

Person Centered Care Interview: Satisfaction with MDS Section F Interview for Daily and Activity Preferences

*****To be completed by Staff Supervisor*****

Resident Name: _____ Identifier: _____ Resident's Household, Neighborhood, or Group: _____ Date of Interview: _____

Type of Stay (circle one): Short Long

Primary Respondent

Enter code

Indicate person interviewed

1. Resident
2. Family or significant other (close friend or other representative)

F0400. Interview for Daily Preferences

Satisfaction with Preferences

Show resident the response options and say: "*While you are living here...*"

Show resident the response options and say: "*How well do you feel this preference has been satisfied in the past 1 week...*"

- Coding:**
1. Very important
 2. Somewhat Important
 3. Not very important
 4. Not important at all
 5. Important, but can't do or no choice
 9. No response or non-responsive

↓ Enter Codes in Boxes

- | | |
|--------------------------|---------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | A. how important is it to you to choose what clothes to wear? |
| <input type="checkbox"/> | B. how important is it to you to take care of your personal belongings or things? |
| <input type="checkbox"/> | C. how important is it to you to choose between a tub bath, shower, bed bath, or sponge bath? |
| <input type="checkbox"/> | D. how important is it to you to have snacks available between meals? |
| <input type="checkbox"/> | E. how important is it to you to choose your own bedtime? |
| <input type="checkbox"/> | F. how important is it to you to have your family or a close friend involved in discussions about your care? |
| <input type="checkbox"/> | G. how important is it to you to be able to use the phone in private? |
| <input type="checkbox"/> | H. how important is it to you to have a place to lock your things to keep them safe? |

↓ Enter Codes in Boxes

- | | | |
|--------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | AS. | <p>Coding:</p> <ol style="list-style-type: none"> 1. Mostly or completely satisfied 2. A little or somewhat satisfied 3. Not satisfied at all 9. No response, don't know, not applicable |
| <input type="checkbox"/> | BS. | |
| <input type="checkbox"/> | CS. | |
| <input type="checkbox"/> | DS. | |
| <input type="checkbox"/> | ES. | |
| <input type="checkbox"/> | FS. | |
| <input type="checkbox"/> | GS. | |
| <input type="checkbox"/> | HS. | |

F0500. Interview for Activity Preferences

Satisfaction with Preferences

Show resident the response options and say: "*While you are living here...*"

Show resident the response options and say: "*How well do you feel this preference has been satisfied in the past 1 week...*"

- Coding:**
1. Very important
 2. Somewhat Important
 3. Not very important
 4. Not important at all
 5. Important, but can't do or no choice
 9. No response or non-responsive

↓ Enter Codes in Boxes

- | | |
|--------------------------|-----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | A. how important is it to you to have books, newspapers, and magazines to read? |
| <input type="checkbox"/> | B. how important is it to you to listen to music you like? |
| <input type="checkbox"/> | C. how important is it to you to be around animals such as pets? |
| <input type="checkbox"/> | D. how important is it to you to keep up with the news? |
| <input type="checkbox"/> | E. how important is it to you to do things with groups of people? |
| <input type="checkbox"/> | F. how important is it to you to do your favorite activities? |
| <input type="checkbox"/> | G. how important is it to you to go outside to get fresh air when the weather is good? |
| <input type="checkbox"/> | H. how important is it to you to participate in religious services or practices? |

↓ Enter Codes in Boxes

- | | | |
|--------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | AS. | <p>Coding:</p> <ol style="list-style-type: none"> 1. Mostly or completely satisfied 2. A little or somewhat satisfied 3. Not satisfied at all 9. No response, don't know. |
| <input type="checkbox"/> | BS. | |
| <input type="checkbox"/> | CS. | |
| <input type="checkbox"/> | DS. | |
| <input type="checkbox"/> | ES. | |
| <input type="checkbox"/> | FS. | |
| <input type="checkbox"/> | GS. | |
| <input type="checkbox"/> | HS. | |

Very important

Somewhat important

Not very important

Not important at all

Important, but can't do or no choice

Mostly or completely satisfied

A little or somewhat satisfied

Not satisfied at all
