



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."

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

Important	Not Important	Go to Q05
<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)	

Q04a. How often do you like to bathe?

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

Notes:

Q08. How important is it to you to choose how to care for your mouth?

Important	Not Important	Go to Q09
<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)	

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:

Q13. How important is it to you to take care of your personal belongings or things? (MDS 3.0, F0400B)

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)	

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	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)	<input type="checkbox"/> No response/NA (9)	

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:

Q19. How important is it to you to choose your medical care professional?

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)	<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:

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)	<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)	<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:

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

- 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

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

Spouse

Significant other

Children

Brother

Sister

Grandchildren

Friends

Professional

Nurse

Doctor

Social worker

Daily caregiver

Other _____

Q26c. 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:

Q27. How important is it to you to do what helps you feel better when you are upset?

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)	<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:

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)	<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)	<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 style="width: 40px; height: 20px;" 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)	

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:

1=Very Important

2=Somewhat Important

3=Not Very Important

4=Not Important at All

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