

University of Pittsburgh Quality of Life Structured Resident Interview

NURSING PACKET

*To be used by nursing staff with admission, quarterly and annual MDS 3.0 assessments
(Do NOT use with 7, 14 or 30 day Medicare 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		
Domain		Domain Average	Domain		Domain Average	Domain		Domain Average	Domain		Domain Average
CMF			CMF			CMF			CMF		
SEC			SEC			SEC			SEC		
PRI			PRI			PRI			PRI		
FC			FC			FC			FC		

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 an 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

Comfort: The first questions are about how comfortable you are and the help you get to make you more comfortable

CMF	If Yes	If No	How Important	Score
CMF_1 Are you too cold here? 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	
CMF_2 Are you ever in the same position so long that it hurts? 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	
CMF_3 Are you ever in physical pain? 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	
CMF_4 Are you bothered by noise when you are in your room? 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	
CMF_5 Are you bothered by noise in other parts of the nursing home, for ex the dining room? 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	
CMF_6 Do you get a good night's sleep here? 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	
CMF_7 Considering your overall quality of life here, do you feel physically comfortable? 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 (CMF)

← If less than 4, do not complete

= Sum / # answered

Security: the next set of questions asks about how safe and secure you feel here.

SEC	If Yes	If No	How Important	Score
SEC_1 Do you feel that your possessions are safe at this 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	
SEC_2 Do your clothes get lost or damaged in the laundry? 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	
SEC_3 Do you feel confident that you can get help when you need it? 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	
SEC_4 If you do not feel well, can you get a nurse or a doctor quickly? 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	
SEC_5 Do you feel afraid because of the way you or some other resident is treated? 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	
SEC_6 Considering your overall quality of life here, do you feel secure and safe? 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 (SEC)

← If less than 3, do not complete

= Sum / # answered

Privacy: the next questions are about privacy or lack of privacy				
PRI	If Yes	If No	How Important	Score
PRI_1 Can you find a place to be alone when you wish? 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	
PRI_2 Can you make a private phone call? 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	
PRI_3 When you have a visitor, can you find a place to visit in private? 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	
PRI_4 Other than your roommate, can you be together in private with another resident? 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	
PRI_5 Do the people who work here both knock and wait for a reply before entering your room? 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	
PRI_6 Considering your overall quality of life here, do you have the privacy you want? 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 (PRI)

← If less than 3, do not complete

= Sum / # answered

Functional Competence: the next questions are about how easy it is for you to do things for yourself in your room.

FC	If Yes	If No	How Important	Score
FC_1 Is it easy to get around in your room by yourself? 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	
FC_2 Can you easily reach the things that you need? 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	
FC_3 If you are anywhere in the nursing home and need a bathroom, can you get to one quickly? 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	
FC_4 Can you easily reach your toilet articles and things you want to use in your bathroom? 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	
FC_5 Do you do as much to take care of your own things and your room as you can and want? 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	
FC_6 Considering your overall quality of life here, can you do as much for yourself in your room as you want? 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 (FC)

← If less than 3, 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: Instructions:	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 <i>not limited</i> to Yes or No . 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...

COMFORT

CMF 1 | Are you sometimes too cold here (living in this nursing home)?

Probes: Are you ever too hot here? ·Tell me about the times where you were too cold/too hot? ·During the day, at night? ·Are you too cold during bathing or when you use the toilet? ·What would help you avoid being too cold/too hot? ·How does the staff help you become comfortable

CMF 2 | Are you ever in the same position so long that it hurts?

Probes: Tell me about the times when you are in the same position so long that it hurts. ·Does this happen while you are in bed, sitting, in a wheelchair or during meals? ·What position is uncomfortable? ·What position is more comfortable? ·When you become uncomfortable does it occur during the day, evening or night? ·What do you do to become more comfortable?

CMF 3 | Are you ever in physical pain?

Probes: Tell me about the times when you are in pain. ·When you are in pain, how do you notify the staff that you are in pain? ·What helps reduce your pain? ·Does the staff routinely ask you about your comfort level? ·Does the staff routinely ask you about your pain level?

CMF 4 | Are you ever bothered by noise when you are in your room?

Probes: What kind of noise in your room bothers you; television, radio, roommate, sounds outside of your room? ·What time of day does it occur? ·How can the staff reduce the noise level in your room?

CMF 5 | Are you ever bothered by noise in other parts of the nursing home for example the dining room?

Probes: What kind of noise in the rest of the building bothers you; television, radio, other residents, staff talking, sounds? ·What part of the facility is too noisy for your comfort? ·What time of day does it occur? ·Is there a part of the facility that is less noisy? ·How can the staff help to reduce the noise level?

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 Yes or No . 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...

CMF 6 | Do you get a good night's sleep here?

Probes: Do you wake up at night? ·How frequently? ·What causes you to wake up at night? ·What do you do if you wake up at night? ·Do you take a nap during the day?

CMF 7 | Considering your overall quality of life here, do you feel physically comfortable?

Probes: Is your discomfort due to physical pain? ·How is this pain being managed? ·Does the staff make an effort to help you become more comfortable? ·What type of things do they do? ·When are you the most uncomfortable? Why?

Quality of Life In-Depth Interview

Intro: Instructions:	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 <i>not limited</i> to Yes or No . 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...

SECURITY

SEC 1 | Do you feel that your possessions are not safe at this nursing home?

Probes: Why do you feel that your possessions are not safe? ·If you have had any missing items, how well did the staff investigate the situation? ·Is there a way that your personal possessions can be more secure? ·Do you have a resident account to hold your money? ·Were you told about the resident account?

SEC 2 | Do your clothes get lost or damaged in the laundry?

Probes: Does your family do your laundry? ·Is there someone who can do your laundry? ·How often does the staff take your clothes to be cleaned? ·Do you get your clothes back in a timely fashion? ·How well did the staff investigate your lost or damaged laundry situation? ·Where is your used (dirty) laundry kept? Is this a good place? ·How can staff prevent losing or damaging laundry?

SEC 3 | Do you feel confident that you can get help when you need it?

Probes: When do you need help? ·What do you need help with? ·Has the staff taught you or reminded you to use the call bell? ·Is there a time of day you feel less confident about getting help when you need it? ·Do you feel worried that you will not be able to find help when you need it?

SEC 4 | If you do not feel well, can you get a nurse or doctor quickly?

Probes: How would you describe your relationship with the doctor who sees you at the nursing home? ·Is there a time of day when access to medical care worries you? ·Tell me what you would do if you are suddenly not feeling well? ·Do you feel that the staff listens to you when you state that you are not feeling well and you want to see a doctor?

SEC 5 | Do you ever feel afraid because of the way you or some other residents are treated?

Probes: Please describe the situation when you felt scared or mistreated. ·Did you talk to the staff and how did they respond? ·Do you feel that the staff investigated and corrected the situation? ·Is there a time of the day when you are more afraid?

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 Yes or No . 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...

SEC 6 *Considering your overall quality of life here, do you feel secure and safe?*

Probes: Is it your own safety that you are concerned with? ·What makes you feel the most unsafe? ·Are your things at risk to go missing or be damaged? ·What could be done to prevent this? ·Is your call bell within reach at all times? ·Where is the most convenient place for your call bell?

Quality of Life In-Depth Interview

Intro: Instructions:	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 <i>not limited</i> to Yes or No . 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...

PRIVACY

PRI 1 *Can you find a place to be alone when you wish?*

Probes: Where do you prefer to be alone? ·When do you like to be alone? ·Are you ever disturbed when you want to be alone?
·When do disturbances usually happen?

PRI 2 *Can you make a private phone call?*

Probes: Do you have a phone? **Y/N** ·Can you reach it easily? **Y/N** ·Can you use it? **Y/N** ·Do you want staff to help you dial? **Y/N** ·
Can other people hear you when you are talking about personal things on the phone? **Y/N** ·What prevents you from making a
private phone call? ·Who do you like to call?

PRI 3 *When you have a visitor, can you find a place to visit in private?*

Probes: Do you ever have visitors? **Y/N** ·Is there someone you would like to have visit you? ·How noisy is the visiting area you
usually use? ·How well do you and your visitors fit in your room or the area you use for visits? ·Where do you wish you could meet
in private? ·Is there a place you would like to go to?

PRI 4 *Other than your roommate, can you be together in private with another resident?*

Probes: Where do you wish you could meet another resident in private? ·Is there a time when you would like to visit another
resident in private? ·When do you like to meet privately with another resident?

PRI 5 *Do the people who work here both knock and wait for a reply before entering your room?*

Probes: Do you like when people who work here knock and wait for a reply before entering your room? ·How often do they fail to
knock before entering? ·Does staff apologize if they fail to knock before entering?

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 Yes or No . 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...

PRI 6 *Considering your overall quality of life here, do you have the privacy you want?*

Probes: Do the staff members ever enter your room without your permission? ·Do you close the door to your room to help with your privacy? ·Do you use the room divider (curtains) to section off your half of the room? ·Do you ever go into another area of the facility to visit with family or friends?

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 Yes or No . 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...

FUNCTIONAL COMPETENCE

FC 1 *Is it easy to get around in your room by yourself?*

Probes: Does anything get in your way when you try to move about your room? ·Where is your walker/wheelchair located?

FC 2 *Can you easily reach the things that you need?*

Probes: Where do you have the most difficulty reaching things? ·What do you like to have nearby?

FC 3 *If you are anywhere in the nursing home and need a bathroom, can you get to one quickly*

Probes: How long does it take for staff to respond to your requests for assistance? ·What prevents staff from reaching you quickly?

FC 4 *Can you easily reach your toilet articles and things you want to use in your bathroom?*

Probes: Where are your toiletries located? ·What areas are hard to access? ·Is there a place you would prefer to keep your toiletries?

FC 5 *Do you do as much to take care of your own things and your room as you can and want?*

Probes: What could you do to be more independent regarding taking care of your own things? ·What things do you wish you could do more to take care of?

FC 6 *Considering your overall quality of life here, can you do as much for yourself in your room as you want?*

Probes: What will help you to feel more independent in your own room? ·What are some things that you would like to do more of for yourself? ·Are there things about your room that help to remind you of your home?

WILDCARD

ITEM/
QUESTION

ANSWER:

