

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
<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)	

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

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

Notes:

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

Important	Not Important	Go to Q03
<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)	

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
<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)	

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?

<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><input type="checkbox"/> No response/NA (9)</p>	<p>Go to Q05</p>
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Q04a. How often do you like to bathe?

- | | | |
|-----------------------------------|---------------------------------------|------------------------------------|
| <input type="radio"/> Daily | <input type="radio"/> Every other day | <input type="radio"/> Twice a week |
| <input type="radio"/> Once a week | <input type="radio"/> Other _____ | |

Notes:

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

<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><input type="checkbox"/> No response/NA (9)</p>	<p>Go to Q06</p>
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Q05a. What time of day do you like to bathe?

- | | | |
|-------------------------------|---------------------------------------|-----------------------------------|
| <input type="radio"/> Morning | <input type="radio"/> Afternoon | <input type="radio"/> Evening |
| <input type="radio"/> Night | <input type="radio"/> Whenever I want | <input type="radio"/> 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 Q07
<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)	

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?

Yes 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?

Yes No

Q06c1. If yes, how bright do you like the lights?

Normal Bright Other _____

Q06d. Do you like a certain room temperature when you bathe?

Yes 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?

Yes 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 <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) <input type="checkbox"/> No response/NA (9)	Go to Q08
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Q07a. What do you usually like to wear for the day?

Q07b. What jewelry do you like to wear?

Q07c. Do you like to carry a:

Bag

Watch

Wallet

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

Yes

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 <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) <input type="checkbox"/> No response/NA (9)	Go to Q09
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Q08a. What do you like to do to care for your mouth?

Teeth Care

Brush teeth

Brush tongue

Floss

Denture Care

Clean/soak dentures

How often? _____

Other _____

Notes:

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

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) <input type="checkbox"/> No response/NA (9)	Go to Q10
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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 <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) <input type="checkbox"/> No response/NA (9)	Go to Q11
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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 <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) <input type="checkbox"/> No response/NA (9)	Go to Q12
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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) <input type="checkbox"/> No response/NA (9)	Go to Q13
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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) <input type="checkbox"/> No response/NA (9)	Go to Q14
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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) <input type="checkbox"/> No response/NA (9)	Go to Q15
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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) <input type="checkbox"/> No response/NA (9)	Go to Q16
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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) <input type="checkbox"/> No response/NA (9)	Go to Q17
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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
<input type="checkbox"/> Very important (1)	<input type="checkbox"/> Not very important (3)	Q18
<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)	

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
<input type="checkbox"/> Very important (1)	<input type="checkbox"/> Not very important (3)	Q19
<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)	

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
<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)	

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
<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)	

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
<input type="checkbox"/> Very important (1)	<input type="checkbox"/> Not very important (3)	Q22
<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)	

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
<input type="checkbox"/> Very important (1)	<input type="checkbox"/> Not very important (3)	Q23
<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)	

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
<input type="checkbox"/> Very important (1)	<input type="checkbox"/> Not very important (3)	Q24
<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)	

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
<input type="checkbox"/> Very important (1)	<input type="checkbox"/> Not very important (3)	Q25
<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)	

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 Q26
<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)	

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 Q27
<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)	

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"/> 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 _____	

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 Q28
<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)	

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 Q29
<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)	

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
<input type="checkbox"/> Very important (1)	<input type="checkbox"/> Not very important (3)	Q30
<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)	

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
<input type="checkbox"/> Very important (1)	<input type="checkbox"/> Not very important (3)	Q31
<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)	

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"/> 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
<input type="checkbox"/> Very important (1)	<input type="checkbox"/> Not very important (3)	Q32
<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)	

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
<input type="checkbox"/> Very important (1)	<input type="checkbox"/> Not very important (3)	Q33
<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)	

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 do you like to keep private?

- Your family Your medical condition/care Your finances
- 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
<input type="checkbox"/> Very important (1)	<input type="checkbox"/> Not very important (3)	Q34
<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)	

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
<input type="checkbox"/> Very important (1)	<input type="checkbox"/> Not very important (3)	Q35
<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)	

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
<input type="checkbox"/> Very important (1)	<input type="checkbox"/> Not very important (3)	Q36
<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)	

Q35a. What are your favorite foods for:

<input type="radio"/> Breakfast:
<input type="radio"/> Lunch:
<input type="radio"/> Supper:
<input type="radio"/> Favorite drinks:
<input type="radio"/> Condiments:
<input type="radio"/> Foods I dislike:

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

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

Notes:

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

<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><input type="checkbox"/> No response/NA (9)</p>
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Go to **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?

<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><input type="checkbox"/> No response/NA (9)</p>
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Go to **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)

<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><input type="checkbox"/> No response/NA (9)</p>
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Go to **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 you like to snack?

- Morning

 Afternoon

 Evening/night
 Whenever I want

Notes:

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

Important	Not Important	Go to Q40
<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)	

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 Q41
<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)	

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
<input type="checkbox"/> Very important (1)	<input type="checkbox"/> Not very important (3)	Q42
<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)	

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
<input type="checkbox"/> Very important (1)	<input type="checkbox"/> Not very important (3)	Q43
<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)	

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 <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) <input type="checkbox"/> No response/NA (9)	Go to Q44
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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 <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) <input type="checkbox"/> No response/NA (9)	Go to Q45
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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 <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) <input type="checkbox"/> No response/NA (9)	Go to Q46
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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 | |
| Other | <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 | |
| Other | <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><input type="checkbox"/> No response/NA (9)</p>	<p>Go to</p> <p>Q47</p>
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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?

- | | | |
|------------------------------------------|-----------------------------------------|-----------------------------------------|
| <input type="radio"/> Watching them play | <input type="radio"/> Playing with them | <input type="radio"/> Listening to them |
| <input type="radio"/> Talking with them | <input type="radio"/> Teaching them | <input type="radio"/> Other _____ |

Notes:

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

Important	Not Important	Go to Q48
<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)	

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 |
| Training | <input type="radio"/> Helping people learn the computer | <input type="radio"/> Coaching a sports team |
| Other | <input type="radio"/> Make things for the sick or needy | |
| | <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"/> 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
<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)	

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

Notes:

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

Important	Not Important	Go to
<input type="checkbox"/> Very important (1)	<input type="checkbox"/> Not very important (3)	Q50
<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)	

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

- Cultural** Eating traditional food Wearing traditional dress
- Celebrations** Celebrations Festivals Holidays
- Military** Military traditions
- Religious** Religious traditions
- Other** Other _____

Notes:

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

Important	Not Important	Go to
<input type="checkbox"/> Very important (1)	<input type="checkbox"/> Not very important (3)	Q51
<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)	

Q50a. Which topics do you like to reminisce about?

- Entertainment** Old radio shows Old TV shows Entertainers from the past
- Interests** Fashions Hobbies Music
- Life Experiences** Travel Work School
- Where you came from
- Relationships** Family Friends Pets
- Sports** Sports teams _____ Sports you participates in
- Other** Other _____

Q50b. With which people do you like to reminisce?


- Family** Spouse Significant other Children
- Brother Sister Grandchildren
- Friends** Friends _____ Other residents
- Other** Staff 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 Q52
<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)	

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

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

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

- Money Personal gifts Gratitude
- Flowers 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 Q53
<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)	

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 Q54
<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)	

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"/> Other _____ | | |

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

- For an hour or two For a day Overnight
 Other _____

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

- Family/Friends** Family _____ Friends _____ Residents _____
Staff Recreation therapist Nurse Other _____

Notes:

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

Important	Not Important	Go to Q55
<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)	

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

- Entertainment** Concerts _____ Dance performances Drama stage plays
 Movies Musicals / musical plays / Operas Ethnic music _____
Outings Parades Museums _____ Sporting event _____
Other Casinos 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 Q56
<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)	

Q55a. 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 _____

Q55b. 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 _____

Q55c. 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:

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

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)
 No response/NA (9)

Go to
Q57

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

Home Maintenance

- Decorating Fixing things Handling finances (balance checkbook, pay bills)

Housekeeping

- Dishwashing Dusting Sweeping, vacuuming

Laundry

- Folding laundry Ironing

Organizing

- Making bed Organizing things (closets or drawers) Picking up

Other

- Tending plants Other _____

Notes:

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

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)
 No response/NA (9)

Go to

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

Home Maintenance

Fixing things

Painting the house / fence

Yard Work

Cutting lawn

Planting flowers / vegetables

Shoveling snow

Sweeping

Trimming trees

Weeding

Other

Other _____

Notes:

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

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)
- No response/NA (9)

Go to

Q59

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

Birds

Cats

Dogs

Fish

Hamster / guinea pigs

Horses

Reptiles

Other _____

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

Feeding

Holding in your lap

Petting

Playing with

Riding

Watching

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)
- No response/NA (9)

Go to

Q60

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	Not Important	Go to
<input type="checkbox"/> Very important (1)	<input type="checkbox"/> Not very important (3)	Q61
<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)	

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** 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
<input type="checkbox"/> Very important (1)	<input type="checkbox"/> Not very important (3)	Q62
<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)	

Q61a. Do you have difficulties reading due to eyesight?

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

Q61b. Which reading options do you like available?

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

Q61c. Which materials do you like to read?

Reading Material

- Books
- Magazines
- Newspapers
- Mysteries
- Romance
- Science fiction
- Biography
- Poetry
- Science

Other

- Other _____

Q61d. Do you like to be a member of a book club?

- Yes
- No

Q61e. Do you like to read on an electronic tablet, e-reader, or notebook?

- Yes
- No

Notes:

Q62. How important is it to you to exercise?

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)
- No response/NA (9)

Go to

Q63

Q62a. Which type of exercise do you like?

Cardio

- Biking / cycling
- Running
- Sporting games
- Swimming
- Walking

Group classes

- Go to exercise class
- Go to rehab

Strengthening

- Lifting weights
- Push-ups
- Sit ups
- Stretching
- Yoga / Tai Chi
- Other _____

Notes:

Q63. How important are sports to 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)
- No response/NA (9)

Go to

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 Q65
<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)	

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
<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)	

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
<input type="checkbox"/> Very important (1)	<input type="checkbox"/> Not very important (3)	Q67
<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)	

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
<input type="checkbox"/> Very important (1)	<input type="checkbox"/> Not very important (3)	Q68
<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)	

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"/> Other _____ | | |

Q67b. Write names of favorite programs, if given.

Notes:

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

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)
 No response/NA (9)

Go to

Q69

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"/> 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

- 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)
 No response/NA (9)

Go to

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?

- | | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> 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
<input type="checkbox"/> Very important (1)	<input type="checkbox"/> Not very important (3)	Go to Q71
<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)	

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
<input type="checkbox"/> Very important (1)	<input type="checkbox"/> Not very important (3)	Go to Q72
<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)	

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 <input type="text"/>
<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)	

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**