



Interviewer Instructions

Preferences For Everyday Living Inventory:
Rainbow Nursing Home-Full (Rainbow PELI-NH-Full)

Resident: _____ Room Number: _____ Interviewer: _____ Date: _____

Before using the PELI: View *Interviewing Older Adults Using the PELI*, a free 22-minute training video showing interview basics, available at bit.ly/PELI-videos. Also, download the *Sexual and Gender Identity* tip sheet associated with the Rainbow PELI, as well as other useful resources, at PreferenceBasedLiving.com.

Rainbow PELI-Nursing Home-Full Version 2.0: The main preference questions in this edition are the same as in the previous version, Version 1.0. Detailed follow-up questions have been refined for ease of administration. Also, a “Considerations” box highlights follow-up questions adapted specifically for the Rainbow PELI.

1. Introduce yourself to the resident.

“Hello Mr./Mrs./Ms./Dr. (resident’s last name). My name is (name), and I am the (position) here at (community name).”

2. Describe what you are going to ask the person to do.

“This conversation will help us get to know you better. The reason I am asking you questions is that the staff here would like to know what is important to you. This will help us plan your care according to the way you like to live your life.”

3. Explain how the interview works.

“I am going to ask you questions about your preferences. I’d like to focus on what your preferences are right now. Some questions may ask about things you feel you can no longer do by yourself, but I’d still like to know if these activities would be important to you -- if you could do them with assistance or find a way to do them. At any time, if you are uncomfortable with a question, please let me know. Feel free to not answer that question. Before we begin, do you have any questions?”

4. Explain the response choices.

Take out the response card that reads: “Very Important; Somewhat Important; Not Very Important; Not Important at All; Important, But Can’t Do, No Choice.” Place it in front of the resident and say:

“I am going to ask whether an activity is important to you or not. Please let me know if the activity is either: Very Important; Somewhat Important; Not Very Important; Not Important at All; Important, But Can’t Do or No Choice.”

Explain the follow-up questions.

“Once you have answered how important a preference is to you, I will ask for more details about your preference.”

5. Begin the interview and keep the following scenarios in mind:

- ✓ **If a resident has a strong opinion, and states that a preference either is “Very Important,” “Not Very Important,” or “Not Important at All,” ask the resident: “Why? Can you tell me more?”** You might gain valuable information for care planning purposes. For example, a resident might say that being around pets is Not Very Important because he or she is afraid of animals. This information will help the care team plan activities sensitive to the person’s fear.

- ✓ **If a resident says they can't do an activity, ask, "Why can't you do it?"** Then record the resident's response in the "Notes" section. Select "Important, But Can't Do, No Choice" when residents indicate that a topic is important but that they are physically unable to participate or have no choice about participating while in the nursing home.
- ✓ **If a resident does not respond to a question, or says "I don't know," or the question is not applicable,** check "No Response/NA."
- ✓ **If the resident prefers to answer questions by choosing between "Important" or "Not Important",** that is an excellent way to begin. If the resident selects "Important," ask: *"Would you say [activity] is Very Important, Somewhat Important or Important, But Can't Do or No Choice?"* Similarly, if the resident says "Not Important," ask: *"Would you say [activity] is "Not Very Important" or "Not Important at All " "?* Clarifying the level of importance will help the care team follow the resident's priorities for care planning.

6. When asking detailed questions under each preference item, ask the open-ended question first and write down the resident's response. Then:

- ✓ **If the resident can tell you easily about a preference,** feel free to skip the list of prompts and continue to the next question. Be sure to record every comment that might have meaning for the care team.
- ✓ **If the resident cannot freely answer the question or provide details about a preference,** use the prompts to help the resident to recall or share preferences more easily.

7. Stop the interview if:

- ✓ **The resident becomes fatigued.** It is not necessary to complete the entire questionnaire in one session. If the resident is tired, offer to stop the interview and return at another time.
- ✓ **The resident refuses to answer any more questions.** Respect the resident's wishes and discontinue the interview. Try to interview a family member, friend or staff person (called a "proxy") who knows the resident well. Be sure to mark and retain the resident's answers on the questionnaire, and then ask the proxy to pick up where the resident left off. Note which questions the proxy answered.
- ✓ **The resident gives more than five "Non-Responses" in a row.** Stop the interview and ask a proxy to respond instead.

As you conclude the interview, thank the resident for spending time with you. Let the resident know how much you enjoyed getting to know him or her better.

Remember: PELI interviews are meant to be an enjoyable conversation, not simply a task to be completed. Preference interviews provide a meaningful opportunity to truly get to know residents and gather valuable insight that will help your community personalize care and enhance resident quality of life. Keep in mind that the interview can be completed in more than one conversation, rather than a single sitting.

For More Information About the Preferences for Everyday Living Inventory (PELI):

Visit PreferenceBasedLiving.com to view free PELI tools, tip sheets, webinars, training videos, and other resources.



Detailed Preference Interview

Resident Name: _____ Interviewer Name: _____ Date: _____

"I am going to ask you questions about your preferences. I would like to know what your preferences are right now. Some of the questions may ask about things you feel you can no longer do by yourself, but I'd like to know if these activities would be important to you if you could do them with assistance or find a way to do it."

Q01. How important is it to you to choose what name you like me to use when I greet you?

Important	Not Important	Go to Q02	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)		LGBT+

Q01a. What name do you like me to use when I greet you?

First Name Mr. / Mrs. / Ms. / Dr. Nickname: _____
 Other _____

Q01b. What pronoun would you like me to use when I greet you?

He, His, Him She, Her, Hers They, Them, Theirs
 Other _____

Notes:

Q02. How important is it to you to choose when to get up in the morning?

Important	Not Important	Go to Q03	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)		

Q02a. What time do you usually like to get up in the morning?

Before 7am Earlier than 5am Between 5-6am Between 6-7am
After 7am 7-8am 8-9am Whenever I wake up

Notes:

Q03. How important is it to you to follow a routine when you wake up in the morning?

Important	Not Important	Go to Q04	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)		

Q03a. What is part of your morning routine?

- | | | |
|---|---|---------------------------------------|
| <input type="radio"/> Relax in bed | <input type="radio"/> Drink coffee/tea | <input type="radio"/> Read newspaper |
| <input type="radio"/> Watch or listen to TV | <input type="radio"/> Listen to radio/music | <input type="radio"/> Get dressed |
| <input type="radio"/> Brush teeth | <input type="radio"/> Bathe/wash-up | <input type="radio"/> Take medication |
| <input type="radio"/> Smoke cigarette | <input type="radio"/> Other _____ | |

Q03a1. Comments on order of morning routine?

Q03b. Do you like to stay in bed before rising?

- Yes No

Q03c. If yes, how long do you like to stay in bed before getting up?

- | | | | |
|---------------------|---|---|---|
| Under 30 min | <input type="radio"/> Get up right away | <input type="radio"/> Less than 15 mins | <input type="radio"/> 15-30 mins |
| Over 30 min | <input type="radio"/> 31-45 mins | <input type="radio"/> Over 45 mins | <input type="radio"/> Depends on: _____ |
| | <input type="radio"/> Other _____ | | |

Notes:

Q04. How important is it to you to choose how often to bathe?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Q05	

Q04a. How often do you like to bathe?

- Daily Every other day Twice a week
 Once a week Other _____

Notes:

Q05. How important is it to you to choose what time of day to bathe?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Q06	

Q05a. What time of day do you like to bathe?

- Morning Afternoon Evening
 Night Whenever I want Other _____

Notes:

Q06. How important is it to you to choose between a tub bath, shower, bed bath, or sponge bath? (MDS 3.0, F0400C)

Important		Not Important		Go to	Considerations
<input type="checkbox"/> Very important (1)	<input type="checkbox"/> Somewhat important (2)	<input type="checkbox"/> Not very important (3)	<input type="checkbox"/> Not Important at all (4)	Q07	
Q06a. What type of bathing do you prefer?					
Type of Bath	<input type="radio"/> Tub bath	<input type="radio"/> Sponge bath	<input type="radio"/> Bed bath		
Type of Shower	<input type="radio"/> Shower	<input type="radio"/> Standing	<input type="radio"/> Sitting		
Other	<input type="radio"/> Depends on: _____	<input type="radio"/> Other _____			
Q06b. Do you like to decide how long you spend bathing?					
<input type="radio"/> Yes		<input type="radio"/> No			
Q06b1. If yes, how much time do you like to spend bathing?					
20 mins or less	<input type="radio"/> <10 mins	<input type="radio"/> 10-15 mins	<input type="radio"/> 16-20 mins		
21 mins or more	<input type="radio"/> 21-30 mins	<input type="radio"/> >30 mins	<input type="radio"/> Other _____		
Q06c. Do you like a certain level of lighting when you bathe?					
<input type="radio"/> Yes		<input type="radio"/> No			
Q06c1. If yes, how bright do you like the lights?					
<input type="radio"/> Normal		<input type="radio"/> Bright	<input type="radio"/> Other _____		
Q06d. Do you like a certain room temperature when you bathe?					
<input type="radio"/> Yes		<input type="radio"/> No			
Q06d1. If yes, which room temperature do you like?					
Temperature	<input type="radio"/> Cool (60-65° F)	<input type="radio"/> Warm / Normal (65-75° F)	<input type="radio"/> Hot (> 75° F)		
Other	<input type="radio"/> Other _____				
Q06e. Do you like to listen to something when you bathe?					
<input type="radio"/> Yes		<input type="radio"/> No			
Q06e1. If yes, which do you like to listen to when you bathe?					
Type of Sounds	<input type="radio"/> Music	<input type="radio"/> Nature	<input type="radio"/> Water		
Other	<input type="radio"/> Nothing	<input type="radio"/> Other:			

Notes:

Q07. How important is it to you to choose what clothes to wear? (MDS 3.0, F0400A)

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Q08	LGBT+

Q07a. What do you usually like to wear for the day?

- | | | |
|-----------------------------------|-------------------------------|-----------------------------------|
| <input type="radio"/> Pants | <input type="radio"/> Dress | <input type="radio"/> Skirts |
| <input type="radio"/> Blouse | <input type="radio"/> T-shirt | <input type="radio"/> Lounge wear |
| <input type="radio"/> Other _____ | | |

Q07b. What jewelry do you like to wear?

Q07c. Do you like to carry a:

- | | | |
|---------------------------|-----------------------------|------------------------------|
| <input type="radio"/> Bag | <input type="radio"/> Watch | <input type="radio"/> Wallet |
|---------------------------|-----------------------------|------------------------------|

Q07d. Do you like your clothes arranged a certain way?

- | | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

Q07e. If yes, how do you like your clothes arranged?

Q07f. What do you like to wear to sleep?

Notes:

Q08. How important is it to you to choose how to care for your mouth?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Q09	

Q08a. What do you like to do to care for your mouth?

- | | | | |
|---------------------|---|--|-----------------------------|
| Teeth Care | <input type="radio"/> Brush teeth | <input type="radio"/> Brush tongue | <input type="radio"/> Floss |
| Denture Care | <input type="radio"/> Clean/soak dentures | <input type="radio"/> How often? _____ | |
| | <input type="radio"/> Other _____ | | |

Notes:

Q09. How important is it to you to choose how often you care for your nails?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	 Q10	

Q09a. How often do you like to care for your nails/have your nails cared for?

- Daily
 Weekly
 Every other week
 Monthly

Q09b. What do you like to do to care for your nails/have your nails cared for?

- Cut/clip nails
 Cut/clip cuticles
 File nails with emery board
 Clean under nails
 File nails with nail file
 Use nail finish/treatments
 Type/brand: _____
 Polish nails
 Type/brand/color: _____

Notes:

Q10. How important is it to you to choose how to care for your hair?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	 Q11	

Q10a. How do you like to care for your hair?

- Daily Hair Needs**
 Comb/brushing
 Hair styled
- Styling Products**
 Type _____
 Brand _____
- Beautician Services**
 Hair cut
 Hair coloring
 Plucking brows/face
- Grooming**
 Shaving
 Beard care
- Other**
 Other _____

Notes:

Q11. How important is it to you take a nap when you wish?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	 Q12	

Q11a. When do you usually like to take a nap?

- Morning Afternoon Evening/night
 Whenever I want

Notes:

Q12. How important is it to you to set up your own room the way that you want it?

Important <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	Not Important <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Go to Q13	Considerations
--	--	------------------	-----------------------

Q12a. How do you like to set up your room?

- Nightstand / bed table Bed / dresser Chairs
 Walker / wheelchair Contents of closet

Q12a1. Comments on how you like furniture and other items arranged in your room:

Q12b. Do you like to display/decorate things in your room?

- Yes No

Q12b1. If yes, what things do you like to decorate your room with?

- Personal keepsakes Photos Holiday decorations
 Pictures / art Decor Curtains
 Other _____

Q12c. Do you like to keep certain things near your bed?

- Yes No

Q12d. Which items do you like to keep by your bed?

- Clock Telephone Tissues
 Water Eye glasses Lamp / Light
 Other _____

Notes:

Q13. How important is it to you to take care of your personal belongings or things? (MDS 3.0, F0400B)

Important <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	Not Important <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Go to Q14	Considerations
--	--	------------------	-----------------------

Q13a. What personal belongings do you prefer to take care of yourself?

Notes:

Q14. How important is it to keep your room at a certain temperature?

Important <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	Not Important <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4) Go to Q15	Considerations
--	--	-----------------------

Q14a. At what temperature do you like to keep your room?

- Average (69-72°F) On the warm side (>72°F) On the cool side (<69°F)

Notes:

Q15. How important is it to you to adjust the lighting in your room?

Important <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	Not Important <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4) Go to Q16	Considerations
--	--	-----------------------

Q15a. What lighting level do you prefer during the day?

- Dim Moderate Bright

Q15b. Do you like to be able to adjust the shades during the day?

- Yes No

Q15b1. If yes, do you like to keep the shades:

- Opened Closed It depends_____

Notes:

Q16. How important is it to you to choose your own bedtime? (MDS 3.0, F0400E)

Important <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	Not Important <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4) Go to Q17	Considerations
--	--	-----------------------

Q16a. What time do you like to go to bed?

- Earlier than 7 pm 7 - 9 pm 9-11 pm
- After 11 pm

Q16b. How many hours of sleep do you like at night?

Notes:

Q17. How important is it to follow a routine when you go to bed?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Q18	

Q17a. Tell me about your bedtime routine:

Q17b. What activities do you like to do as part of your bedtime routine?

- Have a snack Put on pajamas Pick out clothes for next day
- Brush teeth Wash up Listen to music
- Watch or listen to TV Read Pray
- Other: _____

Notes:

Q18. How important is it to you to set up your bed for comfort?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Q19	

Q18a. How do you like to set up your bed for comfort?

Q18b. Which things are important to you in setting up your bed for comfort?

- Pillows** # of pillows _____ Position / fluff pillows
- Blankets** # of blankets _____ Loosen blankets Tuck blankets
- Room** Adjust bed height / settings Change the room temperature Nightlight on
- Doors** Open bedroom door Shut bedroom door
- Windows** Open windows Close curtains
- Other:** Other _____

Notes:

Q19. How important is it to you to choose your medical care professional?

Important	Not Important	Go to Q20	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)		

Q19a. What professionals do you like to see for medical care?

- Physician Nurse practitioner Physician's assistant
- Chiropractor Acupuncturist Massage therapist
- Hypnotherapist Faith healer Other _____

Q19b. Do you like to continue to see your regular medical care professional?

- Yes No

Q19c. If yes, list medical care professional name and speciality:

- Professional name:
- Professional speciality:
- Professional name:
- Professional speciality:

Notes:

Q20. How important is it to you to choose whether your daily caregiver is male or female?

Important	Not Important	Go to Q21	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)		LGBT+

Q20a. Which gender caregiver do you like for personal care (e.g., showering, dressing, toileting)?

- Female Male No Preference

Notes:

Q21. How important is it to you that your daily caregiver knows your needs when going to the bathroom?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Q22	

Q21a. What do you like your daily caregiver to know about your needs when going to the bathroom?

Q21b. Which bathroom needs do you like your daily caregiver to know about?

- How often to go the bathroom
- Which bathroom you prefer to use
- Type of cleansing
- Type of assistance needed
- Use of stool softeners, suppositories, laxatives

Notes:

Q22. How important is it to you to drink alcohol on occasion?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Q23	

Q22a. What kind of alcohol do you like to drink on occasion?

- Wine
- Beer
- Hard liquor
- Mixed drinks
- Other _____

Q22b. On what occasions do you like to drink alcohol?

- Special occasions
- Holidays
- Parties
- Dinner
- Bedtime
- Other _____

Notes:

Q23A. Do you use tobacco products?

No If no, skip to Q24

Yes If yes, continue to Q23B

Q23B. How important is it to you to use tobacco products?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Q24	

Q23b1. Which tobacco products do you use?

- Cigarettes Cigars Pipe
 Chewing tobacco Other _____

Q23b2. Where do you like to use tobacco products?

Q23b3. When do you like to use tobacco products?

Notes:

Q24. How important is it to you to have regular contact with family?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Q25	

Q24a. What family do you enjoy regular contact with?

Name/Relationship:

How Often:

Name/Relationship:

How Often:

Name/Relationship:

How Often:

Q24b. Are there family with whom you prefer not to have contact?

- Yes No

Name/Relationship:


Name/Relationship:

Q24c. Which ways do you like to keep in regular contact with family?

- Visits in person Talking on the phone Email
 Sending and getting cards/letters Being intimate with your spouse or other Other _____

Notes:

Q25. How important is it to you to have regular contact with friends?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	 Go to Q26	

Q25a. What friends do you enjoy having regular contact with?

Friend #1 Name/Relationship:

How Often:

Friend #2 Name/Relationship:


How Often:

Q25b. Which ways do you like to keep in regular contact with them?

- Visits in person Talking on the phone Email
 Sending and getting cards/letters Other _____

Notes:

Q26. How important is it to you to choose who you would like involved in discussions about your care? (modified, MDS 3.0, F0400F)

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	 Go to Q27	

Q26a. Once every 3 months there is a meeting of staff to help plan your care. Do you like to attend the meeting?

- Yes No

Q26b. Which people do you like involved in discussions about your care?

Family/Friends	<input type="radio"/> Spouse <input type="radio"/> Brother <input type="radio"/> Friends	<input type="radio"/> Significant other <input type="radio"/> Sister	<input type="radio"/> Children <input type="radio"/> Grandchildren
Professional	<input type="radio"/> Nurse <input type="radio"/> Daily caregiver	<input type="radio"/> Doctor <input type="radio"/> Other _____	<input type="radio"/> Social worker

Q26c. Which areas of your care do you like to discuss?

- | | | |
|--|---|--|
| <input type="radio"/> Care plan / treatment plan | <input type="radio"/> Activities you are involved in | <input type="radio"/> General health |
| <input type="radio"/> Test results | <input type="radio"/> Caregiving needs | <input type="radio"/> Medication changes |
| <input type="radio"/> Info about your routine | <input type="radio"/> Info about your medical condition | <input type="radio"/> Other _____ |

Notes:

Q27. How important is it to you to do what helps you feel better when you are upset?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	 Go to Q28	

Q27a. Which things help you feel better when you are upset?

- | | | | |
|-------------------|---|---|---|
| Comfort | <input type="radio"/> Eat something | <input type="radio"/> Coffee | <input type="radio"/> Smoke |
| Coping | <input type="radio"/> Focus on how to solve the problem | <input type="radio"/> Think about happier times | <input type="radio"/> Not thinking about what upset you |
| Diversion | <input type="radio"/> Dance | <input type="radio"/> Listen to music | <input type="radio"/> Read a book |
| | <input type="radio"/> Reading a card/letter | <input type="radio"/> Watch or listen to comedy | <input type="radio"/> Watch or listen to TV |
| | <input type="radio"/> Watering flowers | | |
| Exercise | <input type="radio"/> Exercise | <input type="radio"/> Sports | <input type="radio"/> Take a walk |
| Relaxation | <input type="radio"/> Be by yourself | <input type="radio"/> Cry | <input type="radio"/> Walk away |
| | <input type="radio"/> Pray/meditate | <input type="radio"/> Relax | <input type="radio"/> Take deep breaths |
| | <input type="radio"/> Other _____ | | |

Notes:

Q28. How important is it to you to talk to a mental health professional if you are sad or worried?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	 Go to Q29	

Q28a. Which professionals do you prefer talking to when you are sad or worried?

- | | | |
|-------------------------------------|---|---------------------------------------|
| <input type="radio"/> Nurse | <input type="radio"/> Religious counselor | <input type="radio"/> Daily caregiver |
| <input type="radio"/> Social worker | <input type="radio"/> Counselor/therapist | <input type="radio"/> Psychologist |
| <input type="radio"/> Psychiatrist | <input type="radio"/> Physician/MD | <input type="radio"/> Other _____ |

Q28b. Do you prefer medication rather than talking to a professional when you are upset?

- Yes No

Notes:

Q29. How important is it to you to have staff to show they care about you?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Q30	

Q29a. Which ways do you like staff to show they care about you?

- | | | |
|--|--|--|
| <input type="radio"/> Shaking your hand | <input type="radio"/> Holding your hand | <input type="radio"/> Giving a hug |
| <input type="radio"/> Saying something nice | <input type="radio"/> Joking with you | <input type="radio"/> Smiling |
| <input type="radio"/> Visiting, talking with you | <input type="radio"/> Asking about how you are doing | <input type="radio"/> Using a nice tone of voice |
| <input type="radio"/> Patting you on the shoulder | <input type="radio"/> Taking care of what you need | <input type="radio"/> Getting a back or hand massage |
| <input type="radio"/> Answering call bell in a timely manner | <input type="radio"/> Other _____ | |

Notes:

Q30. How important is it to you to have staff show you respect?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Q31	LGBT+

Q30a. In which ways do you like staff to show you respect?

- | | | |
|--|---|--|
| <input type="radio"/> Greeting you, saying hello | <input type="radio"/> Calling you Mr/Ms/Mrs/Miss/Dr | <input type="radio"/> Calling you by commissioned rank |
| <input type="radio"/> Knocking before entering your room | <input type="radio"/> Helping you, asking what you need | <input type="radio"/> Responding quickly to requests |
| <input type="radio"/> Not talking down to you | <input type="radio"/> Honoring your feelings | <input type="radio"/> Thanking you |
| <input type="radio"/> Listening to you | <input type="radio"/> Being pleasant | <input type="radio"/> Using your preferred pronoun |
| <input type="radio"/> Other _____ | | |

Notes:

Q31. How important is it to you to be able to use the phone in private? (MDS 3.0, F0400G)

Important	Not Important	Go to Q32	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)		

Q31a. Where do you like to use the phone in private?

- Bedroom
 Secured space with the door shut
 Other _____

Notes:

Q32. How important is it to you to have privacy?

Important	Not Important	Go to Q33	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)		LGBT+

Q32a. Which of these activities do you like to keep private?

- Using the toilet, urinal / bedpan
 Getting dressed / changing clothes
 Attending to my medical needs
 Other _____

Q32b. Which information to you like to keep private?

- Your family
 Your medical condition/care
 Your finances
 Your religion
 Your significant other
 Your sexual orientation
 Your gender identity (past or present)
 Other _____

Notes:

Q33. How important is it to you to lock things up to keep them safe? (modified MDS 3.0, F0400H)

Important	Not Important	Go to Q34	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)		

Q33a. What things do you like to keep locked up?

- Jewelry
 Money
 Electronics
 Other _____

Q33b. Which places do you like to lock things to keep them safe?

- A locked drawer
 Locked closet/armoire
 A safe
 A safety deposit box
 Other _____

Notes:

Q34. How important is it to you to be involved in choosing your roommate?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Q35	LGBT+

Q34a. Which of the following is important to you when choosing a roommate?

- | | | | |
|---------------------------|---|---|---|
| Demographics | <input type="radio"/> Age | <input type="radio"/> How long they have lived here | |
| Environment | <input type="radio"/> Keeps area clean | <input type="radio"/> Keeps lighting level low | <input type="radio"/> Quiet/keeps noise level low |
| Functional Ability | <input type="radio"/> Level of disability | <input type="radio"/> Hearing ability | |
| Olfactory | <input type="radio"/> Does not wear perfume | <input type="radio"/> Hygiene (body odors, gas, etc.) | <input type="radio"/> Not a smoker |
| Personality traits | <input type="radio"/> Quiet | <input type="radio"/> Active | <input type="radio"/> Polite |
| | <input type="radio"/> Social | | |
| TV habits | <input type="radio"/> Amount | <input type="radio"/> Time | <input type="radio"/> Volume |
| Other | <input type="radio"/> Other _____ | | |

Notes:

Q35. How important is it to you to choose what you eat?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Q36	

Q35a. What are your favorite foods for:

- Breakfast:
- Lunch:
- Supper:
- Favorite drinks:
- Condiments:
- Foods I dislike:

Q35b. Do you have certain ethnic or cultural food preferences?

- Yes No

Notes:

Q36. How important is it to you to choose when you eat?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Q37	

Q36a. When do you prefer to eat:

- Breakfast: _____ Lunch: _____ Dinner: _____
- Whenever I am hungry

Q36b. How much time do you usually like to spend eating a meal?

Notes:

Q37. How important is it to you to choose where to eat?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Q38	

Q37a. Where do you like to eat while you are here/in a nursing home?

- In your room In the dining room
- In the bistro/café In the cafeteria
- At restaurants (How often: _____)
- Other _____

Notes:

Q38. How important is it to you to have snacks available between meals? (MDS 3.0, F0400D)

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Q39	

Q38a. Which of the following foods do you like to snack on?

- | | | | |
|----------------|---------------------------------|-----------------------------------|---------------------------------|
| Healthy | <input type="radio"/> Fruits | <input type="radio"/> Vegetables | |
| Salty | <input type="radio"/> Chips | <input type="radio"/> Pretzels | <input type="radio"/> Crackers |
| Sweets | <input type="radio"/> Candy | <input type="radio"/> Chocolate | <input type="radio"/> Ice cream |
| Other | <input type="radio"/> Beverages | <input type="radio"/> Other _____ | |

Q38b. When you like to snack?

- | | | |
|---------------------------------------|---------------------------------|-------------------------------------|
| <input type="radio"/> Morning | <input type="radio"/> Afternoon | <input type="radio"/> Evening/night |
| <input type="radio"/> Whenever I want | | |

Notes:

Q39. How important is it to you to eat at restaurants?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	 Q40	

Q39a. Which kind of restaurants do you like?

- | | | | |
|------------------|---|-----------------------------------|--------------------------------|
| Type | <input type="radio"/> Upscale | <input type="radio"/> Fast food | <input type="radio"/> Diner |
| Specialty | <input type="radio"/> Italian | <input type="radio"/> Pizza | <input type="radio"/> Japanese |
| | <input type="radio"/> Hoagie/sub/sandwich | <input type="radio"/> Other _____ | |

Q39b. Write name of favorite restaurant:

Notes:

Q40. How important is it to you to order take-out food?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	 Q41	

Q40a. Which kind of take-out food do you like to order?

- | | | | |
|------------------|-----------------------------------|----------------------------------|--------------------------------|
| Fast food | <input type="radio"/> BBQ chicken | <input type="radio"/> Hamburgers | <input type="radio"/> Fish fry |
| | <input type="radio"/> Pizza | <input type="radio"/> Wings | |
| Specialty | <input type="radio"/> Chinese | <input type="radio"/> Italian | <input type="radio"/> Japanese |
| Other | <input type="radio"/> Other _____ | | |

Notes:

Q41. How important is it to you to spend time by yourself?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Q42	

Q41a. In which ways do you like to spend time by yourself?

- Contemplating** Looking out the window Thinking
- Leisure** Crossword puzzle / games Listening to music Reading
- Watching a movie
- Resting** Lying down Napping
- Spiritual** Meditating Praying
- Other** Other _____

Q41b. Where do you like to spend time by yourself?

- Bedroom Outside Other _____

Notes:

Q42. How important is it to you to spend time one-on-one with someone?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Q43	

Q42a. Which people do you like to spend one-on-one time with?

- Family** Spouse Significant other Children
- Brother Sister Grandchildren
- Friends** Friends Roommate Other residents
- Other** Staff Other _____

Q42b. What do you like to do with someone one-on-one?

- Catching up Discussing care Discussing facility
- Playing games Other _____

Notes:

Q43. How important is it to you to do things with groups of people? (MDS 3.0, F0500E)

Important	Not Important	Go to Q44	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)		

Q43a. What do you like to do with groups of people?

Q43b. Which type of person do you enjoy in a group?

- Friends Other residents Roommate
 Family members Other _____

Q43c. How many people do you like when doing things in a group?

- Small group Medium group Large group
 Very large group / crowd Other _____

Notes:

Q44. How important is it to you to meet new people?

Important	Not Important	Go to Q45	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)		

Q44a. In which ways do you like to meet new people?

- Social event Discussion group Enjoyable activity
 Over coffee Through another resident Through staff
 Other _____

Notes:

Q45. How important is it to you to be a member of a club?

Important	Not Important	Go to Q46	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)		LGBT+

Q45a. Which kind of club(s) did you enjoy in the past?

Hobbies	<input type="radio"/> Book club	<input type="radio"/> Card club	<input type="radio"/> Computer club
	<input type="radio"/> Crochet / knitting club	<input type="radio"/> Glee club	<input type="radio"/> Outdoors club
Political	<input type="radio"/> Political club		
Religious	<input type="radio"/> Religious club	<input type="radio"/> Church club	
Social	<input type="radio"/> Elks	<input type="radio"/> Red Hat Society	
Veterans	<input type="radio"/> American Legion	<input type="radio"/> VFW	
Appreciation	<input type="radio"/> LGBT Club	<input type="radio"/> Gay-Straight Alliance	<input type="radio"/> Cultural/Ethnic_____
Talents	<input type="radio"/> Music Club	<input type="radio"/> Arts Club	<input type="radio"/> Drama Club
Other	<input type="radio"/> Movie Club	<input type="radio"/> Exercise Club	<input type="radio"/> Language Club
	<input type="radio"/> Support Group_____	<input type="radio"/> Other_____	

Q45b. What kind of clubs do you enjoy now?

Hobbies	<input type="radio"/> Book club	<input type="radio"/> Card club	<input type="radio"/> Computer club
	<input type="radio"/> Crochet / knitting club	<input type="radio"/> Glee club	<input type="radio"/> Outdoors club
Political	<input type="radio"/> Political club		
Religious	<input type="radio"/> Religious club	<input type="radio"/> Church club	
Social	<input type="radio"/> Elks	<input type="radio"/> Red Hat Society	
Veterans	<input type="radio"/> American Legion	<input type="radio"/> VFW	
Appreciation	<input type="radio"/> LGBT Club	<input type="radio"/> Gay-Straight Alliance	<input type="radio"/> Cultural/Ethnic_____
Talents	<input type="radio"/> Music Club	<input type="radio"/> Arts Club	<input type="radio"/> Drama Club
Other	<input type="radio"/> Movie Club	<input type="radio"/> Exercise Club	<input type="radio"/> Language Club
	<input type="radio"/> Support Group_____	<input type="radio"/> Other_____	

Notes:

Q46. How important is it to you to be around children?

<p>Important</p> <p><input type="checkbox"/> Very important (1)</p> <p><input type="checkbox"/> Somewhat important (2)</p> <p><input type="checkbox"/> Important but can't do, no choice (5)</p>	<p>Not Important</p> <p><input type="checkbox"/> Not very important (3)</p> <p><input type="checkbox"/> Not Important at all (4)</p>	<p>Go to Q47</p>	<p>Considerations</p>
---	---	-------------------------	------------------------------

Q46a. Which children do you enjoy being around?

<input type="radio"/> Grandchildren	<input type="radio"/> Great grandchildren	<input type="radio"/> School groups
<input type="radio"/> Other residents' visitors	<input type="radio"/> Other_____	

Q46b. What activities involving children do you enjoy?

- Watching them play Playing with them Listening to them
 Talking with them Teaching them Other _____

Notes:

Q47. How important is it to you to volunteer your time?

Important	Not Important	Go to Q48	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)		LGBT+

Q47a. Have you volunteered your time in the past?

- Yes No

Q47b. If yes, which ways have you volunteered your time in the past?

Children/Youth	<input type="radio"/> Reading with / teaching children	<input type="radio"/> School volunteer activities
Financial	<input type="radio"/> Fundraising	<input type="radio"/> Help with giving money or gifts to the sick and needy
Helping Others	<input type="radio"/> Church volunteer activities	<input type="radio"/> Shopping for other people <input type="radio"/> Make things for the sick or needy
Training	<input type="radio"/> Helping people learn the computer	<input type="radio"/> Coaching a sports team
Other	<input type="radio"/> LGBT advocacy or service provider organization	<input type="radio"/> Helping people with disabilities <input type="radio"/> Helping people to read
	<input type="radio"/> Soup Kitchen	<input type="radio"/> Pro bono work _____ <input type="radio"/> Teaching people to read
	<input type="radio"/> Political group	<input type="radio"/> Other _____

Q47c. How do you like to volunteer your time now?

Children/Youth	<input type="radio"/> Reading with / teaching children
Financial	<input type="radio"/> Fundraising
Helping Others	<input type="radio"/> Helping around the nursing home <input type="radio"/> Shopping for other residents <input type="radio"/> Helping the sick or needy
Training	<input type="radio"/> Helping people learn the computer <input type="radio"/> Coaching a sports team
Other	<input type="radio"/> LGBT advocacy or service provider organization <input type="radio"/> Helping people with disabilities <input type="radio"/> Helping people to read
	<input type="radio"/> Soup Kitchen <input type="radio"/> Pro bono work _____ <input type="radio"/> Teaching people to read
	<input type="radio"/> Political group <input type="radio"/> Other _____

Q47d. Are there specific communities you are interested in volunteering for?

- Ethnic/cultural Disability group LGBT Organization
 Religious Organization Military Other _____

Notes:

Q48. How important is it to you to participate in religious services or practices? (MDS 3.0, F0500H)

Important	Not Important	Go to Q49	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)		LGBT+

Q48a. What is your religious background?

Q48b. Do you belong to a religious organization?

- Yes
 No

Q48c. If yes, which organization do you belong to?

- Synagogue
 Church
 Mosque
 Other _____

Q48d. If so, what is the name?

Q48e. Which religious services or practices do you like?

- | | | | |
|----------------------------|--|---|---|
| Dietary | <input type="radio"/> Observe dietary requirements | <input type="radio"/> Kosher foods | <input type="radio"/> No meat on Fridays |
| Religious Practices | <input type="radio"/> Read / study the Torah / Bible / Koran / Other | <input type="radio"/> Pray / meditate | <input type="radio"/> Visits from clergy, pastor, priest, rabbi |
| | <input type="radio"/> Observe holy days (Specify: _____) | <input type="radio"/> (If Christian) Receive sacraments (Which ones? _____) | |
| Religious Services | <input type="radio"/> Attend religious services | <input type="radio"/> Listen to services on a tape / radio | <input type="radio"/> Watch service on TV |
| Other | <input type="radio"/> Other _____ | | |

Notes:

Q49. How important is it to you to participate in your cultural traditions?

Important	Not Important	Go to Q50	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)		LGBT+

Q49a. In which cultural traditions do you like to participate?

- | | | | |
|---------------------|---|---|---|
| Cultural | <input type="radio"/> Eating traditional food | <input type="radio"/> Wearing traditional dress | <input type="radio"/> Hearing traditional music |
| Celebrations | <input type="radio"/> Celebrations | <input type="radio"/> Festivals | <input type="radio"/> Holidays |
| Military | <input type="radio"/> Military traditions | | |
| Religious | <input type="radio"/> Religious traditions | | |
| Other | <input type="radio"/> Speaking another language | <input type="radio"/> LGBT Pride Events | <input type="radio"/> Other _____ |

Notes:

Q50. How important is it to you to reminisce about the past?

Important	Not Important	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Go to Q51 </div>

Q50a. Which topics do you like to reminisce about?

- | | | | |
|-------------------------|---|--|--|
| Entertainment | <input type="radio"/> Old radio shows | <input type="radio"/> Old TV shows | <input type="radio"/> Entertainers from the past |
| Interests | <input type="radio"/> Fashions | <input type="radio"/> Hobbies | <input type="radio"/> Music |
| Life Experiences | <input type="radio"/> Travel | <input type="radio"/> Work | <input type="radio"/> School |
| | <input type="radio"/> Where you came from | | |
| Relationships | <input type="radio"/> Family | <input type="radio"/> Friends | <input type="radio"/> Pets |
| Sports | <input type="radio"/> Sports teams _____ | <input type="radio"/> Sports you participates in | |
| Other | <input type="radio"/> Other _____ | | |

Q50b. With which people do you like to reminisce?

- | | | | |
|----------------|-------------------------------------|---|-------------------------------------|
| Family | <input type="radio"/> Spouse | <input type="radio"/> Significant other | <input type="radio"/> Children |
| | <input type="radio"/> Brother | <input type="radio"/> Sister | <input type="radio"/> Grandchildren |
| Friends | <input type="radio"/> Friends _____ | <input type="radio"/> Other residents | |
| Other | <input type="radio"/> Staff | <input type="radio"/> Other _____ | |

Q50c. Do you like to reminisce with a group of people?

- Yes No

Notes:

Q51. How important is it to you to give gifts?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	 Q52	

Q51a. To which people do you like to give gifts?

- | | | | |
|----------------|-------------------------------------|---|-------------------------------------|
| Family | <input type="radio"/> Spouse | <input type="radio"/> Significant other | <input type="radio"/> Children |
| | <input type="radio"/> Brother | <input type="radio"/> Sister | <input type="radio"/> Grandchildren |
| Friends | <input type="radio"/> Friends _____ | <input type="radio"/> Other residents | <input type="radio"/> Other _____ |

Q51b. Which kind of gifts do you like to give?

- | | | |
|-------------------------------|--------------------------------------|---------------------------------|
| <input type="radio"/> Money | <input type="radio"/> Personal gifts | <input type="radio"/> Gratitude |
| <input type="radio"/> Flowers | <input type="radio"/> Other _____ | |

Q51c. Is it important to you to give gifts on holidays or special occasions?

- Yes No

Q51d. If yes, on which holidays or special occasions do you enjoy giving gifts?

- | | | | |
|--------------------------|-------------------------------------|---------------------------------------|---------------------------------|
| Celebrations | <input type="radio"/> Father's Day | <input type="radio"/> Mother's Day | <input type="radio"/> Birthdays |
| Holidays | <input type="radio"/> Halloween | <input type="radio"/> Hanukkah | <input type="radio"/> Christmas |
| | <input type="radio"/> Easter | <input type="radio"/> Valentine's Day | |
| Special Occasions | <input type="radio"/> Anniversaries | <input type="radio"/> Graduations | <input type="radio"/> Weddings |
| Other | <input type="radio"/> Other _____ | | |

Notes:

Q52. How important is it to you to go shopping?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	 Q53	

Q52a. At which stores do you like to shop?

- | | | |
|--------------------------------------|--|--------------------------------------|
| <input type="radio"/> Clothing store | <input type="radio"/> Department store | <input type="radio"/> Discount store |
| <input type="radio"/> Dollar store | <input type="radio"/> Grocery store | <input type="radio"/> Hardware store |
| <input type="radio"/> Mall | <input type="radio"/> General store | |
| <input type="radio"/> Other _____ | | |

Q52b. Write names of favorite stores, if given.

Notes:

Q53. How important is it to you to do things away from here?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Q54</div>	LGBT+

Q53a. Which kinds of things do you like to do away from here?

- | | | | |
|------------------------|--|---|---|
| Visits | <input type="radio"/> Visit family | <input type="radio"/> Visit friends | <input type="radio"/> Visit old neighbors |
| Shopping/Dining | <input type="radio"/> Go shopping | <input type="radio"/> Go to the store | <input type="radio"/> Go to a restaurant |
| Entertainment | <input type="radio"/> Go to a movie | <input type="radio"/> Go to a concert | <input type="radio"/> Go to the theater |
| Outings | <input type="radio"/> Go to a sporting event | <input type="radio"/> Sightsee | <input type="radio"/> Go for a ride |
| Other | <input type="radio"/> Literature reading | <input type="radio"/> Go to a LGBT venue, bar, community center | <input type="radio"/> Go to a museum |
| | <input type="radio"/> Cultural/Ethnic Center | <input type="radio"/> Go to a lecture | <input type="radio"/> Be in nature |
| | <input type="radio"/> Other _____ | | |

Q53b. How long do you like to spend away from here?

- | | | |
|--|---------------------------------|---------------------------------|
| <input type="radio"/> For an hour or two | <input type="radio"/> For a day | <input type="radio"/> Overnight |
| <input type="radio"/> Other _____ | | |

Q53c. Whom do you like to be with if you are away from here?

- | | | | |
|-----------------------|--|-------------------------------------|---------------------------------------|
| Family/Friends | <input type="radio"/> Family _____ | <input type="radio"/> Friends _____ | <input type="radio"/> Residents _____ |
| Staff | <input type="radio"/> Recreation therapist | <input type="radio"/> Nurse | <input type="radio"/> Other _____ |

Notes:

Q54. How important is it to you to attend entertainment events?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Q55</div>	LGBT+

Q54a. Which entertainment events did you enjoy in the past?

- | | | | |
|----------------------|---|---|---|
| Entertainment | <input type="radio"/> Concerts _____ | <input type="radio"/> Dance performances | <input type="radio"/> Drama stage plays |
| | <input type="radio"/> Movies | <input type="radio"/> Musicals / musical plays / Operas | <input type="radio"/> Ethnic music _____ |
| Outings | <input type="radio"/> Parades | <input type="radio"/> Museums _____ | <input type="radio"/> Sporting event _____ |
| Other | <input type="radio"/> Casinos | <input type="radio"/> LGBT Events | <input type="radio"/> Religious events/programs |
| | <input type="radio"/> Ethnic events _____ | <input type="radio"/> Other _____ | |

Notes:

Q55. How important is it to you to go outside to get fresh air when the weather is good? (MDS 3.0, F0500G)

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Q56	

Q55a. In which type of weather do you like to go outside?

Type of Day	<input type="radio"/> Sunny	<input type="radio"/> Cloudy / Overcast	<input type="radio"/> Rainy
	<input type="radio"/> Snowy		
Temperature	<input type="radio"/> Hot	<input type="radio"/> Warm	<input type="radio"/> Cool
	<input type="radio"/> Cold	<input type="radio"/> Other _____	

Q55b. Which things do you like to do outside when the weather is good?

Active Activities	<input type="radio"/> Garden	<input type="radio"/> Play	<input type="radio"/> Walk
	<input type="radio"/> Work / outdoor tasks		
Relaxation	<input type="radio"/> Eat / drink	<input type="radio"/> Nap	<input type="radio"/> Sit
	<input type="radio"/> Smoke	<input type="radio"/> Talk / visit	<input type="radio"/> Tanning
	<input type="radio"/> Watch the birds / wildlife	<input type="radio"/> Other _____	

Q55c. How many times do you like to go outside in a week?

<input type="radio"/> Daily	<input type="radio"/> 2-3 times a week	<input type="radio"/> 4-5 times a week
<input type="radio"/> Once a week	<input type="radio"/> Other _____	

Notes:

Q56. How important is it to you to take care of the place you live?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Q57	

Q56a. Which tasks do you like to do to care for the place you live?

Home Maintenance	<input type="radio"/> Decorating	<input type="radio"/> Fixing things	<input type="radio"/> Handling finances (balance checkbook, pay bills)
Housekeeping	<input type="radio"/> Dishwashing	<input type="radio"/> Dusting	<input type="radio"/> Sweeping, vacuuming
Laundry	<input type="radio"/> Folding laundry	<input type="radio"/> Ironing	
Organizing	<input type="radio"/> Making bed	<input type="radio"/> Organizing things (closets or drawers)	<input type="radio"/> Picking up
Other	<input type="radio"/> Tending plants	<input type="radio"/> Other _____	

Notes:

Q57. How important is it to you to do outdoor tasks?

Important	Not Important →	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	<input type="checkbox"/>	

Q57a. Which outdoor tasks do you like to do to care for the place where you live?

Home Maintenance	<input type="radio"/> Fixing things	<input type="radio"/> Painting the house / fence	
Yard Work	<input type="radio"/> Cutting lawn	<input type="radio"/> Planting flowers / vegetables	<input type="radio"/> Shoveling snow
	<input type="radio"/> Sweeping	<input type="radio"/> Trimming trees	<input type="radio"/> Weeding
Other	<input type="radio"/> Other _____		

Notes:

Q58. How important is it to you to be around animals such as pets? (MDS 3.0, F0500C)

Important	Not Important →	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	<input type="checkbox"/> Q59	

Q58a. Which kind of animals do you like to be around?

<input type="radio"/> Birds	<input type="radio"/> Cats	<input type="radio"/> Dogs
<input type="radio"/> Fish	<input type="radio"/> Hamster / guinea pigs	<input type="radio"/> Horses
<input type="radio"/> Reptiles	<input type="radio"/> Other _____	

Q58b. Which type of contact do you enjoy with animals?

<input type="radio"/> Feeding	<input type="radio"/> Holding in your lap	<input type="radio"/> Petting
<input type="radio"/> Playing with	<input type="radio"/> Riding	<input type="radio"/> Watching
<input type="radio"/> Other _____		

Q58c. Are you allergic to animals?

Yes

No

Q58d. If yes, what kind?

Notes:

Q59. How important is it to you to keep up with the news? (MDS 3.0, F0500D)

Important

- Very important (1)
- Somewhat important (2)
- Important but can't do, no choice (5)

Not Important

- Not very important (3)
- Not Important at all (4)

Go to
Q60

Considerations

Q59a. Which ways do you like to keep up with the news?

- Conversation** Discussions with another person Group discussions
- Electronic Devices** Listen to the radio Use the computer Watch or listen to TV
- Reading** Read magazines Read newspaper Other _____

Notes:

Q60. How important is it to you to learn about topics that interest you?

Important

- Very important (1)
- Somewhat important (2)
- Important but can't do, no choice (5)

Not Important

- Not very important (3)
- Not Important at all (4)

Go to
Q61

Considerations

LGBT+

Q60a. Which topics do you like to learn more about?

- Health** Eye problems Hearing problems Medical conditions: _____
- Leisure** Sports
- Science/Religion** Science Technology Religion
- World** History News / current events Places to travel
- Other** LBGT issues Women's history Ethnic history of others
- Your own ethnic history Other _____

Q60b. Which ways do you like to learn about topics that interest you?

- Group learning** Attend a talk Discussion group
- Self learning** Computer Read Talk with professional
- Video Other _____

Notes:

Q61. How important is it to have reading materials available to you? (modified MDS 3.0, F0500A)

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Go to Q62	
Q61a. Do you have difficulties reading due to eyesight?			
<input type="radio"/> Yes (Go to Q61b) <input type="radio"/> No (Skip to Q61c)			
Q61b. Which reading options do you like available?			
<input type="radio"/> Audio books <input type="radio"/> Have someone read to you <input type="radio"/> Large print materials			
<input type="radio"/> Other _____			
Q61c. Which materials do you like to read?			
Reading Material	<input type="radio"/> Books	<input type="radio"/> Magazines	<input type="radio"/> Newspapers
	<input type="radio"/> Mysteries	<input type="radio"/> Romance	<input type="radio"/> Science fiction
	<input type="radio"/> Biography	<input type="radio"/> Poetry	<input type="radio"/> Science
Other	<input type="radio"/> Other _____		
Q61d. Do you like to be a member of a book club?			
<input type="radio"/> Yes <input type="radio"/> No			
Q61e. Do you like to read on an electronic tablet, e-reader, or notebook?			
<input type="radio"/> Yes <input type="radio"/> No			

Notes:

Q62. How important is it to you to exercise?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Go to Q63	
Q62a. Which type of exercise do you like?			
Cardio	<input type="radio"/> Biking / cycling	<input type="radio"/> Running	<input type="radio"/> Sporting games
	<input type="radio"/> Swimming	<input type="radio"/> Walking	
Group classes	<input type="radio"/> Go to exercise class	<input type="radio"/> Go to rehab	
Strengthening	<input type="radio"/> Lifting weights	<input type="radio"/> Push-ups	<input type="radio"/> Sit ups
	<input type="radio"/> Stretching	<input type="radio"/> Yoga / Tai Chi	<input type="radio"/> Other _____

Notes:

Q63. How important are sports to you?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Q64	

Q63a. Which types of sports have you enjoyed in the past?

Ball sports	<input type="radio"/> Baseball	<input type="radio"/> Basketball	<input type="radio"/> Football
	<input type="radio"/> Golf	<input type="radio"/> Tennis	<input type="radio"/> Bowling
Fishing/Hunting	<input type="radio"/> Fishing	<input type="radio"/> Hunting	
Physical activity	<input type="radio"/> Boxing	<input type="radio"/> Biking	<input type="radio"/> Swimming
Snow and Ice	<input type="radio"/> Skiing	<input type="radio"/> Hockey	
Strengthening	<input type="radio"/> Weight lifting	<input type="radio"/> Yoga / Tai Chi	
Walking/Running	<input type="radio"/> Running	<input type="radio"/> Track	<input type="radio"/> Walking
Other	<input type="radio"/> Other _____		

Q63b. Which types of sports do you like now?

Ball sports	<input type="radio"/> Baseball	<input type="radio"/> Basketball	<input type="radio"/> Football
	<input type="radio"/> Golf	<input type="radio"/> Tennis	<input type="radio"/> Bowling
Fishing/Hunting	<input type="radio"/> Fishing	<input type="radio"/> Hunting	
Physical activity	<input type="radio"/> Boxing	<input type="radio"/> Biking	<input type="radio"/> Swimming
Snow and Ice	<input type="radio"/> Skiing	<input type="radio"/> Hockey	
Strengthening	<input type="radio"/> Weight lifting	<input type="radio"/> Yoga / Tai Chi	
Walking/Running	<input type="radio"/> Running	<input type="radio"/> Track	<input type="radio"/> Walking
Other	<input type="radio"/> Other _____		

Q63c. Which ways do you like to participate in sports?

<input type="radio"/> Playing sports	<input type="radio"/> Talking about sports	<input type="radio"/> Watching sports
--------------------------------------	--	---------------------------------------

Notes:

Q64. How important is it to you to play games?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Q65	

Q64a. Which types of games do you like to play?

- | | | | |
|--------------------|--|-------------------------------------|--------------------------------------|
| Board games | <input type="radio"/> Checkers | <input type="radio"/> Chess | <input type="radio"/> Monopoly |
| Card games | <input type="radio"/> Bridge | <input type="radio"/> Canasta | <input type="radio"/> Euchre |
| | <input type="radio"/> Go fish | <input type="radio"/> Hearts | <input type="radio"/> Pinochle |
| | <input type="radio"/> Poker | <input type="radio"/> Solitaire | |
| Dice games | <input type="radio"/> Backgammon | <input type="radio"/> Bunco | <input type="radio"/> Yahtzee |
| | <input type="radio"/> Bingo | <input type="radio"/> Dominoes | |
| Tile-laying | <input type="radio"/> Rummikub | <input type="radio"/> Sudoku | |
| Word games | <input type="radio"/> Crosswords | <input type="radio"/> Jumbles | <input type="radio"/> Scrabble |
| | <input type="radio"/> Trivia | <input type="radio"/> Word search | |
| Other | <input type="radio"/> Gambling / games of chance | <input type="radio"/> Jigsaw puzzle | <input type="radio"/> Sporting games |
| | <input type="radio"/> Video games (e.g. Wii) | <input type="radio"/> Other _____ | |

Q64b. With which people do you like to play games?

- | | | | |
|-----------------------|---------------------------------------|-------------------------------------|--------------------------------|
| Family/Friends | <input type="radio"/> Family _____ | <input type="radio"/> Friends _____ | <input type="radio"/> Roommate |
| | <input type="radio"/> Other residents | | |
| Staff | <input type="radio"/> Staff | <input type="radio"/> Other _____ | |

Notes:

Q65. How important is it to you to take care of plants?

Important	Not Important	Go to Q66	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)		

Q65a. In which ways do you like to care for plants?

- | | | | |
|---------------------------|--|---|--|
| Education | <input type="radio"/> Learning about plants | | |
| Flower Arrangement | <input type="radio"/> Arranging flowers | <input type="radio"/> Picking flowers | |
| Gardening | <input type="radio"/> Caging | <input type="radio"/> Growing flowers | <input type="radio"/> Growing vegetables |
| | <input type="radio"/> Harvesting | <input type="radio"/> Hoeing | <input type="radio"/> Planting |
| | <input type="radio"/> Selecting seeds | <input type="radio"/> Working the soil | |
| Plant Care | <input type="radio"/> Repotting plants | <input type="radio"/> Taking off old blooms | <input type="radio"/> Watering plants |
| | <input type="radio"/> Watching the plants grow from seed | <input type="radio"/> Other _____ | |

Notes:

Q66. How important is it to you to be involved in cooking?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Q67	

Q66a. Which ways do you like to be involved in cooking?

Cooking Styles	<input type="radio"/> Baking	<input type="radio"/> Frying or saute'ing	<input type="radio"/> Grilling or barbecuing
Food Prep	<input type="radio"/> Cutting	<input type="radio"/> Garnishing / presenting food	<input type="radio"/> Gathering items
Learning	<input type="radio"/> Attending cooking class	<input type="radio"/> Making / sharing favorite recipes / foods	
Other	<input type="radio"/> Setting the table	<input type="radio"/> Other _____	

Notes:

Q67. How important is it to you to watch or listen to TV?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Q68	LGBT+

Q67a. Which type of TV programs do you like to watch?

Current News	<input type="radio"/> News	<input type="radio"/> Sports _____	<input type="radio"/> Weather
Dramas	<input type="radio"/> Mysteries	<input type="radio"/> Dramas	<input type="radio"/> Movies
Entertainment	<input type="radio"/> Cartoons	<input type="radio"/> Comedies	<input type="radio"/> Game shows
	<input type="radio"/> Reality TV		
Learning	<input type="radio"/> Cooking channel	<input type="radio"/> Documentaries	<input type="radio"/> Nature
	<input type="radio"/> Military channel		
TV Series	<input type="radio"/> Soap operas	<input type="radio"/> Westerns	
Other	<input type="radio"/> Political	<input type="radio"/> Foreign/foreign language	
	<input type="radio"/> Travel	<input type="radio"/> LGBT programs	<input type="radio"/> Other _____

Q67b. Write names of favorite programs, if given.

Notes:

Q68. How important is it to you to watch movies with other people?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Q69	LGBT+

Q68a. Which type of movies do you like to watch with other people?

- | | | |
|--|-----------------------------------|--------------------------------------|
| <input type="radio"/> Action / adventure | <input type="radio"/> Comedy | <input type="radio"/> Drama |
| <input type="radio"/> Horror | <input type="radio"/> Mystery | <input type="radio"/> New releases |
| <input type="radio"/> Old classic | <input type="radio"/> Romance | <input type="radio"/> War / military |
| <input type="radio"/> Western | <input type="radio"/> Political | <input type="radio"/> Foreign |
| <input type="radio"/> Documentaries | <input type="radio"/> Travel | <input type="radio"/> Adult |
| <input type="radio"/> LGBT | <input type="radio"/> Other _____ | |

Q68b. Which places do you like to watch movies with other people?

- | | | |
|--------------------------------------|-------------------------------|-----------------------------------|
| <input type="radio"/> Movie theaters | <input type="radio"/> TV room | <input type="radio"/> Other _____ |
|--------------------------------------|-------------------------------|-----------------------------------|

Q68c. Which people do you like to watch movies with?

- | | | | |
|----------------|--|-------------------------------------|---------------------------------------|
| Family | <input type="radio"/> Spouse / significant other | <input type="radio"/> Children | <input type="radio"/> Brother |
| | <input type="radio"/> Sister | <input type="radio"/> Grandchildren | |
| Friends | <input type="radio"/> Friends _____ | <input type="radio"/> Roommate | <input type="radio"/> Other residents |
| Other | <input type="radio"/> Other _____ | | |

Notes:

Q69. How important is it to you to listen to music you like? (MDS 3.0, F0500B)

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Q70	

Q69a. Which kinds of music do you like?

- | | | |
|---------------------------------------|-----------------------------------|-----------------------------------|
| <input type="radio"/> Big band | <input type="radio"/> Blues | <input type="radio"/> Classical |
| <input type="radio"/> Country western | <input type="radio"/> Folk | <input type="radio"/> Heavy metal |
| <input type="radio"/> Hip hop | <input type="radio"/> Jazz | <input type="radio"/> Opera |
| <input type="radio"/> Religious | <input type="radio"/> Rock | <input type="radio"/> Show tunes |
| <input type="radio"/> Top 40 | <input type="radio"/> Other _____ | |

Q69b. Do you have a favorite era of music?

- | | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

Q69b1. If yes, name era of music:

Q69c. Do you have favorite musicians/musical groups?

Yes No

Q69c1. If yes, name favorite musician/musical group:

Q69d. Which ways do you like to listen to music?

CD player Computer iPod, iPhone, iPad
 Live music Radio Tape / cassette player
 Other _____

Notes:

Q70. How important is it to you to use the computer?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Go to Q71	

Q70a. Which activities do you like to do on the computer?

Communicate Email Skype Socialize _____
Current News Check the weather Watch the news
Leisure Listen to music Play games Read
 Watch movies Watch TV shows
Surfing Research / learn about something Shop Other _____

Q70b. Do you like to learn about using the computer?

Yes No

Q70b1. If yes, what do you like to learn?

Notes:

Q71. How important is it to you to do your favorite hobbies?

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Go to Q72	

Q71a. Which kind of hobbies do you like?

- Collecting** Collecting_____
- Creative Arts** Acting Dancing Play an instrument_____
- Reading Singing
- Writing** Writing
- Fine Arts** Ceramics / clay Drawing / sketching Painting
- Photography
- Handiwork** Arts & crafts_____ Beading / jewelry making Crocheting / knitting
- Sewing
- Industrial Arts** Fixing things / building things Models_____ Wood or metalworking
- Outdoors** Fishing Hiking Picnicking
- Other** Other_____

Notes:

Q72. How important is it to you to do your favorite activities? (MDS 3.0, F0500F)

Important	Not Important	Go to	Considerations
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	<input type="text"/>	

Q72a. What are your favorite activities?

Q72b. With whom do you like to do your favorite activities?

- Family** Spouse / significant other Children Brother
- Sister Grandchildren
- Friends** Friends_____ Roommate Other residents
- Other_____

Notes:

1=Very Important

2=Somewhat Important

3=Not Very Important

4=Not Important at All

**5=Important, But Can't Do,
No Choice**