

For use with AE PCC Tracking Tool Detailed Preference Interview

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

Instructions to the Interviewer

These questions help you to go into more depth while interviewing a resident about their preferences. The first set of questions is identical to the MDS 3.0 Section F Preferences for Customary Routines and Activities.

The second set of questions is designed to guide your conversation with the resident to allow you to learn more about a preference that s/he has indicated is important. These questions reflect the detailed preferences of many, but not all, nursing home residents. Please feel free to add your own questions or pursue anything a resident says in more detail during your interview with the resident.

This interview can be a time to get to know a resident and build a stronger relationship with him/her. It can be done in several short conversations over several days or all in one sitting. Choose what interview method works best for your community.

The MDS 3.0 Section F consists of 16 questions about resident preferences. For information about a wider set of resident preferences, there is another tool called the Preferences for Everyday Living Inventory (PELI©). This tool contains a wider range of common resident preferences to choose from. For more information about this tool, please go to the Polisher Research Institute website: INSERT WEBSITE HERE

| Detailed Preference Interview | | |
|---|--|---|
| Resident Name: _____ | Interviewer Name: _____ | Date: _____ |
| Q01 How important is it to you to choose what clothes to wear? (MDS 3.0, Section F, F0400A) | | |
| <p style="text-align: center;">Importance</p> <p>If resident gives one of the 3 responses below, ask the detailed questions in the column to the right,</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Important, but can't do (5) <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) </div> <p>If resident gives one of the 3 responses below, skip asking detailed questions and go to the next preference question.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not important at all (4) <input type="checkbox"/> Non response (9) </div> | <p style="text-align: center;">Check all that Apply</p> <p>1a. What do you usually like to wear for the day? _____</p> <p>2b. What do you like to wear to sleep? _____</p> <p>3c. What jewelry do you like to wear? _____</p> <p><i>If resident can't answer this open ended question, try these prompts</i> <input type="checkbox"/> Watch <input type="checkbox"/> Ring(s) <input type="checkbox"/> None <input type="checkbox"/> Other: _____</p> <p>4d. Do you like to carry a: <input type="checkbox"/> Bag <input type="checkbox"/> Wallet <input type="checkbox"/> Other: _____?</p> <p>5e. Would you like your clothes arranged in a certain way? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes: how do you like to have your cloths arranged? _____</p> | <p style="text-align: center;">Notes</p> |
| Q02. How important is it to you to take care of your personal belongings or things? (MDS 3.0, Section F, F0400B) | | |

Instructions to Interviewer (continued)

Introduce yourself to the resident: “Hello Mr./Mrs./Ms./Dr _____ . “My name is _____ (name), and I am the _____ (position) here at _____ (insert name of organization). How are you today?”

1. **Describe what you are going to ask the person to do:** “This conversation is to help us get to know you better. The questions are about you, so there are no wrong answers. . If you are uncomfortable with any question, please let me know. Do you have any questions before we begin?”
2. **Explain how the interview works:** “I am going to ask you questions about your preferences. I would like to know what your preferences are **while you are living here.** ”

NOTE TO INTERVIEWER: Take out the response card that reads: “Very Important, Somewhat Important, Not Very Important, Not Important at All” and place it in front of the resident.

3. **Explain the response choices:** “I am going to ask you whether an activity is important to you or not. I would like you to answer this question either “**Very Important, Somewhat Important, Not Very Important, Not Important at all.**” For example, if the question is “How important is it to you to watch TV?” you decide what answer best fits how important watching TV is to you. **[Show response options to resident]:** You could answer “Very Important, Somewhat Important, Not Very Important, or Not Important at All. Do you have any questions?”

NOTE TO INTERVIEWER: Any time the respondent states that an activity is “**Not Very Important**” or “**Not Important at All**” simply check off that box and go to next item.

4. **When to use alternative response items:**
 - If resident does not respond, says “I don’t know”, or if the question is not applicable check off “**Non-response/NA.**”
 - Any time residents state they can no longer do something, mark “**Important, but can’t do**”

5. **Explain the nested questions.**

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

NOTE TO INTERVIEWER: When asking questions nested under each preference item, ask the open ended question first, and write down the resident's response. If the resident cannot answer the question or provide the details about their preference, you can then read them the list of prompts to help them identify the specifics of what they like. If the resident answers with specific information about what they like, then skip the prompts and go to the next question

6. **When to stop the interview:**

- If the resident becomes fatigued. Offer to stop the interview and return at another time..
- If the resident says they would not like to answer any more questions. Respect the resident's wishes and discontinue the interview.
- If the resident gives more than 3 “Non-Responses” in a row. Stop the interview and ask the questions of a family member or staff person who knows the resident well.

Detailed Preference Interview

Resident Name: _____ **Interviewer Name:** _____ **Date:** _____

Q01 How important is it to you to choose what clothes to wear? (MDS 3.0, Section F, F0400A)

| Importance | Check all that Apply | Notes |
|---|---|-------|
| <p>If resident gives one of the 3 responses below, ask the detailed questions in the column to the right,</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Important, but can't do (5) <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) </div> <p style="text-align: right; margin-right: 20px;">➔</p> <p>If resident gives one of the 3 responses below, skip asking detailed questions and go to the next preference question.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not important at all (4) <input type="checkbox"/> Non response (9) </div> <p style="text-align: center; margin-top: 10px;">⬇</p> | <p>1a. What do you usually like to wear for the day?</p> <p>_____</p> <p>2b. What do you like to wear to sleep?</p> <p>_____</p> <p>3c. What jewelry do you like to wear?</p> <p>_____</p> <p><i>If resident can't answer this open ended question, try these prompts</i></p> <p><input type="checkbox"/> Watch <input type="checkbox"/> Ring(s) <input type="checkbox"/> None <input type="checkbox"/> Other: _____</p> <p>4d. Do you like to carry a:</p> <p><input type="checkbox"/> Bag <input type="checkbox"/> Wallet <input type="checkbox"/> Other: _____?</p> <p>5e. Would you like your clothes arranged in a certain way?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes: how do you like to have your cloths arranged?</p> <p>_____</p> | |

Q02. How important is it to you to take care of your personal belongings or things? (MDS 3.0, Section F, F0400B)

| Importance | Check all that Apply | Notes |
|---|---|-------|
| <p>If resident gives one of the 3 responses below, ask the detailed questions in the column to the right,</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Important, but can't do (5) <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) </div> <p style="text-align: right; margin-right: 20px;">➔</p> <p>If resident gives one of the 3 responses below, skip asking detailed questions and go to the next preference question.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not important at all (4) <input type="checkbox"/> Non response (9) </div> <p style="text-align: center; margin-top: 10px;">⬇</p> | <p>2a. What personal belongings do you prefer to take care of yourself?</p> <p>_____</p> <p>_____</p> <p>_____</p> | |

Q03. How important is it to you to choose between a tub bath, shower, bed bath, or sponge bath? (MDS 3.0, Section F, F0400C)

| Importance | Check all that Apply | Notes |
|--|---|-------|
| <p>If resident gives one of the 3 responses below, ask the detailed questions in the column to the right,</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Important, but can't do (5) <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) </div> <p>If resident gives one of the 3 responses below, skip asking detailed questions and go to the next preference question.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not important at all (4) <input type="checkbox"/> Non response (9) </div> | <p>3a. What type of bathing do you prefer? _____ <i>If answered, skip prompts</i></p> <p>Do you prefer a :</p> <p><input type="checkbox"/> Tub Bath <input type="checkbox"/> Bed Bath <input type="checkbox"/> Sponge bath <input type="checkbox"/> Shower: <input type="checkbox"/> Standing <input type="checkbox"/> Sitting <input type="checkbox"/> Depends (on: _____) <input type="checkbox"/> Other: _____</p> <p>4b. Would you like to decide how long you spend bathing? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes: how long do you like to spend bathing: _____ <i>If answered, skip prompts</i></p> <p>Which amount of time do you like to spend bathing: <input type="checkbox"/> <10 minutes <input type="checkbox"/> 10-15 minutes <input type="checkbox"/> 16-20 minutes <input type="checkbox"/> 21-30 minutes <input type="checkbox"/> >30 minutes <input type="checkbox"/> Other: _____</p> <p>4c. Would you like a certain level of lighting when you bathe? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes: what level of lighting do you like: _____ <i>If answered, skip prompts</i></p> <p>How bright do you like the lights: <input type="checkbox"/> Normal <input type="checkbox"/> Bright <input type="checkbox"/> Other: _____</p> <p>4d. Would you like a certain room temperature when you bathe? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes: what room temperature do you like? _____ <i>If answered, skip prompts</i></p> <p>Which room temperature do you like: <input type="checkbox"/> Cool (60-65 degrees F) <input type="checkbox"/> Warm/Normal (65-75 degrees F) <input type="checkbox"/> Hot (\geq75 degrees F) <input type="checkbox"/> Other: _____</p> <p>4e. Would you like to listen to something when you bathe? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes: what do you like to listen to when you bathe? _____ <i>If answered, skip prompts</i></p> <p>Which do you like to listen to when you bathe: <input type="checkbox"/> Nothing <input type="checkbox"/> Music; type: _____ <input type="checkbox"/> Nature sounds; type: _____ <input type="checkbox"/> Water sounds <input type="checkbox"/> Other: _____</p> | |

Q04. How important is it to you to have snacks available between meals? (MDS 3.0, Section F, F0400D)

| Importance | Check all that Apply | Notes |
|--|---|-------|
| <p>If resident gives one of the 3 responses below, ask the detailed questions in the column to the right,</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Important, but can't do (5) <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) </div> <p>If resident gives one of the 3 responses below, skip asking detailed questions and go to the next preference question.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not important at all (4) <input type="checkbox"/> Non response (9) </div> | <p>4a. What are your favorite snacks? _____ _____ <i>If answered, skip prompts</i></p> <p>Do you like to snack on:</p> <input type="checkbox"/> Salty Items: Chips, pretzels, crackers <input type="checkbox"/> Fruits: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Sweets: Candy: _____ <input type="checkbox"/> Sweets: Chocolate: _____ <input type="checkbox"/> Sweets: Baked goods: _____ <input type="checkbox"/> Sweets: Ice cream: _____ <input type="checkbox"/> Beverages: _____ <input type="checkbox"/> Other: _____ <p>4b. When do you like to snack? _____ <i>If answered, skip prompts</i></p> <p>Do you like to snack in the:</p> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening/night <input type="checkbox"/> When I want | |

Q05. How important is it to you to choose your own bedtime? (MDS 3.0, Section F, F0400E)

| Importance | Check all that Apply | Notes |
|--|---|-------|
| <p>If resident gives one of the 3 responses below, ask the detailed questions in the column to the right,</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Important, but can't do (5) <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) </div> <p>If resident gives one of the 3 responses below, skip asking detailed questions and go to the next preference question.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not important at all (4) <input type="checkbox"/> Non response (9) </div> | <p>5a. What time do you like to go to bed? _____ <i>If answered, skip prompts</i></p> <p>At which time do you usually like to go to bed at night:</p> <input type="checkbox"/> Earlier than 7 pm <input type="checkbox"/> 10-11 pm <input type="checkbox"/> Early 7-9 pm <input type="checkbox"/> 9-10 pm <input type="checkbox"/> 10-11 pm <input type="checkbox"/> 11pm - midnight <input type="checkbox"/> After midnight <p>5b. How many hours of sleep do you like at night? _____</p> | |

Q06A. Who would you like involved in discussions about your care?

Q06B. How important is it to you to choose who you would like involved in discussions about your care? (modified MDS 3.0, Section F, F0400F)

| Importance | Check all that Apply | Notes |
|--|--|-------|
| <p>If resident gives one of the 3 responses below, ask the detailed questions in the column to the right,</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Important, but can't do (5) <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) </div> <p>If resident gives one of the 3 responses below, skip asking detailed questions and go to the next preference question.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not important at all (4) <input type="checkbox"/> Non response (9) </div> | <p><i>If Question 06A answered, skip prompts</i></p> <p>6a. Once every 3 months there is a meeting of staff to help plan your care. Would you like to attend the meeting?: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>6b. Which people would you like involved in discussions about your care:</p> <p> <input type="checkbox"/> Spouse <input type="checkbox"/> Significant other <input type="checkbox"/> Children <input type="checkbox"/> Grandchildren <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Daily caregiver <input type="checkbox"/> Nurse <input type="checkbox"/> Social worker <input type="checkbox"/> Doctor <input type="checkbox"/> Friends: _____ <input type="checkbox"/> Other: _____ </p> <p>6c. What areas of your care do you like to discuss ? _____</p> <p><i>If answered, skip prompts</i></p> <p>Which areas of your care would you like to discuss:</p> <p> <input type="checkbox"/> Care plan/treatment plan <input type="checkbox"/> Test results <input type="checkbox"/> General health <input type="checkbox"/> Care giving needs <input type="checkbox"/> Medication changes <input type="checkbox"/> Activities you are involved in <input type="checkbox"/> Info about your medical condition <input type="checkbox"/> Information about your routine <input type="checkbox"/> Other: _____ </p> | |

Q07. How important is it to you to be able to use the phone in private? (MDS 3.0, Section F, F0400G)

| Importance | Check all that Apply | Notes |
|--|--|-------|
| <p>If resident gives one of the 3 responses below, ask the detailed questions in the column to the right,</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Important, but can't do (5) <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) </div> <p>If resident gives one of the 3 responses below, skip asking detailed questions and go to the next preference question.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not important at all (4) <input type="checkbox"/> Non response (9) </div> | <p>7a. Where do you like to use the phone in private? _____</p> <p><i>If answered, skip prompts</i></p> <p>Which places do you like to use the phone in private:</p> <p> <input type="checkbox"/> Bedroom <input type="checkbox"/> Secured space with door shut <input type="checkbox"/> Other: _____ </p> | |


Q08. How important is it to you to lock things up to keep them safe? (modified MDS 3.0, Section F, F0400H)

| Importance | Check all that Apply | Notes |
|--|--|-------|
| <p>If resident gives one of the 3 responses below, ask the detailed questions in the column to the right,</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Important, but can't do (5) <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) </div> <p>If resident gives one of the 3 responses below, skip asking detailed questions and go to the next preference question.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not important at all (4) <input type="checkbox"/> Non response (9) </div> | <p>8a. What things do you like to keep locked up? _____ _____ <i>If answered, skip prompts</i></p> <p>Which things do you like to keep locked up: <input type="checkbox"/> Jewelry <input type="checkbox"/> Money <input type="checkbox"/> Electronics <input type="checkbox"/> Other: _____</p> <p>8b. Where would you like a lock installed to keep things safe? _____ <i>If answered, skip prompts</i></p> <p>Which places do you like to lock things to keep them safe: <input type="checkbox"/> Locked Drawer <input type="checkbox"/> Locked Closet/Armoire <input type="checkbox"/> A Safe <input type="checkbox"/> Safety deposit box <input type="checkbox"/> Other: _____</p> | |

Q09A. Do you have difficulties reading due to eyesight?

- No (0) If no, code Q09B=9 and skip to Q09C.
- Yes (1) If yes, continue to Q09B and code Q09C=9.

Q09B. (If yes) 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. How important is it to you to have reading options for low vision available to you? (modified MDS 3.0, Section F, F0500A)

| Importance | Check all that Apply | Notes |
|--|---|-------|
| <p>If resident gives one of the 3 responses below, ask the detailed questions in the column to the right,</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Important, but can't do (5) <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) </div> <p>If resident gives one of the 3 responses below, skip asking detailed questions and go to the next preference question.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not important at all (4) <input type="checkbox"/> Non response (9) </div> | <p>61a. What reading options would you like available? _____ <i>If answered, skip prompts</i></p> <p>Which reading options would you like available: <input type="checkbox"/> Large print materials <input type="checkbox"/> Audio books/books on tape <input type="checkbox"/> Have someone read to you <input type="checkbox"/> Other: _____</p> <p>Go to next set of nested questions</p> <div style="text-align: center; margin-top: 20px;">  </div> | |

Q09C. (If no) How important is it to you to have reading materials available to you? (modified MDS 3.0 Section F, F0500A)

| Importance | Check all that Apply | Notes |
|--|---|-------|
| <p>If resident gives one of the 3 responses below, ask the detailed questions in the column to the right,</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Important, but can't do (5) <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) </div> <p>If resident gives one of the 3 responses below, skip asking detailed questions and go to the next preference question.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not important at all (4) <input type="checkbox"/> Non response (9) </div> | <p>9b. What materials do you like to read? _____</p> <p><i>If answered, skip prompts</i></p> <p>Which materials do you like to read?</p> <input type="checkbox"/> Newspapers: _____ <input type="checkbox"/> Magazines: _____ <input type="checkbox"/> Fiction <input type="checkbox"/> Nonfiction <input type="checkbox"/> Romance <input type="checkbox"/> Science <input type="checkbox"/> Science fiction <input type="checkbox"/> Mysteries <input type="checkbox"/> Biography <input type="checkbox"/> Other: _____ | |
| | <p><input type="checkbox"/> Books <input type="checkbox"/> Fiction <input type="checkbox"/> Nonfiction <input type="checkbox"/> Romance <input type="checkbox"/> Science <input type="checkbox"/> Science fiction <input type="checkbox"/> Mysteries <input type="checkbox"/> Biography <input type="checkbox"/> Poetry <input type="checkbox"/> Other: _____</p> <p>9c. Would you like to be a member of a book club? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9d. Would you like to read on an electronic tablet, e-reader or notebook? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |

Q10. How important is it to you to listen to music you like? (MDS 3.0, Section F, F0500B)

| Importance | Check all that Apply | Notes |
|--|--|-------|
| <p>If resident gives one of the 3 responses below, ask the detailed questions in the column to the right,</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Important, but can't do (5) <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) </div> <p>If resident gives one of the 3 responses below, skip asking detailed questions and go to the next preference question.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not important at all (4) <input type="checkbox"/> Non response (9) </div> | <p>10a. What kinds of music do you like? _____</p> <p><i>If answered, skip prompts</i></p> <p>Which kinds of music do you like:</p> <input type="checkbox"/> Jazz <input type="checkbox"/> Hip hop <input type="checkbox"/> Country western <input type="checkbox"/> Blues <input type="checkbox"/> Classical <input type="checkbox"/> Religious <input type="checkbox"/> Opera <input type="checkbox"/> Show tunes <input type="checkbox"/> Folk <input type="checkbox"/> Rock <input type="checkbox"/> Heavy metal <input type="checkbox"/> Top 40 <input type="checkbox"/> Big band <input type="checkbox"/> Other: _____ <p>10b. Do you have a favorite era of music? <input type="checkbox"/> Yes <input type="checkbox"/> NO If yes: _____</p> <p>10c. Do you have favorite musicians /musical groups? <input type="checkbox"/> Yes <input type="checkbox"/> NO If yes: _____</p> <p>10d. How do you like to listen to music? _____</p> <p><i>If answered, skip prompts</i></p> <p>Which ways do you like to listen to music?</p> <input type="checkbox"/> Radio <input type="checkbox"/> Tape/cassette player <input type="checkbox"/> CD player <input type="checkbox"/> i Pod, i Phone, i Pad <input type="checkbox"/> Live music <input type="checkbox"/> Computer <input type="checkbox"/> Other: _____ | |

Q11. How important is it to you to be around animals such as pets? (MDS 3.0, Section F, F0500C)

| Importance | Check all that Apply | Notes |
|--|--|-------|
| <p>If resident gives one of the 3 responses below, ask the detailed questions in the column to the right,</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Important, but can't do (5) <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) </div> <p>If resident gives one of the 3 responses below, skip asking detailed questions and go to the next preference question.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not important at all (4) <input type="checkbox"/> Non response (9) </div> | <p>11a. What animals do you like to be around? _____</p> <p style="text-align: center;"><i>If answered, skip prompts</i></p> <p>Which kind of animals do you like to be around: <input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Fish <input type="checkbox"/> Birds <input type="checkbox"/> Reptiles <input type="checkbox"/> Hamsters/guinea pigs <input type="checkbox"/> Horses <input type="checkbox"/> Other: _____</p> <p>11b. What type of contact do you enjoy with animals? _____</p> <p style="text-align: center;"><i>If answered, skip prompts</i></p> <p>Which type of contact do you enjoy with animals: <input type="checkbox"/> Holding in your lap <input type="checkbox"/> Riding <input type="checkbox"/> Petting <input type="checkbox"/> Feeding <input type="checkbox"/> Playing with <input type="checkbox"/> Watching <input type="checkbox"/> Other: _____</p> <p>11c. Are you allergic to animals? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what kind? _____</p> <p>11d. Are you afraid of animals? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what kind? _____</p> | |

Q12. How important is it to you to keep up with the news? (modified MDS 3.0, Section F, F0500D)

| Importance | Check all that Apply | Notes |
|--|---|-------|
| <p>If resident gives one of the 3 responses below, ask the detailed questions in the column to the right,</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Important, but can't do (5) <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) </div> <p>If resident gives one of the 3 responses below, skip asking detailed questions and go to the next preference question.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not important at all (4) <input type="checkbox"/> Non response (9) </div> | <p>12a. How do you like to keep up with the news? _____</p> <p style="text-align: center;"><i>If answered, skip prompts</i></p> <p>Which ways do you like to keep up with the news? <input type="checkbox"/> Watch TV <input type="checkbox"/> Group discussions <input type="checkbox"/> Listen to the radio <input type="checkbox"/> Read newspaper <input type="checkbox"/> Read magazines <input type="checkbox"/> Use the computer <input type="checkbox"/> Discussions with another person <input type="checkbox"/> Other: _____</p> | |

Q13. How important is it to you to do things with groups of people? (MDS 3.0, Section F, F0500E)

| Importance | Check all that Apply | Notes |
|--|--|-------|
| <p>If resident gives one of the 3 responses below, ask the detailed questions in the column to the right,</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Important, but can't do (5) <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) </div> <p>If resident gives one of the 3 responses below, skip asking detailed questions and go to the next preference question.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not important at all (4) <input type="checkbox"/> Non response (9) </div> | <p>13a. What do you like to do with groups of people? _____</p> <p>13b. What kind of people do you enjoy in a group? _____</p> <p><i>If answered, skip prompts</i></p> <p>Which type of person do you enjoy in a group? <input type="checkbox"/> Friends: _____ <input type="checkbox"/> Other residents <input type="checkbox"/> Roommate <input type="checkbox"/> Family: _____ <input type="checkbox"/> Other: _____</p> <p>13c. How many people do you like when doing things with a group? _____</p> <p><i>If answered, skip prompts</i></p> <p>Which size group do you like to do things with: <input type="checkbox"/> Very large/Crowd <input type="checkbox"/> Medium group <input type="checkbox"/> Large group <input type="checkbox"/> Small group <input type="checkbox"/> Other: _____</p> | |

Q14. How important is it to you to do your favorite activities? (MDS 3.0, Section F, F0500F)

| Importance | Check all that Apply | Notes |
|--|---|-------|
| <p>If resident gives one of the 3 responses below, ask the detailed questions in the column to the right,</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Important, but can't do (5) <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) </div> <p>If resident gives one of the 3 responses below, skip asking detailed questions and go to the next preference question.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not important at all (4) <input type="checkbox"/> Non response (9) </div> | <p>14a. What are your favorite activities? _____</p> <p>14b. With whom would you like to do your favorite activities? _____</p> | |

Q15. How important is it to you to go outside to get fresh air when the weather is good? (MDS 3.0, Section F, F0500G)

| Importance | Check all that Apply | Notes |
|--|--|-------|
| <p>If resident gives one of the 3 responses below, ask the detailed questions in the column to the right,</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Important, but can't do (5) <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) </div> <p>If resident gives one of the 3 responses below, skip asking detailed questions and go to the next preference question.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not important at all (4) <input type="checkbox"/> Non response (9) </div> | <p>15a. In what type of weather do you like to go outside? _____ <i>If answered, skip prompts</i></p> <p>In which type of weather do you like to go outside: <input type="checkbox"/> Sunny <input type="checkbox"/> Rainy <input type="checkbox"/> Cloudy/Overcast <input type="checkbox"/> Snowy <input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold <input type="checkbox"/> Other: _____</p> <p>15b. What do you like to do outside when the weather is good? _____ <i>If answered, skip prompts</i></p> <p>Which things do you like to do outside when the weather is good? <input type="checkbox"/> Sit <input type="checkbox"/> Work/Outdoor tasks <input type="checkbox"/> Tanning <input type="checkbox"/> Watch the birds/wildlife <input type="checkbox"/> Garden <input type="checkbox"/> Smoke <input type="checkbox"/> Nap <input type="checkbox"/> Talk/visit <input type="checkbox"/> Eat/drink <input type="checkbox"/> Walk <input type="checkbox"/> Play <input type="checkbox"/> Other: _____</p> <p>15c. How often do you like to go outside when the weather is good? _____ <i>If answered, skip prompts</i></p> <p>How many times do you like to go outside: <input type="checkbox"/> Daily <input type="checkbox"/> 2-3 times a week <input type="checkbox"/> 4-5 times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Other:</p> | |

Q16. How important is it to you to participate in religious services or practices? (MDS 3.0, Section F, F0500H)

| Importance | Check all that Apply | Notes |
|--|---|-------|
| <p>If resident gives one of the 3 responses below, ask the detailed questions in the column to the right,</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Important, but can't do (5) <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) </div> <p>If resident gives one of the 3 responses below, skip asking detailed questions and go to the next preference question.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not important at all (4) <input type="checkbox"/> Non response (9) </div> | <p>16a. What is your religious background? _____</p> <p>16b. Do you belong to a religious organization <input type="checkbox"/> YES <input type="checkbox"/> NO If yes: which organization do you belong to? <input type="checkbox"/> Synagogue <input type="checkbox"/> Mosque <input type="checkbox"/> Church <input type="checkbox"/> Other: _____ If so, what is the name? _____</p> <p>16c. What religious services or practices do you like? _____ <i>If answered, skip prompts</i></p> <p>Which religious services or practices do you like: <input type="checkbox"/> Attend religious services <input type="checkbox"/> Watch service on TV <input type="checkbox"/> Pray/meditate <input type="checkbox"/> Listen to services on tape or radio <input type="checkbox"/> Read/study the Torah/ Koran/Bible/other <input type="checkbox"/> Visits from clergy, pastor, priest, rabbi <input type="checkbox"/> Observe dietary requirements <input type="checkbox"/> Kosher foods <input type="checkbox"/> No meat on Fridays <input type="checkbox"/> Other: _____ <input type="checkbox"/> Observe holy days Which ones? _____ <input type="checkbox"/> (if Christian) receive sacraments Which ones? _____ <input type="checkbox"/> Other:</p> | |

Very Important

Somewhat Important

Not Very Important

Not Important at All

Important, but can't do