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Measurement of the Quality of Care  
in Long-Term Care Institutions  
in Israel: Instruments

Rachel Fleishman and Adrian Tomer  
with  
Miriam Bar-Giora, Samuel Wartski and Hemda Cohen  
Medical Advisor, Prof. Arnold Rosin

December 1985

Financed with the help of the National Insurance Institute, Jerusalem

JOINT (JDC) ISRAEL  
BROOKDALE INSTITUTE OF GERONTOLOGY  
AND ADULT HUMAN DEVELOPMENT

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Measurement of the quality of care in lo

Fleishman, Rachel



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QUESTIONNAIRE FOR

ELDERLY RESIDENT

(To be Conducted by interviewers)

1

Client's name \_\_\_\_\_

Name of institution \_\_\_\_\_

Name of ward \_\_\_\_\_

Case number \_\_\_\_\_

Name of interviewer \_\_\_\_\_

Date of interview \_\_\_\_\_



# I. QUESTIONNAIRE FOR ELDERLY RESIDENT

Personal Information. Data will be taken from the file or from the responsible nurse and/or the director. Questions marked with \* will be completed during the resident interview, if information was missing in file and was not received from director or nurse.

1. Card number

2. Type of questionnaire

3. Case number

4. Name of institution \_\_\_\_\_

5. Type of ward

1                      Independents

2                      Frail

3                      Nursing

4                      Mentally frail

5                      Mixed. Specify \_\_\_\_\_

6                      Other. Specify \_\_\_\_\_

(9)

6. Present functional status (according to  
institution's definition)

- 1 Independent
- 2 Frail
- 3 Nursing
- 4 Mentally frail
- 5 Other. Specify \_\_\_\_\_

(10)

7. Identity card number \_\_\_\_\_

8. Surname \_\_\_\_\_ First name \_\_\_\_\_

Father's name \_\_\_\_\_

9. Sex

- 1 Male
- 2 Female

(20)

Year Month Day

10. Date of birth \_\_\_\_\_

\*11. Country of origin

- 1 Asia
- 2 Africa
- 3 Europe, South Africa
- 4 America
- 5 Israel
- 9 Cannot be determined

(29)

\*12. Immigration year \_\_\_\_\_

\*13. Family status

- |   |          |
|---|----------|
| 1 | Single   |
| 2 | Married  |
| 3 | Widow/er |
| 4 | Divorced |
| 9 | Unknown  |

(34)

Year Month Day

\*14. Date of admittance to ward \_\_\_\_\_

Interviewer: If Hebrew date was given - record  
maximum details  
\_\_\_\_\_

Year Month Day

\*15. Date of admittance to institution \_\_\_\_\_

16. Name, address and telephone number of relative

- |   |                         |
|---|-------------------------|
| 1 | Provided. Specify _____ |
| 2 | Not provided _____      |



## II. DEMOGRAPHIC DATA AND COGNITIVE TEST A

If it is inconvenient to verify whether the client's answers are correct during the interview, record his answer on the appropriate line, and circle the correct category after the interview. In cases where an answer was not obtained, the interviewer should determine whether this means the resident does not know the answer, and circle no.2. If impossible to determine - circle no. 9.

---

17. What is your name? \_\_\_\_\_

- 1 . Correct
  - 2 Incorrect, doesn't know
  - 9 Cannot be determined
- (52)

18. How old are you? \_\_\_\_\_

- 1 Correct
  - 2 Incorrect, doesn't know
  - 9 Cannot be determined
- (53)

19. In what year were you born? \_\_\_\_\_

- 1 Correct
  - 2 Incorrect, doesn't know
  - 9 Cannot be determined
- (54)

20. On what month and day were you born?

- 
- 1 Correct  
2 Incorrect, doesn't know  
9 Cannot be determined  
(55)

21. Can you tell me what this place is? (school,  
nursing home)

- 
- 1 Correct  
2 Incorrect, doesn't know  
9 Cannot be determined  
(56)

22. What city is this place in? (Eilat, Tel Aviv,  
Haifa)

- 
- 1 Correct  
2 Incorrect, doesn't know  
9 Impossible to determine

---

Interviewer: Decision should be made whether to  
continue interview

---

23. Interviewer's decision whether to continue  
interview:

- 1 Possible to continue interview (skip to qu. 25)
- 2 Impossible to continue interview because of -  
-----
- 9 Not interviewed

23a. Reasons for interrupting interview:

- 1 Resident can't hear (deaf)
  - 2 Resident doesn't understand the questions  
(language problems).
  - 3 Resident doesn't answer or answers irrelevantly
  - 4 Resident refuses to continue interview
  - 5 Other. Specify -----
  - 8 Not relevant, possible to continue interview
  - 9 Not interviewed
- (59)(60)

-----  
If impossible to continue interview - skip to  
question 105. Indicate 9 in all questions up to  
105, except for question 61.  
-----

24. Would you describe yourself as:

- 1 Religious
  - 2 Traditional
  - 3 Secular (non religious)
  - 9 Doesn't answer
- (61)



25. How many years did you study in school (of any kind)? \_\_\_\_\_

00 - Did not study

99 - Unknown

III. SLEEPING PROBLEMS AND RESTLESSNESS

26. Have you had trouble falling asleep at night lately? Or have you woken up and were unable to go back to sleep?

1 Yes, every night/almost every night. For what reason? \_\_\_\_\_

2 Sometimes. For what reason? \_\_\_\_\_

3 No. Almost never

9 Unknown, doesn't answer

27. Are you often tense, restless, nervous during the day?

1 Yes, every day or almost every day. Why? \_\_\_\_\_

2 Sometimes. Why? \_\_\_\_\_

3 No, almost never

9 Unknown, doesn't answer

Interviewer: If no insomnia or restlessness problems - skip to question 30

28. Did you tell anyone on the staff about your  
insomnia and/or restlessness?

- 1 Yes
- 2 No
- 8 Not relevant, no insomnia or restlessness  
problems Skip to question 30
- 9 Unknown, doesn't answer

29. Who did you tell about these problems?

- 1 Doctor
- 2 Nurse, aid
- 3 Social worker
- 4 Other. Specify \_\_\_\_\_
- 8 Not relevant, no sleeping or restlessness  
problems
- 9 Unknown, doesn't answer

#### IV. Vision Problems

---

30. Interviewer: Is respondent blind in both eyes?

---

- |   |         |                     |
|---|---------|---------------------|
| 1 | Yes     | Skip to question 45 |
| 2 | No      |                     |
| 9 | Unknown |                     |

31. Do you wear glasses?

- |   |                         |                     |
|---|-------------------------|---------------------|
| 1 | Yes                     |                     |
| 2 | No                      | Skip to question 34 |
| 9 | Unknown, doesn't answer |                     |

32. How long have you been wearing glasses?

- |   |   |
|---|---|
| 1 | At least a year                           |
| 2 | One year to three years                   |
| 3 | More than three to five years             |
| 4 | More than five to ten years               |
| 5 | More than ten to fifteen years            |
| 6 | More than fifteen to twenty years         |
| 7 | More than twenty years                    |
| 8 | Not relevant, blind, doesn't wear glasses |
| 9 | Impossible to determine                   |

33. Are your glasses strong enough?

- |   |                                    |
|---|------------------------------------|
| 1 | Yes                                |
| 2 | No                                 |
| 8 | Not relevant, doesn't wear glasses |
| 9 | Impossible to determine            |



---

Interviewer: When interviewing a respondent who wears glasses, preface question 34 by the words: When you wear your glasses -

---

34. Do you have any difficulty seeing?

- |   |                         |   |
|---|-------------------------|---|
| 1 | Yes                     |   |
| 2 | No                      |   |
| 8 | Not relevant, blind     | ) |
| 9 | Unknown, doesn't answer | ) |
- Skip to question 39

Card number

Type of questionnaire and case number

35. What do you find difficult?

		Yes No		Not relevant blind	Unknown
(8)	Walking in the institution	1	2	8	9
(9)	Walking outside the institution	1	2	8	9
(10)	Reading	1	2	8	9
(11)	Watching television	1	2	8	9
(12)	Seeing to things that are far away	1	2	8	9
(13)	Handicrafts	1	2	8	9
(14)	Recognizing people	1	2	8	9
(15)	Other. Specify _____	1	2	8	9

36. Did you tell anyone on the staff about these difficulties?

- 1 Yes
- 2 No
- 8 Not relevant, no difficulty, blind)
- 9 Unknown, doesn't anser ) Skip to question 38

37. Who did you tell about your difficulty?

- 1 Institutional doctor )
- 2 Social worker )
- 3 Nurse, aid )
- 4 Institutional director ) Skip to question 39
- 5 Other. Specify )
- 8 Not relevant, no difficulty, blind, )
- 9 Unknown )

38. (If didn't tell anyone) Why didn't you tell?

-----  
-----  
-----

39. When did you last visit an eye doctor/optometrist?

----- ago

Interviewer: If respondent saw a doctor more than five years ago, or not at all, ask qu. 40.

-----

40. Why haven't you been to an eye doctor or  
optometrist (since then)?

---

41. Did the doctor recommend changing glasses or  
buying glasses?

1	Yes	
2	No	)
8	Not relevant, didn't see doctor, blind	) Skip to
9	Unkonwn	) question 44

42. Did you change/buy glasses?

1	Yes	skip to question 44
2	No	
8	Not relevant, didn't see doctor, blind	
9	Unknown	

43. Why not?

1	It's very expensive
2	I have difficulty walking, there's no one to take me there
3	I get along well without glasses
4	Other. Specify _____
8	Not relevant, didn't see doctor, blind, changed glasses
9	Unknown

Interviewer: Please read out categories

44. What has the institution done to help you with  
your vision problems?

	Yes No		Not relevant to no problems	Impossible to determine
Had an eye doctor come to the institution	1	2	8	9
Helped me get glasses	1	2	8	9
Arranged for appointment/ transportation to eye doctor	1	2	8	9
Institutional doctor sent me to eye doctor	1	2	8	9
Other. Specify _____	1	2	8	9



## Eye Examination

Begin examination with right eye. Examine each eye separately.

Right eye	Left eye	<u>Distance</u>
		From 2.5m. to 3m.
		Over 3m to 3.5m.
		Over 3.5m. to 4m.
		Over 4m. to 4.5m.
		Over 5m. to 5.5m.
		Over 5.5m. to 6m.
		Examination not performed, blind

### 1. Distance Test

Blind, sees almost nothing  
20/200  
20/100  
20/70  
20/50  
20/30  
20/20  
20/15  
20/10  
Examination not performed

Examination carried out :  
With glasses  
Without glasses  
Not performed

### 2. Close up Test

Distance of 36cm.  
Other. Specify \_\_\_\_\_  
Examination not performed, blind

Blind, or almost blind  
14/17.5 or 14/14  
14/24.5 or 14/21  
14/28  
14/35  
14/42  
14/56  
14/84  
14/112  
14/140  
14/168  
14/224  
Examination not performed

Examination carried out:  
With glasses  
Without glasses  
Examination not perfomed

V. HEARING PROBLEMS

45. Interviewer: Does respondent wear a hearing aid?

- 1 Yes  
2 No  
9 Unknown
- 

46. Do you have any difficulty hearing?

- 1 Yes. Specify \_\_\_\_\_  
2 No Skip to question 61  
9 Unknown

47. Do you have a hearing aid?

- 1 Yes )  
2 No )  
8 Not relevant, has no hearing difficulties ) skip to  
9 Unknown ) question 49

48. (If yes) Do you use it all the time?

- 1 Yes  
2 No. Why not? \_\_\_\_\_  
8 Not relevant, has no hearing difficulties, doesn't have hearing aid  
9 Unknown

49. How long have you been suffering from hearing difficulties?

- 1 A year or less
- 2 More than a year, less than five years
- 3 More than five years
- 8 Not relevant, has no hearing difficulties
- 9 Unknown

50. When did you last visit an ear doctor?

\_\_\_\_\_ ago Interviewer: note  
as accurately as  
possible  
\_\_\_\_\_

Interviewer: If, hasn't been to ear doctor at all,  
or if visited doctor more than five  
years ago - ask question 51

51. Why didn't you go?

1. I didn't have any problems End of hearing  
questions - skip  
to question 61

2. Because \_\_\_\_\_  
\_\_\_\_\_

52. Did the doctor recommend a hearing aid?

- 1 Yes
- 2 No )
- 8 Not relevant, no hearing difficulties, ) Skip to  
didn't see doctor ) question  
55
- 9 Unknown, doesn't answer )



53. Did you get a hearing aid?

1	Yes	<u>Skip to question 55</u>
2	No	_____
8	Not relevant	
9	Unknown	

54. Why didn't you get one?

1	It's expensive, costs a lot of money
2	I have difficulty walking. there is no one to go with me
3	I get along well without a hearing aid
4	Other. Specify _____
8	Didn't visit doctor, no problems, has hearing aid
9	

55. We would like to know to what extent does your hearing problem hinder you in performing the following activities:

	Hinders	Does not hinder	Not relevant no difficulty	Unkonwn
Communicating with other residents	1	2	8	9
Communicating with the staff	1	2	8	9
Listening to radio/television	1	2	8	9
Other. Specify				
_____	1	2	8	9

56. Have you told anyone on the staff about your  
hearing problems?

- 1 Yes  
2 No )  
8 Not relevant, no problems) Skip to question 58  
9 Unknown )

57. Who did you tell about these problems?

- 1 Institutional doctor  
2 Nurse, aid  
3 Institutional director  
4 Social worker  
5 Other. Specify \_\_\_\_\_  
8 Not relevant, no problems, didn't tell anyone  
9 Unknown

Skip to question 59

58. (If didn't tell anyone) Why didn't you tell?

-----  
----- Skip to question 61  
-----

59. (If he did tell someone) Was anything done to help  
you?

- 1 Yes  
2 No Skip to question 61  
8 Not relevant, no problems, didn't tell anyone  
9 Unknown

60. (If yes) What did they do to help you?

Interviewer: Please read out categories and circle correct category

	Not Yes No relevant		Impossible to determine
Had an ear doctor come to the institution	1	2	8 9
Helped me get a hearing aid	1	2	8 9
Arranged for an appointment/transportation to the ear doctor	1	2	8 9
Institutional doctor sent me to ear doctor	1	2	8 9
Other. Specify	1	2	8 9

61. Interviewer's assessment of client's hearing ability. (If resident wears hearing aid, assessment will refer to his hearing ability with hearing aid):

- 1 Hears well
- 2 Has some difficulty, sometimes question has to be repeated for him to understand
- 3 Hears with difficulty, only understands if voice is raised, questions have to be repeated often.
- 4 Resident is deaf
- 9 Unknown

Card number

Type of questionnaire, case number

VI. FALLS - QUESTIONS FOR ELDERLY CLIENT

62. Since you've been in the institution, have you had  
a serious fall?

- 1 Yes. When? \_\_\_\_\_
- 2 No Skip to question 73
- 9 Unknown

Interviewer: In the following questions, refer to  
the most serious fall in the past  
few years, or, if there hasn't been  
a serious fall, to the latest fall.

63. When did you last fall in the institution?

- 1 \_\_\_\_\_ ago
- 2 Never fell in the institution
- 9 Unknown

64. Where did you fall?

- 01 In my room in the institution
- 02 In the institution's toilet and/or bathroom
- 03 In the institution's hallway
- 04 In institution's dining room
- 05 On the stairs in the institution
- 06 In institution's yard
- 07 Outside the institution
- 08 Somewhere else
- 88 Not relevant, didn't fall
- 99 Unknown, doesn't answer



65. What were you doing before you fell, how did it happen?

- 1 I got out of bed and fell
- 2 I fell in the toilet and/or bathroom
- 3 I fell when I was walking around the building (in the yard, on the stairs)
- 4 I was getting out of a chair and fell
- 5 I fell as I was getting in/out of a wheel chair
- 6 Other. Specify \_\_\_\_\_
- 8 Not relevant, didn't fall
- 9 Unknown, doesn't answer

66. What was the outcome of your fall? (The most serious outcome?)

- 1 Fracture
- 2 Crack
- 3 Sprain
- 4 Swelling
- 5 Other. Specify \_\_\_\_\_
- 8 Not relevant
- 9 Unknown

67. Were you confined to your bed in this institution as a result of the fall?

- 1 Yes
- 2 No
- 8 Not relevant, didn't fall
- 9 Unknown

68. Were you sent to a hospital as a result of this fall?

1

Yes

2

No

Skip to question 71

9

Unknown

If resident wasn't confined to bed either in institution or hospital - skip to question 70

Interviewer: In question 69, circle correct answer, or note number of days on the dotted line

69. How long were you in bed as a result of the fall - altogether, both in the institution and in the (other) hospital?

00 - I wasn't in bed

I was in bed for \_\_\_\_\_ days

88 - Not relevant, didn't fall

70. (If was in hospital as a result of the fall). While you were in the hospital, did you have contact with anyone from this institution?

1

Yes. With whom? \_\_\_\_\_

2

No

8

Not relevant, didn't fall, wasn't hospitalized

9

Unknown

71. Were you satisfied with the way you were treated in  
the institution after your fall?

- 1 Yes
- 2 No. Specify \_\_\_\_\_
- 8 Not relevant
- 9 Unknown

72. Are you more careful as a result of the falls,  
and if so - when?

- 1 In the evening/at night
- 2 During the day
- 3 Both during the day and at night
- 4 Not particularly careful
- 5 Other. Specify \_\_\_\_\_
- 8 Not relevant, didn't fall
- 9 Unknown

73. Did they ever explain to you in the institution how  
to avoid falling?

- 1 Yes. What did they explain \_\_\_\_\_  
-----
- 2 No
- 8 Not relevant, respondent can't walk
- 9 Unknown

VII. COGNITIVE ABILITY TEST (II)

---

Interviewer: Record subject's answers in detail.

If necessary, urge him (once) to  
complete the assignment

---

I will now ask you a number of questions. You will  
probably find some of them very easy and others difficult

It is also possible that they will seem funny to you.

In any case, try to answer all the questions.

74. I will read you an address. Please try to remember  
it, because I'm going to ask you to repeat it in a  
few minutes.

The address is: 42 Jaffa Street

---

---

Interviewer: repeat address until respondent can  
repeat it himself

---

Can you repeat it?

- |   |                                  |
|---|----------------------------------|
| 1 | Respondent repeats it accurately |
| 2 | Respondent cannot repeat it      |
| 9 | Unknown                          |



75. Can you tell me what time it is without looking at  
your watch? -

The time is \_\_\_\_\_

The time is \_\_\_\_\_ (interviewer)

1 Accuracy of a half-hour or less

2 Over half an hour, doesn't know

9 Impossible to determine (including: a look at the  
clock or watch)

76. What day of the week is it? \_\_\_\_\_

1 Correct

2 Incorrect, doesn't know

9 Impossible to determine

What is today's date?

77. Year \_\_\_\_\_

1 Correct

2 Incorrect, doesn't know

9 Impossible to determine

78. Month \_\_\_\_\_

1 Correct

2 Incorrect, doesn't know

9 Impossible to determine

79. Day of the month \_\_\_\_\_

- 1 Correct
- 2 Incorrect
- 9 Impossible to determine

80. Who is the President of the State of Israel?

- 1 Correct
- 2 Incorrect, doesn't know
- 9 Impossible to determine

81. Who was the President before him?

- 1 Correct
- 2 Incorrect
- 9 Impossible to determine

82. Can you count backwards from 20, as follows: 20,  
19, 18, 17, 16, .....

Interviewer: Record respondents exact answer  
on the line

- 1 Correct
- 2 Partially correct
- 3 Incorrect, doesn't know
- 4 Impossible to determine

83. Can you repeat the address I read to you before?

- 
- |   |   |
|---|---|
| 1 | Remembers the address                   |
| 2 | Remembers part of the address           |
| 3 | Doesn't remember anything, doesn't know |
| 9 | Impossible to determine                 |

---

VII. SOCIAL ISOLATION

84. (If respondent is married): Where does your  
husband/wife live?

- |   |  |   |                        |
|---|--|---|------------------------|
| 1 | On the ward in the same room           | ) |                        |
|   |  | ) |                        |
| 2 | On the ward in a different room        | ) | Skip to                |
|   |  | ) | question 86            |
| 3 | On a different ward                    | ) |                        |
| 4 | In a different institution or hospital |   |                        |
| 5 | In the same city (at home)             |   |                        |
| 6 | In another city (at home)              |   |                        |
| 8 | Not relevant, widower, bachelor)       | ) |                        |
| 9 | Doesn't answer                         | ) | Skip to<br>question 86 |

85. How often do you see each other?

- |   |  |
|---|--|
|   | Every day or almost every day                |
| 1 | Once or twice a week                         |
| 2 | 1-3 times a month (once every two weeks)     |
| 3 | A number of times a year (on holidays, etc.) |
| 4 | Don't see each other                         |
| 5 | No spouse                                    |
| 9 | Doesn't answer                               |

86. (If not single) How many living children do you  
have? \_\_\_\_\_ children

87. How many grandchildren do you have?  
\_\_\_\_\_ grandchildren

88. How often are you visited by your children,  
relatives, friends?

- |   |   |                     |
|---|---|---------------------|
| 1 | Every day or almost every day                 |                     |
| 2 | Once or twice a week                          |                     |
| 3 | 1-3 times a month (once every two weeks)      |                     |
| 4 | A number of times a year (on hollidays, etc.) |                     |
| 5 | They don't visit                              | Skip to question 91 |
| 8 | No family/friends                             | Skip to question 92 |
| 9 | Doesn't answer                                |                     |

89. Who visits you most?

- |   |   |
|---|---|
| 1 | Children  |
| 2 | Grandchildren                                   |
| 3 | Spouse  |
| 4 | Other relatives                                 |
| 5 | Friends   |
| 8 | No visitors, or doesn't have family and friends |
| 9 | Doesn't answer                                  |



90. How often does he/she visit you?

- 1 Every day or almost every day
- 2 Once or twice a week
- 3 1-3 times a month (once every two weeks)
- 4 A number of times a year (on hollidays, etc.)
- 8 No visitors/no family and friends
- 9 Doesn't answer

91. How often do you have telephone contact with someone in your family or with other friends (either you call them or they call you)?

- 1 Every day or almost every day
- 2 Once or twice a week
- 3 1-3 times a month (once every two weeks)
- 4 A number of times a year (hollidays, etc.)
- 5 No telephone contact
- 8 No family/friends
- 9 Doesn't answer

---

Interviewer: Do not ask nursing elderly the next two questions

---

92. Do you visit people outside the institution

- 1 Yes
- 2 No Skip to question 95
- 8 Not relevant, nursing
- 9

93. If yes, who do you visit?

	Yes No		Not relevant; doesn't have	Impossible to determine
Children	1	2	8	9
Grandchildren	1	2	8	9
Spouse	1	2	8	9
Other relatives	1	2	8	9
Friends	1	2	8	9

94. How often do you get out to visit relatives or friends?

- 1 Every day or almost every day
- 2 Once-twice a week
- 3 1-3 times a month (once every two weeks)
- 4 A number of times a year (holidays etc.)
- 8 Not relevant, doesn't go out on visits; nursing patient
- 9 Doesn't answer

95. Is there anything else that you do outside the institution, on a regular basis?

- 1 Yes. Specify \_\_\_\_\_
- 2 No
- 8 Not relevant, nursing
- 9 Doesn't answer

96. I would like to know what you've done in  
the institution during the past month?

	Yes	No	Not relevant	Doesn't answer
Watched television	1	2	8	9
Listened to lectured	1	2	8	9
Exercise	1	2	8	9
Films and plays	1	2	8	9
Outings	1	2	8	9
Parties	1	2	8	9
Handicrafts	1	2	8	9
Other classes Specify _____	1	2	8	9
Other activity Specify _____	1	2	8	9

Interviewer: Do not read out categories of question  
Record the answer according to resident's response

97. \_\_\_\_\_

	Yes	To a certain extent	No	Impossible to determine
Do you feel alone here?	1	2	3	9
Are you bored here?	1	2	3	9
Do you have a confidant? Someone to talk to about your problems, to confide in, etc.?	1	2	3	9

Card number

Type of questionnaire, case number



# IX. FREEDOM

There may be some things here that bother you. There may be some things which you would like to do and which the institution does not allow. I will ask you about each point whether you are allowed to do it, and if not, whether this bothers you.

Interviewer: Questions marked by \* are to be addressed only to independent and frail residents

98. Does the institution allow you to:

	Yes	No and it bothers me	No but it doesn't bother me	Not relevant	Does not answer
* Lock your door whenever you wish?	1	2	3	8	9
* Make coffee for guests?	1	2	3	8	9
Store food in the institution's refrigerator?	1	2	3	8	9
* Go in and out of the building whenever you wish?	1	2	3	8	9
* Go to bed when you wish?	1	2	3	8	9
Get substitute in dining room if you don't like the food?	1	2	3	8	9
Get more food?	1	2	3	8	9
Spend time anywhere in the institution?	1	2	3	8	9
* Bring in your own furniture?	1	2	3	8	9
Hang up pictures?	1	2	3	8	9
* Be alone when you want to (privacy)	1	2	3	8	9
Wear your own clothes	1	2	3	8	9
Is there anything else?	1	2	3	8	9



99. Where do you wash most of your clothes?

- 1 In the institution
- 2 Relatives (or the resident himself)  
arrange for laundry outside the  
institution Skip to  
question 101
- 3 The institution takes care of it
- 8 Not relevant, has no clothes of his own - skip to  
qst. 101
- 9 Doesn't answer, doesn't know , Skip to  
question 101

100. Do you get the same clothes back?

- 1 Yes
- 2 No. Why not? \_\_\_\_\_  
\_\_\_\_\_
- 8 Not relevant, no clothes of his own, washes  
own clothes
- 9 Doesn't answer, doesn't know

99. Where do you wash most of your clothes?

1

In the institution

2

Relatives (or the resident himself)  
arrange for laundry outside the  
institution

Skip to  
question 101

3

The institution takes care of it

8

Not relevant, has no clothes of his own - sk  
qs

9

Doesn't answer, doesn't know . Skip to  
question 101

100. Do you get the same clothes back?

1

Yes

2

No. Why not? \_\_\_\_\_

8

Not relevant, no clothes of his own, washes  
own clothes

9

Doesn't answer, doesn't know

# X. SATISFACTION WITH CARE AND WITH ENVIRONMENT

Interviewer: Questions marked by \* - only for independent and frail residents

101.

	Yes	So-so	No	Impossible to determine
Is the food here good?	1	2	3	9
Are the rooms clean?	1	2	3	9
Is the noise disturbing?	1	2	3	9
Do the staff relate nicely to the residents?	1	2	3	9
When you need help - are you helped promptly?	1	2	3	9
Do you think this is a nice place?	1	2	3	9
Do the staff have enough patience with you?	1	2	3	9
*Can you see a doctor whenever you need to?	1	2	3	9
Do you have enough room in which to put your belongings	1	2	3	9

102. Do you sometimes give the staff money (a tip) so that they'll treat you better?

- 1 Yes
- 2 Sometimes
- 3 No, and I suffer because I don't
- 4 No, and there's no need
- 9 Unknown

103. Does it happen that you are treated in an unpleasant manner, for example (give as much detail as possible):

	Impossible Yes No to determine		
You were yelled at	1	2	9
You were pushed	1	2	9
You were bound	1	2	9
You were hit	1	2	9
You were fed by force	1	2	9
Other. Specify	1	2	9

Record resident's response exactly, and try to code it by the category

104. Overall, are you satisfied here?

- 1 Very satisfied, satisfied
- 2 Not very satisfied (including answers such as "what can I do" "I have no choice")
- 3 Dissatisfied/very dissatisfied
- 9 Unknown, doesn't answer



XI. OBSERVATION OF RESIDENT AFTER INTERVIEW/EXAMINATION

105. Is the resident in a room

- |   |                         |   |
|---|-------------------------|---|
| 2 | With another person     |   |
| 1 | Alone                   | ) |
| 3 | With two more people    | ) |
| 4 | With three more         | ) |
| 5 | With four more          | ) |
| 6 | With five more          | ) |
| 7 | With six or more people | ) |
| 9 | Unknown                 | ) |
- Skip to question 107

---

Interviewer: If answer cannot be obtained from resident, find out answer to question 106 from someone else.

---

106. Is the room-mate your spouse?

- |   |               |
|---|---------------|
| 1 | Yes           |
| 2 | No            |
| 8 | Has no spouse |
| 9 | Unknown       |

Interviewer:

107. Extent of resident's cooperation in interview/  
examination:

- |   |                                |
|---|--------------------------------|
| 1 | Cooperated                     |
| 2 | Occasionally did not cooperate |
| 3 | Did not cooperate              |
| 9 | Was not interviewed            |

108. During the interview, were there incidents of objectionable behaviour?

1 Yes. Specify \_\_\_\_\_

2 No

9 Resident was not interviewed

109. Communication between interviewer and resident:

1 Resident understands and can be understood

2 Resident understands, - but his answers are not always clear

3 Resident does not always understand the interviewer

4 Mostly there was lack of communication

9 Resident was not interviewed

110. Did resident seem unhappy or happy?

1 Seemed happy, optimistic, satisfied

2 Impossible to determine, no special signs

3 Seemed depressed, in despair, used expressions such as "I want to die" etc.

9 Impossible to determine, resident was sleeping, etc.

111. Is resident lively?

1 Very lively

2 Not very lively

3 Apathetic

9 Impossible to determine

112. Was resident nervous?

- 1 Yes
- 2 No
- 9 Impossible to determine

113. Additional notes concerning interview:

- 1 Yes. Specify \_\_\_\_\_

- 2 No

- 9 Impossible to determine, resident was not interviewed

XII. OBSERVATIONS MADE OF RESIDENT'S ENVIRONMENT

Hour \_\_\_\_\_ Day \_\_\_\_\_

114. Bed -

- 1 Clean and made-up
- 2 Untidy
- 3 Neglected and dirty
- 9

115. Room - living space:

- 1 Spacious
- 2 Functional - average
- 3 small and narrow
- 9

116. Room - cleanliness:

- 1 Clean and in order
- 2 Untidy
- 3 Neglected and dirty

117. Room - decorations:

- 1 Decorated
- 2 Sparsely decorated
- 3 Bare walls, no decorations
- 9

118. Room - furniture:

- 1 Well furnished and supplied
- 2 Poorly furnished
- 3 Lacking furniture items (such as: no bedside cupboard, not even one chair, etc.)

119. Method of calling nurse:

- 1 Electric bell
- 2 Hand bell
- 3 Calling out loud



# XIII. LIST OF ITEMS IN THE ROOM

120.

List of Items	Yes	No	Unknown
Bedside table for each resident	1	2	9
Wardrobe	1	2	9
Table	1	2	9
Chairs/armchairs (one per person)	1	2	9
Room with bath & toilet	1	2	9
Mirror in bathroom	1	2	9
Screens	1	2	9
Mirror in the room	1	2	9
Radio	1	2	9
Television	1	2	9
Refrigerator	1	2	9
Kitchenette	1	2	9
Curtains	1	2	9
Night light	1	2	9

Notes:

2 APR 2 5T

QUESTIONNAIRE FOR ELDERLY RESIDENT

2

(Interview to be conducted by nurse)

Name of resident \_\_\_\_\_

Name of institution \_\_\_\_\_

Type of ward \_\_\_\_\_

Case number \_\_\_\_\_

Name of interviewer \_\_\_\_\_

Date of interview \_\_\_\_\_

Resident Interview by Nurse

1. Card number
2. Type of questionnaire
3. Case number
4. Name of institution \_\_\_\_\_
5. Type of ward
  - Independent
  - Frail
  - Nursing
  - Mentally frail
  - Mixed. Specify \_\_\_\_\_
  - Other. Specify \_\_\_\_\_
6. Resident's name: Surname \_\_\_\_\_
  - First name \_\_\_\_\_
  - Father's name \_\_\_\_\_
7. Resident's status - can he be interviewed?
  - 1 Can be interviewed
  - 2 Can't be interviewed but can be examined.  
Specify reason \_\_\_\_\_
  - 3 Can be interviewed but can't be examined.  
Specify reason \_\_\_\_\_
  - 4 Can't be interviewed or examined. Specify  
reason \_\_\_\_\_

Interviewer: a. If resident can't be examined but can be interviewed, skip the examinations.

b. If resident can be examined, but cannot be interviewed, perform examinations, as well as questions 8, 67-70, 97-105.

c. If resident cannot be examined or interviewed, end this questionnaire, but complete the Questionnaire for Responsible Ward Nurse, for this case

---

8. Blood pressure measurement - first measurement

Systolic

Diastolic

General Questions for Resident Concerning Health

Interviewer: In question 9, record only chronic diseases

---

9. Which diseases do you suffer from, mainly?

1 Do not suffer from diseases

2 Suffer from the following diseases:

9 Unknown

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

88 - Not relevant, does not suffer from diseases

- 99



10. Were you hospitalized during the past year?

Yes

No )

)

Unknown)

Skip to question 12

11. How many times were you hospitalized during the past year?

Interviewer: In the following table, fill in the lines beginning with last hospitalization

Number of hospitalizations	Reason for hospitalization	Length of hospitalization (in days)
----------------------------	----------------------------	-------------------------------------

1. Last

2. One before last

3. Two before

4. Three before

The following question is intended for frail and independent residents only

12. In addition to the medication you receive in  
the institution, what medication do you take?

1 No medication besides what is given by  
the institution

2 I take \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8 Not relevant, nursing

9 Unknown

13. (If resident is taking medication in addition  
to what is given by the institution). Who  
recommended this medication?

1 The Kupat Holim doctor

2 The doctor at the Hospital

3 A private doctor

4 I take it on my own

5 Other. Specify \_\_\_\_\_

8 Not relevant, doesn't take other medication,  
nursing

9 Unknown

14. Did they tell you in the institution that you  
should be on a diet?

1 Yes. What kind? \_\_\_\_\_

2 No

9 Unknown

15. How often does the institutional doctor  
examine you? Refere to the past year.  
(Indicate category closest to respondent's  
answer).

- 1 Every day or almost every day
- 2 At least once a week
- 3 At least once every two weeks
- 4 At least once a month
- 5 Every few months
- 6 Once a year or rarely
- 7 I am not examined in the institution
- 9 Unknown

16. Are you examined also by a doctor outside of  
the institution?

- 1 Yes. What doctor? \_\_\_\_\_
- 2 No Skip to question 18
- 9 Unknown

17. If yes, how often? \_\_\_\_\_

18. Do you follow what the doctor(s) and nurse  
told you to do about -

	Not Yes always		Not No relevant		Unknown
Taking medicine	1	2	3	8	9
Dieting	1	2	3	8	9
Other. Specify ____	1	2	3	8	9

#### Blood Pressure

19. Who usually measures your blood pressure here?

- 1 Doctor
- 2 Nurse
- 3 Other. Specify \_\_\_\_\_
- 4 Not measured Skip to question 21
- 9 Unknown

20. How often is your blood pressure measured in  
the institution?

- 1 At least once a week
- 2 At least once a month
- 3 Once every few months
- 4 Once a year, or rarely
- 8 Not measured
- 9 Unknown



21. Were you ever told in the institution that you have high blood pressure (hypertension)?

- 1 Yes
- 2 No
- 9 Unknown

Diabetes

22. Do you suffer from, or have you suffered in the past, from diabetes?

- 1 Yes, I do
- 2 Yes, I did in the past but no longer do
- 3 I don't, and haven't in the past Skip to question 25
- 9 Doesn't answer

23. Do you suffer or have you suffered in the past from complications or problems resulting from diabetes?

- 1 Yes. Specify what you suffered from \_\_\_\_\_  
\_\_\_\_\_
- 2 No
- 8 Not relevant, doesn't suffer from diabetes
- 9 Unknown

24. Did you receive an explanation or  
instructions in the institution about  
diabetes?

Yes. Specify what was explained to you

---

No

Not relevant, doesn't suffer from diabetes

Unknown

---

### Resident's Functioning

---

#### Definitions

The following categories (or some of them) will  
be used in all questions:

1. Intact, easily: Resident performs activity  
independently and easily.

2. Intact, with difficulty: Resident performs  
activity independently, but with difficulty.

3. Limited: Resident succeeds in performing  
activity only when using mechanical aid.

4. Helped: Resident is assisted by another  
person who watches or helps him in performing a  
part of the activity (half or less).

5. Unable: Resident is assisted by another person  
in order to perform activity or more than half the  
activity.

6. Says he is unable: Resident says he is unable  
to perform activity and doesn't perform it. Use  
categories only in case of demonstration.

8. Not relevant

9. No answer: Resident doesn't answer, or in case  
of demonstration, circumstances do not allow  
demonstration.

---

25. Do you dress without any help?

If yes - do you do it easily?

If no - Do you need much help?

Yes, easily

Yes, but with difficulty

I need some help (assisted)

Unable, needs help for performing most activities

No answer

---

Interviewer: For all demonstrations, if resident says "I can't, I am unable", please address him as follows: "Try anyway, and when you need help, tell me."

---

#### Dressing Demonstration

26. Could you please show me how you put on and

take off this shirt. Try doing it without

help, but if you need help - tell me.

Intact, easily

Intact, with difficulty

Helped, resident succeeds with partial assistance

Unable, resident tries but fails without full assistance

Says he is unable

No answer, or impossible to determine

Putting on Socks - Demonstration

27. Could you show me how you put on a sock and a shoe and how you take them off. Please try and do it on your own as much as possible. But if you need help - tell me.

- |   |  |
|---|--|
| 1 | Intact, easily   |
| 2 | Intact, with difficulty                                  |
| 4 | Helped, resident succeeds with partial assistance        |
| 5 | Unable, resident tries but fails without full assistance |
| 6 | Says he is unable  |
| 8 | Not relevant   |
| 9 | No answer, or impossible to determine                    |

---

Interviewer: ask the next question if the resident needs help in putting on his clothes, or if he has any difficulty doing this.

---

28. Are you assisted every time you need help to put on your clothes or take them off?

- |   |                                       |
|---|---------------------------------------|
| 1 | Yes, always                           |
| 2 | Not always, Specify when _____        |
| 8 | Not relevant, doesn't need assistance |
| 9 | No answer                             |



29. Do you eat without any help?

If yes - do you do it easily?

If no - do you need much help?

1

Yes, easily

2

Yes, with difficulty

4

Need a little help (assisted)

5

Need help for most activities

9

No answer

30. When you wash - in shower or bath - do you

wash your chest, hands and feet without any  
help?

If yes - do you do it easily?

If no - does the nurse or aid assist you  
during the whole wash, or just during part of  
the wash?

- |   |   |                              |
|---|---|------------------------------|
| 1 | Intact, easily (washes himself )                          | )Skip to<br>)question<br>)32 |
|   | easily  |                              |
| 2 | Intact, with difficulty (washes )                         | )32                          |
|   | himself but with difficulty )                             |                              |
| 4 | Assisted (washes himself, but receives<br>some assistance |                              |
| 5 | Unable  |                              |
| 9 | No answer   |                              |

31. Are you washed whenever you need to be?

- |   |                   |
|---|-------------------|
| 1 | Yes               |
| 2 | No. Specify _____ |
| 9 | No answer         |

Card number

Type of questionnaire, case number

32. Can you clean your mouth, comb your hair, or  
shave without any help?

If yes - do you do it easily?

If no - are you helped?

- 1 Yes, easily Skip to question 35
- 2 Yes, with difficulty (takes him a long  
time) Skip to question 34
- 4 Needs help only for one of these activities
- 5 Unable, needs help for all these activities,  
or for two of them
- 9 No answer

33. Do you receive help?

- 1 Yes, always Skip to question 35
- 2 Yes, sometimes
- 3 No
- 8 Not relevant, doesn't need help
- 9 No answer

34. Does it bother you that you don't always  
receive help?

- 1 Yes
- 2 No
- 8 Not relevant, receives help, doesn't need  
help
- 9 No answer

Interviewer: the following question should  
be asked only if the answer is not evident  
to the interviewer.

---

35. Can you walk on you own? With or without  
mechanical aid or partial help?

If yes - are you assisted by mechanical aid  
or by another person?

Intact - walks without help )

Limited - uses cane, etc. )Continue  
with section

Helped - receives partial help) A, question 36

In wheelchair/chair Skip to section B,  
question 47

Bedridden, cannot be transferred to  
wheelchair or chair Skip to question 55

Impossible to determine, unknown

---

Section A: Questions 36-46 are intended for  
residents who can walk with or  
without mechanical aid or with  
partial help

---

36. Can you go up and down one flight of stairs  
easily?

Intact, easily Skip to question 38

Intact, with difficulty

Limited, uses cane, tripod, etc.

Helped

Unable

Not relevant, chairbound or bedridden

No answer



37. Are you helped whenever you wish to get  
somewhere inside the building?

- 1 Yes, always
- 2 Not always. Specify \_\_\_\_\_
- 8 Not relevant, chairbound or bedridden, walks  
easily
- 9 No answer

38. Do you go for short walks outside the  
building?

If yes - do you do it easily?

- 1 Intact, easily
- 2 Intact, with difficulty
- 3 Limited, with mechanical aid: cane,  
wheelchair, etc.
- 4 Helped by another person on whom he leans,  
or who helps him a little
- 5 Unable, cannot at all, or only with another  
person to constantly push the wheel-chair
- 6 Doesn't go out, no one to help him
- 7 Doesn't go out, not interested
- 8 Not relevant

39. Walking demonstration: Could you walk to...  
(distance of three meters) and back?

- 1 Intact, easily
- 2 Intact, with difficulty (over one minute)
- 3 Limited, (uses mechanical aid)
- 5 Unable
- 6 Says he is unable
- 8 Not relevant, bedridden
- 9 No answer, refuses

40. When you're alone in the bathroom, do you need any help?

- 1 Manages on his own, easily
- 2 Manages on his own, but with difficulty
- 4 Helped needs partial assistance
- 5 Unable, needs full assistance
- 8 Not relevant, never uses bathroom
- 9 No answer

---

Interviewer: Ask following question if resident needs assistance in bathroom, or if manages with difficulty

---

41. Does the nurse or aid help you whenever you ask?

- 1 Yes, always
- 2 Not always, specify when doesn't \_\_\_\_\_
- 8 Not relevant
- 9 No answer

42. Do you use the telephone? If yes - are you assisted in making the call?

- 1 Yes, without help
- 4 Needs help dialing
- 5 Can't use the telephone even with help
- 7 Doesn't use telephone because doesn't need it
- 8 No telephone
- 9 Impossible to determine, no answer

43. Do you write letters? If yes, do you do it on your own?

1

Yes, without help

3

Helped, another person writes for him owing to functional reasons

4

Helped, another person writes for him because he can't read or write

5

Unable (to formulate)

6

Able with help, but isn't helped

7

Not interested

8

Not relevant. Specify \_\_\_\_\_

9

Impossible to determine, no answer

44. Do you sometimes use public transport? Can you do it without help?

1

Yes, easily

2

Yes, but with difficulty

3

Limited: uses it, but needs mechanical aid

4

Helped: needs supervision or assistance when using public transport

5

Unable

8

Not relevant, doesn't use public transport because he doesn't need it, etc.

9

No answer

45. Can you make yourself a cup of tea or coffee  
without help?

Yes

Helped

Unable

Not relevant, no place or facilities

No answer

46. Can you make your own bed without help?

Yes, easily

Yes, with difficulty

Helped

Unable

Not relevant

No answer

Interviewer: Skip to question 71

Section B: Intended for residents who can't  
walk, questions 47-70

47. Is a wheelchair available to you whenever you  
need it?

Yes, always

Only occasionally. Why?

Has no wheelchair at all. Why

Skip to question 53

Not relevant, independent

No answer



48. Can you move in your wheelchair without assistance?

If yes - easily?

1

Yes, moves independently and easily

2

Yes, moves independently but with difficulty

3

Limited (electric wheelchair)

4

Helped (someone needs to help him going uphill and around corners), but most of the time can travel independently

5

Unable: cannot travel without full help

8

Not relevant

9

Unknown

49. Can you transfer yourself independently from the bed to the wheelchair/chair/armchair, and back to bed?

1

Intact, easily

2

Intact, with difficulty

4

Heavily assisted or need watching

5

Unable

8

Not relevant

9

No answer

50. Are you assisted whenever you want to reach someplace in the building?

1

Yes, always

2

Not always. Specify \_\_\_\_\_

8

Not relevant

9

No answer

51. Are you taken for outings outside the building?

- |   |   |
|---|---|
| 1 | Is able to go on outings by himself in the wheelchair |
| 2 | Is taken on outings                                   |
| 6 | Not taken   |
| 7 | Not interested in outings                             |
| 8 | Not relevant  |
| 9 | Unknown   |

---

52. Demonstration of Moving in Wheelchair

(Perform when resident is in wheelchair)

Can you reach... (a distance of three meters) and come back?

- |   |   |
|---|---|
| 1 | Intact, easily (travels the distance in less than one minute)             |
| 2 | Intact, with difficulty (more than a minute)                              |
| 3 | Limited (electric wheelchair)   |
| 4 | Helped (someone gives him partial help - to turn around, at a step, etc.) |
- 
- |   |                         |
|---|-------------------------|
| 5 | Unable                  |
| 6 | Says he is unable       |
| 8 | Not relevant            |
| 9 | Impossible to determine |

53. When you're in the bathroom - do you need any help?

- 1 Manages on his own, easily Skip to question 55
- 2 Manages on his own, but with difficulty
- 4 Helped: needs partial help
- 5 Unable: needs full help
- 8 Not relevant, never uses bathroom
- 9 No answer

---

Ask following question if resident needs help in bathroom or manages with difficulty

---

54. Does the nurse or aid help you whenever you ask?

- 1 Yes, always
- 2 Not always. Specify when doesn't \_\_\_\_\_
- \_\_\_\_\_
- 8 Not relevant, doesn't use bathroom
- 9 Unknown

Movement in Bed (perform if resident is in bed)

If resident is in wheel-chair - skip to question 59

---

55. Can you show me how you raise your head?

1. Intact, easily (at least 5cm. are visible between head and pillow)
- 2 Intact, with difficulty (less than 5 cm. are visible between head and pillow)
- 5 Unable
- 6 Says he is unable
- 8 Not relevant, independent, in wheelchair
- 9 Impossible to determine

56. Can you show me how you raise your hands?

- 1 Intact, easily
- 2 Intact, with difficulty
- 5 Unable
- 6 Says he is unable
- 8 Not relevant, independent, in wheelchair
- 9 Impossible to determine

57. Can you show me how you turn over to your side?

- 1 Intact, easily
- 2 Intact, with difficulty
- 3 Limited - uses bedrail, etc.
- 4 Helped
- 5 Unable
- 6 Says he is unable
- 8 Not relevant, independent, in wheelchair
- 9



	58. Can you show me how you raise your thighs when you use the bedpan?
1	Intact (distance visible between thighs and bedpan)
5	Unable
6	Says he is unable
	59. When you need a bedpan, do they bring it immediately?
1	Yes, always
2	Skip to question 61
3	Sometimes
8	No
9	Not relevant, never needs a bedpan
	Unknown
	60. (If not) Have you ever wet yourself as a result?
1	Yes
2	No
8	Not relevant, always brought on time, doesn't need
9	No answer
	61. Are you always assisted when you need help to turn over in bed?
2	Yes, always
8	Not always. Specify when not _____
9	Not relevant, doesn't need help
	Unknown

62. Do you write letters? Do you do it on your own?

- 1 Yes, without assistance
- 3 Helped, another person writes for him for functional reasons
- 4 Helped, another person writes for him because he cannot read or write
- 5 Unable (to formulate)
- 7 Able, with assistance, but is not assisted
- 8 Not relevant
- 9 Impossible to determine, no answer

63. Do you use the telephone, are you assisted in making the call?

- 1 Yes, without help
- 4 Helped (with the dialing)
- 5 Can't use the telephone, even with help
- 7 Doesn't use telephone because doesn't need to
- 8 No telephone
- 9 Impossible to determine, no answer

Pressure Sores (Bed-sores)

Interviewer: Do not address questions 64-70  
to residents who can walk  
independently

---

64. Are you occasionally turned over in bed or assisted in turning over during the day?

1 Yes, I am turned over \_\_\_\_\_ times a day

2 Yes, but only if I request it

3 Although I request it, I am usually not turned over

4 I am not turned over, and I don't request it

5 I don't need help, I turn over by myself

8 Not relevant, independent

9 Unknown

65. Are you occasionally turned over in bed or assisted in turning over during the night?

1 Yes, I am turned over \_\_\_\_\_ times a night

2 Yes, but only if I request it

3 Although I request it, I am usually not turned over

4 I am not turned over, and I don't request it

5 I don't need help, I turn over by myself

8 Not relevant, independent

9 Unknown

66. Did anyone on the staff here tell you that you should turn over in bed and not lie too long on the same side?

1 Yes

2 No

8 Not relevant, independent

9 Unknown

67. Examination: Does the resident suffer from  
any type of pressure sores?

1

Yes

2

No

Skip to question 69

8

Not relevant

9

Impossible to determine

Card number

Type of questionnaire



68.

In the following table, if any part has more than one pressure sore - refer to the larger sore. Mark x in appropriate place

Location of sore		Yes	No	Impossible to determine	Type of sore	Size of Sore	Being treated	
					1.Redness 2.Blistering 3.Superficial 4.Deep 5.Necrosis	1. Small up to 1 cm. 2.Med.1-5cm. 3.Large 5cm. and over Small Med. Large	Yes	No
Sacrum								
Thighs								
Ankles								
Heels								
Shoulder-blades								
Elbows								
Ribs								
Shoulders								
Ears								
Other. Specify								

69. Are there traces of past pressure-sores?

Yes. Where? \_\_\_\_\_

No

Not relevant

Unknown

70. Assessment of pressure-sore treatment:

- 1 Good treatment  
2 Average treatment  
3 Poor treatment, or no treatment  
8 Not relevant, doesn't suffer from pressure sore:  
9 Impossible to determine

Incontinence

---

Interviewer/observation: The following categories should be marked on the basis of observation:

- 1 Resident has catheter without closure )  
(with bag) )Skip to  
2 Resident has catheter with closure )question  
(without bag) )76  
3 Resident has Penrose  
4 Resident has no mechanical aid  
9 Impossible to determine, unknown

---

72. Did it happen during the past month that you had an accident, and you wet yourself or the bed or the chair?

- 1 Yes, it happens every day or almost every day  
2 Yes, it has happened in the past month  
3 No  
8 Not relevant, has catheter  
9 Unknown, doesn't answer

73. Has it happened that you soiled yourself or the bed/chair in the past month?

- 1 Yes, it happened every day or almost every day
- 2 Yes, it has happened in the past month
- 3 No
- 8 Not relevant
- 9 Unknown, doesn't answer

Interviewer: Following table to be completed if resident said that it does happen that he wets and/or soils himself. Read out categories.

74. Why do you fail to reach the toilet in time, or to use the bedpan?

Reason	Yes	No	Not relevant has catheter	Unknown
Toilets are far away	1	2	8	9
Toilets are often occupied by others (not enough toilets)	1	2	8	9
Not assisted promptly to reach toilets	1	2	8	9
Bedpan not always brought on time	1	2	8	9

75. Does it happen that you restrain yourself and don't urinate?

- 1 Yes. Why? \_\_\_\_\_ )Skip  
 2 Yes. It happens sometimes. Why? \_\_\_\_\_ )to  
 3 Doesn't happen )ques.  
 8 Incontinent )79  
 9 Impossible to determine

Interviewer: Address question 81, 82, 83 to residents who have a catheter/penrose.

76. Do you take care of your catheter/penrose yourself?

- 1 Yes  
 2 No, need help Skip to question 78  
 8 No catheter/penrose, not relevant  
 9 Unknown

77. (If yes) What do you do yourself?

	Not		Impossible	
	Yes	No	relevant	to determine
Empty the bag/ penrose	1	2	8	9
Change the bag/ penrose	1	2	8	9



78. Do you have any problems with your catheter/penrose?

Yes. Specify \_\_\_\_\_

No

Not relevant, doesn't have catheter/penrose

Unknown

Card number

Type of questionnaire, case number

79. Blood pressure measurements - second time

Systolic

Diastolic

Relationships with Roommates

80. Are you a widower?

No, resident is married and living with husband/wife in same room Skip to qu. 93

No, resident is married and not living with spouse.

Single

Widow(er)

Divorced or separated

For all Respondents

81. Are you allowed to room with any resident you want to?

- 1 Yes
- 2 No, or not always. Specify. \_\_\_\_\_
- 8 Not relevant, lives alone
- 9 Unknown

---

Interviewer: In the following question, if respondent has more than one roommate, refer to the most problematic one. If he lives alone - skip to question 87.

---

82. Do you get along with your roommate?

- 1 Get along well
- 2 Don't always get along. Specify \_\_\_\_\_
- 3 Do not get along. Specify \_\_\_\_\_
- 8 Not relevant, has no roommate
- 9 Impossible to determine

83. Did you ask to move in with someone else?

- 1 Yes
- 2 No. Why not? \_\_\_\_\_ Skip to question 87
- 8 Not relevant, no roommate
- 9 Impossible to determine

84. If yes - Who did you ask?

- 1 Director
- 2 Head nurse
- 3 Ward nurse
- 4 Ward aid
- 5 Institution's social worker
- 6 Family
- 7 Other. Specify \_\_\_\_\_
- 8 Not relevant
- 9 Unknown

85. Were you transferred?

- 1 Yes Skip to question 87
- 2 No
- 8 Not relevant
- 9 Unknown

86. Why didn't they transfer you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interviewer: Address following questions only  
to independent or frail residents who are not  
married

Many people your age need a friendly relationship with a man/woman -

87. Do you have a friendly relationship with a man/woman in the institution?

- 1 Yes Skip to question 89  
2 No. Why \_\_\_\_\_  
8 Not relevant, nursing, married  
9 Unknown

88. Does this bother you? How do you manage without a mate?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Skip to question 9

89. Would you like to room with your friend?

- 1 Yes  
2 No. Why? \_\_\_\_\_ Skip to qu.91  
8 Not relevant, married, nursing  
9 Unknown

90. Why don't you room with him/her?

- 1 The institution won't allow it  
2 The children object  
3 Other residents object  
4 Other. Specify \_\_\_\_\_  
8 Not relevant, rooming together  
9 Unknown



91. Does this friendship create problems in the institution, does it bother anyone, etc.?

1 Yes. Specify \_\_\_\_\_

2 No

8 Not relevant, nursing

9

92. Do you think the institute could help with the relationships between men and women in the institute (for example making introductions, arranging outings, etc.)?

1 Yes. Specify \_\_\_\_\_

2 No. Why? \_\_\_\_\_

8 Not relevant

9 Unknown

93. So far we have discussed various problems. Can you tell me in conclusion what is the main thing that bothers you, or bothered you lately?

1 I have no problems Skip to qu. 95

2 I do have a problem/problems

8 Not relevant

9 Unknown

100. What is the highest form of mobility observed during the interview or prior to it?

Resident walks -

01 Without help, easily

02 With help, with difficulty

03 Disabled, uses a cane

04 Helped, walks with aid of another person

05 Uses wheelchair and can manipulate it independently

06 Uses wheelchair, but sometimes needs help another person

07 Uses wheelchair and someone else pushes it

08 In wheelchair and doesn't move around

09 Resident is bedridden

10 Other. Specify \_\_\_\_\_

99 Impossible to determine

101. During the interview, interviewer witnesses one of the following conditions:

1 No evidence of incontinence

2 Urinary incontinence

3 Fecal incontinence

4 Urinary and fecal incontinence

5 Resident wears "diaper"

6 Resident with catheter or penrose

8 Not relevant

9 Unknown, impossible to determine

Resident's appearance

102. Appearance of clothing

- |   |                         |
|---|-------------------------|
| 1 | Neat                    |
| 2 | Sloppy                  |
| 3 | Neglected               |
| 9 | Impossible to determine |

103. Personal hygiene

- |   |                         |
|---|-------------------------|
| 1 | Clean                   |
| 2 | Not so clean            |
| 3 | Dirty                   |
| 9 | Impossible to determine |

104. Does clothing fit resident?

- |   |                         |
|---|-------------------------|
| 1 | Clothing fits           |
| 2 | Does not fit            |
| 9 | Impossible to determine |

105. Interviewing nurse' general assessment  
care

- |   |                         |
|---|-------------------------|
| 1 | Good care               |
| 2 | Average care            |
| 3 | Poor care               |
| 9 | Impossible to determine |

RACHEL11.QST

ORAL EXAMINATION QUESTIONNAIRE

(To be conducted by specialist)

3

Resident's name \_\_\_\_\_

Name of Institution \_\_\_\_\_

Type of ward \_\_\_\_\_

Case number \_\_\_\_\_

Interviewer's name \_\_\_\_\_

Date of interview \_\_\_\_\_



Oral Examination Questionnaire

(To be conducted by specialist)

1. Card number

2. Type of questionnaire

3. Case number

4. Name of institution

5. Type of ward

- |   |                      |
|---|----------------------|
| 1 | Independent          |
| 2 | Frail                |
| 3 | Nursing              |
| 4 | Mentally frail       |
| 5 | Mixed. Specify _____ |
| 6 | Other. Specify _____ |

6. Examiner: Is it possible to communicate with the resident?

- |   |   |
|---|---|
| 1 | Yes   |
| 2 | No                      Skip to question 22 |
| 8 | Not relevant                                |
| 9 | Unknown                                     |
-

I. Questions that accompany the oral examination

7. Is there anything wrong with your teeth, your gums or your mouth at this time?

- 1 No, nothing wrong
- 2 Yes, I have problems with my natural teeth only
- 3 Yes, I have problems with my gums only
- 4 Yes, I have problems with my teeth and gums
- 5 Yes, I have problems with my dentures
- 6 Yes. Other. Specify \_\_\_\_\_
- 7 Yes, I have no teeth at all
- 8 Can't communicate
- 9 Doesn't answer, doesn't know

8. When did the problem start?

\_\_\_\_\_ ago

88 - No problem, can't communicate

Examiner: In question 9, circle appropriate number in each line

9. To what extent does this problem bother you?

	Yes	No	Has no problem Not relevant	Impossible to determine
To eat	1	2	8	9
To talk to people	1	2	8	9
It hurts	1	2	8	9
The way I look bothers me	1	2	8	9

Other. Specify 1 2 8 9

Examiner: In question 10 specify under "other" any case where a resident is treated by more than one care giver.

10. Who treats your oral problems (including natural teeth, dentures, gums, etc.), on a regular basis?

- |   |   |                       |
|---|---|-----------------------|
| 1 | Dentist or dental practitioner in the institution     |                       |
| 2 | Dentist or dental practitioner outside of institution |                       |
| 3 | Dental technician                                     |                       |
| 4 | Doctor in institution                                 | )                     |
| 5 | Nurse in institution                                  | ) Skip to question 15 |
| 6 | Other. Specify _____                                  | )                     |
| 7 | No one  | Skip to question 13   |
| 8 | Not relevant, has no problems                         |                       |
| 9 | Impossible to determine                               |                       |

11. When was the last time he (the person who treats you) examined you?

\_\_\_\_\_ ago

88 - no one treats me

12. When is your next appointment?

- 1, My appointment is in \_\_\_\_\_ (specify) )Skip  
to  
2 I don't have an appointment ) qu. 16  
8 Not relevant, no one treats me  
9 Impossible to determine

---

Examiner: Don't address question 13 to residents who said they were currently being treated in the institution ,

---

13. Why is no one treating you? (main reason)

- 1 I'm afraid of the dentist  
2 It's too expensive  
3 It's difficult walking all the way to the dentist and there's no one to come with me  
4 There are no dental services in the institution  
5 There are no dental services outside the institution (near by)  
6 Other. Specify \_\_\_\_\_  
8 Not relevant, is being treated  
9 Doesn't know, impossible to determine

14. During the past year, have you had an oral examination in the institution, at least once? "

- 1 Yes  
2 No  
8 Not relevant  
9 Doesn't remember, doesn't know



15. When did you last see a dentist or a dental practitioner?

\_\_\_\_\_ ago

16. Do you clean your mouth, tongue and gums yourself?

1 Yes Skip to question 18

2 No

8 Not relevant

9 Doesn't know, impossible to determine

17. (If not) Are your mouth, tongue and gums cleaned for you?

1 Yes. When do they clean them? \_\_\_\_\_

2 No

8 Not relevant, cleans them himself

9 Doesn't know, impossible to determine

18. Do you have dentures (false teeth)?

1 Yes "

2 No Skip to question 22

9 Doesn't know, impossible to determine

19. (If yes) Do you use them?

- 1 Yes, all the time
- 2 Only for eating
- 3 Doesn't use them for eating, but uses them  
the rest of the time
- 4 Doesn't use them at all. Why? \_\_\_\_\_
- 8 Not relevant
- 9 Doesn't know, impossible to determine

20. Do you clean your dentures yourself?

- 1 Yes Skip to question 22
- 2 No
- 8 Not relevant, doesn't have dentures
- 9 Doesn't know

21. (If not) Does someone clean your dentures for  
you?

- 1 Yes
- 2 No
- 8 Not relevant, doesn't have dentures, cleans  
them himself
- 9 Doesn't know

## II. Oral Examination

22. Examiner: In each line in the following table circle only one number. If there are two partial dentures on the same jaw - one normal and one faulty - note only the faulty one.

	Full denture-satisfactory	Full denture-defective	Partial denture-satisfactory	Partial denture-defective	Dentate, no dentures at least one tooth	Edentulous (no dentures)	Impossible to determine
Upper jaw	1	2	3	4	5	6	9
Lower jaw	1	2	3	4	5	6	9

23. Number of natural teeth in mouth (total) \_\_\_\_\_

24. Of them, number of decayed teeth \_\_\_\_\_

Examiner: ask following question if resident doesn't have dentures in view

25. Does resident have dentures which he is not using at the moment?

1 Yes. Why isn't he using them? (specify) \_\_\_\_\_

2 No, he has no dentures

8 Not relevant, he is using his dentures

9 Impossible to determine

26. (If resident shows recently pulled teeth) Does resident have temporary denture?

- 1 Yes, and he uses it  
 2 Yes, but he doesn't use it  
 3 No  
 8 Not relevant, no recently pulled teeth  
 9 Impossible to determine

Oral Mucosal Condition

27. Have there been changes in the look or consistency of the oral mucosa?

- 1 Yes  
 2 No Skip to question 29  
 9 Impossible to determine

In the following table, record types of changes by circling the appropriate number in each line

28. If yes - specify type of change.

	Yes	No	Not relevant no change	Impossible to determine	Specify
a. White lesions	1	2	8	9	
b. Bullous lesions	1	2	8	9	
c. Ulcerative lesions	1	2	8	9	
d. Proliferative lesions	1	2	8	9	
e. Degenerative conditions	1	2	8	9	
f. Developmental conditions	1	2	8	9	
g. Other. Specify	1	2	8	9	



Oral Hygiene Condition (including tongue,  
cheeks, gums, teeth)

29. Hygiene condition of mouth is:

- 1 Good
- 2 Mediocre
- 3 Poor
- 9 Impossible to determine

30. Hygiene condition of dentures (not  
including "dentures in pocket"). is:

- 1 Good
- 2 Mediocre
- 3 Poor
- 9 Impossible to determine

In the following table, note recommendations by circling number 1 "yes" where the recommendation is appropriate, and by circling number 2 - if there is no need. Do not circle number 9.

### 31. Recommendations

	Yes	No	Impossible to determine
a. Care for natural teeth	1	2	9
b. Care for dentures (fixing, fitting)	1	2	9
c. Ordering new dentures	1	2	9
d. Pathological examination (biopsy)	1	2	9
e. Referral for specific diagnosis	1	2	9
f. Needs help with hygiene of mouth and teeth	1	2	9

### 32. Examination -

- 1 Carried out
- 2 Partially carried out. Why? \_\_\_\_\_
- 3 Not carried out. Why? \_\_\_\_\_
- 9

33. Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Card number

Type of questionnaire and case number

III. Oral Hygiene - Tracer

Examiner: Circle number 1 on the left hand side  
when appropriate. Specify when necessary.  
Do not circle numbers 2 or 9 in any case

Impossible  
Yes No to determine Defects

1	2	9	a. <u>Lack of treatment</u> Lack of dentures where natural teeth are missing and dentures may be installed
1	2	9	Decayed teeth not being treated
1	2	9	Oral mucosal diseases not caused by new dentures
1	2	9	Defective dentures
1	2	9	Other. Specify:
			b. <u>Non-continuous Treatment</u> (Unjustified pauses in treatment)
1	2	9	Swells left after pulling teeth, with no temporary dentures before fitting of new dentures
1	2	9	Other. Specify:
			c. <u>Incomplete Treatment</u> (vital component of treatment missing)
1	2	9	Fitting of dentures without having treated existing teeth and/or without having treated tissues
1	2	9	Fitting dentures for one jaw only
1	2	9	Recently pulled teeth and no denture ordered, when dentures are possible
1	2	9	Lack of follow-up
			d. <u>Treatment including various components not usually employed, or treatment which was technically imperfect.</u>
1	2	9	Dentures from unsuitable materials
1	2	9	Disfunctional, harmful dentures
1	2	9	Existence of irritating factors
1	2	9	Other. Specify.

9	2	1	e. <u>Lack of Preventive Care</u> Lack of periodic dental check-ups (at least once a year)
9	2	1	Oral hygiene not practiced by resident or aid (removing dentures, cleaning them, brushing them, brushing tongue and cheeks)
9	2	1	Other. Specify.
9	2	1	f. <u>Treatment by untrained personnel</u> Self treatment, or treatment by a person who isn't a dentist or a dental practitioner (except for oral hygiene).
9	2	1	Other. Specify.
9	2	1	g. <u>Neglect</u> Defective denture causing lesions
9	2	1	Poor oral hygiene
9	2	1	Oral mucosal diseases, untreated for over five years
9	2	1	Other. Specify
9	2	1	h. <u>Recently deteriorated condition</u> (regarding natural teeth, dentures, oral condition) Specify.
9	2	1	Specify.
9	2	1	Specify.



Questionnaire for Medical Examination of Resident

1. Card number

2. Type of questionnaire

3. Case number (to be inserted by office)

4. Name of institution \_\_\_\_\_

5. Type of ward

1 Independent

2 Frail

3 Nursing

4 Mentally frail

5 Mixed. Specify \_\_\_\_\_

6 Other. Specify \_\_\_\_\_

6. Resident's surname \_\_\_\_\_

first name \_\_\_\_\_

father's name \_\_\_\_\_

7. Date of examination. \_\_\_\_\_

Pains

8. Do you suffer from chest pains?

1 No

2 Yes, but not every day

3 Yes, every day

9 Impossible to determine

9. Do you suffer from pains in your legs?

- 1 No
- 2 Yes, but not every day
- 3 Yes, every day
- 8 Not relevant
- 9 Impossible to determine

Respiratory Problems

10. Do you suffer from a cough?

- 1 No
- 2 Yes
- 3 Impossible to determine

11. Do you suffer from asthma or shortness of breath?

- 1 No
- 2 Yes
- 3 Impossible to determine

12. Blood Pressure Measurements

1st measurement

\_\_\_\_\_

2nd measurement

\_\_\_\_\_

First Measurement Second Measurement

Systolic \_\_\_\_\_ mmHg \_\_\_\_\_ mmHg

Diastolic \_\_\_\_\_

13. Pulse

a. Rate \_\_\_\_\_

b. Rhythm

Regular

Irregular \_\_\_\_\_

Impossible to determine

14. Nutritional State

Normal

Abnormal \_\_\_\_\_

Impossible to determine

15. Appearance as Compared to Age

Looks younger than his age

Looks his age

Looks older than his age

Impossible to determine

16. Appearance

Neat

Untidy

Impossible to determine

17. Walking

Independent

With difficulty or with accompaniment

With mechanical aid

With wheel-chair

Bedridden

Impossible to determine

18. Getting out of Chair

Normal

Abnormal. Specify \_\_\_\_\_

Impossible to determine

19. Sitting

Normal

Abnormal. Specify \_\_\_\_\_

Impossible to determine

20. Eyes

a. Presence of Corneal Opacity

No

Yes. Specify \_\_\_\_\_

Impossible to determine

b. Inflammation

No

Yes. Specify \_\_\_\_\_

Impossible to determine



c. Cataract

No

Suspected

Present

Impossible to determine

d. Further Findings of External Eye Examination

No

Yes. Specify \_\_\_\_\_

Impossible to determine.

21. Mouth and Pharynx

a. Mucosal Membranes

Normal

Abnormal. Specify \_\_\_\_\_

Impossible to determine

b. Tongue

Normal

Abnormal

22. Lymph Nodes

a. Felt in neck

No

Yes. Specify \_\_\_\_\_

b. Felt in armpits

No

Yes. Specify \_\_\_\_\_

c. Felt in Groin

No

Yes. Specify \_\_\_\_\_

Impossible to determine

23. Thyroid

Normal

Abnormal. Specify \_\_\_\_\_

Impossible to determine

24. Neck

a. Venous Congestion

No

Yes. Specify \_\_\_\_\_

Impossible to determine

b. Pulse in Carotid Arteries

Normal

Abnormal. Specify \_\_\_\_\_

Impossible to determine

c. Murmur in Carotid Artery

No

Yes. Specify \_\_\_\_\_

Impossible to determine

25. Breasts

- 1 Normal  
2 Abnormal. Specify \_\_\_\_\_  
9 Impossible to determine

26. Heart Examination

a. Position of apex

- 1 Normal  
2 Abnormal. Specify \_\_\_\_\_  
9 Impossible to determine

b. Heart sounds

- 1 Normal  
2 Abnormal. Specify \_\_\_\_\_  
9 Impossible to determine

c. Systolic murmur

- 1 No  
2 Yes. Specify \_\_\_\_\_  
9 Impossible to determine

d. Diastolic murmur

- 1 No  
2 Yes. Specify. \_\_\_\_\_  
9 Impossible to determine

27. Respiratory Problems

a. Breathing difficulty (dyspnoea)

- 1 No  
2 Yes. Specify \_\_\_\_\_  
9 Impossible to determine

b. Chest

Normal

Abnormal. Specify \_\_\_\_\_

Impossible to determine

c. Stethoscope Examination

Adventitious sounds

Absent

Present

Impossible to determine

28. A. Paralysis

No

Skip to section B

Yes

Circle correct number

No

Spastic

Flaccid

paralysis Full Partial Full Partial

a. Left leg

b. Right leg

c. Left arm

d. Right arm

B. Cranial Nerves

Normal

Abnormal. Specify \_\_\_\_\_

Impossible to determine



29. Skeleton and Joints

a. Arms and Legs

None missing

Missing. Specify \_\_\_\_\_

Impossible to determine

b. Fingers

None missing

Missing. Specify \_\_\_\_\_

Impossible to determine

c. Joints

Circle most appropriate category for each joint

	Normal	Limited	Fixed	Not relevant	Impossible to determine
Right hand	1	2	3	8	9
Right elbow	1	2	3	8	9
Right shoulder	1	2	3	8	9
Left hand	1	2	3	8	9
Left elbow	1	2	3	8	9
Left shoulder	1	2	3	8	9
Right hip	1	2	3	8	9
Right knee	1	2	3	8	9
Left hip	1	2	3	8	9
Left knee	1	2	3	8	9
Ankles	1	2	3	8	9

Card number

30. Spine

Normal

Abnormal. Specify \_\_\_\_\_

Impossible to determine

31. Skin Lesions

No

Yes. Specify \_\_\_\_\_

Impossible to determine

32. Oedema of legs

No

Yes. Specify \_\_\_\_\_

Impossible to determine

33. a. Stump

No

skip to section b

Yes

Circle correct numbers  
in each line

	In good condition	In poor condition	Not relevant no stump	Impossible to determine
Right arm	1	2	8	9
Left arm	1	2	8	9
Right leg	1	2	8	9
Left leg	1	2	8	9

b. Arthrosis

No

Yes. Specify \_\_\_\_\_

Impossible to determine

34. Ischaemic changes of the skin

No

Yes. Specify \_\_\_\_\_

Impossible to determine

35. Hearing

Normal

Impaired

Deaf or almost deaf

Impossible to determine

36. Use of hearing aid during examination

Does use

Doesn't use

Impossible to determine

37. Examination of medical records and documents

Good

Fair

Poor

Impossible to determine

38. Notes

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# ASSESSMENT OF REHABILITATION POTENTIAL

Assessment to be made on the basis of:

1. General medical check-up of patient
2. Checking patient's file
3. Talk with institution's physician
4. Medical information questionnaire

For each area, mark in appropriate column, and indicate the conditions necessary for improvement or for maintaining present condition, using key provided below. Specify where necessary (categories 1-11).

	Independent no need for improvement	Chance of improvement	Chance of if proper action is taken	Nothing maintaining present condition done to improve condition	Nothing can be done to improve condition	Impossible to determine	Conditions * necessary for improvement or maintaining of present condition
	1	2	3	4	5	6	
Mobility and transfer							
Self care: washing, dressing eating, using toilet							
Urinary incon- tinence							
Cognitive ability							
Mental health							
General Medical status							

\*Key

1. Providing occupational therapy \_\_\_\_\_
2. Providing physiotherapy \_\_\_\_\_
3. Providing speech therapy \_\_\_\_\_
4. Meal training \_\_\_\_\_
5. Bowel and bladder training \_\_\_\_\_
6. Providing equipment or improving existing equipment \_\_\_\_\_
7. Improving the environment. Specify \_\_\_\_\_
8. Providing care in cognitive area. Specify \_\_\_\_\_
9. Providing mental care. Specify \_\_\_\_\_
10. Other. Specify \_\_\_\_\_

RACHEL4.OST

QUESTIONNAIRE FOR WARD NURSE ABOUT RESIDENT

(To be conducted by nurse)

5

Respondent's name \_\_\_\_\_

Respondent's position \_\_\_\_\_

Resident's name \_\_\_\_\_

Name of Institution \_\_\_\_\_

Type of ward \_\_\_\_\_

Case number \_\_\_\_\_

Interviewer's name \_\_\_\_\_

Date of interview \_\_\_\_\_

QUESTIONNAIRE FOR WARD NURSE ABOUT RESIDENT

1. Card number
2. Type of questionnaire
3. Case number (to be filled in office) \_\_\_\_\_
4. Name of institution \_\_\_\_\_

5. Type of ward

- |   |                |       |
|---|----------------|-------|
| 1 | Independent    | _____ |
| 2 | Frail          | _____ |
| 3 | Nursing        | _____ |
| 4 | Mentally frail | _____ |
| 5 | Mixed. Specify | _____ |
| 6 | Other. Specify | _____ |

6. Resident's name: Surname \_\_\_\_\_

First name \_\_\_\_\_

Father's name \_\_\_\_\_



A. Resident's Functional Status

7. Movement - Does the resident -

- |    |  |   |
|----|--|---|
| 01 | Walk easily (without mechanical aid)                       | Skip<br>to<br>qu.9  |
| 02 | Walk with difficulty (without mechanical aid)              |   |
| 03 | Walk only with aid   |   |
| 04 | Walk only with assistance of another person                |   |
| 05 | Travel in wheel-chair, without help                        | ) Skip<br>to<br>) qu.8  |
| 06 | Travel in wheel-chair, with partial help                   |   |
| 07 | Sit in a wheel-chair or chair, but not travel without help |   |
| 08 | Bedridden, conscious, can't be transferred to chair        | Skip to qu. 11  |
| 09 | Bedridden, unconscious                                     | If resident is unconscious, ask only questions marked with ** |
| 99 | Don't know   |   |

8. Can resident move from bed to chair independently?

- |   |                                       |
|---|---------------------------------------|
| 1 | Yes                                   |
| 2 | Needs some help/needs supervision     |
| 3 | Can't transfer on his own             |
| 8 | Not relevant, walks easily, bedridden |
| 9 | Don't know                            |

9. Does resident leave the building (with or without help)?

Goes out to street

Goes out only to garden/yard

Does not leave building

Not relevant, unconscious

Don't know

10. Does resident need help -

	Doesn't need help	Needs help	Other	Not relevant	Impossible to determine
Eating	1	2	3	8	9
Dressing	1	2	3	8	9
Washing	1	2	3	8	9
Shaving	1	2	3	8	9
Combing hair	1	2	3	8	9

\*\*11. Was there been any recent change in the resident's functional status?

Deterioration

Same

Improvement

Impossible to determine

B. Cognitive Deterioration

Interviewer: ask about every resident

12. Does the resident recognize you?

1 Yes, always

2 Sometimes he does and sometimes he doesn't

3 Doesn't recognize

8 Not relevant, unconscious

9 Don't know, impossible to determine

13. Does he recognize other people who take care  
of him in the institution?

1 Yes, always

2 Sometimes he does and sometimes he doesn't

3 Doesn't recognize

8 Not relevant, unconscious

9 Don't know, impossible to determine

14. I would like to know about the resident's ability to orient himself.

	Yes	Some- times	No	Not relevant Unconscious to determine	Impossible
--	-----	----------------	----	---	------------

Does he know where his room is?	1	2	3	8	9
---------------------------------	---	---	---	---	---

Does he know where his bed is in his room?	1	2	3	8	9
--	---	---	---	---	---

Does he know when it's the sabbath or a holiday?	1	2	3	8	9
--	---	---	---	---	---

Does he know the difference between morning and afternoon?	1	2	3	8	9
--	---	---	---	---	---

15. How would you assess the resident regarding his relationship with the environment?

Read out categories

	Not Always	Not always	Not relevant No unconscious	Imposs. to det.
--	---------------	------------	--------------------------------	--------------------

Understands	1	2	3	8	9
-------------	---	---	---	---	---

Speaks to the point	1	2	3	8	9
---------------------	---	---	---	---	---



16.

Always      Not always      Unconscious      Im-possible to determine  
 Always      always      No not relevant      to determine

Does resident cooperate?	1	2	3	8	9
Is resident apathetic	1	2	3	8	9
Is resident depressed	1	2	3	8	9
Is resident aggressive	1	2	3	8	9

### III. Care Sources

Interviewer: If resident is in care of a number of agencies, specify under "notes" which areas are treated by each agency

\*\*17. I would like to know what treatment the resident is receiving, and in what framework?

	Yes	No	Don't know	Notes
Medical care in the institution	1	2	9	
Medical care in Kupat Holim	1	2	9	
Medical care in out-patient clinic in hospital	1	2	9	
Medical care by private physician	1	2	9	
Dental care by dentist in institution	1	2	9	
Dental care by dentist outside institution	1	2	9	
Physiotherapy	1	2	9	
Speech therapy	1	2	9	
Mental care	1	2	9	
Special diet. Specify. _____	1	2	9	
Treatment of cognitive deterioration	1	2	9	
Other. Specify. _____				
_____				
_____				

IV. Urinary and Fecal Incontinence

18. Is the resident continent in his bowel movements?

- 1 Yes
- 2 No
- 8 Not relevant, unconscious.
- 9 Don't know

19. Is the resident continent in passing urine, does he have a catheter?

- 1 Resident is continent) Skip to qu. 24
- 2 Resident is continent)  
with a catheter )
- 3 Resident is incontinent (no catheter or  
penrose)
- 4 Resident is incontinent with catheter) Skip  
to
- 5 Resident is incontinent with penrose ) qu. 21
- 8 Not relevant, continent, unconscious
- 9 Don't know

20. When does the resident wet himself?

- 1 At night (every night)
- 2 During the day (every day)
- 3 At night and during the day (every time)
- 4 Sometimes during the day (but not every day)
- 5 Sometimes at night (but not every night)
- 6 Sometimes during the day or night
- 8 Not relevant, continent, unconscious
- 9 Don't know

21. Did the resident suffer from urinary  
incontinence when he was admitted to the ward?

1 Yes

2 No, he began wetting after he was admitted

8 Not relevant

9 Don't know

22. How long has he been wetting?

1 A month or less

2 One month to six months

3 Over six months to a year

4 Over a year to two years

5 Over two years to five years

6 Over five years

8 Not relevant, resident is continent

9 Don't know

23. Is there, or has there been in the past, any  
program for training the resident (such as  
going to the toilet every few hours, etc.?)

Yes, it is being tried at present (specify)

---

1 Yes, it has been tried in the past (specify)

---

2 No

8 Not relevant, resident is continent

9 Don't know



Don't know

Don't know

Don't know

\*\*27. What treatment does he receive in the institution?

	Yes	Not No	Don't relevant know	
Bandaging without use of Medicament	1	2	8	9
Bandaging with use of medicament	1	2	8	9
Open treatment without use of medicament	1	2	8	9
Open treatment with use of medicament	1	2	8	9
Combined open and closed treatment with use of medicament	1	2	8	9
Combined open and closed treatment without use of medicament	1	2	8	9
Oral medication	1	2	8	9
Diet	1	2	8	9
Operation	1	2	8	9
Other. Specify _____	1	2	8	9

\*\*28. Can you make an assessment whether there has been a change in the condition of the sores?

The sore/s got worse

No change

There has been an improvement

Not relevant, no pressure sores

Don't know

VI. Falls

\*\*29. During the past year, has the resident  
had a fall of any kind?

- 1 He fell more than three times
- 2 He fell two or three times
- 3 He fell once
- 4 He didn't fall
- 9 Don't know

\*\*30. Since he has been in the institution, has  
the resident had a bad fall which resulted in  
a fracture, sprain or crack, or in having to  
lie in bed or be hospitalized?

- 1 Yes
- 2 No Skip to question 33
- 8 Not relevant
- 9 Don't know, don't remember

\*\*31. When did this bad fall happen?

- 1 A year ago or less than a year ago
- 2 More than a year to three years ago
- 3 More than three years ago
- 8 Not relevant
- 9 Don't know





35. Is he often tense, restless, or nervous during the day?

1 Yes. Why? \_\_\_\_\_

2 Sometimes. Why? \_\_\_\_\_

3 No. Skip to question 37

8 Not relevant, unconscious

9 Don't know

36. What is being done in order to help resident with his stress and nervousness problems, besides prescribing medication?

1 The following (specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2 Nothing is being done

8 Not relevant, no insomnia or restlessness

9 Don't know

37. Has there been any change in his condition of stress during the past few months?

1 Deterioration

2 No change

3 Improvement

8 Not relevant

9 Don't know, impossible to determine

VIII. Eye Problems

38. Can you evaluate \_\_\_\_\_'s visual ability? (If he wears glasses, refer to his vision while wearing them).

- 1 Yes, totally blind
- 2 Yes, can hardly see
- 3 Sees poorly from close distances and/or far distances
- 4 No difficulties
- 8 Not relevant, unconscious
- 9 Don't know, impossible to determine

39. Does the resident suffer from eye diseases?

- 1 Yes. Which? \_\_\_\_\_
- 2 No
- 8 Not relevant
- 9 Don't know

---

Interviewer: If resident is blind in both eyes - skip to question 44.

---

40. Does the resident have glasses?

- 1 Yes
- 2 No
- 8 Not relevant, blind
- 9 Don't know

41. If yes - are they of the correct prescription?

- 1 Yes  
2 No  
8 Not relevant, no glasses, blind  
9 Don't know

Interviewer: Address question 42 only to residents who have vision difficulties

42. We would like to know in what way and to what extent his vision problems bother him?

	Has problems	Has no problems	Not relevant	Impossible to determine
Has problems walking in the institution because of his vision	1	2	8	9
Has problems walking outside the institution because of his vision	1	2	8	9
Has difficulty reading (or doing handi-crafts)	1	2	8	9
Has difficulty seeing things that are far away (watching television)	1	2	8	9
Has difficulty recognizing people (by sight)	1	2	8	9

43. Was resident referred to an eye-doctor?

Yes. When? \_\_\_\_\_

No

Not relevant

Don't know

IX. Hearing Problems

44. Does resident have any difficulty hearing?

Yes. He is deaf                      Skip to question 48

Yes, he is almost deaf

Doesn't hear well

No difficulty                      Skip to question 50

Not relevant, unconscious .

Don't know

45. Does resident have hearing aid?

Yes

No                      Skip to question 47

Not relevant, unconscious

Don't know

46. Does he use it?

Yes

No. Why? \_\_\_\_\_

Not relevant, unconscious

Don't know



47. I would like to know in what area his  
hearing problems hamper him?

	Hamper	Don't hamper	Not relevant	Impossible to determine
In his relation- ships with the other residents	1	2	8	9
In his relation- ship with members of the staff	1	2	8	9
In listening to radio or television	1	2	8	9
Some other area. Specify				
	1	2	8	9

48. Have you referred the resident to a  
specialist?

Yes

No

Not relevant

Don't know, can't remember

49. Have you spoken with the family (about the problem or about the need for a hearing aid, or the need to see a doctor)?

1 Yes. With what result? \_\_\_\_\_

2 No. Why not? \_\_\_\_\_

8 Not relevant

9 Don't know, can't remember

50. Has there been any change in his hearing recently?

1 Deterioration

2 No change

3 Improvement

9 Don't know.

X. Dental Problems

51. Does resident have dentures (false teeth)?

1 Yes

2 No Skip to question 53

8 Not relevant, unconscious

52. Does he use them?

- 1 Yes, always  
2 Sometimes. Why not always? \_\_\_\_\_  
3 Doesn't use them. Why? \_\_\_\_\_  
8 Not relevant, no dentures, unconscious  
9 Don't know

53. Who gives him oral and dental treatment in the institution?

- 1 Dentist, or dental practitioner in the institution  
2 Dentist or dental practitioner outside the institution  
3 Dental technician  
4 Doctor in institution  
5 Nurse in institution  
6 Other. Specify \_\_\_\_\_  
7 No one. Why not? Specify \_\_\_\_\_  
8 Not relevant, unconscious  
9 Don't know

54. When was the last time that a dentist or dental practitioner examined the resident?

\_\_\_\_\_ ago

77 - Never

55. Has there been any recent change in the  
resident's oral health condition?

Deterioration

No change

Improvement

Not relevant, unconscious

Don't know

# XI. Social Isolation

We would like to know how \_\_\_\_\_

feels in the institution.

56. Does he have someone to talk to, to confide  
in?

Yes

No. Specify why not? \_\_\_\_\_

Skip to qu. 58

Not relevant, can't communicate

Don't know

57. With whom can he talk?

	Yes	No	Not relevant	Don't know
One or more of the staff	1	2	8	9
Local resident(s)	1	2	8	9
Family member, spouse	1	2	8	9
Other, specify _____	1	2	8	9



58. (If resident is married): How often does  
his/her husband/wife visit him/her?

- 1 Every day or almost every day
- 2 Once-twice a week
- 3 1-3 times a month (once every two weeks)
- 4 A number of times a year (holidays, etc.)
- 5 Don't see each other
- 8 No husband/wife, living together
- 9 Don't know

59. How often is he visited by children/  
relatives/friends?

- 1 Every day or almost every day
- 2 Once-twice a week
- 3 1-3 times a month (once every two weeks)
- 4 A number of times a year (holidays, etc.)
- 5 They don't visit
- 8 No family/friends
- 9 Don't know

60. In which institution activities did he  
participate recently?

---

---

---

99 - Don't know

88 - Not relevant, can't participate in any  
activity

62. Has anything been done to try and help him  
concerning each of these problems?

a) For problem no. 1:

No. Why \_\_\_\_\_

Yes. Specify \_\_\_\_\_

Not relevant, no problems, unconscious

Don't know, can't remember

b) For problem no. 2:

No. Why \_\_\_\_\_

Yes. Specify \_\_\_\_\_

Not relevant, no problems, unconscious

Don't know, can't remember

c) For problem no. 3:

No. Why \_\_\_\_\_

Yes. Specify \_\_\_\_\_

Not relevant, no problems, unconscious

Don't know, can't remember

d) For problem no. 4:

- 1                   No. Why \_\_\_\_\_  
                    \_\_\_\_\_  
2                   Yes. Specify \_\_\_\_\_  
                    \_\_\_\_\_  
8                   Not relevant, no problems, unconscious  
9                   Don't know, can't remember

63. Was interview carried out?

- 1                   Yes  
2                   Partially. Why? \_\_\_\_\_  
3                   No. Why? \_\_\_\_\_

6

QUESTIONNAIRE TO SOCIAL WORKER

ABOUT RESIDENT

(To be conducted by interviewers)

Respondent's name \_\_\_\_\_

Respondent's position \_\_\_\_\_

Resident's name \_\_\_\_\_

Name of institution \_\_\_\_\_

Type of ward \_\_\_\_\_

Case number \_\_\_\_\_

Interviewer's name \_\_\_\_\_

Interview date \_\_\_\_\_



Questionnaire to Social Worker About Resident

(To be conducted by interviewers)

If there is no social worker, interview house-  
mother or director

\_\_\_\_\_

1. Card number

2. Type of ward

3. Case number (to be filled in office) \_\_\_\_\_

4. Name of institution \_\_\_\_\_

5. Type of ward

Independent

Frail

Nursing

Mentally frail

Mixed. Specify \_\_\_\_\_

Other. Specify \_\_\_\_\_

6. Name of resident: Surname \_\_\_\_\_

First name \_\_\_\_\_

Father's name \_\_\_\_\_

We would like to know a little about \_\_\_\_\_'s situation.

7. Does he have anyone to talk to, to confide in?

Yes

No. Specify why not? \_\_\_\_\_

\_\_\_\_\_ )

Not relevant, can't talk ) Skip to question 9

Don't know )

8. (If yes) With whom?

	Not		Don't	
	Yes	No	relevant	know
One or more of the staff	1	2	8	9
Resident(s)	1	2	8	9
Family member, spouse	1	2	8	9
Other. Specify _____	1	2	8	9

9. (If resident is married) How often does his/her

husband/wife visit?

Every day or almost every day

Once or twice a week

1-3 times a month (every two weeks)

A number of times a year (on holidays, etc.)

Don't see each other

No husband/wife, not relevant, live together

Don't know

10. How often is he visited by his

Children/relatives, friends?

Every day or almost every day

Once-twice a week

1-3 times a month (every two weeks)

A number of times a year (holidays, etc.)

No visitors

No family/friends

Don't know

11. In which activities within the institution did  
he participate during the past month?

-----  
-----  
-----  
-----

12. Do you give the resident individual care?

Yes

No. Why not? \_\_\_\_\_ ) Skip to  
question 14

Not relevant, can't  
communicated with him )

Unknown - )

13. How many times did you meet with him and talk  
to him during the past month?

-----

14. What further treatment (or help) have you given the resident during the past year?

I gave \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

None

Not relevant

Don't know

15. How would you summarize the resident's main problems?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Do you know the resident's family?

Yes

No                      Skip to question 18

Resident has no family, not relevant

Unknown

17. How many times did you meet with members of the resident's family during the past year?

\_\_\_\_\_

17a. What did you discuss with them?



18. What, in your opinion, can be done within the institution to improve the resident's condition?

Something can be done. Specify \_\_\_\_\_

Nothing can be done

Not relevant

Unknown

19. Resident's financial situation:

Well off

Average

Poor

Unknown

20. Family's financial situation:

Well off

Average

Poor

Unknown

21. Overall monthly sum received by institution for the resident from all sources (in IS):

22. Sum received by institution upon admission of  
resident (in IS) \_\_\_\_\_

23. Who pays the resident's monthly rates?

	Yes	No	Unknown
1. Ministry of Labour and Social Services	1	2	9
2. Ministry of Health	1	2	9
3. Kupat Holim (Sick Fund)	1	2	9
4. The resident himself	1	2	9
5. Family member(s)	1	2	9
6. Other. Specify _____	1	2	9

## FORM FOR INTERVIEWING INSTITUTION'S PHYSICIAN ABOUT INDIVIDUAL RESIDENTS

Check relevant box

Name of resident \_\_\_\_\_ Type of ward \_\_\_\_\_ Name of institution \_\_\_\_\_

Name of interviewed physician \_\_\_\_\_ Date \_\_\_\_\_

Area	Resident suffers from this disease			Changes in condition during past month			Has there been follow-up of resident's condition? How often was he checked?			Is resident under treatment? How often was he checked?			
	No	Yes	Unknown	Yes, deterioration	Yes, improvement	No change	Unknown	Yes, specify	No	Unknown	Yes, specify	No	Unknown
	1	2	9	1	2	3	9	1	2	9	1	2	9

## Cardio-vascular diseases

Hypertension

Respiratory tract diseases

Diabetes

Endocrine and metabolic diseases

Diseases of the urinary tract and sexual organs

Urinary incontinence

Fecal incontinence

Digestive tract diseases

Haematological diseases

Neurological problems

Psychiatric problems

Insomnia and

restlessness

Joints &amp; bones

Vision difficulties

Chronic eye diseases

Hearing difficulties

Chronic ear disease

Oral and dental problems

Pressure sores

Other skin problems

Mobility problems

Record medication and dosage resident receives  
at present, according to: (Circle relevant  
 categories; if there is more than one correct  
 category, circle "6" and specify under "other".

- 1 Medication card
- 2 Medication notebook
- 3 Medicine tray
- 4 Information from responsible nurse
- 5 Medical file
- 6 Other \_\_\_\_\_

Card number \_\_\_\_\_

Type of questionnaire, case number \_\_\_\_\_

Type of Medication	Dosage (including number of times a day medication is given)

of Medicine	Times a day	Dosage
5	0-5	5-5





(To be completed by nurse, on basis of medical records file)

1. Card number

2. Type of questionnaire

3. Case number

4. Resident's name \_\_\_\_\_ Age \_\_\_\_\_

5. Name of institution \_\_\_\_\_

Type of ward \_\_\_\_\_

6. Date of admittance to institution \_\_\_\_\_

7. Date of admittance to ward \_\_\_\_\_

8. From where was resident transferred to ward?

From home

From general hospital

From another institution

From another ward in the institution. Which?

\_\_\_\_\_

Other. Specify \_\_\_\_\_

Unknown

Diagnoses upon admittance to institution	Diagnoses upon admittance to ward (if transferred or longer from another ward)	Diagnoses made six months ago
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(To be completed by nurse)  
(Form No. 09)

DISEASES (including hypertension, cardio-vascular, neurological, psychiatric, oral & dental diseases, and symptoms of insomnia and restlessness)

Name of institution \_\_\_\_\_

Type of ward \_\_\_\_\_

Resident's name \_\_\_\_\_

Case number \_\_\_\_\_

(Refers to last 6 months)

[illegible]

10

GENERAL QUESTIONNAIRE TO RESPONSIBLE WARD NURSE

(To be conducted by nurse)

Respondent's name \_\_\_\_\_

Respondent's position \_\_\_\_\_

Type of ward \_\_\_\_\_

Name of institution \_\_\_\_\_

Interviewer's name \_\_\_\_\_

Interview date \_\_\_\_\_



General Questionnaire to Responsible Ward Nurse

(To be conducted by nurse)

1. Card number

2. Type of questionnaire

3. Name of institution \_\_\_\_\_

4. Type of ward \_\_\_\_\_

Independents

Frail

Nursing

Mentally frail

Mixed. Specify \_\_\_\_\_

Other. Specify \_\_\_\_\_

5. Name of interviewed nurse \_\_\_\_\_

6. Interviewed nurse's function

Responsible ward nurse

Other nurse in ward

I would like to ask you a number of questions  
concerning the ward you are responsible for

---

I. Equipment

7. Are there enough wheel-chairs in the ward?

1 Yes

2 No

8 Not relevant, no need for wheel-chairs

9 No answer

---

8. How many wheel-chairs in the ward?

\_\_\_\_\_

9. Are you in need of any specific equipment  
that's especially missing on the ward?

1 Yes. Specify \_\_\_\_\_

2 No

9 No answer

II. Recording Methods

In questions 10, 11 - If answer is affirmative,  
ask for a copy of the form, or if there is no  
form, specify which details are recorded.

---

10. Is there any record of when residents wet themselves or when they are changed?

1 Yes. Specify where this record is kept and what is recorded \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2 No

8 Not relevant

9 No answer

11. Is there a record of residents' falls?

1 Yes. Specify what cases and which details are recorded. \_\_\_\_\_  
\_\_\_\_\_

2 No

9 No answer

### III. Personal Care of (dependent) Resident

If resident is independent - skip to question 17

12. How do you clean resident after he has wet himself?

	Usually	Some- times	Not No relevant	No answer	
Change of clothes only	1	2	3	8	9
Cleaning or wash in bed and change of clothes	1	2	3	8	9
Shower and change of clothes	1	2	3	8	9
Other . Specify	1	2	3	8	9

13. For those residents who need it, are their mouths, tongues and cheeks cleaned every day?

Yes, every day before each meal

Yes, every day, once a day

A number of times a week

Once a week

Less than once a week

Don't clean

Not relevant, no residents who need it



14. How often do you turn over bedridden residents who cannot turn over on their own?

During the day, every \_\_\_\_\_ hours

During the night, every \_\_\_\_\_ hours

15. How many people on the ward are fed?

\_\_\_\_\_

16. How many people need feeding? \_\_\_\_\_

IV. Falls

17. Are there certain places where the residents tend to fall more than in other places?

Yes. Specify \_\_\_\_\_

No

Don't know

V. Violence

18. Have there been cases of violent handling of the patients by the staff?

Yes. What did the institution do? \_\_\_\_\_

No

Don't know, no answer

VI. Medication

I would like to ask you a few questions concerning  
the procedures for preparing and distributing  
medication

19. Is there a medications record?

Yes

No

Other. Specify \_\_\_\_\_

20. Who usually signs the order for giving  
medication?

Doctor

Someone else. Specify \_\_\_\_\_

No one signs

21. Are orders for stopping medication usually  
signed by the doctor?

Yes

No

22. Who transfers the order to the patient's  
personal card?

- 1 Nurse
- 2 Aid
- 3 Other. Specify \_\_\_\_\_
- 8
- 9

23. When are instructions for giving medication  
given by telephone?

- 1 At night
- 2 During the day
- 3 During the holidays
- 4 Other. Specify \_\_\_\_\_
- 5 Never
- 8
- 9

24. Who usually prepares the medicine for the  
patients?

- 1 Nurse
- 2 Aid
- 3 Other. Specify \_\_\_\_\_
- 8
- 9

25. Who usually distributes the medication during  
the day?

1 The same person who prepares it

2 Someone else - nurse

3 Someone else - aid

4 Someone else - specify. \_\_\_\_\_

8

9

26. Who usually distributes the medication  
at night?

1 The same person who prepares it

2 Someone else - nurse

3 Someone else - aid

4 Someone else - specify \_\_\_\_\_

8

9

27. When there is a lot of pressure at work - who  
distributes the medication once it's ready  
in individual saucers?

1 We get (nurse's) help from another ward

2 An aid is requested to distribute

3 Distribution is postponed to a later hour

4 Other. Specify \_\_\_\_\_

8

9



VII. Socio-Demographic Details Concerning

Responsible Nurse

\_\_\_\_\_  
I would like to ask you a few things about  
yourself  
\_\_\_\_\_

28. Sex

1 Male

2 Female

29. Year of birth \_\_\_\_\_

30. Place of birth \_\_\_\_\_

31. Date of immigration \_\_\_\_\_

Not relevant

32. How many years have you been working in this  
institution? \_\_\_\_\_

33. What is your professional training?

Registered nurse

Practical nurse

Doesn't have nursing certification

34. Seniority in profession (years) \_\_\_\_\_

35. Position -

Full time

Part time

36. Seniority in institution? \_\_\_\_\_

37. Experience in work with the elderly (years)

38. Courses or additional training in the past  
five years (specify type and length)

Type	Length (no. of days, weeks, etc.)
------	--------------------------------------

Thank you for your cooperation.

Observation in Ward (including resident's rooms)  
(To be conducted by nurse)

Card number

Type of questionnaire, name of institution and ward

1. Smell in ward

- |   |  |
|---|--|
| 1 | Clean (smell of cleaning fluids, etc.) |
| 2 | Neutral                                |
| 3 | Unpleasant (urine & excrement)         |
| 9 | Impossible to determine                |

2. Cleanliness in ward

- |   |                         |
|---|-------------------------|
| 1 | Clean                   |
| 2 | Not so clean            |
| 3 | Dirty, neglected        |
| 9 | Impossible to determine |

3. Aesthetics

- |   |  |
|---|--|
| 1 | Ward is decorated (pictures, potted plants, etc) |
| 2 | Little decoration                                |
| 3 | Bare walls, no decorations                       |
| 9 | Impossible to determine                          |

4. General appearance of the residents

- 1 Clean and neat
- 2 Untidy
- 3 Neglected (dirty, etc)
- 9 Impossible to determine

5. Where most residents congregate

They congregate mostly (before lunch) in

---

6. Personal appearance of professional institutional staff

- 1 Clean and neat
- 2 Untidy
- 4 Neglected
- 9 Impossible to determine

7. Is it possible to tell the difference between the professional staff and the aids?

- 1 Yes, clearly
- 2 Yes, with some difficulty
- 3 No
- 9 Impossible to determine



8. Atmosphere within the ward (relationships  
between staff members)

- 1 Pleasant, relaxed atmosphere
- 2 Correct atmosphere
- 3 Strained, uncomfortable atmosphere
- 9 Impossible to determine

9. Treatment of residents

a) Tone of voice and the way he is addressed

- 1 Warm, considerate
- 2 Not always considerate
- 3 Inconsiderate
- 9 Impossible to determine

b) Taking limitations into consideration  
(movement, vision, hearing).

- 1 Considerate treatment
- 2 Not always considerate
- 3 Inconsiderate treatment
- 9 Impossible to determine

c) Encouragement of mobility

- 1 Observed
- 2 Not observed
- 9 Impossible to determine

d) Encouragement of independent activity

- 1 Observed
- 2 Not observed
- 9 Impossible to determine

e) Treatment in cases of incontinence

- 1 Understanding
- 2 Cold, professional
- 3 Impatient, scolding, aggressive
- 9 Impossible to determine

f) Staff response to calls by patients

- 1 Quick response in most cases
- 2 Response sometimes quick, sometimes not
- 3 Mostly slow response or no response
- 9 Impossible to determine

g) Informal personal relationships between staff and patient (staff members show an interest, ask "how are you", etc.)

- 1 A lot
- 2 A little
- 3 None
- 9 Impossible to determine

10. Safety hazards observed during visit (note such hazards as lack of railing, open electricity box, soapy water on floor, faulty equipment, etc.)

-----  
-----  
-----  
-----

11. Equipment in ward (mark x in appropriate place in each line)

Type of Equipment	Yes 1	Partial 2	No 3	Ready for use 1	Not ready for use 2	Notes
Day care wagon						
Temperature taking equipment						
Equipment for oral treatment						
Catheter equipment						
Feeding tube						
I.V. or subcutaneous (sterile) equipment						
Equipment for treating pressure-sores						
Nurse's room equipment: (medicine box, table, sink, cold and hot water, etc.						
Ward equipment: walker, bowls, bottles, pots, scale						
Tool room equipment						

Distribution of Medication

12. Equipment for distributing medicines (circle correct number in each line.)

	Yes, the right kind	Yes, but not the right kind	No
Trolley or tray	1	2	3
Saucers	1	2	3
Cups	1	2	3
Personal cards	1	2	3

13. Who distributes the medication?

- 1 Nurses
- 2 Nurses and aids
- 3 Aids
- 4 Other. Specify \_\_\_\_\_
- 8
- 9 Don't know

14. Has it happened that the distributor did not prepare the medicine himself?

- 1 It has happened
- 2 It has not happened
- 8
- 9 Don't know



15. Has it happened that the distributor did not  
make sure that the patient took the  
medication?

1 It has happened  
2 It has not happened  
8  
9 Don't know

16. Has the distributor ever behaved in a way not  
befitting the distribution of medicines?

1 Yes. Specify \_\_\_\_\_  
2 No  
8  
9 Don't know

17. General assessment of distribution  
procedures?

1 Good  
2 Average  
3 Unsatisfactory  
8  
9

18. Are residents who need to be fed washed  
before they are fed?

1

Yes

2

No

8

Not relevant, no residents who need feed

9

Unknown

## GENERAL QUESTIONNAIRE FOR SOCIAL WORKER

(To be conducted by interviewers)

Name of respondent \_\_\_\_\_

Respondent's position \_\_\_\_\_

Type of ward \_\_\_\_\_

Name of institution \_\_\_\_\_

Interviewer's name \_\_\_\_\_

Interview date \_\_\_\_\_

General Questions for Social Worker

1. Card number
2. Type of questionnaire
3. Name of institution \_\_\_\_\_
4. Name of social worker \_\_\_\_\_

Activities in the Institution

5. What social or cultural activities take place regularly in the institution? (Give as many details as possible).

Type of activity	Frequency
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____



Relatives

6. What do you do if family members don't visit at all?

Institution does not interfere

Depends on the case. Specify \_\_\_\_\_

\_\_\_\_\_

We call up the family and ask them to come

Other. Specify \_\_\_\_\_

Unknown

7. Do you have reception hours when families can approach you?

Yes

No

8. Do you make a house-call before admitting a resident into the institution?

Yes, always

Among some of the residents. Specify \_\_\_\_\_

-----

No

9. Do you hold group discussions with the residents?

Yes. On what topics? \_\_\_\_\_

\_\_\_\_\_  
No

10. Has it happened during the past year that a resident was evicted from the institution because he or his family lacked means?

Yes, how many? \_\_\_\_\_

No

Skip to question 12

11. If yes, to where were they transferred?

\_\_\_\_\_  
\_\_\_\_\_

12. Are you satisfied with the relationship between the institution and the families?

Yes

No. Why? \_\_\_\_\_

13. If no, what can be done to improve this relationship? \_\_\_\_\_  
\_\_\_\_\_

14. Does the institution have programs having to do with relationship with the community (for example volunteers, contact with clubs, etc.)?

No

Yes. Specify: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

Couples (Ask question 15-22 only for ward or institution for independent residents)

Sometimes there is a problem of unmarried couples who wish to live together in an institution.

15. What is institutional policy concerning unmarried couples living together?

A separate room is given only to married couples

A separate room is given to couples who want to live together, even if they are not married

Technically, we cannot provide a room for these couples (not enough rooms)

There is no problem because there are no such cases Skip to question 20

If they wish to live together, they must get married Skip to question 19

Other. Specify \_\_\_\_\_

Unknown

16. Did such a phenomenon occur in your  
institution during the past year?

Yes

No

Skip to question 20

17. How many such couples were there? \_\_\_\_\_



18. What solutions did the institution provide  
for these couples? Specify

---

---

---

19. Have you come across a case where an  
unmarried couple was interested in being  
alone in a room?

1 Yes

2 No

8

9

I will read you a number of statements. I would  
like to know to what extent you agree to the  
following:

20. Family permission should be obtained in any  
case where a resident is interested in  
getting married (or living with another  
person) -

1 Agree

2 Don't quite agree

3 Disagree

8 Not relevant

9 Unknown

21. The institution cannot allow unmarried couples to live together, because this solution would destroy the institution's good name and image.

Agree

Don't quite agree

Disagree

Not relevant

Unknown

22. Sex among the elderly is unnecessary and most of them don't need it -

Agree

Don't quite agree

Disagree

Not relevant

Unknown

### Touching

23. (In your opinion) Most elderly people are in need of touching

Agree

Don't quite agree

Disagree

Not relevant

Unknown

24. Have you come across a need for touching  
amongh the residents of the institution/ward?

Yes

No                      Skip to question 26

25. How widespread is this phenomenon? (Have you  
noticed it among many residents, or only a  
few?)

---

---

Card number

Type of questionnaire, name of institution, name  
of social worker

In Conclusion

26. What are the most common problems<sup>1</sup> discussed  
between staff and residents (specify what the  
problems are and who of the staff discusses  
them)

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

27. What are the most common problems discussed with the residents' families? (Specify what the problems are and who of the staff discusses them).

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

28. What changes, if any, would you suggest to the institution in order to improve the residents' life here?

No need for changes

Yes. Specify \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

29. How many residents of the institution are receiving (individual) treatment by a social worker?

\_\_\_\_\_ residents in the independent ward/  
institution

\_\_\_\_\_ residents in the frail ward/  
institution

\_\_\_\_\_ residents in the nursing ward/  
institution

30. How often do you talk with the residents

Days

receiving treatment?

Number or percentage of residents \_\_\_\_\_  
every \_\_\_\_\_ days

Number or percentage of residents \_\_\_\_\_  
every \_\_\_\_\_ days

Number or percentage of residents \_\_\_\_\_  
every \_\_\_\_\_ days

Number or percentage of residents \_\_\_\_\_  
every \_\_\_\_\_ days

31. How much time, on average, do you spend per day

on arrangements, contacts between residents and  
outside agencies, etc.?

\_\_\_\_\_ (hours)

32. How much time on average do you spend per day

on group therapy?

\_\_\_\_\_ (hours)

33. Are you satisfied with the way your time is  
divided between your different activities?

yes

No. Specify what changes you would be interested  
in \_\_\_\_\_

\_\_\_\_\_



34. How often are staff meetings held?

\_\_\_\_\_

35. Do you attend them all?

Yes

No. Specify \_\_\_\_\_

No staff meetings

36. What aspects of team work are you  
satisfied with?

I am satisfied with everything

~~I am not~~ satisfied with: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No staff meetings

Card number

Type of questionnaire, name of institution, social  
worker name

Socio-demographic Details

37. Respondent's name \_\_\_\_\_

38. Respondent's position \_\_\_\_\_

39. Sex

Male

Female

40. Year of birth \_\_\_\_\_

41. Country of birth \_\_\_\_\_

42. Immigration year \_\_\_\_\_

43. How many years have you been working in this  
institution? \_\_\_\_\_

44. Professional training (degree) \_\_\_\_\_

45. professional seniority (in years)  
\_\_\_\_\_

46. Full time/part time job

Full time

Part time

47. Seniority in institution \_\_\_\_\_

48. Years of experience working with the elderly  
\_\_\_\_\_

49. Professional training courses in the past  
five years (specify type and duration)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GENERAL QUESTIONNAIRE FOR PHYSICIAN  
(To be conducted by interviewers)

12

Name of respondent \_\_\_\_\_  
Respondent's position \_\_\_\_\_  
Type of ward \_\_\_\_\_  
Name of institution \_\_\_\_\_  
Interviewer's name \_\_\_\_\_  
Date of interview \_\_\_\_\_

General Questions for Physician

1. Card number

2. Type of questionnaire

3. Type of institution \_\_\_\_\_

4. Type of ward

1

Independents

2

Frail

3

Nursing

4

Mentally frail

5

Mixed. Specify \_\_\_\_\_

6

Other. Specify \_\_\_\_\_

Physician's name \_\_\_\_\_

5. Sex

1

Male

2

Female

1. Socio-demographic Details

6. Year of birth \_\_\_\_\_

7. Country of birth \_\_\_\_\_

8. Immigration year \_\_\_\_\_



9. When did you complete your medical studies  
(what year)?  
\_\_\_\_\_

10. In what country did you complete your medical  
studies?

11. What are your areas of specialization?

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

12. How long have you been working in this  
institution? \_\_\_\_\_

13. How many times a week do you visit the  
institution?

14. Do you work anywhere else?

Yes. Where? \_\_\_\_\_

No

Doesn't answer

15. Have you done any postgraduate work during the past few years?

Yes. What kind and when? \_\_\_\_\_

\_\_\_\_\_

No

II. Medical examinations

16. Does every resident who is admitted to the ward undergo a medical check-up?

Yes

No

Don't know

18. Regarding frail wards specify what examinations are given to the resident and when (in each line, circle all the correct numbers and specify in last column)

Type of Examination	Do residents arrive in institution with medical data			Are all residents examined upon admittance to institution/ward			Are the following tests administered regularly to all patients		If yes - how often are tests given?
	Yes	Sometimes	No	Yes	Sometimes	No	Yes	No	
Blood pressure test	1	2	3	1	2	3	1	2	
Vision test	1	2	3	1	2	3	1	2	
Hearing test	1	2	3	1	2	3	1	2	
Urine test for discovery of diabetes	1	2	3	1	2	3	1	2	
Blood test for discovery of diabetes	1	2	3	1	2	3	1	2	
General blood tests	1	2	3	1	2	3	1	2	
Weighing	1	2	3	1	2	3	1	2	
Functional ability test	1	2	3	1	2	3	1	2	
General physical examination	1	2	3	1	2	3	1	2	

- Card number

Type of questionnaire, name of institution, type of ward

19. Regarding nursing wards specify what examinations are given to the resident and when (in each line, circle all the correct numbers and specify in last column)

Type of Examination	Do residents arrive in institution with medical data			Are all residents examined upon admittance to institution/ward			Are the following tests administered regularly to all patients		If yes - how often are tests given?
	Yes	Sometimes	No	Yes	Sometimes	No	Yes	No	
Blood pressure test	1	2	3	1	2	3	1	2	
Vision test	1	2	3	1	2	3	1	2	
Hearing test	1	2	3	1	2	3	1	2	
Urine test for discovery of diabetes	1	2	3	1	2	3	1	2	
Blood test for discovery of diabetes	1	2	3	1	2	3	1	2	
General blood tests	1	2	3	1	2	3	1	2	
Weighting	1	2	3	1	2	3	1	2	
Functional ability test	1	2	3	1	2	3	1	2	
General physical examination	1	2	3	1	2	3	1	2	
Card number									

Type of questionnaire, name of institution, type of ward

III. Functional Ability Tests

20. What do the institution's functional ability tests include? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. Who conducts these tests?

Ward nurse

Doctor

Other. Specify \_\_\_\_\_

Unknown

22. Do you send residents with mobility problems to specialists outside the institution?

Yes. To whom? \_\_\_\_\_

\_\_\_\_\_

No

Unknown



IV. Hypertension

23. Beginning at what blood-pressure readings do you commence medicinal treatment for residents who have no other complications?

-----  
Read out categories. Record each reply  
-----

- a. I begin treatment when the systolic blood pressure is -----
- b. I begin treatment when the diastolic blood pressure is -----
- c. If the systolic blood pressure is ----- or more and the diastolic pressure is ----- or more

24. Notes concerning the previous question (if necessary) -----  
-----

25. How often do you measure the blood pressure of patients receiving medicinal treatment?

As needed. Specify -----

-----  
Every -----

26. How often do you measure the blood pressure of patients suffering from high blood pressure but not yet receiving medication?

As needed. Specify \_\_\_\_\_

Every \_\_\_\_\_

Card number

Type of questionnaire, name of institution,  
name of ward

27. What lab tests do you perform for patients receiving medication for treatment of high blood pressure? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. How often do you perform these tests?  
\_\_\_\_\_  
\_\_\_\_\_

29. Do you recommend a special diet for residents of the institution/ward, who suffer from hypertension?

Yes

No. They are all on a low-salt diet

30. When do you send a hypertensive patient  
to a specialist?

When he doesn't respond to medication

When he has other diseases which complicate  
his condition. Specify \_\_\_\_\_

\_\_\_\_\_

Other. Specify \_\_\_\_\_

\_\_\_\_\_

Unknown

V. Diabetes

31. What are your criteria for determining  
whether a patient is suffering from diabetes?  
Blood glucose level of at least, \_\_\_\_\_

Other. a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

32. I would like to know how often you order certain tests for diabetics or for "borderline cases" in danger of developing diabetes?

	Blood test	Urine test	Examination of fundus	Other test. Specify:
Diabetics	Every ____	Every ____	Every ____	Every ____
Border-line case	Every ____	Every ____	Every ____	Every ____

33. When do you send a diabetic patient to an outside specialist?

Never

In the following cases \_\_\_\_\_

Doesn't answer

34. Do you send patients to a specialist if there is suspicion of diabetes and you are interested in a consultation?

Yes. Specify when? \_\_\_\_\_

No

35. How often do you weigh residents suffering from diabetes?

Don't weigh them, or only in special cases

At least every \_\_\_\_\_

36. Do you receive information concerning  
the treatment of residents who are  
outside the institution?

Yes

Not always

No

No residents who are treated outside the  
institution.

37. What treatments do you give to your  
diabetic patients? Specify:

a. Medication. Which? \_\_\_\_\_

\_\_\_\_\_

b. Special diet for diabetics. Which?

\_\_\_\_\_

c. All residents of this institution/ward are  
on a low-carbohydrate diet.

d. Other. Specify \_\_\_\_\_

38. During the past year, have there been cases  
of complications resulting from diabetes  
(such as hyperglycemia, hypoglycemia,  
diabetic coma, etc.)?

Yes

No

Skip to question 42



39. How many cases of this type did you have during the past year?  
\_\_\_\_\_

40. How many cases of diabetic coma were there during the past year? \_\_\_\_\_

41. How many deaths were there as a result of this, during the past year? \_\_\_\_\_

42. Do you consult regularly with specialists on the subject of diabetes?

Yes

No

VI. Incontinence

Ask the following questions only in an institution or ward that has residents suffering from incontinence  
\_\_\_\_\_

43. What tests do you perform on residents who suffer from urinary incontinence?  
There are no such cases                      Skip to qu.47

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

44. Do you send these residents to a specialist?

Yes, all of them

Yes, some of them. Specify \_\_\_\_\_

No, never

No incontinence cases

Doesn't know, doesn't answer

45. Do you have programs designed for restoring these patients to some degree of continence?

Yes. Specify what programs and for whom they are intended. \_\_\_\_\_

\_\_\_\_\_

No

Not relevant, no cases of incontinence

Doesn't know, doesn't answer

46. When do you decide to insert a catheter for an incontinent patient?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Card number

Type of questionnaire, name of institution, name of ward

## VII. Consultations with Specialists

47. Do you sometimes refer residents to a specialist, for clarification of the following problems? (Specify under what circumstances):

	Referral to Specialist Circumstances		Specify:
	Yes	No	
Hearing problems	1	2	
Vision Problems	1	2	
Oral health problems	1	2	
Skin problems and pressure sores	1	2	
Neurological problems	1	2	
Orthopedic problems	1	2	
Insomnia	1	2	
Restlessness	1	2	
Mental health problems	1	2	
Cognitive deterioration	1	2	

## VIII. Team Work

48. Do the wards hold staff meetings?

- 1 Yes, all of them. How often \_\_\_\_\_
- 2 Yes, some of them. Which ones? \_\_\_\_\_  
How often? \_\_\_\_\_
- 3 No End of questionnaire

49. If yes - who participates in these meetings?

---

---

---

50. What topics are discussed in these meetings?

- a. 

---
- b. 

---
- c. 

---
- d. 

---

51. When you give an order for force-feeding, who takes part in the decision?

---

---

THANK YOU FOR YOUR COOPERATION!

GENERAL QUESTIONNAIRE FOR HEAD NURSE

(To be conducted by interviewers)

13

Respondent's name \_\_\_\_\_

Respondent's position \_\_\_\_\_

Name of institution \_\_\_\_\_

Interviewer's name \_\_\_\_\_

Date of interview \_\_\_\_\_



General Questionnaire For Head Nurse

1. Card number

2. Type of questionnaire

3. Name of institution \_\_\_\_\_

4. Nurse's name \_\_\_\_\_

# I. Specialists

The following question refers to specialists in specific fields (not necessarily to a certain person)

5. Does this institution have connections with the following specialists?  
(Circle appropriate category for each specialist).

Type of specialist	Specialist works in institution or visits regularly	Referral to specialists outside institution	No contact with this type of specialist	Unknown
Ophthalmologist	1	2	3	9
Hearing	1	2	3	9
Dental	1	2	3	9
Diabetes	1	2	3	9
Cardiologist	1	2	3	9
Urologist	1	2	3	9
Orthopedist	1	2	3	9
Psychiatrist	1	2	3	9
Neurologist	1	2	3	9
Dermatologist	1	2	3	9
Geriatrician	1	2	3	9
Chiropodist	1	2	3	9
Other. Specify	1	2	3	9

### List of Professional Services

6. We would like to know which professional services are provided in this institution? (Circle appropriate category in each line).

Types of Professional Services	Yes	No	Unknown
Physiotherapy	1	2	9
Occupational therapy	1	2	9
Work	1	2	9
Speech therapy	1	2	9
Chiropody	1	2	9
Oxygen treatment	1	2	9
Feeding by tube	1	2	9
Suction	1	2	9
Traacheostomy	1	2	9
Ostomy care	1	2	9
Use of catheter, cleaning catheters	1	2	9
Treatment for the mentally frail - orientation therapy	1	2	9
Inhalation treatment	1	2	9
Incontinence rehabilitation	1	2	9
Other. Specify	1	2	9
Other. Specify	1	2	9

The following question refers to independent residents who need outside help from a specialist

7. If an independent resident has a medical problem for which he needs a doctor or specialist from outside the institution, we would like to know if:

	Yes	No	Not relevant (no independents)	Unknown
He is reminded to go to the doctor	1	2	8	9
He receives help making an appointment with the doctor	1	2	8	9
He is helped in getting to wherever the examination is to take place	1	2	8	9
He is reminded to take his medicine	1	2	8	9
His family is contacted so that they can come help him	1	2	8	9
Other. Specify	1	2	8	9

8. Are the residents assisted in purchasing things?

1

Yes. Who helps them and what sort of things?

2

No

9

Unknown



### III. Hypertension

9. Who usually treats residents suffering from hypertension?

1 Doctor in institution/ward

2 Kupat Holim doctor

3 Private doctor

4 Other. Specify \_\_\_\_\_

9 Don't know

10. Who usually measures the residents' blood pressure?

1 Doctor in institution/ward

2 Nurse in institution/ward

3 Doctor and nurse

4 Other. Specify \_\_\_\_\_

9 Don't know

11. How often do you measure the blood pressure of residents suffering from hypertension?  
Every \_\_\_\_\_



IV. Medication

12. Who usually prepares the medication for the residents?

- 1 Nurse
- 2 Aid
- 3 Other. Specify \_\_\_\_\_
- 4 Depends on the ward. Specify type of ward and who prepares in each ward.

9 Unknown

13. Who usually distributes the medication during the day?

- 1 The same person who prepares it
- 2 Someone else - nurse
- 3 Someone else - aid
- 4 Someone else - specify \_\_\_\_\_
- 5 Depends on the ward. Specify type of ward and who distributes medication in each \_\_\_\_\_

9 Unknown

14. In situations of stress and overwork - who distributes the medicine once it is prepared in the saucers?

- 1 Receive help (nurse) from another ward
- 2 An aid is requested to help
- 3 Distribution of medication is postponed to a later hour
- 4 Other. Specify \_\_\_\_\_

8

15. Is a record kept of the date medications are stopped?

- 1 Yes. Where? \_\_\_\_\_
- 2 No
- 9 Don't know

For dependent residents - skip to question 19

16. Are there independent residents who receive drug perscriptions from someone outside the institution?

- 1 Yes, many
- 2 Yes, a few (up to 5)
- 3 No Skip to question 19
- 8 Not relevant, no independent residents
- 9 Don't know

17. Do they keep their own medication?

- 1 Yes
- 2 No. Who keeps it for them? \_\_\_\_\_
- 8 No independent residents, no medication  
perscribed outside institution
- 9 Don't know

18. Does anyone in the institution keep track of  
medications taken by these residents?

- 1 Yes. How? \_\_\_\_\_
- 2 No
- 9 Don't know

V. Institutional Policy Concerning Falls

19. Does the number of falls in the institution  
seem to you to be too high?

- 1 Yes
- 2 No
- 8 No falls, not relevant
- 9 Don't know

20. In your opinion, is this place safe enough  
to prevent falls?

- 1 Yes.
- 2 Not really. Specify \_\_\_\_\_
- 3 No. Specify \_\_\_\_\_
- 8 Not relevant
- 9 Don't know

21. Recently, have any steps been taken to decrease the number of falls?

- 1 Yes. Specify \_\_\_\_\_  
2 No  
8 Not relevant, no falls  
9 Don't know

22. Are residents encouraged to move around in spite of their disabilities and in spite of the danger of falling?

- 1 Yes. Specify in what ways they are encouraged  
\_\_\_\_\_  
\_\_\_\_\_  
2 No. Why? \_\_\_\_\_  
\_\_\_\_\_  
8 Not relevant  
9 Don't know

Card number

Type of questionnaire, name of institution, nurse's name

23. Do the residents tend to fall in some places more than in others?

- 1 Yes. Specify \_\_\_\_\_  
2 No  
8 Not relevant  
9 Don't know



24. Which of the following actions are taken by the institution following a serious fall?

	Some- Yes times			No falls No not relevant	Don't know
X-ray in institution	1	2	3	8	9
Bandaging in institution	1	2	3	8	9
Putting on cast in institution	1	2	3	8	9
Giving medication in institution	1	2	3	8	9
Physiotherapy	1	2	3	8	9
Report to family	1	2	3	8	9
Consultation with outside specialist	1	2	3	8	9
Re-examination after treatment, for follow-up purposes	1	2	3	8	9
Other. Specify	1	2	3	8	9

#### VI. Urinary Incontinence - Prevention

25. Is attention payed to the number of times nursing patients want to urinate during the night?

- 1 Yes. Specify \_\_\_\_\_
- 2 No
- 8 Not relevant, no nursing patients
- 9 Don't know



26. Is someone always available during the night  
who can help the residents reach the toilet, etc.?

1 Yes. Who? \_\_\_\_\_

2 No skip to question 28

3 Depends on the ward. Specify \_\_\_\_\_  
\_\_\_\_\_

8 Not relevant

9 Don't know

27. How can residents call for help during the night?

1 There is a bell

2 They have to call out

3 Other. Specify \_\_\_\_\_

4 Depends on the ward. Specify \_\_\_\_\_

8 Not relevant

9 Don't know

28. Do you leave bottles or bedpans for the frail and  
nursing residents to use during the night?

1 Yes

2 No

3 Depends on the ward. Specify \_\_\_\_\_

8 Not relevant, independent residents only

9

VII. Urinary Incontinence - Treatment

29. Do you have programs designed to return residents to any degree of urinary continence?

1

Yes. Specify what programs and who are they designed for? \_\_\_\_\_

2

No

8

Not relevant

9

Unknown

30. Do you keep a record of the hours residents are taken to the toilet?

1

Yes, always

2

Yes, for some of the residents. Specify which ones \_\_\_\_\_

3

No

8

Not relevant

9

Unknown

31. Do you keep a record of cases where the bed was found to be wet in the morning?

1

Yes

2

No

8

Not relevant

9

Unknown

32. How often do you change clothes and underwear  
for residents who wet themselves?

1

Every time he wets himself

2

Twice a day

3

Once a day

4

Other. Specify \_\_\_\_\_

8

Not relevant

9

Unknown

33. Do you change the residents' wet clothes at  
night as well?

1

Yes

2

No

8

Not relevant

9

Unknown

34. How often do you change wet sheets?

1

Whenever they are wet

2

Twice a day

3

Once a day

4

Other. Specify \_\_\_\_\_

8

Not relevant

9

Unknown

35. What types of catheter are in use in your institution, and how often do you change each type?

Type      How often

Type	How often changed

36. Who usually inserts the catheter?

a. For Men

- 1 Registered nurse
- 2 Institutional doctor
- 3 Aid
- 4 Other. Specify \_\_\_\_\_
- 8 Not relevant
- 9 Don't know

b. For Women

- 1 Registered nurse
- 2 Institutional doctor
- 3 Aid
- 4 Other. Specify \_\_\_\_\_
- 8 Not relevant
- 9 Don't know

37. Do you have a problem with leaking catheters?

1 Yes, frequently

2 Yes, sometimes

3 No, never Skip to question 39

8 Not relevant

9 Don't know

38. If yes, what do you do?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

39. How often do you empty the urine bags?

(At least) every \_\_\_\_\_

40. How often do you change the urine bags?

(At least) every \_\_\_\_\_

41. Where is the bag attached?

a. For resident able to walk \_\_\_\_\_

b. For resident in wheel-chair \_\_\_\_\_

c. For bedridden resident \_\_\_\_\_



42. Does it happen that residents can contain themselves but don't do so?

Frequently

Sometimes

Never or rarely happens

Not relevant, no incontinent residents

Don't know

43. Does it happen that incontinent residents wet themselves because they can't reach the toilet in time?

Frequently

Sometimes

Never or rarely happens

Not relevant, no incontinent residents

Don't know

44. How do you clean residents after they have wet themselves?

	Yes	Some- times	No	Not relevant	No Answer
Change of clothes only	1	2	3	8	9
Wipe or wash in bed and change of clothes	1	2	3	8	9
Shower and change of clothes	1	2	3	8	9
Other.	1	2	3	8	9

45. For those residents who need it, do you clean their mouth, tongue and cheeks every day?

Yes, we clean them every day before each meal (or a number of times a day)

Yes, every day, once a day

Once a week

Less than once a week

Don't clean them

Not relevant, no residents who need it

Unknown

IX. Pressure Sores

46. What kinds of residents are in danger of developing pressure sores?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

In the following question, give detailed answer, or  
else circle correct answer

47. I would like to know what prevention methods  
you use for residents in danger of developing  
pressure sores?

Prevention method

a. How often is position in bed changed during the day	Every	
b. How often is position in bed changed during the night	Every	
c. How often is position changed in wheel-chair	Every	
d. Are they massaged?	Yes	No
e. Special diet	Yes	No
f. Skin oiling	Yes	No
g. Special mattress Specify	Yes	No
h. Rubber tyre	Yes	No
i. Other. Specify	Yes	No

Card number

Type of questionnaire, name of institution

48. What kind of treatment do residents suffering from pressure sores receive in the institution?

	Yes No		Not relevant	Don't know
Bandaging without medicament	1	2	8	9
Bandaging with use of medicament	1	2	8	9
Open treatment without use of medicament	1	2	8	9
Open treatment with use of medicament	1	2	8	9
Combined open and closed treatment with use of medicament	1	2	8	9
Combined open and closed treatment without use of medication	1	2	8	9
Oral medication	1	2	8	9
Diet	1	2	8	9
Operation	1	2	8	9
Other. Specify _____	1	2	8	9

49. Does it ever happen that a patient suffering from pressure sores is sent for treatment outside the institution?

Yes. Specify in what circumstances \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

No

Not relevant

Don't know



# IX. Rules and Regulations

We would like to ask you a number of questions concerning the way of life in this institution.

50. Are the residents allowed to enter and leave whenever they wish?

Yes

No. Specify \_\_\_\_\_

No independent residents

Not relevant

Doesn't know, doesn't answer

51. Are residents allowed to spend as much time as they want -

	Yes	No.	Specify	Not relevant	Don't know.
In their rooms	1	2.	_____	8	9
In the yard or the garden	1	2.	_____	8	9
In the hall or lounge	1	2.	_____	8	9
In the dining room	1	2.	_____	8	9



52. (Circle appropriate category)

	Yes	No	Not relevant	Don't know
Are residents allowed to bring food into their rooms and eat it when they wish?	1	2	8	9
Are residents allowed to request a different main course	1	2	8	9
Are residents who are able to do so allowed to prepare coffee or tea for themselves or for their guests?	1	2	8	9
Is there a refrigerator where residents can keep their own food?	1	2	8	9

53. Are residents allowed to lock their rooms?

- 1 Yes
- 2 Some of them are. Specify \_\_\_\_\_
- 3 No
- 8 Depends when. Specify \_\_\_\_\_

54. Are residents allowed to invite guests to sleep over? (relatives)

- 1 Yes. Specify \_\_\_\_\_
- 2 No
- 8 Not relevant
- 9 Don't know

55. Are residents allowed to bring personal  
furniture items into their rooms, such as a  
small wardrobe, a television, etc.?

Yes

No

Depends when. Specify \_\_\_\_\_

Not relevant

Don't know

56. Are residents allowed to put up pictures on  
the walls of their rooms?

Yes

No. Why?

Not relevant

Don't know

57. Are residents allowed to keep pets in their  
rooms, such as birds or fish?

Yes

No. Why? \_\_\_\_\_

Not relevant

Don't know

### Sleeping and Waking Hours

58. At what hour do the residents rise in the morning? (If dealing with a unit for independent and frail residents, use "independent ward" category.)

In independent ward \_\_\_\_\_

In frail ward \_\_\_\_\_

In nursing ward \_\_\_\_\_

59. Are residents obliged to get up at that hour?  
(Circle appropriate category)

	Yes	No	Not relevant	Don't know
In independent ward	1	2	8	9
In frail ward	1	2	8	9
In nursing ward	1	2	8	9

### Clothes

60. Are residents allowed to wear their own clothes? (Circle appropriate answer)

	Yes	No	Not relevant	Don't know
In independent ward	1	2	8	9
In frail ward	1	2	8	9
In nursing ward	1	2	8	9

61. If yes, who usually washes the clothes?

- 1 The resident or his family, in the  
institution
- 2 The resident or his family outside the  
institution
- 3 The institution itself
- 8 Not relevant, no personal clothing
- 9 Don't know

62. Are the same<sup>4</sup> clothes returned to him after  
the laundry?

- 1 Yes
- 2 No. Why not? \_\_\_\_\_  
\_\_\_\_\_
- 8 Not relevant, no personal clothing
- 9 Don't know

Residents' Committee (Refers only to institution  
or ward for independents)

63. Is there a residents' committee?

- 1 Yes
- 2 No Skip to question 65
- 8 No independent
- 9 Don't know

64. What are the responsibilities of the  
committee?

\_\_\_\_\_

\_\_\_\_\_



## Couples

Questions 65-72 are to be asked about residents in an institution or ward for independents

Occasionally there are unmarried couples who wish to live together in an institution.

65. What is the policy of this institution concerning shared living quarters by unmarried couples?

1 Separate rooms are given only to married couples

2 Separate rooms are given to couples wishing to live together, even if they are not married

3 Technically, we cannot give a room to such couples (not enough rooms)

4 No such problem because no such cases - Skip to qu. 73

5 If two people want to live together they must get married Skip to question 73

6 Other. Specify \_\_\_\_\_

8

9

66. Have you had such cases during the past year?

1 Yes

2 No

Skip to question 73

8

9

67. How many couples were there? Specify \_\_\_\_\_



68. What solutions did the institution offer to these couples? Specify

---

---

---

Card number

Type of questionnaire, name of institution

69. Have you come across cases where an unmarried couple wanted to be alone in a room?

1 Yes

2 No

I will read you a few statements. I would like to know to what extent you agree.

70. Family agreement should be obtained in any case where a resident wants to get married (or live with someone).

1 Agree

2 Don't quite agree

3 Disagree

8 Not relevant

9 Unknown

71. The institution cannot allow unmarried couples to live together, because this solution would destroy the institution's reputation and image.

1 .Agree

2 Don't quite agree

3 Disagree

4 Not relevant

5 Unknown

72. Sex among the elderly is unnecessary, and most of them don't need it

1 Agree

2 Don't quite agree

3 Disagree

4 Not relevant

5 Unknown

73. Many elderly people are in need of touching

1 Agree

2 Don't quite agree

3 Disagree

4 Not relevant

5 Unknown

74. Have you come across the need for touching  
among residents in this institution/ward?

Yes

No Skip to question 76

Unknown

75. How widespread is this phenomenon? (Have you  
come across it among many residents or only a  
few?)

---

---

In Conclusion

76. What are the most common problems that staff  
members discuss with the residents (specify  
what the problems are and who of the staff  
discusses them)?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

77. What are the most common problems that arise in discussions with residents' families? (specify what the problems are and who of the staff discusses them)?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

78. What changes, if any, would you suggest should be made in the institution for improving the residents' lives?

No need for changes .

Yes. Specify \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Training for institutional nursing staff

79. Do the nursing staff receive professional training in or out of the institution?

(Mark x in appropriate place in each line)

In the institution	Outside the inst.	Content of training courses and who gives them
-----------------------	----------------------	--

In ins. Outside ins.

For nurses \_\_\_\_\_

For aides \_\_\_\_\_

Violence

80. Have there been cases of violent treatment of  
the residents by the staff?

Yes. Specify in which wards and what the  
institution did? \_\_\_\_\_

No

Don't know, no answer

Escapes

81. Have there been cases where residents escaped  
from the institution?

No

Yes. How many, specify by wards \_\_\_\_\_

Don't know

X. Socio-Demographic Information Concerning Nurse

I would like to ask a few things about yourself

82. Sex

Male

Female

83. Year of birth \_\_\_\_\_

84. Country of birth \_\_\_\_\_



85. Year of immigration \_\_\_\_\_

86. How many years have you been working in the  
institution? \_\_\_\_\_

87. What is your professional training?

- 1                      a Registered nurse
- 2                      Practical nurse
- 3                      Not trained as nurse
- 9

88. Professional seniority (in years) \_\_\_\_\_

89. Full time/part time job

- 1                      Full time
- 2                      Part time
- 9

90. Seniority in institution \_\_\_\_\_

91. Years of experience in work with the elderly  
\_\_\_\_\_ years

92. Professional training courses in past five  
years (specify type and duration)

Type	Duration (days, weeks, etc.)

Thank you for your cooperation!

ACHEL10.OST

QUESTIONNAIRE FOR DIRECTOR OF INSTITUTION

(To be conducted by interviewers)

14

Name of respondent \_\_\_\_\_

Respondent's position \_\_\_\_\_

Name of institution \_\_\_\_\_

Interviewer's name \_\_\_\_\_

Date of interview \_\_\_\_\_

Questionnaire for Director of Institution

1. Card number
2. Type of questionnaire
3. Name of institution \_\_\_\_\_

I would like to ask you a number of questions about your job and about yourself. Later, I will also ask you about some of the residents that I spoke to. We hereby take it upon ourselves to keep in secret all information received from you or from the residents, which will be used for research purposes only.

1. Information concerning the Institution

4. Ownership

Government

Public - municipality

Public - Kupat Holim

Public - Mishan

Public - Eshel

Other public agency. Specify \_\_\_\_\_

Private. Specify \_\_\_\_\_

5. Size of institution. How many beds? \_\_\_\_\_

6. Is the institute divided into wards?  
(specify name of ward, number of beds and  
occupancy)

Ward (Institution)	No. of beds	No. of residents
--------------------	-------------	------------------

1. _____		
----------	--	--

2. _____		
----------	--	--

3. _____		
----------	--	--

4. _____		
----------	--	--

5. _____		
----------	--	--



Institutional activities

7. What social or cultural activities take place in the institution on a regular basis?

(Please give as many details as possible).

Type of activity	Frequency
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
8	
9	

8. What does the institution do if relatives don't visit at all?

1	Institution doesn't intervene
2	Depends on the case. Specify _____
3	We contact the family and ask them to come
4	Other. Specify _____
8	
9	

Card number

Type of questionnaire, name of institution

9. What are the procedures concerning telephone calls by the residents? (Who gives permission, for how long, do they need to pay, how often are they allowed to make a call?)

1 Long distance calls \_\_\_\_\_

\_\_\_\_\_

2 Local calls \_\_\_\_\_

\_\_\_\_\_

10. Do you limit the number of telephone calls a resident can receive?

1 Yes. Specify \_\_\_\_\_

2 No

11. Does the institution have any programs that involve contact with the community? (such as volunteers, contact with local clubs, etc.)?

1 No

2 Yes. Specify: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

General Observations Based on Interview with Director

Interviewer: If room doesn't exist - circle appropriate category. If exists - mark x under "notes" and circle category "adequate" or "inadequate" for observation.

12. Do the following rooms exist in the institution?  
(Circle correct category in the appropriate line)

Type of room	Doesn't exist	Adeq.	Inadeq.	Impossible to determine if adequate	Notes
<u>a. General</u>					
Administration room	1	2		9	
Synagogue	1	2			
Library	1	2	3	9	
"Culture" room/club	1	2	3	9	
Dining room/s	1	2	3	9	
Central kitchen	1	2	3	9	
Distributing kitchens	1	2	3	9	
Recreation room	1	2	3	9	
<u>b. Medical</u>					
Doctor's room	1	2	3	9	
Head nurse's room	1	2	3	9	
General examination room	1	2	3	9	
Isolation room for patients	1	2	3	9	
Physiotherapy room	1	2	3	9	
X-ray rooms	1	2		9	

Laboratory	1	2		9
Morgue	1	2		9
Room for dental care	1	2	3	9
Room for medical archives	1	2		9
Social worker's room	1	2	3	9
c. Miscellaneous				
Central heating	1	2		9
Shelter	1	2		9
Emergency exit	1	2		9
Fire extinguishers	1	2		9
Elevator	1	2	3	9
Toilets for workers and for guests	1	2		9
Public telephone	1	2	3	9
Garden	1	2	3	9
Balconies for the use of the residents	1	2	3	9

13. Is there public transport which reaches the institution?

Yes, it comes right up to the institution

Yes, it reaches not far from the institution

No

1  
2  
3  
8



Card number \_\_\_\_\_

Type of questionnaire, name of institution \_\_\_\_\_

14. I would like to know what types of workers there are in the institution, how many employees there are and how many positions they fill. (If there are wards, I am also interested in specification by ward).

Type of employee	No. of workers	No. of positions they fill
Director		
Deputy director/ administrator		
Clerks, secretaries		
House mother		
Dietician/ nutritionist		
Pharmacist		
Chiropodist		
Guard		
Handiman		
Gardener		
Cleaners		
Other. Specify		

Card number; Type of questionnaire, name of institution \_\_\_\_\_



Type of employee	The whole institution	Independent ward	Frail ward	Nursing ward
	No. of workers	No. of positions they fill	No. of workers	No. of positions they fill
Physio-therapist				
Occupational therapist				
Social worker				
Card number; Type of questionnaire, name of institution				
Occupations instructor				
Social activities coordinator				
Kitchen workers				
Card number; Type of questionnaire, name of institution				
Doctors				
Head nurse				
Responsible ward nurses				
Card number; Type of questionnaire, name of institution				
Registered nurses (specify for responsible and head nurses)				
Practical nurses				
Aids				
Card number; Type of questionnaire, name of institution				

15. We would like to know what personnel  
is missing in the different wards or in  
the whole institution?

Card number

Type of questionnaire, name of institution

Personnel (positions)	The whole institution (Total)	Independent ward ..	Frail Nursing ward wad
Doctors			
Nurses			
Aids			
Physiotherapists			
Occupational therapists			
Social workers			
Other			
Other			

16. Is there any equipment that you are particularly  
short of?

Yes. Specify

No

Unknown

Couples

Card number

Type of questionnaire, name of institution

Sometimes there is a problem with unmarried couples who wish to live together in the institution.

17. What is the institutional policy concerning unmarried couples living together?

1

A separate room is given only to married couples

2

A separate room is given to couples who want to live together, even if they are not married

3

Technically, we cannot give rooms to these couples (not enough rooms).

4

No such problem because no such cases )

)Skip

5

If two people want to live together, they must get married

)to

)qu.22

8

9

18. Did such a phenomenon occur in your institution during the past year?

1

Yes

2

No

Skip to question 22

8

9

19. How many couples were there? \_\_\_\_\_

20. What solutions did the institution offer these couples? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Have you come across cases where an unmarried couple wanted to be alone in a room?

1 Yes

2 No

8  
9  
I will read you a number of statements and I would like to know to what extent you agree:

22. It is necessary to obtain family permission in any case where the resident wishes to get married (or live with someone)

1 Agree

2 Don't quite agree

3 Disagree

8 Not relevant

9 Unknown



23. The institution cannot allow unmarried couples to live together, because this would destroy its reputation and image

1 Agree

2 Don't quite agree

3 Disagree

8 Not relevant

9 Unknown

24. Sex among the elderly is not a necessity, and most of them don't need it

1 Agree

2 Don't quite agree

3 Disagree

8 Not relevant

9 Unknown

25. Many elderly people need touching

1 Agree

2 Don't quite agree

3 Disagree

8 Not relevant

9 Unknown



26. Have you come across the need for touching  
among the residents of this institution/ward?

Yes

No

Skip to question 28

Unknown

27. How widespread is this pheonomenon? (Did you  
come across many cases or only a few?

---

---

In Conclusion

28. What are the most common problems that the  
residents discuss with the staff (specify  
what the problems are and who of the staff  
discusses them?

- a. 

---
- b. 

---
- c. 

---
- d. 

---
- e. 

---

29. What are the most common problems that arise in discussions with residents' families (specify what the problems are and who of the staff discusses them)?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

30. What changes, if any, would you suggest for the institution, in order to improve the residents' lives?

No need for changes

Yes. Specify \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Socio-Demographic Information

31. Respondent's position \_\_\_\_\_

32. Sex

Male

Female

33. Year of birth \_\_\_\_\_

34. Place of birth \_\_\_\_\_

35. Year of immigration \_\_\_\_\_

36. How many years in institution \_\_\_\_\_

37. Professional training (degree) \_\_\_\_\_

38. Professional seniority \_\_\_\_\_

39. Full time/part time job

1 Full time

2 Part time

40. Seniority in institution \_\_\_\_\_

41. Experience in work with the elderly (in years) \_\_\_\_\_

42. Training courses in past five years (specify type and duration.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

43. Did director work in an administrative job  
before his present job?

Yes. Specify \_\_\_\_\_

No

Not relevant

Admittance and Discharge of Residence

44. Does the institute check the applicants  
before they're admitted into the institution?

Yes. What does the check-up include \_\_\_\_\_

No

Unknown

45. Is there a "conditional admittance"  
arrangement, whereby the final decision as to  
whether the resident will remain in the  
institution is arrived at after a "trial period"?

Yes

No

Don't know

46. Does the institution ever consider  
discharging a resident to his home following  
an improvement in his condition?

Yes

Rarely

No

Skip to question 48

Card number

Questionnaire number, name of institution

47: If yes, is there a possibility of reserving  
his place for a limited period of time?

Yes, for how long \_\_\_\_\_

No

48. I am interested in receiving information  
about residents who left the different wards  
during the past year (last 12 months).

A. Independent ward

Where did they leave to	No. of residents
-------------------------	------------------

Home	_____
------	-------

To general hospital	_____
---------------------	-------

To (another) institution for independent residents	_____
---	-------

To (another) institution for nursing patients	_____
--	-------

To (another) institution for the mentally frail	_____
--	-------

To a frail ward in the same institution	_____
--	-------

To a nursing ward in the same institution	_____
--	-------

To a mentally frail ward in the same institution	_____
---	-------

Other	_____
-------	-------



B. Frail Ward

Where did they leave to                      No. of residents

Home

To general hospital

To (another) institution  
for independent residents

To (another) institution  
for nursing patients

To (another) institution  
for the mentally frail

To an independent ward in  
the same institution

To a nursing ward in  
the same institution

To a mentally frail ward  
in the same institution

Other

C. Nursing Ward

Where did they leave to                      No. of residents

Home

To general hospital

To (another) institution  
for independent residents

To (another) institution  
for nursing patients

To (another) institution  
for the mentally frail

To an independent ward in  
the same institution

To a frail ward in  
the same institution

To a mentally frail ward  
in the same institution

Other

B. Frail Ward

Where did they leave to

No. of residents

Home

To general hospital

To (another) institution  
for independent residents

To (another) institution  
for nursing patients

To (another) institution  
for the mentally frail

To an independent ward in  
the same institution

To a nursing ward in  
the same institution

To a mentally frail ward  
in the same institution

Other

C. Nursing Ward

Where did they leave to

No. of residents

Home

To general hospital

To (another) institution  
for independent residents

To (another) institution  
for nursing patients

To (another) institution  
for the mentally frail

To an independent ward in  
the same institution

To a frail ward in  
the same institution

To a mentally frail ward  
in the same institution

Other

Card number

Type of questionnaire, name of institution

49. I am interested in receiving information about residents who were admitted to the various wards during the past year (last 12 months). Can you give me their numbers by the various wards in the sample. (If the unit is an institution for independent and frail resident, fill in section A only.

A. Independent Ward

Where did they come from	No. of residents
--------------------------	------------------

Home	
------	--

From general hospital	
-----------------------	--

From (another) institution for independent residents	
--	--

From (another) institution for nursing patients	
---	--

From (another) institution for the mentally frail	
---	--

From an independent ward in the same institution	
--	--

From a frail ward in the same institution	
---	--

From a mentally frail ward in the same institution	
--	--

Other	
-------	--



B. Frail Ward

Where did they come from                      No. of residents

Home

From general hospital

From (another) institution  
for independent residents

From (another) institution  
for nursing patients

From (another) institution  
for the mentally frail

From an independent ward in  
the same institution

From a nursing ward in  
the same institution

From a mentally frail ward  
in the same institution

Other

C. Nursing Ward

Where did they come from

No. of residents

Home

From general hospital

From (another) institution  
for independent residents

From (another) institution  
for nursing patients

From (another) institution  
for the mentally frail

From an independent ward in  
the same institution

From a frail ward in  
the same institution

From a mentally frail ward  
in the same institution

Other



Employee Turnover in Wards

Questions to be asked concerning the wards in the sample

50. Can you tell me how many workers left the ward during the past year (last 12 months)?

a. Independent ward

Type of employee	Number of employees who left
------------------	------------------------------

Nurses	
--------	--

Aids	
------	--

Other. Specify	
----------------	--

Other. Specify	
----------------	--

Card number

Type of questionnaire, name of institution

b. Frail ward

Type of employee	Number of employees who left
------------------	------------------------------

Nurses	
--------	--

Aids	
------	--

Other. Specify	
----------------	--

Other. Specify	
----------------	--

c. Nursing ward

Type of employee	Number of employees who left
Nurses	
Aids	
Other. Specify	
Other. Specify	

51. Does the institution keep track of residents who have been sent home?

Yes. Specify how \_\_\_\_\_

No. Why? \_\_\_\_\_

Not relevant

Unknown

52. Do you supply any services to residents who have been sent home?

Yes. Which? \_\_\_\_\_

No. Why?

Not relevant

Unknown

THANK YOU FOR YOUR COOPERATION!

# Information about Rooms and Number of Bed

Mark x in appropriate column and note size (length x width). Different sized rooms with same number of beds should be recorded in lines by size of room

Card number

Type of questionnaire, name of institution

Ward for Independents

No. of rooms	No. of beds in room						
	1	2	3	4	5	6	7

Total no. of rooms in ward

Frail Ward

No. of rooms	No. of beds in room							
	1	2	3	4	5	6	7	8

Total no. of rooms in ward

Nursing Ward

No. of rooms	No. of beds								room size	
	in room	1	2	3	4	5	6	7		8

Total no. of rooms  
in ward \_\_\_\_\_



Information about Records kept on Residents by  
Director's Report and or Head Nurse's Report

Card number

Type of questionnaire

Name of institution

Type of Ward

1                      Independents

2                      Frail

3                      Nursing

4                      Mentally frail

5                      Mixed. Specify \_\_\_\_\_

6                      Other. Specify \_\_\_\_\_

Fill in details with help of director or head  
nurse and responsible nurses. For each ward in the  
sample request a copy of the form as an example

(Circle appropriate category in each line)



	!Does it exist			!here
Type of Information	!for all residents			!is it
	!For	For	Doesn't	Unknown!
	!all part exist			!kept?

Information on family or relatives	1	2	3	9
------------------------------------	---	---	---	---

Information on medical condition upon admittance to institution (evaluation by outside agency	1	2	3	9
---	---	---	---	---

Information on social situation (evaluation by outside agency)	1	2	3	9
--	---	---	---	---

Medical examinations made prior to admittance or during first month, by institution

Social report filled in institution

Information about medication taken by resident

Information on resident's diet

Information on falls

Occurrences during shifts

Information about hospitalization

Medical diagnoses by institutional doctor

Outside medical diagnosis

Record of payments to institution

Record of outings (home, etc.)

Additional Questions for Director of Institution  
Organizational Structure and Decisionmaking

Card number

Type of questionnaire

Name of institution \_\_\_\_\_

1. Does the institution belong to any  
organization?

Yes \_\_\_\_\_

No \_\_\_\_\_

2. Who is the director responsible to?

\_\_\_\_\_

3. Who makes decisions concerning the following

a. Refurbishments (painting, etc.)

\_\_\_\_\_

b. Transfer of patient to another room

\_\_\_\_\_

c. Transfer of patient to another ward

\_\_\_\_\_

d. Transfer of patient to another institution

\_\_\_\_\_

e. Admission of patient to institution  
(specify admission procedures)

Decision \_\_\_\_\_

Admission procedure \_\_\_\_\_

f. Hiring employees

g. Firing nursing aids \_\_\_\_\_

h. Decision as to whether a certain type of  
worker is needed (for example  
occupational therapist) or whether there  
should be more workers of a certain type  
(more nurses, etc.)

i. Who decides what food to buy?

j. Who decides what food to cook?

4. Does somebody make sure that all the residents  
get fed (that they all reached the dining room  
or that they all received food in their  
rooms)?

Yes

Not always, specify \_\_\_\_\_

No

1

2

3

5. Is there a guard at the gate?

Yes, day and night

Only during the day

Only during the night

No

6. Is there any supervision over residents leaving the institution for a few hours - does a resident wishing to go out for a few hours have to notify somebody or to get permission?

Has to notify and get permission

Has to notify

Doesn't have to notify

Not relevant

15

QUESTIONNAIRE ABOUT RESIDENT

(For occupational therapist)

Resident's name \_\_\_\_\_  
Name of institution \_\_\_\_\_  
Type of ward \_\_\_\_\_  
Case number \_\_\_\_\_  
Interviewer's name \_\_\_\_\_  
Date of interview \_\_\_\_\_



Questionnaire About Resident (for Occupational Therapist)

1. Assessment of Resident's Environment

Date of examination \_\_\_\_\_

1. Card number \_\_\_\_\_

2. Type of questionnaire \_\_\_\_\_

3. Case number \_\_\_\_\_

4. Name of institution \_\_\_\_\_

5. Type of ward \_\_\_\_\_

1 Independent

2 Frail

3 Nursing

4 Mentally frail

5 Mixed. Specify \_\_\_\_\_

Other. Specify \_\_\_\_\_

6. Resident's name: Surname \_\_\_\_\_

First name \_\_\_\_\_

Father's name \_\_\_\_\_

Questionnaire About Resident (for Occupational Therapist)

I. Assessment of Resident's Environment

Date of examination \_\_\_\_\_

1. Card number \_\_\_\_\_

2. Type of questionnaire \_\_\_\_\_

3. Case number \_\_\_\_\_

4. Name of institution \_\_\_\_\_

5. Type of ward \_\_\_\_\_

Independent

Frail

Nursing

Mentally frail

Mixed. Specify \_\_\_\_\_

Other. Specify \_\_\_\_\_

6. Resident's name: Surname \_\_\_\_\_

First name \_\_\_\_\_

Father's name \_\_\_\_\_

1

2

3

4

5

7. Circle appropriate numbers in the following table:

Evaluation

Item	Suitable 1	Partially suitable 2	Not suitable 3	Non- existent in spite of need 4	Not relevant 8	Impossible to determine 9	Explanation: (specify why it is unsuitable or what is unsuitable)
Bed	1	2	3			9	
Night table	1	2	3	4		9	
Space to move around in the room (considering mobility limitations)	1	2	3			9	
Access to light switch	1	2	3			9	
Wheel-chair, walker	1	2	3	4	8	9	
Cutlery	1	2	3	4	8	9	
Other. Specify _____	1	2	3	4	8	9	

## II. Assessment of Rehabilitation Potential

Examination date \_\_\_\_\_

This evaluation will refer to the possibility of enhancing the resident's independence in various areas. It will be based on the following:

1. ADL test
2. Medical information questionnaire (or diagnostic form)
3. Examination by occupational therapist, including an examination of resident's motivation.

For each area, mark x in appropriate column, and under recommendations note changes which may improve his level of independence. Use key (below) and specify as much as possible.

	Independent, no need for improvement	Possible to enhance independence	Not possible to enhance independence	Impossible to determine	Recommendation (write numbers to improve in- dependence? by correct category and specify	Previous attempts to improve in- dependence? Yes No Unknown
	1	2	3	4		
Area of evaluation						
Mobility & transfer						
Dressing						
Washing						
Eating						
Using toilet						
Other. Specify.						
Other. Specify.						

---

Key

- 
1. Occupational therapy
  2. Physiotherapy
  3. Speech therapy
  4. Meal training
  5. Bladder and bowel training
  6. Providing apparatus or improving existing apparatus
  7. Improving environment
  8. Encouragement
  9. Other. Specify
- 
-



Observation of Residents During Meals

(By occupational therapist)

---

See to it that every resident under observation has cutlery

---

1. Drinking - Can resident drink without help?

Yes, easily

Yes, with difficulty

Handicapped, is capable of doing it only with aid of some apparatus

Helped. Resident is assisted by another person who supervises or helps him a little (see that he doesn't spill the drink)

Unable

Impossible to determine

2. Using Cutlery. Can resident use cutlery without help (including grasping spoon and fork and bringing to mouth, cutting, spreading; peeling)?

Yes, easily

Yes, with difficulty

Helped. Resident is assisted by another person who supervises or helps him with some of the activities (only cutting and spreading or only spreading)

Unable

Impossible to determine

3. Solid Foods. Does resident eat solids with no difficulty?

- 1 Yes, eats easily
- 2 Yes, but with difficulty
- 5 Unable
- 9 Impossible to determine

Observation in Ward (by occupational therapist)

1. Card number

Date of examination \_\_\_\_\_

2. Type of questionnaire

3. Name of institution

4. Type of ward:

Independent

Frail

Nursing

Mentally frail

Mixed. Specify \_\_\_\_\_

Other. Specify \_\_\_\_\_

5. Complete following table by indicating appropriate number in each column and by elaborating in right-hand column

	1	2	3	4	8	9	Explanation. Specify why it is unsuitable or what is unsuitable
		Partially Suitable	Not suitable	Non-existent	Not relevant	Impossible to determine	
Alarm method	1	2	3	4			
Residents' rooms (from point of view of safety)	1	2	3				
Width of doors	1	2	3				
Night light in corridors	1	2	3	4			
Rails along corridors	1	2	3	4			
Floor in ward	1	2	3 (slippery)	4			
Access to toilet	1	2	3				
Toilets (suitability)	1	2	3				
Access to shower	1	2	3		5 (no shower)		
Shower (suitability)	1	2	3	4			
Access to bath	1	2	3		6 (no bath)		
Bath (suitability)	1	2	3	4			
Access to dining room	1	2	3		8 (no dining room)		
Chairs & tables in dining room	1	2	3		8 (no dining room)		
Stairs with rails	1	2	3	4	(no stairs)		

Access to  
exits from  
institution

1                      2                      3

Access to  
garden

1                      2                      3

8  
(no garden)

Access in  
garden  
(paths, etc.)

1                      2                      3

8  
(no garden)

Access to  
entertainment  
and activity  
facilities

1                      2                      3

8  
(don't exist)

Other.  
Specify

1                      2                      3



6. Are there any safety hazards in the institution, in the garden, or the room, which were not mentioned previously?

1

Yes, specify \_\_\_\_\_

2

No

7. Does the cutlery include a knife?

1

Yes, for all residents

2

Yes for some of the residents

3

No

8. Does the cutlery include a fork?

1

Yes, for all residents

2

yes, for some of the residents

3

No

9. Toilets and showers

Number of toilets and showers  
in ward

Number Notes

Private toilet for every  
room or for every two rooms  
(indicate number of  
toilet rooms)

Ward toilets (indicate  
number of toilets)

Private shower for every  
room or every two rooms  
(indicate number of  
shower stalls)

Ward shower, not  
attached to room  
(indicate number  
of showers)

Form for Recording Observations in Dining Room

(To be conducted by observer)

For each ward, 2-3 observations will be conducted on different days during lunch or breakfast, by two independent observers

1. Card number \_\_\_\_\_

2. Type of questionnaire \_\_\_\_\_

3. Name of institution \_\_\_\_\_

4. Type of ward

1

Independent

2

Frail

3

Nursing

4

Mentally frail

5

Mixed. Specify \_\_\_\_\_

6

Other. Specify \_\_\_\_\_

5. Observation no. \_\_\_\_\_

6. Monitor's name \_\_\_\_\_

Month      Day

7. Date of observation \_\_\_\_\_

8. Hour observation began \_\_\_\_\_

8. Hour observation began \_\_\_\_\_
9. Total number of residents in dining room  
\_\_\_\_\_
10. Number of residents who were under  
observation \_\_\_\_\_
11. Length of observation (minutes) \_\_\_\_\_

Observer should pay attention to:

- a. How residents are transferred or assisted in reaching the tables, and how they are taken back
- b. How residents are fed (those who can't feed themselves)
- c. How food is served (to those who feed themselves)
- d. How staff responds to residents' requests

For each sentence below note whether this phenomenon was observed among most of the residents (for whom it is relevant), some of the residents, or not at all. Do not explain; refer only to the facts.

---

FORM FOR RECORDING OBSERVATIONS IN DINING ROOM (Cont.)

Phenomenon observed among:	All residents or most	Some of the residents (one or more)	Not observed	Not relevant	Unknown
<u>12. Transferring residents</u>					
1. Residents are treated violently while being transferred to dining room and back	1	2	3	8	9
2. Residents are violently shouted at during transfer	1	2	3	8	9
3. Residents are ignored during transfer (not talked to)	1	2	3	8	9
4. Residents are talked to politely during transfer to dining room and back	1	2	3	8	9
<u>13. Serving</u>					
1. Plate is tossed down without attention to resident	1	2	3	8	9
2. Food is served indifferently; no personal attention	1	2	3	8	9
3. Polite service (with smile, looking at residents)	1	2	3	8	9
<u>14. Response</u>					
1. Rude response to residents' requests	1	2	3	8	9
2. Residents' requests are ignored	1	2	3	8	9
3. Polite, considerate response to requests; requests are fulfilled if possible	1	2	3	8	9
<u>15. Feeding</u>					
1. Violent feeding (pinching, pushing)	1	2	3	8	9
2. Hasty feeding, with no consideration for residents' own speed	1	2	3	8	9
3. Feeding done with consideration for residents' own speed	1	2	3	8	9



FORM FOR RECORDING OBSERVATIONS IN DINING ROOM (Cont.)

16. Talking

1. Residents are talked to rudely during feeding	1	2	3	8	9
2. Residents are not talked to at all	1	2	3	8	9
3. Residents are talke to politely during feeding	1	2	3	8	9



17. Appearance of food

- 1 Attractive  
2 Not attractive and not repulsive  
3 Repulsive, disgusting  
8  
9

18. Dining-room cleanliness

- 1 Clean  
2 Not very clean  
3 Dirty

19. Smell

- 1 Appetizing  
2 Neutral  
3 Repulsive  
8  
9

20. Are there knives?

- 1 Yes  
2 In some of the places. Reason: \_\_\_\_\_  
3 No

21. Are there forks?

- 1 Yes  
2 In some of the places. Reason: \_\_\_\_\_  
3 No

22. Is the main course varied?

Yes

No

23. Is there a choice between different types of food?

Yes

No

24. Is the menu for the week put up on a board in the dining room?

Yes

No

Form for Recording Incidents in Gathering Places  
and in Rooms (for frail and nursing)

(To be completed by observer)

Choose a place where residents usually gather, and conduct observations there. Each observation at a gathering place will be conducted before lunch and will last for about half an hour. Further, a half-hour observation will be carried out while residents are transferred to their rooms (after lunch). Each observation will be conducted by two observers. In total, there will be at least two observations of each type: in gathering place and in rooms of each frail or nursing ward.

1. Card number \_\_\_\_\_

2. Type of questionnaire \_\_\_\_\_

3. Name of institution \_\_\_\_\_

4. Type of ward \_\_\_\_\_

Independent

Frail

Nursing

Mentally frail

Mixed. Specify \_\_\_\_\_

Other. Specify \_\_\_\_\_

5. Observation number \_\_\_\_\_

6. Date of observation \_\_\_\_\_

7. Hour observation began \_\_\_\_\_

8. Duration of observation in minutes \_\_\_\_\_

9. Total number of residents who were under observation \_\_\_\_\_

10. Observer's name \_\_\_\_\_

11. Place of observation

Resident's room

Hall

Other. Specify \_\_\_\_\_

General description of group of residents under observation to be filled out at end of observation  
\_\_\_\_\_

12. Number of apathetic residents (don't respond, don't do anything, doze off)  
\_\_\_\_\_

13. Number of unruly residents (residents having fits) \_\_\_\_\_

14. Number of residents who were in contact with the staff \_\_\_\_\_

Observer should observe the following type of incidents:

- a. Cries for help by the residents
  - b. Situations where residents need help (even if they don't call out)
  - c. Verbal and non-verbal contacts between staff and residents (including giving treatment and assistance, conversations, directions, smiles, pushing, etc.)
-



Description of Occurance

1. Card number
2. Type of questionnaire
3. Observation no.
4. Name of institution \_\_\_\_\_

- |   |                 |       |
|---|-----------------|-------|
| 1 | 5. Type of ward |       |
|   | Independent     |       |
| 2 | Frail           |       |
| 3 | Nursing         |       |
| 4 | Mentally frail  |       |
| 5 | Mixed. Specify  | _____ |
| 6 | Other. Specify  | _____ |

6. Occurance number \_\_\_\_\_

7. Note who took part in this incident

\_\_\_\_\_  
\_\_\_\_\_

Describe in short what happened (refer to facts,  
do not engage in evaluations)

\_\_\_\_\_

8. Who instigated this incident?

\_\_\_\_\_

9. What happened? \_\_\_\_\_

\_\_\_\_\_

10. How did it end? \_\_\_\_\_

Description of incident

a. Staff behaviour - functional

- |   |                                     |
|---|-------------------------------------|
| 1 | Functionally helpful                |
| 2 | Non-helpful                         |
| 8 | Not relevant, staff wasn't involved |
| 9 | Unknown                             |

b. Staff behaviour - attitude

- 1 Considerate, kind, polite attitude
- 2 Cold, indifferent attitude
- 3 Aggressive, scolding, violent attitude
- 8 Not relevant, staff wasn't involved
- 9 Unknown

c. Staff response

- 1 Adequate
- 2 Slow
- 3 Unresponsive
- 8 Not relevant
- 9 Unknown

d. Resident's behaviour (Verbal and non-verbal)

- 1 Clear
- 2 Confused
- 8
- 9

e. Resident's behaviour

- 1 Calm, contained
- 2 Nervous
- 3 Angry, aggressive
- 8
- 9

## NUMBER OF ROOMS AND NUMBER OF BEDS IN ROOM

Mark x in appropriate column and indicate size of room (length x width). If there are different size rooms with the same number of beds, record them in different lines, according to size of room

Card number \_\_\_\_\_

Type of questionnaire, name of institution \_\_\_\_\_

44. Independent ward

Number of rooms	No. of beds in room								Size of room
	1	2	3	4	5	6	7	8	

Total no. of rooms in ward \_\_\_\_\_

Number of rooms	No. of beds in room								Size of room
	1	2	3	4	5	6	7	8	
Total no. of rooms in ward _____									



[illegible]

(Mark x in appropriate column)

Resident's name \_\_\_\_\_ Type of ward \_\_\_\_\_ Name of institution \_\_\_\_\_

Name of interviewed physician \_\_\_\_\_ Date of interview \_\_\_\_\_

Resident case number \_\_\_\_\_ (for office use)

[illegible]

Psychiatric problems		
Insomnia & disquiet		
Joints & bones		
Vision difficulties		
Chronic eye diseases		
Hearing difficulties		
Chronic ear diseases		
Oral and dental problems		
Pressure sores		
Other skin problems		
Mobility problems		

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EVALUATION FORM BY RESEARCH TEAM NURSE

Date \_\_\_\_\_

1. Card number

2. Type of questionnaire

3. Name of institution \_\_\_\_\_

4. Name of ward: 1. Independent; 2. Frail;

3. Nursing 4. Mentally frail; 5. Mixed \_\_\_\_\_

6. Other \_\_\_\_\_

5. Name of others \_\_\_\_\_



(Circle correct category in each line)

	Very good	1	2	3 mediocre	4	Impossible to determine	Notes
Personal care	1	2	3	4	9	.	
Nursing care	1	2	3	4	9		
Quality of aids' work	1	2	3	4	9		
Quality of responsible nurse's work	1	2	3	4	9		
Staff attitude towards the residents	1	2	3	4	9		
Staff relationships among themselves	1	2	3	4	9		
Cleanliness in ward/ institution	1	2	3	4	9		
Physical conditions in ward/ institution (size of rooms, lighting, furniture, etc)	1	2	3	4	9		
General atmosphere	1	2	3	4	9		
Organization of nursing work	1	2	3	4	9		
Other.	1	2	3	4	9		
Other.	1	2	3	4	9		



21

EVALUATION FORM BY OCCUPATIONAL THERAPIST

Date \_\_\_\_\_

1. Card number \_\_\_\_\_

2. Type of questionnaire \_\_\_\_\_

3. Name of institution \_\_\_\_\_

4. Name of ward: 1. Independent; 2. Frail; 3. Nursing;  
5. Mixed \_\_\_\_\_ 6. other \_\_\_\_\_

(Circle correct category in each line)

	Very good	Good	Mediocre	Poor	Impossible to determine	Notes
--	--------------	------	----------	------	----------------------------	-------

Safety	1	2	3	4	9	
--------	---	---	---	---	---	--

Physical conditions in ward/ institution (size of rooms, lighting, furniture, etc)	1	2	3	4	9	
--	---	---	---	---	---	--

Cleanliness in ward/ institution	1	2	3	4	9	
--	---	---	---	---	---	--

Staff attitude to residents	1	2	3	4	9	
--------------------------------	---	---	---	---	---	--

Staff relationships among themselves	1	2	3	4	9	
---	---	---	---	---	---	--

Recreational possibilities entertainment, occupation	1	2	3	4	9	
---	---	---	---	---	---	--

How the food  
is served

Quality of professionals	1	2	3	4	9	
-----------------------------	---	---	---	---	---	--

Other	1	2	3	4	9	
-------	---	---	---	---	---	--

Other.	1	2	3	4	9	
--------	---	---	---	---	---	--

# EVALUATION FORM BY ORAL HEALTH SPECIALIST

Date \_\_\_\_\_

1. Card number \_\_\_\_\_
2. Type of questionnaire \_\_\_\_\_
3. Name of institution \_\_\_\_\_
4. Name of ward: 1. Independent; 2. Frail; 3. Nursing  
4. Mentally frail 5. Mixed \_\_\_\_\_
6. Other \_\_\_\_\_

(Circle correct category in each line)

	Very good	Good	Medium	Poor	Impossible to determine	Notes
Staff attitude to residents	1	2	3	4	9	
Staff relationships between themselves	1	2	3	4	9	
Oral care by nursing staff (mouth rinses, etc)	1	2	3	4	9	
General oral health among the residents	1	2	3	4	9	
Staff awareness of importance of oral health treatment	1	2	3	4	9	
Attention paid to oral health condition upon admission	1	2	3	4	9	

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DATA FORM FOR WARD (To be completed by institution)

In this and the following pages, fill out various data referring to ward.

If the institution has no wards, refer to the whole institution.

Name of institution \_\_\_\_\_

Name of ward \_\_\_\_\_

Number of beds in ward \_\_\_\_\_

Number of residents in ward \_\_\_\_\_

Number of residents sent to a general hospital within the last 12 months:

As a result of fall \_\_\_\_\_

As a result of diabetes and complications resulting from it \_\_\_\_\_

For some other reason \_\_\_\_\_

Number of suicides in past 12 months \_\_\_\_\_

Number of deaths in past 12 months \_\_\_\_\_

Number of deaths in past 12 months which occurred after transfer to hospital  
\_\_\_\_\_

Case number	Name and surname	Sex (mark x if male)	Suffers diabetes	Suffers from urinary incontinence	Has catheter	Suffers from fecal incontinence	Defined as frail	Defined as nursing patient	Defined as independ- dent	Can't be inter- viewed	Is in ward month or less	For office use Notes
----------------	------------------------	----------------------------	---------------------	---	-----------------	---------------------------------------	------------------------	-------------------------------------	------------------------------------	---------------------------------	-----------------------------------	-------------------------------

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Case number	Name and surname	Sex (mark x if male)	Suffers from diabetes	Suffers from urinary incontinence	Has catheter	Suffers from fecal incontinence	Defined as frail	Defined as nursing patient	Defined as independ- dent	Can't be inter- viewed	Is in ward month or less	For office use Notes
----------------	------------------------	-------------------------	-----------------------------	---	-----------------	---------------------------------------	------------------------	-------------------------------------	------------------------------------	---------------------------------	-----------------------------------	-------------------------------

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 67



# DATA FORM ON WARD (INSTITUTION)

Record names of residents in ward and for each one mark x in appropriate column, if described situation exists

Case Number	Name and surname	Sex (mark x if male)	Suffers from diabetes	Suffers from urinary incontinence	Has catheter	Suffers from fecal incontinence	Defined as frail	Defined as nursing patient	Defined as independ- dent	Can't be inter- viewed	Is in ward month or less	For office use Notes
----------------	------------------------	----------------------------	-----------------------------	---	-----------------	---------------------------------------	------------------------	-------------------------------------	------------------------------------	---------------------------------	-----------------------------------	-------------------------------

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