depth section record the wildcard question and answer. If the wildcard question is an in-depth item that was not initially trigger, notate which in-depth item has been selected for wildcard follow up and proceed accordingly.

2. Introductory Scripts

Use the following sample script to introduce this section of the assessment:

*“The next questions are more detailed questions based on the answers you provided in the earlier section. I will ask you several questions; You are not limited to Yes or No answer. You can tell me whatever you think.”*

After asking each question, use the following sample probes to gather further detail about the issue:

*“Tell me more about...”*

*“What can be done differently about...”*

*“Who could...”*

*“When would...”*

*“How should...”*



Quality of Life In-Depth Interview	
Intro:	The next questions are more detailed questions based on the answers you provided in the earlier section
Instructions:	I will ask you several questions; You are <i>not limited</i> to <b>Yes</b> or <b>No</b> . You can tell me whatever you thing. (Probe, wait, transcribe, probe problems further, transcribe)
Further probing:	Tell me more about... What can be done differently about... Who could... When would...

**MEANINGFUL ACTIVITIES****MA 1** *Do you get outdoors as much as you want to?*

*Probes:* What kind of weather do you enjoy? ·Where do you like to sit outside? ·When do you get outdoors? ·How do people respond when you ask to go outside? ·Do you ever leave the facility to visit friends, family or for any activities? ·Where do you like to go? ·When was the last time?

**MA 2** *Do you enjoy the organized activities here at the nursing home?*

*Probes:* How do you find out about activities? ·What activities do you enjoy the most? ·What activities do you enjoy the least? ·What are your favorite ways to socialize? ·What kinds of activities would you enjoy but are not available? ·How often do you attend activities that you do not enjoy?

**MA 3** *Outside of religious activities, do you have enjoyable things to do at the nursing home during the weekend?*

*Probes:* What activities would you enjoy doing on the weekend that you do not currently do? ·What activities do you dislike on the weekend that you wish you did not have to do? ·What activities do you enjoy the most on the weekend? ·Who participates in those activities with you?

**MA 4** *Despite your health condition do you give help to other people, such as other residents, your family, people at this nursing home, or the outside community?*

*Probes:* Who do you help? ·What do you do? ·When was the most recent time? ·Do you like volunteering? ·What volunteer work have you done in the past that you want to continue doing?

**MA 5** *Considering your overall quality of life here, do you have interesting things to see and do?*

*Probes:* If you could add an activity to the calendar what would it be? ·Why do you or do you not participate in the activities here? ·Do you have to have someone escort you outdoors? Is this hard to accomplish sometimes?

## Quality of Life In-Depth Interview

Intro:	The next questions are more detailed questions based on the answers you provided in the earlier section
Instructions:	I will ask you several questions; You are <i>not limited</i> to <b>Yes</b> or <b>No</b> . You can tell me whatever you thing. (Probe, wait, transcribe, probe problems further, transcribe)
Further probing:	Tell me more about... What can be done differently about... Who could... When would...

## RELIGIOUS PRACTICES

**REP 1** *Do you participate in religious activities here?*

*Probes:* Are there any religious activities that you wish you could attend? ·Are there religious activities that you are taken to even if you are not interested? ·When do you prefer to participate in religious activities? ·How do you find out about activities?

**REP 2** *Do the religious observances here have personal meaning for you?*

*Probes:* What observances do you participate in? ·What observances do you wish you could take part in?

**REP 3** *Do you have the opportunity to discuss your faith as much as you want to?*

*Probes:* Who do you discuss your faith with? ·Is there someone you would like to discuss your faith with?

**REP 4** *Outside of services, are you interrupted when you are praying?*

*Probes:* Where do you pray or meditate? ·Is there a place you would rather pray or meditate? ·How do you people respond when you tell them you would like to be left alone to pray?

**REP 5** *Is clergy, for example a priest, minister, or rabbi – available to talk to you when you want to?*

*Probes:* How would you describe your relationship with your clergy? ·When do you usually see your clergy? ·How would you contact your clergy if you wanted to talk?

**REP 6** *Considering your overall quality of life here, can you meet your religious needs?*

*Probes:* Does anyone from your former congregations come to visit you? ·Do you receive any religious mail or pamphlets? ·Would a prayer group be something you might be interested in? ·Do you know of other residents who are of the same faith?

Quality of Life In-Depth Interview	
Intro:	The next questions are more detailed questions based on the answers you provided in the earlier section
Instructions:	I will ask you several questions; You are <i>not limited</i> to <b>Yes</b> or <b>No</b> . You can tell me whatever you thing. (Probe, wait, transcribe, probe problems further, transcribe)
Further probing:	Tell me more about... What can be done differently about... Who could... When would...

**SPIRITUAL WELL-BEING**

**SWB 1** | ***Do you feel your life as a whole has meaning?***

*Probes:* What are some activities you do that give your life meaning? ·What are some things that you used to do that added meaning to your life? ·Is there anyone in particular who adds meaning to your life, such as a child or grandchild? ·Do you have any goals that help lend meaning to your life? ·Can you tell me more about that?

**SWB 2** | ***Do you feel at peace?***

*Probes:* Do you feel at peace with yourself? ·With your family and friends? ·With God? ·In what way do you not feel at peace?

**SWB 3** | ***Do the days here seem too long to you?***

*Probes:* Do you feel engaged in the life or activities here? ·What would help you to feel more engaged in daily life?

**SWB 4** | ***Considering your overall quality of life here, can you meet your spiritual needs?***

*Probes:* What helped you to meet your spiritual needs prior to coming to this facility? ·What helps you to feel more at peace with yourself? ·With life? ·What types of things make you happy? ·What activities make the day pass faster for you?

**WILDCARD**

ITEM/  
QUESTION

ANSWER:

