

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."

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	<input type="radio"/> Earlier than 5am	<input type="radio"/> Between 5-6am
		<input type="radio"/> Between 6-7am
After 7am	<input type="radio"/> 7-8am	<input type="radio"/> 8-9am
		<input type="radio"/> 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?		
<input type="radio"/> Yes	<input type="radio"/> No	
Q03c. If yes, how long do you like to stay in bed before getting up?		
Under 30 min	<input type="radio"/> Get up right away	<input type="radio"/> Less than 15 mins
		<input type="radio"/> 15-30 mins
Over 30 min	<input type="radio"/> 31-45 mins	<input type="radio"/> Over 45 mins
		<input type="radio"/> Depends on: _____
	<input type="radio"/> Other _____	

Notes:

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

Important <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 Q05
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Q04a. How often do you like to bathe?

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

Notes:

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

Important <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 Q06
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Q05a. What time of day do you like to bathe?

- Morning Afternoon Evening
 Night Whenever I want Other _____

Notes:

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

Important <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 Q07
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Q06a. What type of bathing do you prefer?

- Type of Bath** Tub bath Sponge bath Bed bath
Type of Shower Shower Standing Sitting
Other Depends on: _____ 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 <10 mins 10-15 mins 16-20 mins

21 mins or more 21-30 mins >30 mins 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 Cool (60-65° F) Warm / Normal (65-75° F) Hot (> 75° F)

Other 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 Music Nature Water

Other Nothing Other:

Notes:

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

<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>Q08</p>
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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 a 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?

<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>Q11</p>
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Q10a. How do you like to care for your hair?

Daily Hair Needs	<input type="radio"/> Comb/brushing	<input type="radio"/> Hair styled
Styling Products	<input type="radio"/> Type_____	<input type="radio"/> Brand_____
Beautician Services	<input type="radio"/> Hair cut	<input type="radio"/> Hair coloring <input type="radio"/> Plucking brows/face
Grooming	<input type="radio"/> Shaving	<input type="radio"/> Beard care
Other	<input type="radio"/> Other_____	

Notes:

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

<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>Q16</p>
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Q11a. When do you usually like to take a nap?

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

Notes:

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

<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>Q17</p>
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Q16a. 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		

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)	Q21
<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?

- | | | |
|---|--------------------------------------|---|
| <input type="radio"/> Have a snack | <input type="radio"/> Put on pajamas | <input type="radio"/> Pick out clothes for next day |
| <input type="radio"/> Brush teeth | <input type="radio"/> Wash up | <input type="radio"/> Listen to music |
| <input type="radio"/> Watch or listen to TV | <input type="radio"/> Read | <input type="radio"/> Pray |
| <input type="radio"/> Other: _____ | | |

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)	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)	

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?

- | | |
|--|--|
| <input type="radio"/> How often to go the bathroom | <input type="radio"/> Which bathroom you prefer to use |
| <input type="radio"/> Type of cleansing | <input type="radio"/> Type of assistance needed |
| <input type="radio"/> Use of stool softeners, suppositories, laxatives | |

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)	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)	

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:

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:

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

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

- Yes No

Notes:

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

Important	Not Important	Go to
<input type="checkbox"/> Very important (1)	<input type="checkbox"/> Not very important (3)	Q37
<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)	

Q36a. When do you prefer to eat:

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

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

Notes:

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

Important	Not Important →	Go to Q38
<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)	

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

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

Notes:

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

Important	Not Important →	Go to Q55
<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)	

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


- Healthy** Fruits Vegetables
- Salty** Chips Pretzels Crackers
- Sweets** Candy Chocolate Ice cream
- Other** Beverages Other _____

Q38b. When you you like to snack?

- Morning Afternoon Evening/night
- Whenever I want

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 <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)	

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

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

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

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

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

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

Notes:

1=Very Important

2=Somewhat Important

3=Not Very Important

4=Not Important at All

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