

## 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."*

### F0400A. How important is it to you to choose what clothes to wear? (PELI Q07)

<b>Important</b>	<b>Not Important</b>	Go to <b>F0400B</b>	F557: Pers Prop
<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"/> No response/NA (9)		
a. What do you usually like to wear for the day?			
b. What jewelry do you like to wear?			
c. Do you like to carry a:			
<input type="radio"/> Bag <input type="radio"/> Watch <input type="radio"/> Wallet			
d. Do you like your clothes arranged a certain way?			
<input type="radio"/> Yes <input type="radio"/> No			
e. If yes, how do you like your clothes arranged?			
f. What do you like to wear to sleep?			
Notes:			

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

<b>Important</b>	<b>Not Important</b>	Go to <b>F0400C</b>	F557: Pers Prop
<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"/> No response/NA (9)		

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

Notes:

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

<b>Important</b>	<b>Not Important</b>	Go to <b>F0400D</b>	F561: Self-Det
<input type="checkbox"/> Very important (1)	<input type="checkbox"/> Not very important (3)		
<input type="checkbox"/> Somewhat important (2)	<input type="checkbox"/> Not Important at all (4)		
<input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> No response/NA (9)		

a. What type of bathing do you prefer?

<b>Type of Bath</b>	<input type="radio"/> Tub bath	<input type="radio"/> Sponge bath	<input type="radio"/> Bed bath
<b>Type of Shower</b>	<input type="radio"/> Shower	<input type="radio"/> Standing	<input type="radio"/> Sitting
<b>Other</b>	<input type="radio"/> Depends on: _____	<input type="radio"/> Other _____	

b. Do you like to decide how long you spend bathing?

<input type="radio"/> Yes	<input type="radio"/> No
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b1. If yes, how much time do you like to spend bathing?

<b>20 mins or less</b>	<input type="radio"/> <10 mins	<input type="radio"/> 10-15 mins	<input type="radio"/> 16-20 mins
<b>21 mins or more</b>	<input type="radio"/> 21-30 mins	<input type="radio"/> >30 mins	<input type="radio"/> Other _____

c. Do you like a certain level of lighting when you bathe?

<input type="radio"/> Yes	<input type="radio"/> No
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c1. If yes, how bright do you like the lights?

<input type="radio"/> Normal	<input type="radio"/> Bright	<input type="radio"/> Other _____
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d. Do you like a certain room temperature when you bathe?

<input type="radio"/> Yes	<input type="radio"/> No
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d1. If yes, which room temperature do you like?

<b>Temperature</b>	<input type="radio"/> Cool (60-65° F)	<input type="radio"/> Warm / Normal (65-75° F)	<input type="radio"/> Hot (> 75° F)
<b>Other</b>	<input type="radio"/> Other _____		

e. Do you like to listen to something when you bathe?

<input type="radio"/> Yes	<input type="radio"/> No
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e1. If yes, which do you like to listen to when you bathe?

<b>Type of Sounds</b>	<input type="radio"/> Music	<input type="radio"/> Nature	<input type="radio"/> Water
<b>Other</b>	<input type="radio"/> Nothing	<input type="radio"/> Other:	

Notes:

### F0400D. How important is it to you to have snacks available between meals? (PELI Q38)

<b>Important</b> <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<b>Not Important</b> <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4) <input type="checkbox"/> No response/NA (9)	Go to <b>F0400E</b>	F803: Menu
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a. Which of the following foods do you like to snack on?

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

b. When you you like to snack?

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

Notes:

### F0400E. How important is it to you to choose your own bedtime? (PELI Q16)

<b>Important</b> <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<b>Not Important</b> <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4) <input type="checkbox"/> No response/NA (9)	Go to <b>F0400F</b>	F561: Self-Det
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a. What time do you like to go to bed?

<input type="radio"/> Earlier than 7 pm	<input type="radio"/> 7 - 9 pm	<input type="radio"/> 9-11 pm
<input type="radio"/> After 11 pm		

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

Notes:

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

<b>Important</b>	<b>Not Important</b>	Go to <b>F0400G</b>	F553: Choice
<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"/> No response/NA (9)		

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

- Yes
  No

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

**Family/Friends**

- |                               |   |                                     |
|-------------------------------|---|-------------------------------------|
| <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 |
| <input type="radio"/> Friends |   |                                     |

**Professional**

- |                                       |                                   |                                     |
|---------------------------------------|-----------------------------------|-------------------------------------|
| <input type="radio"/> Nurse           | <input type="radio"/> Doctor      | <input type="radio"/> Social worker |
| <input type="radio"/> Daily caregiver | <input type="radio"/> Other _____ |                                     |

c. 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:

**F0400G. How important is it to you to be able to use the phone in private? (PELI Q31)**

<b>Important</b>	<b>Not Important</b>	Go to <b>F0400H</b>	F561: Self-Det
<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"/> No response/NA (9)		

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

- Bedroom
  Secured space with the door shut
 Other \_\_\_\_\_

Notes:

**Q0400H. How important is it to you to lock things up to keep them safe? (modified MDS 3.0, PELI Q33)**

<b>Important</b>	<b>Not Important</b>	Go to <b>F0500A</b>	F567: Pers Funds
<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"/> No response/NA (9)		

**a. What things do you like to keep locked up?**

- Jewelry  Money  Electronics  
 Other \_\_\_\_\_

**b. 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:

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

<b>Important</b> <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<b>Not Important</b> <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4) <input type="checkbox"/> No response/NA (9)	Go to <b>F0500B</b>	F561: Self-Det
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**a. Do you have difficulties reading due to eyesight?**

- Yes (Go to Q61b)  No (Skip to Q61c)

**b. Which reading options do you like available?**

- Audio books  Have someone read to you  Large print materials  
 Other \_\_\_\_\_

**c. Which materials do you like to read?**

- Reading Material**
- Books  Magazines  Newspapers  
 Mysteries  Romance  Science fiction  
 Biography  Poetry  Science
- Other**  Other \_\_\_\_\_

**d. Do you like to be a member of a book club?**

- Yes  No

**e. Do you like to read on an electronic tablet, e-reader, or notebook?**

- Yes  No

Notes:

**F0500B. How important is it to you to listen to music you like? (PELI Q69)**

<b>Important</b> <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<b>Not Important</b> <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4) <input type="checkbox"/> No response/NA (9)	Go to <b>F0500C</b>	F561: Self-Det
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**a. 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 _____ |                                   |

**b. Do you have a favorite era of music?**

- Yes  No

**b1. If yes, name era of music:**

**c. Do you have favorite musicians/musical groups?**

- Yes  No

**c1. If yes, name favorite musician/musical group:**

**d. Which ways do you like to listen to music?**

- |                                   |                                |  |
|-----------------------------------|--------------------------------|--|
| <input type="radio"/> CD player   | <input type="radio"/> Computer | <input type="radio"/> iPod, iPhone, iPad     |
| <input type="radio"/> Live music  | <input type="radio"/> Radio    | <input type="radio"/> Tape / cassette player |
| <input type="radio"/> Other _____ |                                |  |

Notes:

**F0500C. How important is it to you to be around animals such as pets? (PELI Q58)**

<b>Important</b>	<b>Not Important</b>	Go to	F561: Self-Det
<input type="checkbox"/> Very important (1)	<input type="checkbox"/> Not very important (3)	<b>F0500D</b>	
<input type="checkbox"/> Somewhat important (2)	<input type="checkbox"/> Not Important at all (4)		
<input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> No response/NA (9)		

**a. 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 _____           |                              |

**b. 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 _____  |   |                                |

**c. Are you allergic to animals?**

- Yes  No

d. If yes, what kind?

Notes:

**F0500D. How important is it to you to keep up with the news? (PELI Q59)**

<b>Important</b> <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<b>Not Important</b> <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4) <input type="checkbox"/> No response/NA (9)	Go to <b>F0500E</b>	F561: Self-Det
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**a. 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:

**F0500E. How important is it to you to do things with groups of people? (PELI Q43)**

<b>Important</b> <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<b>Not Important</b> <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4) <input type="checkbox"/> No response/NA (9)	Go to <b>F0500F</b>	F561: Self-Det
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**a. What do you like to do with groups of people?**

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

Friends       Other residents       Roommate

Family members       Other \_\_\_\_\_

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

Small group       Medium group       Large group

Very large group / crowd       Other \_\_\_\_\_

Notes:

## F0500F. How important is it to you to do your favorite activities? (PELI Q72)

<b>Important</b>	<b>Not Important</b>	Go to <b>F0500G</b>	F561: Self-Det
<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"/> No response/NA (9)		

a. What are your favorite activities?

b. 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:

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

<b>Important</b>	<b>Not Important</b>	Go to <b>F0500H</b>	F561: Self-Det
<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"/> No response/NA (9)		

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

- Type of Day**
- Sunny       Cloudy / Overcast       Rainy
- Snowy
- Temperature**
- Hot       Warm       Cool
- Cold       Other \_\_\_\_\_

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

- Active Activities**
- Garden       Play       Walk
- Work / outdoor tasks
- Relaxation**
- Eat / drink       Nap       Sit
- Smoke       Talk / visit       Tanning
- Watch the birds / wildlife       Other \_\_\_\_\_


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

- Daily       2-3 times a week       4-5 times a week
- Once a week       Other \_\_\_\_\_



Notes:

**F0500H. How important is it to you to participate in religious services or practices? (PELI Q48)**

<b>Important</b>	<b>Not Important</b> 	Go to <input type="text"/>	F561: Self-Det <input type="text"/>
<input type="checkbox"/> Very important (1)	<input type="checkbox"/> Not very important (3)		
<input type="checkbox"/> Somewhat important (2)	<input type="checkbox"/> Not Important at all (4)		
<input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> No response/NA (9)		

a. What is your religious background?

b. Do you belong to a religious organization?

- Yes  No

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

- Synagogue  Church  Mosque  
 Other \_\_\_\_\_

d. If so, what is the name?

e. Which religious services or practices do you like?

<b>Dietary</b>	<input type="radio"/> Observe dietary requirements	<input type="radio"/> Kosher foods	<input type="radio"/> No meat on Fridays
<b>Religious Practices</b>	<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? _____)	
<b>Religious Services</b>	<input type="radio"/> Attend religious services	<input type="radio"/> Listen to services on a tape / radio	<input type="radio"/> Watch service on TV
<b>Other</b>	<input type="radio"/> Other _____		

Notes:

**1=Very Important**

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**2=Somewhat Important**

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**3=Not Very Important**

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**4=Not Important at All**

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