



ABC Agency  
Alpha Hospital  
\*12345  
123ABC

**We are doing a survey where we ask some questions about life at Alpha Hospital. The survey has questions about all aspects of life here such as the living area, food, activities, and also more sensitive areas such as staff, dignity, and independence.**

**Every resident here is being asked to complete the survey. The information you provide is confidential. Your name, your room number or your exact date of birth will not appear anywhere on this questionnaire. No one will know your individual answers. Your participation is voluntary; you do not have to proceed with this survey interview if you don't want to. Your care at Alpha Hospital will not be affected in any way, whether or not you decide to complete this interview.**

**The main purpose of this questionnaire is to find out how (patients and) residents feel about living here to help Alpha Hospital provide the best possible care. Please don't hesitate to be totally honest about each question. The interview takes about 30 minutes.**

1. I was wondering if you would be willing to do the survey with me now?

☐ Yes ☐ No

2. **Attempt 1:**

|  |  |   |
|--|--|---|
| <input type="radio"/> Complete Interview | <input type="radio"/> Confused         | <input type="radio"/> Discharged                          |
| <input type="radio"/> Partial Interview  | <input type="radio"/> Aggressive       | <input type="radio"/> Moved Units                         |
| <input type="radio"/> Refused            | <input type="radio"/> Language         | <input type="radio"/> Rehab Bed                           |
| <input type="radio"/> Too ill            | <input type="radio"/> Could not locate | <input type="radio"/> Already interviewed in past 90 days |
| <input type="radio"/> Unresponsive       | <input type="radio"/> Deceased         | <input type="radio"/> Other (please specify below)        |

3. **Attempt 2:**

|  |  |   |
|--|--|---|
| <input type="radio"/> Complete Interview | <input type="radio"/> Confused         | <input type="radio"/> Discharged                          |
| <input type="radio"/> Partial Interview  | <input type="radio"/> Aggressive       | <input type="radio"/> Moved Units                         |
| <input type="radio"/> Refused            | <input type="radio"/> Language         | <input type="radio"/> Rehab Bed                           |
| <input type="radio"/> Too ill            | <input type="radio"/> Could not locate | <input type="radio"/> Already interviewed in past 90 days |
| <input type="radio"/> Unresponsive       | <input type="radio"/> Deceased         | <input type="radio"/> Other (please specify below)        |

4. **Attempt 3:**

|  |  |   |
|--|--|---|
| <input type="radio"/> Complete Interview | <input type="radio"/> Confused         | <input type="radio"/> Discharged                          |
| <input type="radio"/> Partial Interview  | <input type="radio"/> Aggressive       | <input type="radio"/> Moved Units                         |
| <input type="radio"/> Refused            | <input type="radio"/> Language         | <input type="radio"/> Rehab Bed                           |
| <input type="radio"/> Too ill            | <input type="radio"/> Could not locate | <input type="radio"/> Already interviewed in past 90 days |
| <input type="radio"/> Unresponsive       | <input type="radio"/> Deceased         | <input type="radio"/> Other (please specify below)        |

5. **FINAL OUTCOME:**

|  |  |   |
|--|--|---|
| <input type="radio"/> Complete Interview | <input type="radio"/> Confused         | <input type="radio"/> Discharged                          |
| <input type="radio"/> Partial Interview  | <input type="radio"/> Aggressive       | <input type="radio"/> Moved Units                         |
| <input type="radio"/> Refused            | <input type="radio"/> Language         | <input type="radio"/> Rehab Bed                           |
| <input type="radio"/> Too ill            | <input type="radio"/> Could not locate | <input type="radio"/> Already interviewed in past 90 days |
| <input type="radio"/> Unresponsive       | <input type="radio"/> Deceased         | <input type="radio"/> Other (please specify below)        |

6. Completion Date:

☐ (mm/dd/yy)\_\_\_\_\_



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7. Language in which interview was conducted?

- ☐ English   ☐ Cantonese   ☐ Italian   ☐ Punjabi  
☐ French   ☐ Mandarin   ☐ Portuguese   ☐ Other

**Interviewer Observations [COMPLETE AT THE END OF THE INTERVIEW]**

8. Did the resident have any problems that could have affected the interview? (mark all that apply)

- ☐ Speech   ☐ Hearing   ☐ Vision   ☐ Restlessness   ☐ Fatigue   ☐ Other

9. On a scale of 1 to 10, how well did the resident understand the survey questions? (1 = low understanding, 5 = moderate understanding, 10 = high understanding)

- ☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5   ☐ 6   ☐ 7   ☐ 8   ☐ 9   ☐ 10

**Comments:**

**STRUCTURED INTERVIEW [READ]:** *If, at any time, you want to stop, or you have something to say, please feel free to interrupt me. If there are certain questions you find difficult or don't feel comfortable answering, simply let me know. Before we begin do you have any questions?*

**EXPLAIN RESPONSE BOARDS**

*Throughout the interview I will be asking you questions which require you to answer with either "Yes", "Sometimes", or "No" [SHOW THEM THE BOARD]. I have this board which lists the responses. I will keep this board where you can see it.*

*I have another board which may also help us with the interview. For some of the questions, I may ask you to rate the service. This board shows you a different rating scale of [SHOW THEM THE BOARD AND POINT AS YOU SAY THE RATING NUMBER AND THE WORD] 5 for Excellent, 4 Good, 3 Fair... [POINT TO THE RESPONSES AND READ THE ANSWERS].*

**[BEGIN STRUCTURED PORTION OF THE INTERVIEW. PLEASE ENSURE THAT YOU READ EVERYTHING AS WRITTEN IN THE INTERVIEW BOOK FROM THIS POINT FORWARD.]**

10. Is the patient male or female?

- ☐ Male   ☐ Female

**So let's begin. [GET RESPONSE BOARDS READY]**

11. Do you have periods of happiness here?

- ☐ Yes   ☐ Sometimes   ☐ No   ☐ N/A   ☐ Don't know

**Would you say: [READ AS YOU POINT TO EACH OPTION] yes, sometimes, or no?**

**[GET LADDER READY]** *Imagine that this is a ladder where 5, or excellent, is the highest step on the ladder and 1, or terrible, is the lowest.*

12. Compared to other people living here, how would you describe your health?

- ☐ Excellent   ☐ Good   ☐ Fair   ☐ Poor   ☐ Terrible

**Would you say it is: [READ AS YOU POINT TO EACH LADDER OPTION] excellent, good, fair, poor, or terrible?**

**Thank you Mr/Mrs. Now I am going to ask you about different areas of life at Alpha Hospital.**



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## LIVING ENVIRONMENT

**First, I am going to ask you a few questions about your living area at this facility. I would like you to answer by saying "Yes", "Sometimes" or "No".**

|   | Yes                   | Sometimes             | No                    | N/A                   | Don't know            |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 13. Is this a comfortable place to live?      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. Do you have enough privacy?               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. Are your personal belongings safe here?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. Is the residence clean and tidy?          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. Is your room how you would like it to be? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### [FLIP CARD OVER FOR THE NEXT 4 QUESTIONS]

|   | Yes                   | Sometimes             | No                    | N/A                   | Don't know            |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 18. Is it possible that you could hurt yourself and a staff member would not know?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. Does the noise around here bother you?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. Does this place need fixing up (for example, repairs, decorating, or painting)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. Does the smell around here bother you?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**22. Are there any comments you wish to make about the living environment?**

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## FOOD

**[DO NOT READ QUESTION 23]**

|   | Yes                   | No                    |
|---|-----------------------|-----------------------|
| 23. Is the resident tube fed? <i>If the resident is tube fed, go to the next section.</i> | <input type="radio"/> | <input type="radio"/> |

**Now I am going to ask you a few questions about the food here.**

### [FLIP CARD]

|  | Yes                   | Sometimes             | No                    | N/A                   | Don't know            |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 24. Are there enough different kinds of food to choose from? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. Can you get the type of foods you like to eat?           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26. Is the taste of the food o.k.?                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27. Is the temperature of the food o.k.?                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28. Are you given the right amount of food?                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 29. When you are hungry is food available?                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 30. Do you get help to eat when you need it?                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31. Are you given enough time to eat?                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**32. Are there any comments you would like to make about the food or food services here?**

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## ACTIVITIES

**Now I am going to ask you a few questions about the activities and outings offered by this facility.**

|   | Yes                   | Sometimes             | No                    | N/A                   | Don't know            |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 33. Are you told about what activities are available? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 34. Do you participate in activities here?            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### [IF NO, ASK WHY NOT AND RECORD IN COMMENTS SECTION]

|  |                              |                                    |                             |                              |                                     |
|--|------------------------------|------------------------------------|-----------------------------|------------------------------|-------------------------------------|
| 35. Is there enough opportunity for you to do personal activities such as reading, watching TV, writing letters, visiting with family, etc.? | Yes<br><input type="radio"/> | Sometimes<br><input type="radio"/> | No<br><input type="radio"/> | N/A<br><input type="radio"/> | Don't know<br><input type="radio"/> |
|--|------------------------------|------------------------------------|-----------------------------|------------------------------|-------------------------------------|

### [IF THE RESIDENT SAID NO TO QUESTION 34, SKIP TO THE NEXT SECTION]

|   | Yes                   | Sometimes             | No                    | N/A                   | Don't know            |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 36. Are there enough trips and outings?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 37. Is there enough entertainment?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 38. Are there enough games offered?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 39. Are there enough activities for you that use your mind?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 40. Are there enough activities for you on the unit?<br><b>PROBE:</b> Are there enough activities for you close by, close to your room? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 41. Are activities offered at the right time for you?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 42. Do you get the help you need with activities? <b>PROBE:</b> Do you get help getting to activities or help doing the activities?     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**43. Are there any comments you would like to make about the activities and outings here?**

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## STAFF

**Now I am going to ask you a few questions about the staff members here. Staff include all people that provide your care, for example, doctors, nurses, physiotherapists, social workers, and so on. Remember, staff members will not find out how you answered these questions.**

|  | Yes                   | Sometimes             | No                    | N/A                   | Don't know            |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 44. Do the staff show you that they care about you?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 45. Do the staff respect your wishes?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 46. Do the staff try to understand what you're feeling?<br><b>PROBE:</b> Do they try to understand what you are going through? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 47. Do the staff help you when you need it?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 48. When the staff come to your room do they tell you what they have come for?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 49. Are the staff skilled and knowledgeable?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 50. Do the staff answer promptly when you call?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 51. Do the staff involve you in decisions about your care?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



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52. Are there any comments you wish to make about the staff here?

### DIGNITY

Now I am going to ask you a few questions about dignity. By dignity, I mean how you feel about your life and how people treat you here.

53. Do the staff call you by name?

Yes Sometimes No N/A Don't know

☐ ☐ ☐ ☐ ☐

54. Is your personal and physical privacy respected?

☐ ☐ ☐ ☐ ☐

### **[FLIP CARD OVER FOR NEXT 3 QUESTIONS]**

55. Do the staff ever make you feel like you are a burden?

Yes Sometimes No N/A Don't know

☐ ☐ ☐ ☐ ☐

56. Do the staff ever take advantage of you?

☐ ☐ ☐ ☐ ☐

57. Do you ever feel ignored by the staff?

☐ ☐ ☐ ☐ ☐

### **[FLIP CARD]**

58. Are you treated the way you want to be treated?

Yes Sometimes No N/A Don't know

☐ ☐ ☐ ☐ ☐

59. Are there any comments you wish to make about the level of respect you are shown here?

### AUTONOMY

Now I am going to ask you about your freedom, independence and ability to make choices here.

60. Are you encouraged to participate in decisions about your care?

Yes Sometimes No N/A Don't know

☐ ☐ ☐ ☐ ☐

61. Do **YOU** decide what you are going to do each day?

☐ ☐ ☐ ☐ ☐

62. Do you feel you can express your feelings and opinions around here?

☐ ☐ ☐ ☐ ☐

63. Are you free to come and go as you please?

☐ ☐ ☐ ☐ ☐

### **[FLIP CARD OVER FOR THE NEXT 2 QUESTIONS]**

64. Are you ever forced to do things that you don't want to do?

Yes Sometimes No N/A Don't know

☐ ☐ ☐ ☐ ☐

65. Will staff get back at you if you say or do something they don't like?

☐ ☐ ☐ ☐ ☐

### **[FLIP CARD]**

66. Can you choose when to have your bath or shower?

Yes Sometimes No N/A Don't know

☐ ☐ ☐ ☐ ☐

67. Are you free to make your own choices?

☐ ☐ ☐ ☐ ☐

68. Are your spiritual or religious needs met here?

☐ ☐ ☐ ☐ ☐



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69. Are there any comments you wish to make about your freedom and independence here?

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### **MEDICAL CARE & TREATMENT**

*The next questions are about your medical care and treatments.*

|  | Yes                   | Sometimes             | No                    | N/A                   | Don't know            |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 70. Are you helped if you are in pain or uncomfortable?                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 71. Can you talk to a doctor when you need to?                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 72. Do you receive the treatments and medication you need?             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 73. If you are not feeling well, do you get the medical help you need? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 74. Do you receive therapy if you need it?                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

75. Are there any comments you wish to make about your medical care and treatment here?

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### **OVERALL QUESTIONS**

|   |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 76. If long term care were needed for another family member or friend, would you recommend this facility? | Yes                   | No                    | Maybe                 | N/A                   | Don't know            |
|   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

*Would you say Yes, No or Maybe?*

**[GET LADDER]**

|  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 77. Overall, how would you rate the quality of care and services you receive here? | Excellent             | Good                  | Fair                  | Poor                  | Terrible              |
|  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

*Would you say they are:* **[READ RESPONSES]**

78. Are there any other comments you wish to make?

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*That brings us to the end of the interview. Thank you very much.*



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