

# Advancing Excellence: Person-Centered Care Quality Indicator Implementation Toolkit for Preference Congruence Measure

Congratulations on your decision to take your person-centered care processes in your facility to the next level! This implementation toolkit will provide information to help prepare your staff to conduct the Preference Congruence interviews and make maximum use of the information in order to enhance preference based care in your facility.

**Steps you should follow PRIOR to using this implementation guide:**

## Step 1: Download the PCC Excel Tool



AE\_PCCTrackingTool  
\_v1.10FINAL.xlsm

## Step 2: Read the AE Person Centered Care Instructions on how to use the Excel tool.



AE\_PersonCentered  
CareINSTRUCTIONS.

## Step 3: Download Preference Congruence Interview Forms and Instruction Aid for Interviewers



AE\_PCC Interview  
Form\_v1.10.pdf



AE\_PCC Interview  
Instruction Aid\_v1.10

## Step 4: Now you are ready to read this implementation guide!

**This guide will give you tips on how to:**

### 1) Understanding more about Preference Congruence and its measurement

What is Preference Congruence?

How is the Preference Congruence Quality Indicator measure constructed?

The Preference Congruence Interview Form looks similar to Section F in the MDS 3.0 – are they the same?

### 2) Rolling out the Person Centered Care goal

Who shall I invite to be on my Person Centered Care Team?

Why is a “Staged Implementation” encouraged, and how can this be done at my nursing home?

Which residents are included in the indicator?

### 3) Engaging staff and residents in the interview process

When should we interview a resident about their Preferences (MDS Section F) and their Preference Satisfaction?

Which staff member does the Section F Preference Interview with residents?

Who does the Preference Satisfaction Interview with residents?

How can I reassure resident’s that we really want their honest opinion about their satisfaction with preference fulfillment?

How do I provide support for staff members doing Preference Congruence interviews?

**4) Using PCC tool information to improve care**

How do I use the Individual Preference Congruence information for individual resident care planning?

How do I tailor a resident's care to meet their preferences?

How can I include resident preferences in the written care plan?

How do I use community level Preference Congruence information to enhance quality?

What is a common strategy for deciding which items to identify for quality improvement purposes?

What does RED or YELLOW mean and why is it best to start with a focus on these items?

How would I know how well my facility is performing Overall?

How can I compare how my facility is doing with state and/or national benchmarks?

How soon would I expect to see my Preference Congruence Quality Measure improve?

## 1) Understanding more about Preference Congruence and its measurement

### What is Preference Congruence?

Preference Congruence (PC) looks at the degree to which a long term care facility is meeting the important preferences of the residents they serve from the perspective of the resident. Preferences represent an important avenue into how a person may get their needs for structure, autonomy, relatedness, and competence met on a daily basis. One way of asking about preference fulfillment is to ask the resident his or her satisfaction. Improving preference congruence is a central way to increasingly align care and services in a resident/patient centered direction.

### How is the Preference Congruence Quality Indicator measure constructed?

The Preference Congruence tool takes the essential preference information gathered in the MDS 3.0 Section F and adds a satisfaction interview component. The goal of this new indicator is to provide direct feedback to a facility in how well they are doing in fulfilling an individual's important preferences for everyday living. Preferences that a resident has indicated are "Very Important", "Somewhat Important" or "Important, but can't do" are included in this indicator. Preferences that a person has indicated are "Not very important" or "Not Important at All" are excluded from this indicator.

Level of fulfillment (congruence) is indicated by various colors. **Red** indicates that a person's important preference is not being fulfilled to their satisfaction. **Yellow** indicates that a person is somewhat satisfied with their preference fulfillment, but, from a quality perspective, it bears watching. **Green** indicates that the person is mostly or completely satisfied with the fulfillment of his/her important preferences.

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		
<input type="checkbox"/>	1. Resident		
<input type="checkbox"/>	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..."	
↓ Enter Codes in Boxes		↓ Enter Codes in Boxes	
<input type="checkbox"/>	A. how important is it to you to choose what clothes to wear?	<input type="checkbox"/>	AS
<input type="checkbox"/>	B. how important is it to you to take care of your personal belongings or things?	<input type="checkbox"/>	BS
<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"/>	CS
<input type="checkbox"/>	D. how important is it to you to have snacks available between meals?	<input type="checkbox"/>	DS
<input type="checkbox"/>	E. how important is it to you to choose your own bedtime?	<input type="checkbox"/>	ES
<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"/>	FS
<input type="checkbox"/>	G. how important is it to you to be able to use the phone in private?	<input type="checkbox"/>	GS
<input type="checkbox"/>	H. how important is it to you to have a place to lock your things to keep them safe?	<input type="checkbox"/>	HS
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		Coding: 1. Mostly or completely satisfied 2. A little or somewhat satisfied 3. Not satisfied at all 9. No response, don't know, not applicable	
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..."	
↓ Enter Codes in Boxes		↓ 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"/>	AS
<input type="checkbox"/>	B. how important is it to you to listen to music you like?	<input type="checkbox"/>	BS
<input type="checkbox"/>	C. how important is it to you to be around animals such as pets?	<input type="checkbox"/>	CS
<input type="checkbox"/>	D. how important is it to you to keep up with the news?	<input type="checkbox"/>	DS
<input type="checkbox"/>	E. how important is it to you to do things with groups of people?	<input type="checkbox"/>	ES
<input type="checkbox"/>	F. how important is it to you to do your favorite activities?	<input type="checkbox"/>	FS
<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"/>	GS
<input type="checkbox"/>	H. how important is it to you to participate in religious services or practices?	<input type="checkbox"/>	HS
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		Coding: 1. Mostly or completely satisfied 2. A little or somewhat satisfied 3. Not satisfied at all 9. No response, don't know.	

Preference Satisfaction Interview Form

### The Preference Congruence Interview Form looks similar to Section F in the MDS 3.0 – are they the same?

The Preference Congruence Interview form was designed to ADD a resident satisfaction assessment to complement the existing preference assessment for customary and routine activities in Section F. It maintains the Section F resident interview – but adds essential satisfaction elements.

## 2) Rolling out the Person Centered Care goal

### Who shall I invite to be on my Person Centered Care Team?

A recommendation of the Pilot nursing homes was to assemble a Team related to the Person Centered Care goal. Typical members included representation from social services, therapeutic recreation and nursing. Typically one member served as the “Champion” of the PCC goal – this person led the roll-out of the initiative within the nursing home. It was also highly recommended that the instruction materials be read by team members as it helps the team to work more efficiently by using best practices developed by pilot homes.

Why is a “Staged Implementation” encouraged, and how can this be done at my nursing home?

The Advancing Excellence Person Centered Work Group members recommended that the roll-out for the PCC Goal be “staged” over a period of time – piloting the process on one household to learn best adapt the program to the culture and work flow of the individual nursing home. Then fold in additional households to meet the goals you set for yourself as a community.

Which residents are included in the indicator?

Any resident who can be understood and who receives a “1” on MDS 3.0 Section F item F0300 is eligible to complete this extended interview. Per MDS instructions, if the resident is rarely/never understood, (or has difficulty answering the questions) staff members are to attempt to complete the interview with a family member or significant other. If no family member or significant other is present to do the interview, no further action is needed. *At this time, these individuals excluded from the PC indicator.*

### **3) Engaging staff and residents in the interview process**

When should we interview a resident about their Preferences (MDS Section F) and their Preference Satisfaction?

**Important Preferences MDS SECTION F:** The first component to determine preference congruence is to conduct the interview for MDS 3.0 Section F. For newly admitted residents, the interview about a resident’s preferences is optimally completed within **24 hours of admission**. Time is of the essence when a person is newly admitted to a facility, whether it is for short-term rehabilitation or a longer term stay. The research on the potential negative impact of transitions in care is clear. Transitions between care settings are extremely stressful for individuals experiencing them. New living arrangements and routines represent challenges to coping and have been demonstrated to relate to poorer physical and mental health outcomes, especially for those with cognitive challenges. Striving to get to know an individual’s preferences within the first 24 hours of admission provides staff members with vital information about how to begin structuring the care environment in more familiar ways from day 1.

For long-term stay residents, the preference satisfaction interview should be completed in close proximity to the completion of Section F to allow for integration of a resident’s most important preferences into care planning.

**Preference Satisfaction:** The second component to determine preference congruence is an interview of the resident regarding satisfaction with their preferences. For persons newly admitted to the facility, the Preference Satisfaction Interview is completed within one week of admission. Waiting about a week to interview persons new to the facility provides time for residents and staff to get to

know each other, but not so long that incongruent care has a chance to become normative for that individual.

For long stay residents, the Preference Satisfaction Interview is completed **QUARTERLY** and in alignment with the resident's ARD schedule with enough time to ensure the information is available to be discussed during the resident's care planning session.

*Which staff member does the Section F Preference Interview with residents?*

It is preferable that the direct care provider who actually delivers the care be the staff member who interviews the resident and/or family member since face to face contact between elder and direct caregiver enhances their relationship. Having a conversation about what is important to his or her preferences for everyday living is an excellent way for a staff member to get to know the elder for whom they will care.

Section F consists of two distinct areas of preference: those related to **Daily Personal Care** preferences (FO400) and those related to **Recreational Activities** (FO500).

- The 8 items that make up the Daily Personal Care preferences (FO400) interview is optimally conducted by the Certified Nursing Assistant (CNA) assigned to care for the elder.
- The 8 items that make up the Recreational Activities preferences (FO500) interview is optimally conducted by the Activity Professional (AP) assigned to care for the elder.

*Who does the Preference Satisfaction Interview with residents?*

There is no hard and fast rule as to what works best. Below we list several options that your community may want to consider in regard to who conducts the interview with the resident regarding their preference fulfillment. Examine the choices below and select the option that best fits your community's needs and resources.

**Option #1: Interview conducted by NON nursing or activity personnel (volunteers or other staff)**

- An advantage of this option is that it likely provides the most forthright answers from the person being interviewed. Direct care provision is an intimate act that can place the caregiver in a vulnerable position. Residents may be reluctant to tell the person caring for them that s/he is not doing an optimal job in addressing his or her preferences. Reasons for this reluctance can vary from not wanting to hurt the caregiver's feelings to being afraid of reprisal.
- A disadvantage of this option is that it can be very challenging to coordinate. Identifying, scheduling and organizing these individuals can be difficult.

**Option #2: Interview conducted by the same staff person who conducted the preference interview**

- An advantage of this option is likely the most efficient from a staff time perspective. The same CNA or Activity Professional who conducted the preference interview also is responsible for asking the preference satisfaction questions.
- A disadvantage of this option is that the resident may provide less forthright responses for the reasons listed in Option #1 above.

**Option #3: CNA and AP staff members swap interview categories**

In this option, the CNA would interview residents about their satisfaction with activity preference fulfillment and the AP would interview residents about their satisfaction with personal care preference fulfillment.

- An advantage to this option is that it creates the opportunity for residents to be more forthright about their opinions. The interdisciplinary nature of this option also creates the opportunity for team development as disciplines share information with each other.
- A disadvantage to this option is that while it increases the likelihood of obtaining more forthright information, it is not as likely to be as forthright as a non-employee.

#### **Option #4: CNAs and APs from other shifts or units conduct the interview**

In this option, facilities have many different configurations to choose from: for example, a CNA from 7-3 shift may conduct the preference interview with a resident while a CNA from 3-11 shift conducts satisfaction interview (or vice versa). Alternatively, a CNA or AP from another unit may interview residents about their satisfaction with preference fulfillment.

- An advantage to this option is that it creates an opportunity to be forthright in their responses.
- A disadvantage to this option is that it may be challenging to organize.

#### *How can I reassure resident's that we really want their honest opinion about their satisfaction with preference fulfillment?*

When asking resident's about their satisfaction it is important to emphasize "there are no wrong answers". The purpose of the interview is to improve care delivery, which can only be done with honest feedback. If we don't know that you are unsatisfied, we can't fix it.

#### *How do I provide support for staff members doing Preference Congruence interviews?*

Asking a staff member to inquire about a resident's satisfaction with preference fulfillment requires an act of courage on their part. Ideally, staff would ask the questions in a non-defensive and open manner that allows residents to express their true opinion.

Ideally a supervisor will serve as "coach" to line level staff to model appropriate interview technique. In training a staff member, a supervisor would conduct the interview with a resident while the staff member observes. The staff member would conduct the next resident interview while the supervisor observes and provides constructive feedback. The supervisor observation and feedback would continue until s/he feels confident that the staff member can do the interview independently. The supervisor is to observe the staff member while doing a resident interview every 6 months to ensure the staff member continues to get the feedback they need.

Note: High performing organizations that strive maintain high levels of quality care and services model a "blame free" or "fair" environment. These environments recognize that problems and quality issues are opportunities to make system improvements. Most problems result from systems that are not set up to provide the best outcomes and/or results. Problems are welcomed and embraced as chances to make the system better.

#### **4) Using PCC tool information to improve care**

In our initial pilot efforts with 12 communities, provider's comments about how they intended to use the information gained by the PCC tool fell into four general arenas.

**First**, the information would be used as a general training tool to help concretize person centered care. Person Centered Care can be a challengingly abstract concept to convey to staff. Providers saw value in using the tool as an example of what person centered care looked like "in action".

**Second**, the information would be useful to enhance care planning. Providers loved the colors and graphics, citing that it made it easy to see what needed to be done for an individual resident. In addition, the care planning enhancement and optimization section of the tool was highly praised as providing great direction for teams seeking to go beyond content and focus on optimizing team processes.

**Third**, the information would be useful for budgeting and programming improvements that would enhance quality and satisfaction with care. Providers gave many examples of the ways in which the information gained from the tool served to change how they provided care to a household or for the facility as a whole.

**Fourth**, the information would be useful as a Performance Improvement Program within QAPI. Providers expressed the intention of using the PCC tool to track and provide feedback to staff on an ongoing basis.

*How do I use the Individual Preference Congruence information for individual resident care planning?*

Now that you have collected and entered information for each resident a congruence report is created in the tab **RESIDENT CHART BY HOUSEHOLD**. This report provides you with a picture of the quality of your current service delivery FOR EACH RESIDENT GROUPED BY HOUSEHOLD

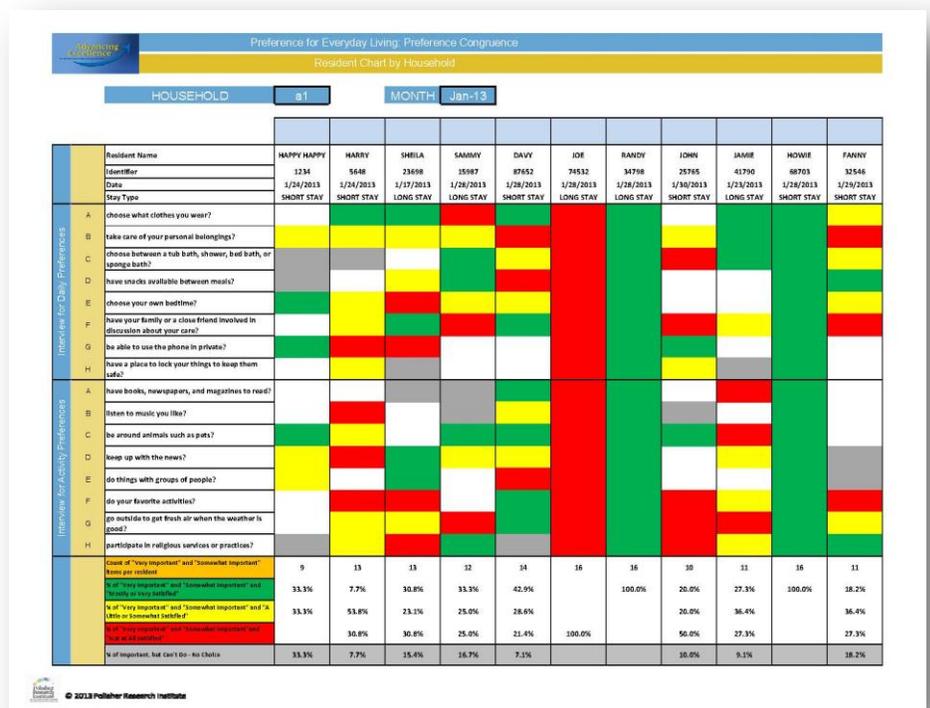
Simply select the household you wish to view from the drop down box. The worksheet will automatically calculate the preference congruence reports for each of the residents' living in that household.

To view another household, simply select another household from the drop down menu and click the UPDATE REPORT button.

If you want to see ALL residents who have been entered into the database, simply select “-” from the drop down menu, click UPDATE REPORT.

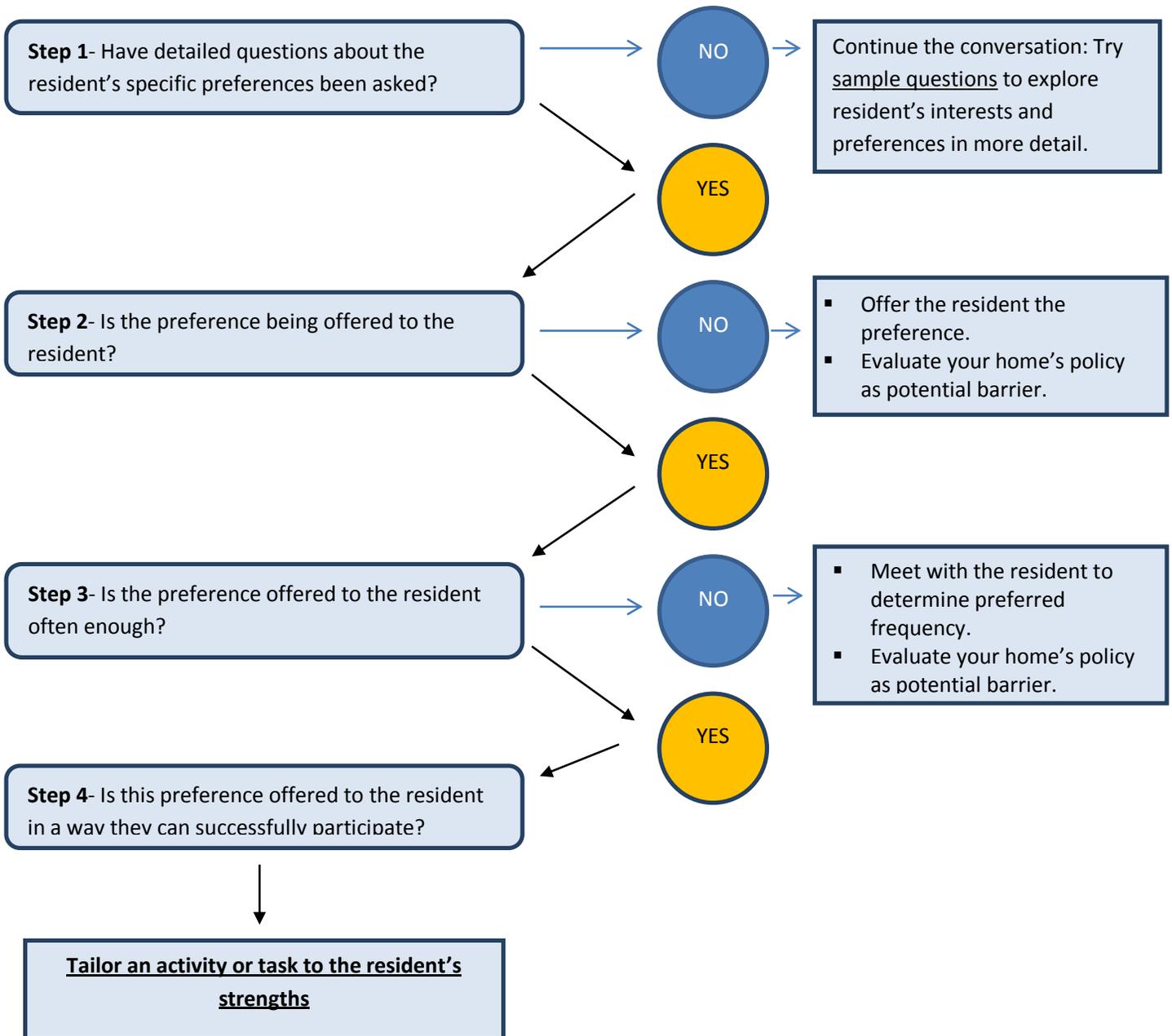
At a glance, you will see the preference congruence information for all the residents on that household. The areas that produce a **RED** outcome are your highest priority and require action. **YELLOW** areas should also be reviewed to assess if action is necessary. **GREEN** areas show positive congruence with preference based care and indicate that no further action is needed. .

In order to utilize this information to improve resident care, it should be an integral part of the care planning process. To begin integrating preference we must first determine the “reasons



for red or yellow” or *why the resident may be unsatisfied with the way his or her preferences are being met.*

### A step-by-step approach to exploring gaps in preference congruence



How do I tailor a resident's care to meet their preferences?

**Adapting Preferred Activities to Accommodate Resident's Changing Abilities**

**Strive for Success!** Ensure success with cognitive, physical, social-emotional and environmental tailoring to create the opportunity for residents to enjoy their preferred activities.

Using probing questions (i.e., root-cause analysis) to explore barriers and then apply a tailored strength-based approaches to address the barrier. As you move to care plan focus on the details of the preference (See [Appendix A](#) for a list of suggested detailed preference questions).

**Potential Barriers to Preference Fulfillment**



<b>Barrier</b>	<b>Strength Based Approach</b>	<b>Example</b>
Physical Challenges: Ability to complete task with previous skills has changed.	Use adaptive equipment or approaches	<ul style="list-style-type: none"> <li>▪ Large print books or audio books</li> <li>▪ Raised planters for gardening</li> </ul>
Cognitive Challenges: Frustration over the complexity of task due to decreased comprehension or problem solving.	Simplify task and increase resident's confidence through encouragement and small success	<ul style="list-style-type: none"> <li>▪ Instead of offering 3 outfits to choose from, offer 2 and give more time for the resident to respond.</li> <li>▪ Mrs. Smith wants to knit but is overwhelmed. First have her choose the color of yarn.</li> </ul>
Social/Environmental Challenges: Self-consciousness or desire for privacy	Perform tasks one-on-one or in a small group	<ul style="list-style-type: none"> <li>▪ If in small group ensure skill set of group is similar</li> </ul>
Social Challenges: difficulty adjusting to new environment because previous social supports are not as accessible.	Support adjustment and facilitate social interactions	<ul style="list-style-type: none"> <li>▪ Incorporate personal items into the resident's day (family pictures in the room)</li> <li>▪ Introduce resident to like peers</li> <li>▪ Encourage control over simple decisions (type of juice)</li> </ul>

## Adapting Preferred Activities to Accommodate Resident's Changing Abilities

### BY PREFERENCE ITEM

Cognitive

Physical

Social-Emotional

Environmental

Preference Item	Barrier	Residents stated barrier	Example
Choosing Clothes to Wear	Cognitive	"It's too hard to choose"	<ul style="list-style-type: none"> <li>▪ Give only 2 items to choose from</li> </ul>
	Physical	"I can't pick, my shoulder hurts too much when I get dressed"	<ul style="list-style-type: none"> <li>▪ Allow extra time to get dressed</li> </ul>
	Social-Emotional	"Her clothes are nicer than mine"	<ul style="list-style-type: none"> <li>▪ Provide positive praise "you look so nice today"</li> </ul>
	Environmental	"How do I know what to pick?"	<ul style="list-style-type: none"> <li>▪ Provide with information about the weather</li> <li>▪ Provide adaptations like a sweater "just in case"</li> </ul>
Care for Personal Belongings	Cognitive	"I don't remember how"	<ul style="list-style-type: none"> <li>▪ Provide simple instruction for care of 1-2 specific items</li> </ul>
	Physical	"My fingers don't work"	<ul style="list-style-type: none"> <li>▪ Assistive devices: grabbers, special bags</li> </ul>
	Social-Emotional	"This isn't my home"	<ul style="list-style-type: none"> <li>▪ Encourage involvement in creating home like environment</li> </ul>
	Environmental	"My room is too small"	<ul style="list-style-type: none"> <li>▪ Maintain items within safe reach</li> </ul>
Choose type of bathing	Cognitive	"What do you mean type?"	<ul style="list-style-type: none"> <li>▪ Demonstrate options to resident</li> </ul>
	Physical	"I can't get in the tub"	<ul style="list-style-type: none"> <li>▪ Make alternative options more desirable</li> </ul>
	Social-Emotional	"Why can't I have what she has" "I'm self-conscious in front of others"	<ul style="list-style-type: none"> <li>▪ Make alternative options more desirable</li> <li>▪ Establish positive staff relationship</li> </ul>
	Environmental	"It's too cold in there"	<ul style="list-style-type: none"> <li>▪ Offer bath at afternoon time</li> </ul>
Snacks between meals	Cognitive	"no one gives me snacks ever"	<ul style="list-style-type: none"> <li>▪ Make sure healthy options are available so snacks can be offered multiple times</li> </ul>
	Physical	"I can't feed myself"	<ul style="list-style-type: none"> <li>▪ Provide assistance and adaptive devices</li> </ul>
	Environmental	"I can't get to them"	<ul style="list-style-type: none"> <li>▪ Loosen policy so staff can provide assistance and access to snacks more readily</li> </ul>
04/29/2013			

Preference Item	Barrier	Residents stated barrier	Example
Choose bedtime	Cognitive	Resident is impulsive, forgetting need for help	<ul style="list-style-type: none"> <li>Ask about readiness for bed regularly</li> </ul>
	Physical	"I can't get in bed myself"	<ul style="list-style-type: none"> <li>Work with resident so they are part of their decided bed time</li> </ul>
	Social-Emotional	Resident has fluctuating mood wanting increased or decreased sleep time	<ul style="list-style-type: none"> <li>Ask about readiness for bed regularly</li> </ul>
	Environmental	"Other people want to go to bed at 10:00 too"	<ul style="list-style-type: none"> <li>Work with resident so they are part of their decided bed time</li> </ul>
Family/Friend involved in Care decisions	Cognitive	Family/Friend does not desire to be involved- resident wants involvement	<ul style="list-style-type: none"> <li>Establish a positive relationship with a staff member to enhance social support system</li> </ul>
	Social-Emotional		
	Environmental		
Use of Phone in Private	Cognitive	Resident repeatedly calls family	<ul style="list-style-type: none"> <li>Work with resident to develop a mutual agreement of call times</li> </ul>
	Physical	"I can't hold the phone"	<ul style="list-style-type: none"> <li>Offer speaker phone/skype in private space</li> </ul>
	Environmental	"My roommate is always here"	<ul style="list-style-type: none"> <li>Work with resident to develop a mutual agreement of call times</li> </ul>
Lock items to keep safe	Cognitive	"I lose my key"	<ul style="list-style-type: none"> <li>Have resident bead/crochet their own key holder as a necklace</li> </ul>
	Physical	"I can't turn the key to lock my items"	<ul style="list-style-type: none"> <li>Provided an adapted key (weighted or built-up handle)</li> </ul>
	Social-Emotional	"I still think someone will steal my items"	<ul style="list-style-type: none"> <li>Reassure resident their items are in fact safe</li> </ul>
	Environmental	"I don't know how to get a key"	<ul style="list-style-type: none"> <li>Make sure keys are readily available.</li> </ul>
Reading Materials Available	Cognitive	"I can't remember the story line"	<ul style="list-style-type: none"> <li>Provide short stories or poems</li> </ul>
	Physical	"I can't see to read"	<ul style="list-style-type: none"> <li>Large print books or audio books</li> </ul>
	Environmental	"It's too noisy here"	<ul style="list-style-type: none"> <li>Provide quiet space for reading, or head phones for audio books</li> </ul>
Listen to preferred Music	Cognitive	"It's too hard to pick the style"	<ul style="list-style-type: none"> <li>Offer 2-3 choices</li> </ul>
	Physical	"I can't hear it"	<ul style="list-style-type: none"> <li>Offer head phones</li> </ul>
	Social-Emotional	"It makes me sad"	<ul style="list-style-type: none"> <li>Reassure that it's okay to reminisce using music and focus on positive memories.</li> </ul>

	Environmental	"It's too noisy here"	<ul style="list-style-type: none"> <li>Provide quite space for reading, or head phones for music</li> </ul>
Be around animals	Physical	"I can't reach the dog"	<ul style="list-style-type: none"> <li>Provide lap dogs/cats/rabbits, etc.</li> </ul>
	Social-Emotional	"I only like my pet"	<ul style="list-style-type: none"> <li>Reminisce using pictures and stories about personal pet or videos</li> </ul>
	Environmental	"I'm allergic"	<ul style="list-style-type: none"> <li>Reminisce using pictures and stories about personal pet or videos</li> </ul>
Keep up with News	Cognitive	"I can't remember what happened"	<ul style="list-style-type: none"> <li>Provide short simple time lines, review regularly</li> </ul>
	Physical	"I can't turn on the TV"	<ul style="list-style-type: none"> <li>Provide adaptive remote control</li> </ul>
	Social-Emotional	"No one here likes the news"	<ul style="list-style-type: none"> <li>Introduce to like peers</li> </ul>
Do Favorite Activity	Cognitive	"I don't remember the rules to the game anymore"	<ul style="list-style-type: none"> <li>Provide cues throughout the game and praise efforts</li> </ul>
	Physical	"I can't kneel down to garden"	<ul style="list-style-type: none"> <li>Raised planters for gardening</li> </ul>
	Social-Emotional	"No one here would do that with me"	<ul style="list-style-type: none"> <li>Introduce to like peers</li> </ul>
	Environmental	"I can't get there on my own"	<ul style="list-style-type: none"> <li>Provide transportation assistance</li> </ul>
Go Outside during nice weather	Cognitive	"I'm not allowed outside by myself"	<ul style="list-style-type: none"> <li>Involve volunteers to help take outside</li> </ul>
	Physical	"I can't get outside on my own"	<ul style="list-style-type: none"> <li>Involve volunteers to help take outside</li> </ul>
	Social-Emotional	"I want to be out there with someone"	<ul style="list-style-type: none"> <li>Introduce to like peers</li> </ul>
	Environmental	"We don't have a safe space to be outside"	<ul style="list-style-type: none"> <li>Increase opportunities for trips/outings</li> </ul>
Participate in Religious Services/ Practices	Cognitive	"I can't remember the songs/hymns/chants, etc."	<ul style="list-style-type: none"> <li>Provide large print sheets of songs, etc.</li> </ul>
	Physical	"I can't get there on my own"	<ul style="list-style-type: none"> <li>Provide transportation assistance</li> </ul>
	Social-Emotional	"I want to be out there with someone"	<ul style="list-style-type: none"> <li>Introduce to like peers</li> </ul>
	Environmental	"I don't have a space to practice"	<ul style="list-style-type: none"> <li>Work with resident to identify what would make their space appropriate</li> </ul>

How can I include resident preferences in the written care plan?

**Suggested statements:**

Personal Care Preferences: Utilize resident's most important preferences, i.e.,: \_\_\_\_\_, in order to positively engage in self-care.

Recreation Preferences: Utilize resident's most important preferences, i.e.,: \_\_\_\_\_, in order to positively engage in leisure.

**Case Study:** Mrs. Smith has some mild cognitive deficits, and arthritis causing physical delay. She stated that she was not satisfied with her favorite activity which she has identified as Knitting. Upon further questioning she would like to pursue her knitting with a small group of peers and she would like to do this several times per week.

Resident Area of Strength	Goal	Approach
Mrs. Smith responds best when in a cognitively and physically supportive recreation environment.	Mrs. Smith will maintain leisure satisfaction evidenced by, participation in small recreation programs of preference 3-4 times per week.	Utilize resident's most important preference of knitting to positively engage in leisure pursuits.

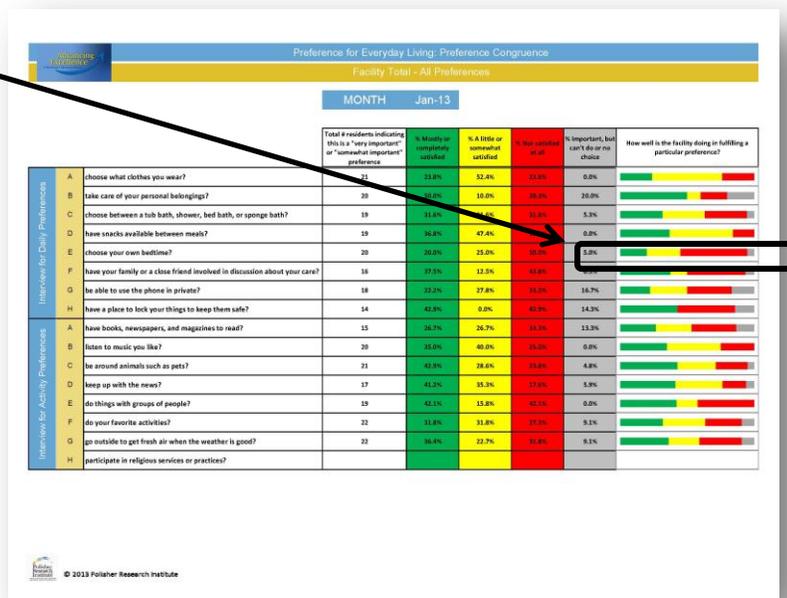
How do I use community level Preference Congruence information to enhance quality?

There are two major ways to improve a community's Preference Congruence Quality Indicator – improving individual resident level preference congruence and improving item level congruence at the facility level. Each method addresses and removes either resident and/or facility barriers respectively.

*Why is using both methods simultaneously the most efficient route to achieve facility level improvements in preference congruence?*

A focus on only individual resident level improvements can be inefficient if there are systemic issues impacting individual items. For example: Let's say that there is an organizational policy about not allowing pets in the facility. We would then expect that there would be wide-spread low levels preference congruence or **RED** among residents who rate being around pets important or very important. It may therefore be more effective to address this issue at the organizational level.

In another example, if the facility receives low preference congruence on the item of snacks between meals; there may be improvements to the snack delivery service program that could lift the satisfaction and congruence for the facility in this area.



What is a common strategy for deciding which items to identify for quality improvement purposes?

Start with "Low-hanging fruit first." Identifying an item domain in which an easy system or policy change could have an impact is often a useful way to demonstrate early success which can have a positive effect on staff morale. A rapid and successful Plan, Do, Check/Study, Act cycle with morale boost often helps to generate momentum to address the more challenging items.

What does RED or YELLOW mean and why is it best to start with a focus on these items?

The items in Red and Yellow are those items with the poorest preference congruence in your community. These items represent resident preferences that are important or very important; in which the majority of the residents/patients are not satisfied with the delivery and fulfillment of them. The items with a greater amount of **RED** (see arrow above) point to an ideal place to consider making systems level changes. For example, if there is poor preference congruence with reading books and magazines, be sure to make sure that they are readily available. If they are available, it could be that a high percentage of those residents are experience a similar barrier – for example, no access to large font reading materials. In this case, the organization may be able to acquire such items and make them available to the patients/residents who enjoy them.

How would I know how well my facility is performing Overall?

The Data for Website Entry Tab provides two measures of Overall Preference Congruence for your facility – these represent performance with the Short-stay and Long-stay populations.

The pie charts provide the estimation of your facilities preference congruence, the goal is to increase the overall amount of **GREEN**, while simultaneously reducing the amount of **YELLOW** and **RED**.

Those facilities with greater proportions of **GREEN** represent high level of PREFERENCE FULLFILMENT through a facility successfully aligning their delivery of care and services around the preferences of their residents.

Conversely, facilities with greater proportion of **RED** represent low levels of PREFERENCE FULLFILMENT and indicates that there that this targeted area a wonderful opportunity for improvement.



Data for Website Entry

How can I compare how my facility is doing with state and/or national benchmarks?

By entering the 10 elements of data (5 short-term, 5 long-term) into the Advancing Excellence website, in real time (as comparative data becomes available) you will be able to see how your organization compares with other facilities across your state and the nation.

How soon would I expect to see my Preference Congruence Quality Measure improve?

As residents become comfortable with the process of being asked their satisfaction with preference fulfillment, they may reverse previous positive remarks and give more “honest” opinions when asked about their preference fulfillment. You can expect that this will result in a temporary lowering of your preference congruence scores. Stay the course! If you maintain your commitment to the person centered care process, the indicator will rebound and continue to improve over time.

Your dedication to Preference Fulfillment highlights your organizations commitment to Resident-Centered Care as well as to Culture Change. Congratulations and Keep up the Great work!

## 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: _____
<b>Q01 How important is it to you to choose what clothes to wear? (MDS 3.0, Section F, F0400A)</b>		
<p style="text-align: center;"><b>Importance</b></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 style="text-align: center; font-size: 2em;">➔</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; font-size: 2em;">⬇</p>	<p style="text-align: center;"><b>Check all that Apply</b></p> <p><b>1a. What do you usually like to wear for the day?</b> _____</p> <p><b>2b. What do you like to wear to sleep?</b> _____</p> <p><b>3c. What jewelry do you like to wear?</b> _____</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><b>4d. Do you like to carry a:</b>  <input type="checkbox"/> Bag <input type="checkbox"/> Wallet <input type="checkbox"/> Other: _____?</p> <p><b>5e. Would you like your clothes arranged in a certain way?</b>  <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;"><b>Notes</b></p>
<b>Q02. How important is it to you to take care of your personal belongings or things? (MDS 3.0, Section F, F0400B)</b>		

### 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>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><b>1a. What do you usually like to wear for the day?</b> _____</p> <p><b>2b. What do you like to wear to sleep?</b> _____</p> <p><b>3c. What jewelry do you like to wear?</b> _____</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><b>4d. Do you like to carry a:</b>  <input type="checkbox"/> Bag <input type="checkbox"/> Wallet <input type="checkbox"/> Other: _____?</p> <p><b>5e. Would you like your clothes arranged in a certain way?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes: how do you like to have your cloths arranged? _____</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>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><b>2a. What personal belongings do you prefer to take care of yourself?</b>                      _____                      _____                      _____</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"/> <b>Important, but can't do (5)</b>  <input type="checkbox"/> <b>Very important (1)</b>  <input type="checkbox"/> <b>Somewhat important (2)</b> </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"/> <b>Not very important (3)</b>  <input type="checkbox"/> <b>Not important at all (4)</b>  <input type="checkbox"/> <b>Non response (9)</b> </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"/> &lt;10 minutes   <input type="checkbox"/> 10-15 minutes  <input type="checkbox"/> 16-20 minutes   <input type="checkbox"/> 21-30 minutes  <input type="checkbox"/> &gt;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 (≥75 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"/> <b>Important, but can't do (5)</b>  <input type="checkbox"/> <b>Very important (1)</b>  <input type="checkbox"/> <b>Somewhat important (2)</b> </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"/> <b>Not very important (3)</b>  <input type="checkbox"/> <b>Not important at all (4)</b>  <input type="checkbox"/> <b>Non response (9)</b> </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"/> <b>Important, but can't do (5)</b>  <input type="checkbox"/> <b>Very important (1)</b>  <input type="checkbox"/> <b>Somewhat important (2)</b> </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"/> <b>Not very important (3)</b>  <input type="checkbox"/> <b>Not important at all (4)</b>  <input type="checkbox"/> <b>Non response (9)</b> </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>	

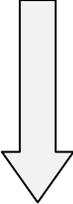
**Q08. How important is it to you to lock things up to keep them safe? (modified MDS 3.0, Section F, F0400H)**

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"/> <b>Important, but can't do (5)</b>  <input type="checkbox"/> <b>Very important (1)</b>  <input type="checkbox"/> <b>Somewhat important (2)</b> </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"/> <b>Not very important (3)</b>  <input type="checkbox"/> <b>Not important at all (4)</b>  <input type="checkbox"/> <b>Non response (9)</b> </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"/> <b>Important, but can't do (5)</b>  <input type="checkbox"/> <b>Very important (1)</b>  <input type="checkbox"/> <b>Somewhat important (2)</b> </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"/> <b>Not very important (3)</b>  <input type="checkbox"/> <b>Not important at all (4)</b>  <input type="checkbox"/> <b>Non response (9)</b> </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"/> <b>Important, but can't do (5)</b>  <input type="checkbox"/> <b>Very important (1)</b>  <input type="checkbox"/> <b>Somewhat important (2)</b> </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"/> <b>Not very important (3)</b>  <input type="checkbox"/> <b>Not important at all (4)</b>  <input type="checkbox"/> <b>Non response (9)</b> </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</p> <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>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"/> <b>Important, but can't do (5)</b>  <input type="checkbox"/> <b>Very important (1)</b>  <input type="checkbox"/> <b>Somewhat important (2)</b> </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"/> <b>Not very important (3)</b>  <input type="checkbox"/> <b>Not important at all (4)</b>  <input type="checkbox"/> <b>Non response (9)</b> </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"/> <b>Important, but can't do (5)</b>  <input type="checkbox"/> <b>Very important (1)</b>  <input type="checkbox"/> <b>Somewhat important (2)</b> </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"/> <b>Not very important (3)</b>  <input type="checkbox"/> <b>Not important at all (4)</b>  <input type="checkbox"/> <b>Non response (9)</b> </div>	<p>11a. What animals do you like to be around?            _____  <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?            _____  <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"/> <b>Important, but can't do (5)</b>  <input type="checkbox"/> <b>Very important (1)</b>  <input type="checkbox"/> <b>Somewhat important (2)</b> </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"/> <b>Not very important (3)</b>  <input type="checkbox"/> <b>Not important at all (4)</b>  <input type="checkbox"/> <b>Non response (9)</b> </div>	<p>12a. How do you like to keep up with the news?            _____  <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 data-bbox="99 415 570 541" style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <input type="checkbox"/> <b>Important, but can't do (5)</b>  <input type="checkbox"/> <b>Very important (1)</b>  <input type="checkbox"/> <b>Somewhat important (2)</b> </div> <p>If resident gives one of the 3 responses below, skip asking detailed questions and go to the next preference question.</p> <div data-bbox="99 680 570 793" style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> <b>Not very important (3)</b>  <input type="checkbox"/> <b>Not important at all (4)</b>  <input type="checkbox"/> <b>Non response (9)</b> </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 data-bbox="99 1182 570 1308" style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <input type="checkbox"/> <b>Important, but can't do (5)</b>  <input type="checkbox"/> <b>Very important (1)</b>  <input type="checkbox"/> <b>Somewhat important (2)</b> </div> <p>If resident gives one of the 3 responses below, skip asking detailed questions and go to the next preference question.</p> <div data-bbox="99 1449 570 1562" style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> <b>Not very important (3)</b>  <input type="checkbox"/> <b>Not important at all (4)</b>  <input type="checkbox"/> <b>Non response (9)</b> </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"/> <b>Important, but can't do (5)</b>  <input type="checkbox"/> <b>Very important (1)</b>  <input type="checkbox"/> <b>Somewhat important (2)</b> </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"/> <b>Not very important (3)</b>  <input type="checkbox"/> <b>Not important at all (4)</b>  <input type="checkbox"/> <b>Non response (9)</b> </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"/> <b>Important, but can't do (5)</b>  <input type="checkbox"/> <b>Very important (1)</b>  <input type="checkbox"/> <b>Somewhat important (2)</b> </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"/> <b>Not very important (3)</b>  <input type="checkbox"/> <b>Not important at all (4)</b>  <input type="checkbox"/> <b>Non response (9)</b> </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**

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**Somewhat Important**

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**Not Very Important**

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**Not Important at All**

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**Important, but can't do**