

Interviewer Instructions

Preferences For Everyday Living Inventory:
MDS 3.0 Section F Items with Follow-Up Questions (PELI-NH-MDS 3.0 Section F)

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

Before using the PELI: View *Interviewing Older Adults Using the PELI*, a free 22-minute training video showing interview basics, available at bit.ly/PELI-videos. Also, find PELI tip sheets and other useful resources at PreferenceBasedLiving.com.

PELI-Nursing Home-MDS Section F Version 2.0: The main preference questions in this edition are the same as in the previous version, Version 1.0. Detailed follow-up questions have been refined for ease of administration.

1. Introduce yourself to the resident.

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

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

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

3. Explain how the interview works.

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

4. Explain the response choices.

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

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

Explain the follow-up questions.

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

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

- ✓ **If a resident has a strong opinion, and states that a preference either is "Very Important," "Not Very Important," or "Not Important at All," ask the resident: "Why? Can you tell me more?"** You might gain valuable information for care planning purposes. For example, a resident might say that being around pets is Not Very Important because he or she is afraid of animals. This information will help the care team plan activities sensitive to the person's fear.
- ✓ **If a resident says they can't do an activity, ask, "Why can't you do it?"** Then record the resident's response in the "Notes" section. Select "Important, But Can't Do, No Choice" when residents indicate that a topic is important but that they are physically unable to participate or have no choice about participating while in the nursing home.

- ✓ **If a resident does not respond to a question, or says “I don’t know,” or the question is not applicable,** check “No Response/NA.”
- ✓ **If the resident prefers to answer questions by choosing between “Important” or “Not Important”,** that is an excellent way to begin. If the resident selects “Important,” ask: *“Would you say [activity] is Very Important, Somewhat Important or Important, But Can’t Do or No Choice?”* Similarly, if the resident says “Not Important,” ask: *“Would you say [activity] is “Not Very Important” or “Not Important at All ”?”* Clarifying the level of importance will help the care team follow the resident’s priorities for care planning.

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

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

7. Stop the interview if:

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

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

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

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

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

Detailed Preference Interview

Resident Name: _____ Interviewer Name: _____ Date: _____

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

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

Important	Not Important	Go to
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> F0400B </div>
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)

Important	Not Important	Go to
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> F0400C </div>

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)

Important	Not Important	Go to F0400D
<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)	

a. 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 _____	

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?

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 _____

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?

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 _____		

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?

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:

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

Important <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	Not Important <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Go to F0400E
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a. 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 _____	

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)

Important <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	Not Important <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Go to F0400F
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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)

<p>Important</p> <p><input type="checkbox"/> Very important (1)</p> <p><input type="checkbox"/> Somewhat important (2)</p> <p><input type="checkbox"/> Important but can't do, no choice (5)</p>	<p>Not Important</p> <p><input type="checkbox"/> Not very important (3)</p> <p><input type="checkbox"/> Not Important at all (4)</p>	<p>Go to</p> <p style="border: 1px solid black; padding: 2px; display: inline-block;">F0400G</p>
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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

- Spouse Significant other Children
- Brother Sister Grandchildren
- Friends

Professional

- Nurse Doctor Social worker
- Daily caregiver Other _____

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

- Care plan / treatment plan Activities you are involved in General health
- Test results Caregiving needs Medication changes
- Info about your routine Info about your medical condition Other _____

Notes:

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

<p>Important</p> <p><input type="checkbox"/> Very important (1)</p> <p><input type="checkbox"/> Somewhat important (2)</p> <p><input type="checkbox"/> Important but can't do, no choice (5)</p>	<p>Not Important</p> <p><input type="checkbox"/> Not very important (3)</p> <p><input type="checkbox"/> Not Important at all (4)</p>	<p>Go to</p> <p style="border: 1px solid black; padding: 2px; display: inline-block;">F0400H</p>
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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)

<p>Important</p> <p><input type="checkbox"/> Very important (1)</p> <p><input type="checkbox"/> Somewhat important (2)</p> <p><input type="checkbox"/> Important but can't do, no choice (5)</p>	<p>Not Important</p> <p><input type="checkbox"/> Not very important (3)</p> <p><input type="checkbox"/> Not Important at all (4)</p>	<p>Go to</p> <p style="border: 1px solid black; padding: 2px; display: inline-block;">F0500A</p>
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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)

<p>Important</p> <p><input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)</p>	<p>Not Important</p> <p><input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)</p>	<p>Go to F0500B</p>
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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)

<p>Important</p> <p><input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)</p>	<p>Not Important</p> <p><input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)</p>	<p>Go to F0500C</p>
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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)

Important	Not Important 	Go to F0500D
<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)		

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)

Important

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

Not Important → Go to **F0500E**

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

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)

Important

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

Not Important → Go to **F0500F**

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

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)

Important	Not Important	Go to F0500G
<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)	

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)

Important	Not Important	Go to F0500H
<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)	

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)

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

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?

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

Notes:

1=Very Important

2=Somewhat Important

3=Not Very Important

4=Not Important at All

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