

Detailed Preference Interview and Satisfaction

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)

<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>F0400B</p>	<p>F557: Pers Prop</p>
<p>a. What do you usually like to wear for the day?</p>			
<p>b. What jewelry do you like to wear?</p>			
<p>c. Do you like to carry a:</p>			
<p><input type="radio"/> Bag <input type="radio"/> Watch <input type="radio"/> Wallet</p>			
<p>d. Do you like your clothes arranged a certain way?</p>			
<p><input type="radio"/> Yes <input type="radio"/> No</p>			
<p>e. If yes, how do you like your clothes arranged?</p>			
<p>f. What do you like to wear to sleep?</p>			
<p>How satisfied are you with this preference being met?</p>			
<p><input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Not satisfied at all <input type="checkbox"/> No response/NA</p>			
<p>Notes:</p>			

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

<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>F0400C</p>	<p>F557: Pers Prop</p>
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a. What personal belongings do you prefer to take care of yourself?

How satisfied are you with this preference being met?

Very satisfied Somewhat satisfied Not satisfied at all No response/NA

Notes:

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

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 F0400D	F561: Self-Det
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a. 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 _____

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

Yes No

b1. 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 _____

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

Yes No

c1. If yes, how bright do you like the lights?

Normal Bright Other _____

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

Yes No

d1. If yes, which room temperature do you like?

Temperature Cool (60-65° F) Warm / Normal (65-75° F) Hot (> 75° F)
Other Other _____

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

Yes No

e1. If yes, which do you like to listen to when you bathe?

Type of Sounds Music Nature Water
Other Nothing Other:

How satisfied are you with this preference being met?

Very satisfied Somewhat satisfied Not satisfied at all No response/NA

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) <input type="checkbox"/> No response/NA (9)	Go to F0400E	F803: Menu
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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?

- Morning Afternoon Evening/night
- Whenever I want

How satisfied are you with this preference being met?

Very satisfied Somewhat satisfied Not satisfied at all No response/NA

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) <input type="checkbox"/> No response/NA (9)	Go to F0400F	F561: Self-Det
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a. What time do you like to go to bed?


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

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

How satisfied are you with this preference being met?
 Very satisfied
 Somewhat satisfied
 Not satisfied at all
 No response/NA

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)

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) <input type="checkbox"/> No response/NA (9)	F0400G	F553: Choice

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

 Yes
 No

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

Family/Friends

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

Professional

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


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

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

How satisfied are you with this preference being met?
 Very satisfied
 Somewhat satisfied
 Not satisfied at all
 No response/NA

Notes:

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

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) <input type="checkbox"/> No response/NA (9)	F0400H	F561: Self-Det

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

 Bedroom
 Secured space with the door shut
 Other _____

How satisfied are you with this preference being met?

- Very satisfied Somewhat satisfied Not satisfied at all No response/NA

Notes:

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

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 F0500A	F567: Pers Funds
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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 _____

How satisfied are you with this preference being met?

- Very satisfied Somewhat satisfied Not satisfied at all No response/NA

Notes:

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

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 F0500B	F561: Self-Det
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a. Do you have difficulties reading due to eyesight?

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

b. Which reading options do you like available?

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

c. Which materials do you like to read?

- | | | | |
|-------------------------|-----------------------------------|---------------------------------|---------------------------------------|
| Reading Material | <input type="radio"/> Books | <input type="radio"/> Magazines | <input type="radio"/> Newspapers |
| | <input type="radio"/> Mysteries | <input type="radio"/> Romance | <input type="radio"/> Science fiction |
| | <input type="radio"/> Biography | <input type="radio"/> Poetry | <input type="radio"/> Science |
| Other | <input type="radio"/> Other _____ | | |

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

How satisfied are you with this preference being met?

Very satisfied

Somewhat satisfied

Not satisfied at all

No response/NA

Notes:

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

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

F0500C

F561: Self-Det

a. Which kinds of music do you like?

Big band

Blues

Classical

Country western

Folk

Heavy metal

Hip hop

Jazz

Opera

Religious

Rock

Show tunes

Top 40

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?

CD player

Computer

iPod, iPhone, iPad

Live music

Radio

Tape / cassette player

Other _____

How satisfied are you with this preference being met?

Very satisfied

Somewhat satisfied

Not satisfied at all

No response/NA

Notes:

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

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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">F0500D</div>	F561: Self-Det
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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?

How satisfied are you with this preference being met?

- Very satisfied
 Somewhat satisfied
 Not satisfied at all
 No response/NA

Notes:

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

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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">F0500E</div>	F561: Self-Det
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a. Which ways do you like to keep up with the news?

- | | | | |
|---------------------------|---|---|---|
| Conversation | <input type="radio"/> Discussions with another person | <input type="radio"/> Group discussions | |
| Electronic Devices | <input type="radio"/> Listen to the radio | <input type="radio"/> Use the computer | <input type="radio"/> Watch or listen to TV |
| Reading | <input type="radio"/> Read magazines | <input type="radio"/> Read newspaper | <input type="radio"/> Other _____ |

How satisfied are you with this preference being met?

- Very satisfied
 Somewhat satisfied
 Not satisfied at all
 No response/NA

Notes:

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

Important	Not Important	Go to F0500F	F561: Self-Det
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4) <input type="checkbox"/> No response/NA (9)		

a. What 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 _____

How satisfied are you with this preference being met?

- Very satisfied Somewhat satisfied Not satisfied at all No response/NA

Notes:

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

Important	Not Important	Go to F0500G	F561: Self-Det
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4) <input type="checkbox"/> No response/NA (9)		

a. What are your favorite activities?

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

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

How satisfied are you with this preference being met?

Very satisfied Somewhat satisfied Not satisfied at all No response/NA

Notes:

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

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 F0500H	F561: Self-Det
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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 _____

How satisfied are you with this preference being met?

Very satisfied Somewhat satisfied Not satisfied at all No response/NA

Notes:

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

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 <input type="text"/>	F561: Self-Det
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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 _____ | | |

How satisfied are you with this preference being met?

- Very satisfied Somewhat satisfied Not satisfied at all No response/NA

Notes:

1=Very Important

2=Somewhat Important

3=Not Very Important

4=Not Important at All

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

1=Very Satisfied

2=Somewhat Satisfied

3=Not Satisfied at All
