

# University of Pittsburgh Quality of Life Structured Resident Interview

## **SOCIAL SERVICES PACKET**

*To be used by social service staff with admission, quarterly and annual MDS 3.0 assessment  
(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		
<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>
REL			REL			REL			REL		
DIG			DIG			DIG			DIG		
IND			IND			IND			IND		
AUT			AUT			AUT			AUT		

**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)

**Relationships: The next questions are about your relationships here.**

REL	If Yes	If No	How Important	Score
<b>REL_1</b> Is it easy to make friends 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	
<b>REL_2</b> Do you consider that <u>any</u> other resident is a <u>close</u> friend? 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>REL_3</b> In the past month, have people who work here stopped just to have a friendly conversation with you? 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>REL_4</b> Do you consider any staff member here to be a friend? 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>REL_5</b> Do you think that this facility tries to make this an easy and pleasant place for families and friends of residents to visit? 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>REL_6</b> Considering your overall quality of life here, do you have good friendships and relationships? 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 (REL)


←If less than 3, do not complete

= Sum / # answered

**Dignity: The next questions concern respect for your dignity.**

DIG	If Yes	If No	How Important	Score
<b>DIG_1</b> Do staff here treat you politely? 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>DIG_2</b> Do you feel that you are treated with respect 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	
<b>DIG_3</b> Do staff handle you gently while giving you care? 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>DIG_4</b> Do staff here respect your modesty? 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>DIG_5</b> Do staff take time to listen to you when you have something you want to say? 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>DIG_6</b> Considering your overall quality of life here, is your dignity respected? 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 (DIG)


← If less than 3, do not complete

= Sum / # answered

**Individuality: the next questions are about your individual preferences for your life.**

IND	If Yes	If No	How Important	Score
<b>IND_1</b> Taking all staff together, nurses, aides etc, does the staff know about your interests and what you like? 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>IND_2</b> Do staff members know you as a person? 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>IND_3</b> Are people working here interested in your experiences and the things you have done in your life? 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>IND_4</b> Does staff here take your preferences seriously? 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>IND_5</b> Do residents here know you as a person? 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>IND_6</b> Are your personal wishes and interests respected 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	
<b>IND_7</b> Considering your overall quality of life here, are you able to follow your own interests and preferences? 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 (IND)


←If less than 4, do not complete

= Sum / # answered

**Autonomy: The next questions are about the choice and control you have.**

AUT	If Yes	If No	How Important	Score
<b>AUT_1</b> Can you go to bed at the time 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	
<b>AUT_2</b> Can you get up in the morning at the time 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	
<b>AUT_3</b> Can you decide what clothes to wear? 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>AUT_4</b> Have you been successful in making changes in things you do not like? 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>AUT_5</b> How much of a say did you have in picking your current roommate? 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>AUT_6</b> Considering your overall quality of life here, do you have choices in your everyday life? 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

--

←If less than 3, do not complete

Domain Average (AUT)

--

= 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...

## RELATIONSHIPS

**REL 1** *Is it easy to make friends at this nursing home?*

*Probes:* How welcome do you feeling in groups and activities with other residents? ·What groups? ·Which activities? ·What prevent you from becoming closer to other residents? ·Where do you usually meet new residents?

**REL 2** *Do you consider that any other resident is a close friend?*

*Probes:* Is there someone you trust and confide in and who you discuss problems with? ·Is there someone who trusts and confides in you and would discuss their problems with you? ·Is there someone you would like to trust or confide in? ·How much time can you spend with this person?

**REL 3** *In the past month, have people who work here stopped just to have a friendly conversation with you?*

*Probes:* Where do these conversations usually occur? ·When do these conversations usually occur? ·Who do you wish you could talk to more often?

**REL 4** *Do you consider any staff member here to be a friend?*

*Probes:* Who do you consider to be your friend? ·When do you spend the most time talking to these people?

**REL 5** *Do you think that (name of facility) tries to make this an easy and pleasant place for families and friends of residents to visit?*

*Probes:* How is this (not) the case? ·How often do you receive visitors? ·What times are more difficult than others for visitors to see you? ·Does staff accommodate your visits when they schedule appointments?

**REL 6** *Considering your overall quality of life here, do you have good friendships and relationships?*

*Probes:* Do your family and friends come to visit you here? · Who comes to see you? ·How often? ·How is your relationship with your roommate? ·How do you meet the other residents here? ·Do the staff ever introduce you to the new residents?

## 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...

**DIGNITY****DIG** | ***Does staff here treat you politely?***

*Probes:* What are some ways staff treats you politely? ·In what ways does staff not treat you politely? ·Does staff remember to do the things you ask them to do? ·Can you give me an example?

**DIG 2** | ***Do you feel that you are treated with respect here?***

*Probes:* How do people show you respect? ·How could staff or other people treat you with respect?

**DIG 3** | ***Does staff handle you gently while giving you care?***

*Probes:* When are you not handled gently? ·Transfers? ·Bathing? ·In the morning?

**DIG 4** | ***Does staff here respect your modesty?***

*Probes:* How comfortable do you feel when a staff member is giving you a bath? ·What about a staff member of the opposite gender? ·What do you like to have on when in bed? ·What kind of blanket or covers do you use? ·Do these cover you well? ·How well are you covered when being wheeled from the shower room to your bedroom?

**DIG 5** | ***Does staff take time to listen to you when you have something you want to say?***

*Probes:* Which employees listen to what you have to say? ·What kinds of things would you like to talk about with staff?

**DIG 6** | ***Considering your overall quality of life here, is your dignity respected?***

*Probes:* What kind of things make you feel disrespected? ·Do the staff respect your requests and/or explain why something can or cannot be completed? ·What can be done to make you feel more respected?

## 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 <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...

## INDIVIDUALITY

**IND 1** *Taking all staff together, nurses, aides and others, does the staff know about your interests and what you like?*

*Probes:* Can you tell me some of your interests, like and dislikes? ·Does staff ask you about your interests, likes and dislikes?  
·Who asks you about your likes and dislikes? ·Does the staff listen to your answers and incorporate them into your daily life? ·How could the staff find out more about you? ·What do you think is the reason that staff do or do not incorporate your likes into your routine? ·How can the staff make your routine more enjoyable?

**IND 2** *Do staff members know you as a person?*

*Probes:* Tell me about yourself. Who are you? (In 25 words or less describe yourself) ·Does the staff know these things about you?  
·How has the staff gotten to know you? ·Can you tell me a way in which you have maintained a part of yourself from the past? ·Can you tell me something different about yourself that has occurred things you came here? ·Do you feel that you have lost a part of who you are? ·Can you tell me more about why you feel that way?

**IND 3** *Are people working here interested in your experiences and the things you have done in your life?*

*Probes:* Does the staff ask you about your past experiences, family, hobbies, etc? ·Does the staff take the time to sit down, talk with you and really listen to what you have to say? ·Who does and who doesn't? ·Is there something that the staff could do to show more interest in you? ·Is there someone you would like to talk to about your life and your accomplishments? (staff, other residents, etc)

**IND 4** *Does staff here take your preferences seriously?*

*Probes:* Does staff know how and when you want certain everyday things done for you? E.g. bathing, getting up, when to eat your meals, activities, how you like to spend your time etc.? ·Can you give examples? ·How can the staff find out what your preferences are? ·Do you ever ask the staff to change a routine? ·Did those changes get made?

**IND 5** *Do residents here know you as a person?*

*Probes:* Do you get opportunities to talk to the other residents? ·Would you like to have opportunities to talk? ·Are those experiences pleasant? ·Can you give examples? ·Do you feel that you have made friends among the other residents? ·How do you spend your time when around other residents? ·Do you feel that your friends know you?

## 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...

**IND 6** *Are your personal wishes and interest respected here?*

*Probes:* Are there times when the staff does something that you did not know was going to happen or you did not ask to be done?  
 ·Can you give examples? ·Does the staff give you a choice of doing the task at another time? ·Does the staff explain what they are going to do before they start performing the task? (giving you your pills, taking you somewhere) ·Do you feel comfortable asking for something to be changed? ·And are you requests honored?

**IND 7** *Considering your overall quality of life here, are you able to follow your own interests and preferences?*

*Probes:* What are you unable to do that you would like to? ·What hobbies have you had to give up since coming to this facility?  
 ·Why? ·How often are you able to engage in conversations about your life prior to entering this facility? Who do you talk to about it?

## Quality of Life In-Depth Interview

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Further probing:	Tell me more about... What can be done differently about... Who could... When would...

**AUTONOMY****AUT 1** | ***Can you go to bed at the time you want?***

*Probes:* What time do you prefer to go to bed? ·Tell me about your evening routine. ·What do you like to do before going to bed?

**AUT 2** | ***Can you get up in the morning at the time you want?***

*Probes:* What time do you prefer to wake up? ·What do you like to do in the morning when you wake up?

**AUT 3** | ***Can you decide what clothes to wear?***

*Probes:* Do you have clothes that you like to wear? ·Are some of your clothes uncomfortable? ·Which ones?

**AUT 4** | ***Can you make changes in things you do not like?***

*Probes:* (This could be anything about your daily routine, meals, activities, visitors and so on) ·What is something you tried to change and were successful? ·What is something you have tried to change but were unable to do so? ·What are some of the things you want to be able to decide for yourself? ·Are there some decisions you prefer not to make? ·What would you still like to change?

**AUT 5** | ***[ask if in a shared room] How much of a say did you have in picking your current roommate?***

*Probes:* Do you and your roommate get along? ·When do you and your roommate not get along? ·What kind of person would you prefer in a roommate?

**AUT 6** | ***Considering your overall quality of life here, do you have choices in your everyday life?***

*Probes:* What things are you able to choose for yourself? ·What things are you unable to choose for yourself? ·Why? ·What every day decisions have you had to give up since you came here?

**WILDCARD**

ITEM/  
QUESTION

ANSWER:

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

Date Initiated: \_\_\_\_\_

Problem	Goal	Goal Date	Dept	Tasks

**NOTES:**
