

# **Appendix A**

## **Reviewed Surveys and Tools**

Appendix A presents a matrix of tools reviewed, including the source, setting, respondent and mode, and general content as described by the source. This matrix is organized based on the following order:

- Setting used, with assisted living first, followed by nursing home and other residential settings.
- Year of publication, with the most recent first and arranged alphabetically by source except when there were multiple instruments from a single source (i.e., National Nursing Home Survey) in which case instruments were grouped together and then listed by year of publication, with the most recent first.
- In some cases, we have not provided all elements of an instrument in the interest of relevance and brevity.

The matrix is followed by brief written evaluations of the individual instruments, including the source and purpose, model of administration, response scales used, psychometric analyses of the instruments, and the survey content with item level detail when available. The page number for each survey can be found in the matrix for easy reference. See Chapter 2 for the criteria used in the selection of instruments described in this report.

Source author name and publication date	Setting used	Source and Mode	General content as described by source	Page num
<b>Assisted Living (AL) Facilities</b>				
Curtis, Sales, Sullivan, et al., 2005	Adult Family Home Adult Residential Care (RC) Assisted Living (AL)	Consumer (Resident, In-person interview)	Interpersonal 4 Environmental 4 Global satisfaction 3	A-13
Hedrick, 2005; Hedrick, Sales, Sullivan, et al., 2003	AL, Adult family homes, Adult RC Veterans' version provided in this analysis	Consumer (Resident, In-person interview) Observational	Resident experiences 10 Overall satisfaction 2	A-15
Vital Research, LLC, 2005 (Assisted Living Resident Satisfaction Survey)	AL	Consumer (Resident, Self-administered)	Activities 5 Autonomy 7 Clinical Care 2 Communication 4 Companionship 5 Dining 6 Environment 4 Safety 6 Assistance 5	A-17
Maine Department of Health and Human Services (2005) (Minimum Data Set – Assisted Living Services )	AL	Observational	Activity Pursuit Patterns 19	A-20
Aud, Rantz, Zwiygart-Stauffacher, et al., 2004 (Observable Indicators of Nursing Home Care Quality Instrument – Residential Facility version)	RC	Observational	<u>Version 5</u> Communication 5 Care 8 Environment 14 Staff 5 Home/Family 9  <u>Version 9</u> Items not divided into domains 34	A-21

Source author name and publication date	Setting used	Source and Mode	General content as described by source	Page num
Crystal, Lowe, Lucas, et al., 2004 (Assisted Living Consumer Satisfaction Survey)	AL	Consumer (Resident/Family, Mail survey)	<u>Resident Version</u> Personal / assistive services 5 Food and meals 4 Environment 5 Autonomy / tenant rights 3 Activities 3  <u>Resident Family Version</u> Communication and involvement with staff 8 Activities and social interaction 6 Food / meals 4 Environmental characteristics 3 Resident security 2	A-24
Kane, 2004	AL	Provider	Ways residents might maintain relationships with external community 13 Ways residents might be integrated into internal AL community 9 Barrier to involvement with outside community 8 Barrier to involvement inside residence 5 Strategies to promote involvement 19	A-27

Source author name and publication date	Setting used	Source and Mode	General content as described by source	Page num
Ejaz, Schur, Fox, 2003a (Consumer Satisfaction in Continuing Care Retirement)	Continuing Care Retirement Communities	Consumer (Resident/Family (proxy), Telephone interview)	ADL 13 Choices 8 Cleanliness 3 Depression 11 Dining 8 Emergency 2 Expectations of care 12 General satisfaction 6 Maintenance 5 Management 7 Move in 7 Importance of care 11 Physical environment 7 Programs 9 Safety/security 3 Social support 7 Staff interaction 7	A-29
Utz, 2003	AL	Provider (Self-administered mail survey)	Philosophical performance: Autonomy 13 Home likeness 15	A-34
Moran, White, Eales, 2002	Residential continuing care settings (Canada)	Consumer (Resident, In-person interview)	Expectations of Care 18 Performance 18 Confirmation/ Disconfirmation 18 Satisfaction/ Dissatisfaction 18	A-36

<b>Source author name and publication date</b>	<b>Setting used</b>	<b>Source and Mode</b>	<b>General content as described by source</b>	<b>Page num</b>
Chong and Chi, 2001 (Scale on Domains of Residential Satisfaction)	RC (Hong Kong)	Consumer (Resident, In-person interview)	Psycho social care 7 Staff attitude 5 Cleanliness 3 Communal living 6 Resident's relationships 2 Food choice 1 Autonomy 2 Privacy 1 Home-like environment 1	A-39
Gesell, 2001 (Press Ganey/ Assisted Living Residents Survey)	AL	Consumer (Resident/Family, Self-administered mail survey)	Activities 3 Aides 4 Meals 5 Apartment 8 Facility 10 Management 7 Personal issues 6	A-41
National Center for Assisted Living, 2001	AL	Provider (Self-administered mail survey)	Question topics: Resident demographics 9 Operations: 9 Financing 3 Supply and Demand 3	A-44

<b>Source author name and publication date</b>	<b>Setting used</b>	<b>Source and Mode</b>	<b>General content as described by source</b>	<b>Page num</b>
Simmons, 2001 (Resident Satisfaction Index)	AL	Consumer (Resident)	Health care 5 Housekeeping 4 Physical environment 4 Relationships with staff 8 Social life/activities 6	A-46
Sloane and Zimmerman, 2001; Sloane, Zimmerman, Walsh, 2001; Zimmerman, Scott, Park, et al., 2003				A-48
Therapeutic Environment Screening Survey for Nursing Homes and Residential Care (TESS-NH/RC)	NH/RC	Observational	Maintenance 1 Cleanliness 1 Odors 1 Safety 5 Lighting 4 Physical Appearance/Homelikeness 6 Orientation 1 Privacy 4 Noises 2 Plants 1 Outdoor Areas 2 Residents' Appearance 1 Access 1 Impression 3	A-49
Assisted Living- Environmental Quality Scale (AL-EQS)	AL/RC	Observational	Items not divided into domains 15	A-56
Assisted Living Social Activity Scale (AL-SAS). AL-EQS	AL/RC	Observational	Personal activities 4 Group activities 4 Outing 3	A-56
Mitchell and Kemp, 2000	AL	Resident (Interview)	Satisfaction 10 Function and health Status Social activities Facility opportunities for resident autonomy	A-57

<b>Source author name and publication date</b>	<b>Setting used</b>	<b>Source and Mode</b>	<b>General content as described by source</b>	<b>Page num</b>
ALFA ServiceTRAC, 1999	Independent Living, AL, Nursing Care Facilities	Consumer (Resident/Family, Self-administered mail survey)	Staff 7 Activities 4 Food 9 Housekeeping 5 Maintenance3 Home/community environment 5 Security 6 Assisted living services, including health monitoring & personal needs monitoring 9 Administration 4 Amenities 5	A-58
Hawes, Phillips, and Rose, National Study of Assisted Living for the Frail Elderly, 2000 [US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation]				A-61
Facility Screening Questionnaire	AL	Provider (Telephone interviewer)	Items not divided into domains 28	A-61
Resident Questionnaire	AL	Consumer (Resident/Proxy, In-person interview)	Items not divided into domains 39	A-65
Administrator (Facility) Questionnaire	AL	Provider (Self administered)	Items not divided into domains 54	A-71
Facility Walk-through Survey	AL	Observational	Administrator questions 7 Community questions 16 Exterior Building 18 General Impression 9	A-81
Discharge Resident Telephone Interview	AL	Resident (Telephone interviewer)	Items not divided into domains 19	A-87
Yee, Capitman, Leutz, and Sceigaj, 1999	AL	Consumer (Resident/Family, In-person interview)	Independent lifestyle 15 Avoidable care problems 9 Community participation 8	A-92

<b>Source author name and publication date</b>	<b>Setting used</b>	<b>Source and Mode</b>	<b>General content as described by source</b>	<b>Page num</b>
<b>Nursing Homes (NH)</b>				
Castle, 2004 (Nursing Facility-Family Satisfaction Survey)	NH	Consumer (Family, Self-administered)	Admission 3 Activities 3 Autonomy/privacy 3 Physical environment 3 Safety/security 3 Caregivers 3 Meals 3 General satisfaction 3	A-94
Crogan, Evans, and Velasquez, 2004 (FoodEx LTC Questionnaire)	NH	Consumer (Resident, Self or interviewer administered)	Enjoying food and food service 11 Exercising choice 8 Cooking good food 7 Providing good food service negative view 5 Providing good food service positive view 13	A-96
Lengyel, Smith, Whiting, and Zello, 2004	NH	Consumer (Resident, In-person interview)	Food service 11 Quality of Life 13	A-99
National Nursing Home Survey (NNHS), 2004, 1999 [U.S. Department of Health and Human Services, National Center for Health Statistics]				A-101
NNHS, 1999 Facility Questionnaire	NH	Administrator (In-person interview)	Items not divided in domains 27	A-102
NNHS, 2004 Facility Qualifications (FQ Module) and Facility Characteristics (FC Module)	NH	Administrator (In-person interview)	Type of facility 8 Facility characteristics and services 19	A-105
NNHS, 2004 Facility Staffing	NH	Administrator (self-administered questionnaire hand delivered to administrator)	Facility staffing 24	A-110
National Nursing Assistant Survey (NNAS), 2004 [US Department of Health and Human Services]	NH	Nursing Aide (Telephone interview)	Questionnaire not divided into domains 42	A-115



Source author name and publication date	Setting used	Source and Mode	General content as described by source	Page num
Robinson, Lucas, Castle, et al., 2004	NH	Consumer (Resident, In-person interview)	Personal & Health care 8 Independence 4 Management 5 Activities 5 Staff 6 Meals 6 Physical environment 8 Extra services 6 Overall satisfaction 2	A-124
Tornatore and Grant, 2004	NH	Consumer (Family, Telephone interview)	Satisfaction with staff and quality of care 10 Involvement with Nursing Home 1 Involvement with care of patient 2 Expectations of environment 2	A-126
Anderson, Connolly, Pratt, and Shapiro, 2003	NH	Consumer (Resident, In-person interview)	Social Services and Communication 6 Direct Care and Nurse Aides 9 Administration and Professional Nurses 7 Homelike and Spiritual Environment 7 Meals and Dining 5 Activities 6 Admission 5 Choice 5 General Satisfaction 5 Therapy 2 Laundry 2	A-128
Ejaz, Straker, Fox, and Swami, 2003b (Ohio Nursing Home Family Survey)	NH	Consumer (Resident, In-person interview)	Comfort 6 Security 5 Meaningful activity 5 Relationships 5 Functional competence 5 Enjoyment 3 Privacy 5 Dignity 5 Autonomy 4 Spiritual well being 4	A-130

Source author name and publication date	Setting used	Source and Mode	General content as described by source	Page num
Kane, Kling, Bershadsky, et al., 2003	NH	Consumer (Resident, In-person interview)	Comfort 6 Security 5 Meaningful activity 5 Relationships 5 Functional competence 5 Enjoyment 3 Privacy 5 Dignity 5 Autonomy 4 Spiritual well being 4	A-133
Casarett, Hirschman, Miller, and Farrar, 2002	NH	Consumer (Resident, In-person interview)	Overall satisfaction and satisfaction with medical therapy 2 Frequency of desirable outcomes 2 Frequency of desirable outcomes from medication 7 Frequency of undesirable outcomes from medication 5 Characteristics associated with overall satisfaction 6 Characteristics associated with residents' satisfaction with medication 7 Perceived frequency of undesirable outcomes 6	A-136
Chou, Boldy, and Lee, 2002 (Resident Satisfaction Questionnaire)	NH and Hostel for aged (Australia)	Consumer (Resident, Self-administered mail survey)	Room 4 Home 4 Social interactions 4 Meals 4 Staff care 4 Resident involvement 4	A-138
Levy-Storms, Schnelle, and Simmons, 2002	NH	Consumer (Resident, In-person interview)	Toileting 4 Walking 4 Pad changes 4 Dressing 4 Bathing/Showering 4 Mealtime or feeding assistance 4 In or out of bed 4	A-140

Source author name and publication date	Setting used	Source and Mode	General content as described by source	Page num
Moxey, Connor, White, et al., 2002	NH	Consumer (Resident, In-person interview)	Environment 4 Resident satisfaction 17 Support services 5 Staff satisfaction 5 Activities inside the facility 13 Activities outside the facility 12	A-143
Rantz, Jensdottir, Hjaltadottir, et al., 2002 (Observable Indicator of Nursing Home Care and Quality)	NH	Observational	<u>Version 5</u> Communication 5 Care 9 Environment 16 Staff 6 Home/family 6  <u>Version 9</u> Items not separated into domains 30	A-145
Sloane, Mitchell, Weisman, et al., 2002 (Therapeutic Environment Screening Survey for Nursing Homes [TESS-NH])				A-148
TESS NH	NH	Observational	Unit autonomy 9 Outdoor access 3 Privacy 1 Safety/Exit control 12 Maintenance 4 Cleanliness 6 Safety 6 Stimulation lighting 9 Visual/tactile stimulation 4 Noise 7 Socialization space/seating 5 Personalization/ homelikeness/familiarity 5 orientation 13	A-148

Source author name and publication date	Setting used	Source and Mode	General content as described by source	Page num
Special Care Unit Environmental Quality Scale (SCUEQS)	NH	Observational	Maintenance 5 Cleanliness 6 Safety 2 Lighting 2 Visual stimulation 1 Noise 2 Home likeness 4 Orientation cueing 2	A-150
Ryden, Gross, Savid, et al., 2000 (Satisfaction with Nursing Home Instrument)	NH	Consumer (Resident, In-person interview)	Respect for resident 9 Information 4 Physical care 3 Psychological care 6 Involvement of family 3 Care providers 8 Environment 11	A-153
Davis, Sebastian, and Tschetter, 1997	NH	Consumer (Resident, In-person interview)	Staff/environmental responsiveness 18 Dependability and trust 9 Resources 8 Personal control 9	A-155
Medical Expenditure Panel Survey (MEPS), 1996 Nursing Home Component [US Department of Health and Human Services, Agency for Healthcare Research and Quality]				A-157
Round 2 Sampled Facility Questionnaire (FQ)	NH	Provider (In-person interview)	Questionnaire not divided into domains  Question topics: Type of medical services provided inside or outside the facility 34	A-158
Round 3 Self Administered Questionnaire	NH	Provider (Self-administered questionnaire hand delivered to administrator)	Baseline and one-year follow-up: Nursing staffing level and turnover (RN, LPNs, Aides)	A-165

Source author name and publication date	Setting used	Source and Mode	General content as described by source	Page num
Norton, van Maris, Soberman, and Murray, 1996	NH	Consumer (Resident, Interview; Family, Mail survey)	Living environment 10 Food 11 Activities 11 Staff 10 Dignity 10 Autonomy 12 Medical care and treatment 6 Overall satisfaction 3	A-167
Shore, Lerman, Smith, et al., 1995	NH	Observational	Environment 4 Resident condition 4 Resident activity Appropriate social 3 Appropriate nonsocial 4 Inappropriate 3 No activity 1 Staff activity Staff-other interaction 1 Resident care 2 Resident positive interaction 1 Resident negative interaction 1 Nonresident work 1 Off task 1	A-170
Zinn, Lavizzo-Mourey, and Taylor, 1993 (Nursing Home Resident Satisfaction Scale)	NH	Consumer (Resident, In-person interview)	Physician services 3 Nursing services 3 Other services 4 General services 1	A-172
Astrom, Nilsson, Norberg, et al 1991	NH, Psychogeriatric clinic and LTC clinic	Staff (Interview)	Empathy, Burnout, Attitude 21	A-174
Kruzich, Clinton, and Kelber, 1992	NH	Consumer (Resident, In-person interview) Provider (In-person interview)	Organizational factors 17	A-175
Ferrans and Powers, 1985 (Quality of Life Index)	NH version but is "amenable to use in AL"	Consumer (Self-administered or In-person interview)	Health and functioning 13 Social and economic 8 Psychological/ Spiritual 7 Family 5	A-176

Source author name and publication date	Setting used	Source and Mode	General content as described by source	Page num
<b>Instruments from Other Residential Settings</b>				
Consumer Experiences Survey, Minnesota Department of Human Services, Aging and Adult Services, 2005	Waiver supported services for elderly and disabled	Consumer (Resident, In-person interview)	General satisfaction and safety 25 Experiences with paid staff 7 Experience with Case Management 6	A-178
American Seniors Housing Association, 2004	Housing for elderly including AL, CCRC, Alzheimer's facility, etc.	Provider (Self-administered)	Ownership and location 10 Size 5 Payment 7 Financial data 53 Average stay 4	A-183
Health and Retirement Study (HRS), 2004 [US Department of Health and Human Services, National Institute of Aging]	All community based housing (i.e., non-nursing home setting)	Sampled person (In-person)	Housing characteristics 26	A-189
Medicare Current Beneficiary Survey (MCBS), 2004 [US Department of Health and Human Services, Centers for Medicare and Medicaid Services]				A-192
MCBS, 2004 Community Component Housing Characteristics Questionnaire	All community based housing (non-institutional setting includes some AL facilities)	Sampled person (In-person)	Physical arrangement of housing and Services 18	A-193
MCBS, 2002 Facility Component Facility Screener Questionnaire & Facility Core Use of Services Module	All facility-based settings (includes NH, CCRC, AL etc.)	Provider (In-person)	Facility Characteristics 15 Facility Characteristics 30	A-194 A-197
Participants Experience Survey (PES) Version 1.0, 2003 [MEDSTAT Group for U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services]				A-203
PES, 2003 Elderly/Disabled Version (E/D)	Long-term care	Consumer (Resident, In-person interview)	Access to care 32 Choice and control 9 Respect/Dignity 7	A-204
PES. 2003 Mentally Retarded/ Developmental Disabled Version (MR/DD)	Long-term care	Consumer (Resident, In-person interview)	Access to Care 35 Choice and control 13 Respect/Dignity 5	A-211
PES, 2003 Brain Injury Version (BI)	Long-term care	Consumer (Resident, In-person interview)	Respect/Dignity 2 Community Activities 4	A-219

<b>Source author name and publication date</b>	<b>Setting used</b>	<b>Source and Mode</b>	<b>General content as described by source</b>	<b>Page num</b>
Hawes, Wildfire, Iannacchione, et al., 1996	Board and Care Homes	Resident and Provider (In-person interview)	<u>Resident</u> Resident Satisfaction, Autonomy, and Choices 37 <u>Provider</u> Facility Policies and Services 32	A-221

**Source:** Curtis MP, Sales AEB, Sullivan JH, Gray SL, and Hedrick, SC. (2005) Satisfaction with care among community residential care residents. *J Aging Health* 17(1):3-27.

**Purpose of tool:** The tool was adapted from a national study of assisted living (Hawes, Rose, and Phillips, 1999). Only a subset of the original tool was used. The tool was developed to assess satisfaction in assisted living. The subset selected was chosen to ensure a broad range of resident care experiences and to measure the most salient point within each domain. An advisory committee reviewed the selected items, and the questions were pilot tested. The authors analyzed satisfaction in relation to other characteristics of the facility.

**Data collection:** The study focused on residents on Medicaid funding who were entering adult family home (AFH), adult residential care (ARC), or assisted living (AL) facilities in a three-county area around Puget Sound, WA. Residents were those placed by Washington State Aging and Adult Services Administration Home and Community Services Division. Cognitively impaired residents were not included. State office staff sent a letter and brochure to the 500 recommended residents. Of these, 349 completed face-to-face interviews, 204 in AFH, 51 in ARC, and 94 in AL.

**Scale structure:** No factor analysis reported.

**Reliability:** Cronbach's alpha for the three subscales ranged from .64 to .69.

**Validity:** No validity measures given.

**Response options:** The overall satisfaction questions on satisfaction with food, room, and staff were measured on a 0-10 scale (10= most satisfied). The remainder of the questions were measured on a 1-4 scale (4=most satisfied).

**Subscale:** Interpersonal

1. How often does the staff treat you with dignity and respect?
2. If you had concerns about this place, how willing do you think the manager/owner would be to listen to you?
3. If your health deteriorates how confident are you that the facility will be able to meet your future needs?
4. How often is this place as clean and well-maintained as you would like?

Cronbach's alpha = .64

**Subscale:** Environmental

1. How much of the time are there enough staff on duty?
2. How much of a problem is staff turnover?
3. How homelike does this place feel to you?
4. How much of the time is the food here something you like?

Cronbach's alpha = .69

**Subscale:** Global Satisfaction

1. How would you rate the meals and food service here?
2. How would you rate your room or apartment here?
3. How would you rate staff quality here?

Cronbach's alpha = .69



**Source:** Hedrick SC. (2005). Evaluation of VISN20 Assisted Living Pilot Program (ALPP) MIRB ID# 1210 (Abstract). Funding Period: April 2001 - March 2005.

Hedrick SC, Sales AEB, Sullivan JH, Gray SL, Tornatore J, Curtis M, and Zhou XA. (2003). Resident outcomes of Medicaid-funded community residential care. *Gerontologist* 43(4):473-482.

**Purpose of tool:** The purpose of this tool is to examine the physical and mental characteristics of the residents, as well as general satisfaction, and the profile of the informal caregivers (family or friends) and providers (facilities) associated with State/Medicaid funded residents. The tool used in this study contains 24 items that are to be administered using face-to-face interviews of the veterans in an AL facility. There are seven open-ended questions for in-depth qualitative analysis on feelings of satisfaction. There are 10 global satisfaction questions dealing with specific areas of the facility (i.e., staff, room, transportation, choice/privacy, food, administration, overall satisfaction). The tool also contains three questions about satisfaction with the Veterans' Assisted Living Program. Satisfaction with ALPP services was measured using both veterans and family caregiver reports for all enrolled, 45 days after program enrollment and 45 days after transition in funding from VA to non-VA funding, and at the time of move out of the AL facility (if moved out). Only a small number of total questions are presented from the survey that come from sections pertaining to resident experiences and satisfaction.

**Data collection:** All veterans placed by the ALPP program to different vendors were eligible for interview. A total of 789 veterans were placed, and 160 vendors contracted with VA. Veterans were admitted to all types of community residential care programs licensed under State Medicaid-waiver programs. Of the 789 veterans, 56% moved to AL facilities, 28% to adult residential care (ARC) facilities, and 16% to AFH. Analysis is not complete as the study is still in progress.

**Scale structure:** No factor analysis reported.

**Reliability:** No reliability measures given.

**Validity:** No validity measures given

**Response options:** Responses were on a 1 through 4 scale. The scale anchors varied by item; see individual items for response options.

**Subscale:** Resident experiences

**(1=Never, 2=Sometimes, 3=Usually, 4=Always)**

1. How much of the time do you feel staff treat you with dignity and respect?
2. How often do staff take time to talk to the residents?
3. How often do you feel staff show affection and caring for residents?
4. How much time, including weekends, are there enough staff on duty to adequately care for all the residents?
5. How much of the time does [NAME OF THE FACILITY] offer activities that you enjoy?
6. On weekends, how much of the time does the facility offer enough activities and transportation?
7. How much of the time does the facility offer transportation for things you enjoy?
8. How much of the staff at [NAME OF THE FACILITY] makes an effort to find out about your preferences for activities and makes those available?
9. How well trained and supervised do you think staff are at this facility?

**(1=Very poorly, 2=Poorly, 3=Adequately, 4=Very well trained)**

10. How successful is the facility at keeping good staff?

**(1=Very unsuccessful, 2=Somewhat unsuccessful, 3=Successful, 4=Very successful)**

**Overall Satisfaction**

11. Overall, how would you rate the staff at this facility? Use any number on a scale from zero to 10, where zero is the worst staff quality and 10 is the best staff quality possible  
\_\_\_\_ Score
  
12. Use any number on a scale from zero to 10, where zero represents the worst activities possible and 10 represents the best. How would you rate the activities available to you here?  
\_\_\_\_ Score

**Source:** Vital Research, LLC. (2005). Assisted Living Resident Satisfaction Survey Description and Psychometrics. Los Angeles, CA: Vital Research, LLC, p.1-7.

**Purpose of tool:** The Assisted Living Resident Satisfaction Survey is currently used in AL facilities for quality improvement, benchmarking, and marketing purposes. The developers first conducted open-ended interviews with 20 residents in a Chicago multilevel retirement facility. Nine domains were identified from these interviews that were deemed important to resident satisfaction and quality of life: activities, autonomy, clinical care, communication, companionship, dining, environment, safety, and assistance. This pilot led to 78 closed-ended questions with three open-ended questions. Additional research led to the addition of two more closed-ended questions. A potential tenth domain—problem resolution—was found, but had low reliability and is not reported. Questions are mostly satisfaction questions, either specific to the domains, or general satisfaction (only domains are reported here).

**Data collection:** The tool has been used in 35 AL communities across the United States. No specific sampling information of facilities or within facilities is given. A total of 1,781 residents have been surveyed for the benchmark data set of 35 facilities. The tool is a self-administered questionnaire given to residents. The aggregate data reported represent 31-34 facilities.

**Scale structure:** No factor analysis reported.

**Reliability:** All Cronbach's alphas ranged between .50 and .91, except assistance, which had an alpha of .34. For the eight domains (minus assistance) overall, Cronbach's alpha was .80.

**Validity:** Validity was measured as a correlation of the nine domains with questions about whether the resident would recommend the facility and the overall satisfaction with the facility. Correlations with overall satisfaction ranged between .31 (clinical care) and .73 (safety). For the recommendation question, correlations ranged from .37 (communication) to .65 (dining). Predictive validity was also examined, using stepwise regression with the two global satisfaction questions as dependent variables in different models. Using domains of safety, activities, autonomy, dining, and communication as independent measures, the R-square for the overall facility satisfaction model was .85. For the recommendation model, with dining, autonomy, environment, and clinical care retained as independent variables, the R-square was .75.

**Response options:** Questions were written to elicit a "yes/no" response; however, "don't know" and "not applicable" response options were available. Two global satisfaction questions, not reported here—asking about overall facility satisfaction and likelihood to recommend the facility to a friend—were given three point ordinal response scales: "Very," "Somewhat," and "Not very."

**Subscale:** Activities

**Loadings**

1. Variety of activities
2. Activities I like
3. I go to activities
4. Enough people to help during outings
5. I can maintain my hobbies here.

Cronbach's alpha = .69

**Subscale:** Autonomy

1. Room changed without permission\*<sup>3</sup>

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<sup>3</sup> \* Denotes reverse coding

2. Can decide when to see the doctor
  3. Can decide what to do each day
  4. Encouraged to be independent
  5. Can go wherever I want to
  6. Can be alone if desired
  7. I decided to move to AL
- Cronbach's alpha = .71

**Subscale: Clinical Care**

1. Staff knows when I need care
  2. Staff checks up on me
- Cronbach's alpha = .72

**Subscale: Communication**

1. Staff smiles at me
  2. Staff talks with me about my concerns
  3. Staff listens to me
  4. I understand the staff
- Cronbach's alpha = .68

**Subscale: Companionship**

1. Friends/family visit me
  2. Talk with other residents
  3. I am alone too much\*
  4. I'm friends with other residents
  5. I get bored here\*
- Cronbach's alpha = .74

**Subscale: Dining**

1. Fresh food
  2. Variety of food
  3. Meals served on time
  4. Food cooked right
  5. I get enough food here
  6. The menu is repeated too often\*
- Cronbach's alpha = .86

**Subscale: Environment**

1. My room is quiet
  2. My room is the right temperature
  3. My room is too dark\*
  4. My room looks like home
- Cronbach's alpha = .50

**Subscale: Safety**

1. My valuables are safe
  2. Staff asks permission to enter my room
  3. Staff handles me gently
  4. I am physically safe here
  5. Staff gets angry with me\*
  6. My clothes are returned from the laundry
- Cronbach's alpha = .83

**Subscale:** Assistance

1. Staff willing to help
2. Get help right away if needed
3. Maintenance fixes things in my room
4. Get the housekeeping help I need
5. Staff helped me move in

Cronbach's alpha = .34

**Source:** Maine Department of Health and Human Services. (2005). Bureau of Medical Services (BMS). Available at: <http://muskie.usm.maine.edu/mds>. Accessed October 18, 2006.

**Purpose of tool:** Minimum Data Set – Assisted Living Services (MDS-ALS) instrument is part of the Resident Assessment Instrument (RAI) which is the assessment tool approved by the State of Maine for use by the provider to obtain an accurate, standardized, reproducible assessment of each resident’s functional capacity. The items presented below are items from General Activity Preferences from the section on Activity Pursuit Patterns. A separate instrument, for use in residential care is also available and shares similar items with the MDS-ALS.

**Data collection:** No data collection description given.

**Scale Structure:** No factor analysis reported.

**Reliability:** No reliability measures given.

**Validity:** No validity measures given

**Response options:** Items corresponding to the correct response are checked.

#### Section N. Activity Pursuit Patterns

##### General Activity Preferences

(Check all preferences whether or not activity is currently available to resident)

- a. Cards/other games
- b. Crafts/arts
- c. Exercise/ sports
- d. Dancing
- e. Music
- f. Reading/writing
- g. Spiritual/religious activity
- h. Trips/shopping
- i. Walking/wheeling outdoors
- j. Watching TV
- k. Gardening or plants
- l. Talking or conversing
- m. Helping others
- n. Doing chores around the house/facility
- o. Cooking/baking
- p. Computer activities
- q. Volunteering
- r. Other (specify)
- s. NONE OF THE ABOVE

**Source:** Aud MA, Rantz MJ, Zwygart-Stauffacher M, and Manion P. (2004). Developing a residential care facility version of the Observable Indicators of Nursing Home Care Quality Instrument. *J Nurs Care Qual* 19(3):48-57.

**Purpose of tool:** The purpose of this tool is to identify indicators of quality of care in residential care facilities. This tool is a modification of an existing instrument, the Observable Indicators of Nursing Home Care Quality Instrument. The tool observes the domains of communication, care, staff, environment, odor/cleanliness/condition, lighting/noise/atmosphere, home/family, with a total of 34 items. High scores indicate good/excellent care quality. Some items required asking staff. The article presented here does not reflect the most recent version of the survey; the most recent version, Version 9, was obtained from the author and is appended to the end of the version presented in the article. Psychometric analysis has not yet been done on Version 9, therefore only the survey content will be presented here.

**Data collection:** There were 15 total residential care facilities recruited by nurses to participate in the study. Ten were centered around metropolitan areas in the state of Missouri, and five were added later in the southeast (more rural) region of the State. The nurses were instructed to stratify their facility choices by size. Nurses were sent in pairs to observe the facilities twice, with 7 to 10 days between visits. There were 140 completed assessment tools.

**Scale structure:** No factor analysis reported.

**Reliability:** Cronbach's alpha for the entire scale was .90, and ranged among the subscales between .38 and .96. Test-retest reliability for the entire scale was .94, and ranged among the subscales between .66 and .94. Inter-rater reliability for the entire scale was .73, and ranged among the subscales between .51 and .81.

**Validity:** Face validity was assessed by a panel of reviewers, who rated each question. The total scale was rated as a 3.426 out of 4 (1 = not at all relevant, 4= very relevant). Changes were made as reviewed. The subscales were similarly assessed, with ratings between 3.00 (for home/family involvement) and 3.90 (for communication).

**Response options:** All items have response options 1 through 5, with one being the worst rating and 5 being the best.

#### **Observable Indicators of Nursing Home Care Quality Instrument Version 5**

**Subscale:** Communication

1. Were the conversations between staff and residents friendly?
2. Did staff call residents by name?
3. Were interactions between staff and residents comfortable (for example, smile, eye contact, touch, etc.)?
4. Were interactions between staff and residents positive (for example, conversation, humor, touch, eye contact, etc.)?
5. Were staff interactions with confused residents positive (for example, talk, touch, sit with, etc.)?

Cronbach's alpha = .96, Test-retest reliability= .81, Interrater reliability =.76

**Subscale: Care**

1. Were residents dressed and clean?
2. Were residents well groomed (shaved, hair combed, nails clean and trimmed)?
3. Did staff treat residents as individuals with dignity and respect?
4. Did residents have a variety of foods to choose from at mealtime (Look for posted meal plans; may need to ask staff)?
5. Did residents have access to snacks and other foods at any time (Look for posted signs about access to snacks; may need to ask staff)?
6. Were a variety of activities available for residents (Look for posted schedules, calendars, group meetings, etc.)?
7. Were there activities involving children (Look for posted activity schedules, calendars)?
8. Were residents walking or independently moving about the facility with or without assistive devices such as canes, walkers, wheelchairs?

Cronbach's alpha = .71, Test-retest reliability= .88, Interrater reliability =.52

**Subscale: Staff**

1. Were staff visible?
2. How often is a nurse (RN or LPN) present in the facility? (May need to ask)
3. Did the staff seem to know the residents so that they are able to provide for their care (May need to ask staff)?
4. Did staff appear clean and well-groomed?
5. Did staff appear caring (compassionate, warm, kind)?

Cronbach's alpha = .38, Test-retest reliability= .66, Interrater reliability =.57

**Subscale: Environment**

**Subscale – a: Environment - Odor, Cleanliness, Condition**

1. Were pleasant odors noticeable in the facility?
2. Were odors of urine or feces noticeable in the facility?
3. Were other unpleasant odors noticeable in the facility?
4. Were hallways and common areas uncluttered?
5. Were resident rooms, hallways, and common areas clean?
6. Were buildings, grounds, and furniture in good condition?

Cronbach's alpha =.81, Test-retest reliability=.86, Interrater reliability =.81

**Subscale – b: Environment Lighting, Noise, Space, Atmosphere**

7. Were the hallways well lighted?
8. Were the common areas well lighted?
9. Were resident rooms well lighted?
10. Were loud or disturbing noises noticeable in the facility?
11. Were exit doors equipped with monitoring or alarm systems?
12. Were there outdoor gardens or other outdoor spaces for residents to enjoy
13. Did residents have access to outdoor spaces?
14. Did the facility seem calm?

Cronbach's alpha =.60, Test-retest reliability=.93, Interrater reliability =.66

Cronbach's alpha =.81, Test-retest reliability=.94, Interrater reliability =.79

**Subscale: Home/Family Environment**

1. Was there a pleasant atmosphere or feeling about the facility?
2. Was there a feeling of life and activity about the facility?
3. Were residents' rooms personalized with furniture, pictures, and other things from their past?
4. Were there pets (dogs, cats, birds, etc.) and/or live plants in the facility?



5. Were the pets and/or live plants in good condition?
6. Was there a home-like appearance or feeling about the facility?
7. Were visitors visible in the facility (family members, volunteers, community members, etc.)?
8. Did residents have access to telephone communication (May need to ask staff)?
9. Did residents have access to email or other computer-based communication (May need to ask staff)?

Cronbach's alpha =.76, Test-retest reliability=.86, Interrater reliability =.51

Whole Scale:

Cronbach's alpha = .90, Test-retest reliability =.94, Interrater reliability =.73

### **Observable Indicators of Nursing Home Care Quality Instrument Version 9**

1. Were the conversations between staff and residents friendly?
2. When staff talked to residents, did they call them by name?
3. Did residents and staff acknowledge each other and seem comfortable with each other (for example, smile, eye contact, touch, etc.)?
4. Did residents and staff interact with each other in positive ways (for example, conversation, humor, touch, eye contact, etc.)?
5. Did staff appear caring (compassionate, warm, kind)?
6. Did staff treat residents as individuals with dignity and respect?
7. Were staff visible?
8. Were residents walking or independently moving about the facility with or without assistive devices such as canes, walkers, wheelchairs?
9. Did staff communicate with confused residents in positive ways (for example, talk, touch, sit with, etc.)?
10. Did residents have a variety of foods to choose from at mealtime (Look for posted meal plans; may need to ask staff)?
11. Did residents have access to snacks and other foods at any time (Look for posted signs about access to snacks; may need to ask staff)?
12. Were a variety of activities available for residents (Look for posted schedules, calendars, group meetings, etc.)?
13. Were there activities involving children (Look for posted activity schedules, calendars)?
14. Were residents dressed and clean?
15. Were residents well groomed (shaved, hair combed, nails clean and trimmed)?
16. Were pleasant odors noticeable in the facility?
17. Were odors of urine or feces noticeable in the facility?
18. Were other unpleasant odors noticeable in the facility?
19. Were hallways and common areas uncluttered?
20. Were resident rooms, hallways, and common areas clean?
21. Were buildings, grounds, and furniture in good condition?
22. Were the hallways well lighted?
23. Were resident rooms well lighted?
24. Were loud or disturbing noises noticeable in the facility?
25. Were there outdoor gardens or other outdoor spaces for residents to enjoy?
26. Did residents have access to outdoor spaces?
27. Did residents have access to email or other computer-based communication (May need to ask staff)?
28. Were residents' rooms personalized with furniture, pictures, and other things from their past?
29. Were there pets (dogs, cats, birds, etc.) and/or live plants in the facility?
30. Were the pets and/or live plants in good condition?
31. Was there a home-like appearance about the facility?
32. Was there a pleasant atmosphere or feeling about the facility?
33. Was there a feeling of life and activity about the facility?
34. Were visitors visible in the facility (family members, volunteers, community members, etc.)?

**Source:** Crystal S, Lowe TJ, Lucas JA, Robinson JP, Skarda JS. (2004). Assisted Living Consumer Satisfaction Survey: Phase one results. Prepared for the Department of Health and Senior Services (DHSS).

Lucas JA, Levin CA, Lowe TJ, Gilmore K, Paek EK, and Crystal S. (2004). Assisted Living Consumer Satisfaction Survey: Phase two final report. Prepared for the Department of Health and Senior Services (DHSS).

**Purpose of tool:** The Assisted Living Consumer Satisfaction Survey (ALCSS) was developed to be used by the State of New Jersey for the purpose of providing quality information to consumers to bolster consumer choice and additional feedback for quality improvement to providers. ALCSS is composed of two instruments: the Resident Satisfaction and the Family Satisfaction Instrument. Resident Satisfaction Instrument has the following domains: personal and health care, independence, management of the facility, activities, staff, meals, physical environment, and services. In contrast, the Family Satisfaction Instrument is composed of the following domains: activities, meals, care, management, staff, safety and security, physical environment, and family involvement. Domains presented below reflect only those that were retained after factor analysis.

**Data Collection:** Seven facilities participated in the pilot study, 155 residents and 198 family members returned questionnaires. Both instruments were implemented by mail. Facilities distributed the surveys to the residents and mailed the family surveys to the person they believed to be most involved in the resident's care and life. "Family member" was broadly defined to include blood relatives, neighbors, and friends. A reminder postcard was sent 1 week following the initial mailing.

**Scale structure:** There were eight domains included in the assisted living resident instrument. Five factors were retained. Loadings for each retained item ranged from 0.63 to 0.90 on the respective factors.

There were eight domains included in family member instrument. Five factors were retained. Loadings for each retained item ranged from 0.55 to 0.88 on the respective factors.

**Reliability:** On the resident questionnaire, internal consistency measures for the eight content domains were high, ranging in value from a low of 0.77 to a high of 0.89. Internal consistency measures for the eight content domains were also high on the family questionnaire, ranging from a low of 0.84 to a high of 0.94.

**Validity:** Construct validity was identified by estimating correlation of individual resident and family member satisfaction items with global satisfaction items. Correlations were significant, and the correlation ranged from 0.16 to 0.62 for residents and from 0.31 to 0.77 for families. In testing the ability of the individual satisfaction items to differentiate across facilities, the means for 10 of the resident items discriminate between facilities at a  $p < 0.05$  level of significance, and 15 resident items discriminate between facilities at a  $p < 0.10$  level of significance. For the family instrument means for 28 of the items discriminate between facilities at a  $p < 0.05$  level of significance, and 36 items discriminate between facilities at a  $p < 0.10$  level of significance.

**Response options:** Questions used a 5-point scale: Very Dissatisfied, Dissatisfied, Neither Satisfied or Dissatisfied, Satisfied, and Very Satisfied.

**Assisted Living Consumer Satisfaction Survey: Residents**

	<b>Factor Loading</b>
<b>Subscale:</b> Personal and assistive services	0.65-0.75
Help when needed	
Amount of help	
Quality of help	
Clear rules	
Enough staff	
<b>Subscale:</b> Foods and meals	0.67-0.90
Food amount	
Food choice	
Food quality	
Diversity of menu	
<b>Subscale:</b> Environment (social and physical)	0.63-0.76
Facility cleanliness	
Staff helpfulness	
Staff dignity and respect	
Facility attractiveness	
Relationships with staff	
<b>Subscale:</b> Autonomy/ Tenant rights	0.72-0.83
Freedom to furnish room/apartment	
Privacy	
Independence	
<b>Subscale:</b> Activities	0.70-0.81
Entertainment	
Outings	
Enough activities	

**Assisted Living Consumer Satisfaction Survey: Family Member**

	<b>Factor Loading</b>
<b>Subscale:</b> Communication and involvement with staff	0.58-0.87
Staff communication	
Staff help with issues	
Staff involved in planning	
Staff notification of changes	
Family council	
Clarity of facility rules	
Staff know needs	
Staff encourages participation	
<b>Subscale:</b> Activities and social interaction	0.55-0.84
Stimulating activities	
Variety of activities	
Range of activities	

Outside programs  
Social interaction  
Interaction with pets

**Subscale:** Food / meals 0.83-0.88

Food resident enjoys offered  
Food choices  
Food quality  
Food variety

**Subscale:** Environmental characteristics 0.72-0.85

Facility attractiveness  
Facility cleanliness  
Facility homelike

**Subscale:** Resident security 0.81-0.87

Building security  
Resident security

**Source:** Kane RA . (2004). Assisted living as a long-term care option: Transition, continuity, and community. Funded by the AARP through a subcontract from the Assisted Living Research Institute.

**Purpose of tool:** The tool was designed to collect data from AL administrators about their views on how to build community and integrate residents within facilities. The tool was developed using previous studies of residents and administrators to ascertain the necessary areas of study. The main objectives were to determine how the assisted living setting affects continuity of meaningful resident roles and activities. Another objective was to identify facilitators, barriers, and best practices in resident involvement.

**Data collection:** Sixty-four assisted living facilities (n=64) were selected from the membership list of Assisted Living Federation of America (ALFA). Facilities were selected from States that reflected variety in assisted living State policy. Administrators of these facilities were surveyed. No further information was given.

**Scale structure:** No factor analysis reported.

**Reliability:** No reliability information provided.

**Validity:** No validity measures given.

**Response options:** All items have a 5-point Likert response scale. The anchors for the scale vary by domain; see individual subscales for response options.

**Subscale:** Ways Residents Might Maintain Relationships with External Community  
(5-point scale: 1= Unlikely, 5= Likely)

1. Having family or friends as visitors at the residence
2. Going out with family or friends for day trips
3. Having family and friends as guests for meals at the facility
4. Phone communication with people outside the facility
5. Going on community trips arranged by assisted living
6. Active participation in outside church or religious organizations
7. Taking walks in neighborhood
8. Internet/e-mail communication
9. Active participation in clubs or organizations in the community
10. Participating in volunteer activities outside
11. Being involved in political or social action activity (beyond voting)
12. Participating in work activities outside
13. Traveling/vacation away from assisted living facility

**Subscale:** Ways Residents Might Be Integrated into Internal AL Community  
(5-point scale: 1= Unlikely, 5= Likely)

1. Socializing at congregate meals at the assisted living residence
2. Participating in organized activities at (name of facility)
3. Participating in religious services at the assisted living facility
4. Forming friendships with residents and staff members at (name of facility)
5. Individually initiated socializing with other residents (not previously closely known to the resident)
6. Socializing with family or friends who also live at (name of facility)
7. Becoming active in assisted living community governance, such as resident councils, committees, and the like
8. Having other residents as guests in residents' rooms or apartments
9. Being a volunteer for the assisted living community

**Subscale: Perceived Barrier to Involvement with Outside Community**  
**(5-point scale: 1= Not a major barrier, 5= Major barrier)**

1. Transportation problem
2. Resident not interested
3. Resident too sick or frail
4. Resident too cognitively impaired
5. Family unavailable or unwilling to assist
6. Liability concerns
7. Resident severed community ties
8. Resident new to geographic area

**Subscale: Perceived Barrier to Community Involvement Inside Residence**  
**(5-point scale: 1= Least Important, 5= Most Important)**

1. Resident has individual interests
2. Resident too sick or frail
3. Resident too cognitively impaired
4. No interest in group activities
5. Residents feels other residents are too impaired or have nothing in common with them

**Subscale: Strategy to Promote Resident Involvement with External Community**  
**(5-point scale: 1= Least Important, 5= Most Important)**

1. Encourage families to visit at any time
2. Assess residents' interests and make care plans to help them continue with these interests
3. Provide events that include resident's family or friends
4. Inform residents via newsletter and/or discussion about current events and issues in the larger community
5. Provide residents with transportation to shopping areas; encourage outside groups to meet at (name of facility)
6. Make community involvement a strong part of your mission statement and training of personnel
7. Have a bookmobile or library for larger community co-located on premises
8. Provide transportation in community events
9. Provide/arrange non-medical transportation on an individual basis
10. Organize enjoyable spaces and things for children who visit
11. Encourage residents to use public transportation
12. Use a negotiated risk process so residents can take informed risk in apartments and other locations to pursue their own interests
13. Have preschool, after-school, or youth groups meet on premises
14. Use residents as a group to do community projects or fund-raising
15. Provide escort on one-to-one basis for residents to go into the community
16. Learn and build on residents' former employment
17. Encourage residents to become volunteers
18. Affiliate with universities, community colleges, or other education programs for resident adult education
19. Use the assisted living facility as a polling station

**Source:** Ejaz FK, Schur D, and Fox K. (2003a). Consumer Satisfaction in Continuing Care Retirement Communities. Margaret Blenker Research Institute, Benjamin Rose funded by the AARP Andrus Foundation.

**Purpose of tool:** The tool was developed to measure satisfaction of elderly and family members in continuing care retirement communities (CCRC). These included independent and assisted living facilities in Ohio. The tool used was a slightly modified HealthRays Alliance (facility operator) satisfaction instrument. There were 58 questions (including demographics) for those in independent living and 60 for the assisted living version. However, only 48 and 50 of these questions, respectively, were used in factor analyses. Further, while the factors were labeled as admission, appearance of facility, food and dining, maintenance of facility, management of the facility, safety and security, and overall satisfaction, which questions loaded on these factors is unknown. Domains included in the questionnaire presented below are choices, cleanliness of the facility, dining services, emergency services, expectations of care, general satisfaction, maintenance services, management services, moving-in process, perceived importance of care and services, physical environment, programs and services, safety and security, social support, and staff interaction. The family survey included questions similar to the resident survey.

**Data collection:** Respondents were selected from the eight participating HealthRays Alliance facilities. Residents were selected by some unknown mechanism by the facility. In the second phase, there was an attempt to survey a family member (or other close relation) of a resident who completed the survey. Surveys were completed over the phone after an initial notification. Surveys took approximately 45 minutes. There were 137 resident surveys and 41 family surveys completed. Of the 137 resident surveys, 116 were completed by independent living residents and 21 by assisted living residents.

**Scale structure:** No factor analysis reported.

**Reliability:** Cronbach's alpha for the 18 subscales ranged from .67 to .97.

**Validity:** Criterion validity was measured as a correlation of the six domains that were significantly different from zero with questions about whether the resident would recommend the facility and the overall quality of services. Correlations ranged between .270 and .639.

**Response options:** Vary by domain. See individual subscales for response options.

**Subscale:** ADL

**(Responses: Completely unable, With some help, Without any help)**

1. Use the telephone?
2. Get to places out of walking distance?
3. Go shopping for groceries or clothes (IF YOU HAD TO)?
4. Prepare your own meals (IF YOU HAD TO)?
5. Do your own housework (IF YOU HAD TO)?
6. Take your own medicine (IF YOU HAD TO)?
7. Handle your own money (IF YOU HAD TO)?
8. Eat?
9. Dress and undress yourself?
10. Take care of your appearance (combing your hair and [for men] shaving)?
11. Walk?
12. Get in and out of bed?
13. Take a bath or shower?

Cronbach's alpha = .84

**Subscale: Choices**

**(Responses: 0=No, 1=Yes)**

1. Can you bring in personal belongings like a piece of furniture to make your place feel like home?
2. Does the facility respect your privacy?
3. Does the facility interfere in your day-to-day affairs?
4. Do your visitors feel welcome to visit you at the facility whenever they want?
5. Do you have a private place to visit with your family and friends at this facility?
6. Do you have the ability to live your life the way you want to in this facility?
7. Can you plan your own schedule for the day?
8. Can you leave the facility whenever you wish?

Cronbach's alpha = .67

**Subscale: Cleanliness of the Facility**

**(Responses: 1=Poor, 2=Fair, 3= Good, 4=Excellent)**

How would you rate the:

1. Cleanliness of the facility?
2. Courtesy and helpfulness of the housekeeping staff, in general?
3. Overall quality of the housekeeping services?

Cronbach's alpha = .81

**Subscale: Depression**

**(Responses: 1=Hardly ever/never, 2=Sometimes, 3=Most of the time)**

1. Not feel like eating; your appetite was poor?
2. Feel depressed?
3. Feel that everything that you did was an effort?
4. Sleep restlessly?
5. Feel happy?\*
6. Feel lonely?
7. Feel that other people were unfriendly?
8. Enjoy life?\*
9. Feel sad?
10. Feel that people disliked you?
11. Not seem to be able to "get going?"

\* These responses were reverse coded.

Cronbach's alpha = .80

**Subscale: Dining Services**

**(Responses: 1=Poor, 2=Fair, 3=Good, 4=Excellent)**

How would you rate the:

1. Taste of the food?
2. Appearance of the food?
3. Variety of menu items?
4. Food choices as being healthy?
5. Temperature of the food (hot foods are served hot, cold foods are served cold)?
6. Dining room environment?
7. Courtesy and helpfulness of food services staff?
8. Overall quality of the dining services?

Cronbach's alpha = .89



**Subscale: Emergency Services**

**(Responses: 1=Poor, 2=Fair, 3=Good, 4=Excellent)**

How would you rate the:

1. Promptness of emergency response calls?
2. Your confidence in the facility's response to a medical emergency?

Cronbach's alpha = .90

**Subscale: Expectations of Care**

**(Responses: 1=Definitely did not meet your expectations, 2=Somewhat met your expectations, 3=Definitely met your expectations)**

1. Physical environment such as the grounds, parking, appearance of community
2. Security and safety of apartment grounds
3. Maintenance services such as maintenance and appearance of buildings maintenance requests
4. Cleanliness of the facility and housekeeping services in general
5. Move in process such as the admission process, information on staff and services
6. Food and dining services
7. Programs and activities
8. Transportation services
9. Emergency services
10. Overall management
11. Freedom to live your own lifestyle
12. Overall care and services at the facility

Cronbach's alpha = .97

**Subscale: General Satisfaction**

**(Responses: 1=Poor, 2=Fair, 3=Good, 4=Excellent)**

How would you rate the:

1. Friendliness of the staff?
2. Friendliness of the other residents?
3. Freedom to live your own lifestyle?
4. Satisfaction regarding your decision to move to this facility?
5. Feeling of being welcomed when you moved into this facility?
6. Overall quality of life?

Cronbach's alpha = .81

**Subscale: Maintenance Services**

**(Responses: 1=Poor, 2=Fair, 3=Good, 4=Excellent)**

How would you rate the:

1. Maintenance of the building?
2. Process for handling work requests?
3. Timeliness of maintenance services?
4. Courtesy and helpfulness of the maintenance staff?
5. Overall quality of maintenance services?

Cronbach's alpha = .97

**Subscale: Management Services**

**(Responses: 1=Poor, 2=Fair, 3=Good, 4=Excellent)**

How would you rate the:

1. Concern of the management staff toward your well-being?

2. How well the management staff listens to you?
3. Process for handling your concerns and requests?
4. Reputation of the facility?
5. Communication about facility issues?
6. Quality of information in the resident handbook?
7. Overall management of the facility?

Cronbach's alpha = .91

**Subscale: Moving in Process**

**(Responses: 1=Poor, 2=Fair, 3=Good, 4=Excellent)**

How would you rate the:

1. Information you received concerning the services and amenities when you moved in?
2. Information of where everything was located?
3. Information of who the different staff members were?
4. Information on how to get services?
5. Information about the monthly charges?
6. Courtesy and helpfulness of the marketing staff?
7. Overall move-in process?

Cronbach's alpha = .91

**Subscale: Perceived Importance of Care and Services**

**(Responses: 0=Not important at all, 1=Somewhat important, 2=Very important)**

1. Physical environment such as grounds, parking, appearance of community?
2. Security and safety of apartments and grounds?
3. Maintenance services such as maintenance and appearance of buildings, maintenance requests?
4. Cleanliness of facility and housekeeping services in general?
5. Move in process such as the admission process, information on staff and services
6. Food and dining services?
7. Programs and activities?
8. Transportation services?
9. Emergency services?
10. Overall management?
11. Freedom to live your own lifestyle?

Cronbach's alpha = .84

**Subscale: Physical Environment**

**(Responses: 1=Poor, 2=Fair, 3=Good, 4=Excellent)**

How would you rate the:

1. Appearance of the grounds?
2. Appearance of buildings?
3. Lighting in the grounds?
4. Maintenance of sidewalks?
5. Maintenance of streets within the complex?
6. Availability of parking?
7. Overall appearance of the facility and grounds?

Cronbach's alpha = .85

**Subscale: Programs and Services**

**(Responses: 1=Poor, 2=Fair, 3=Good, 4=Excellent)**

How would you rate the:

1. Variety of activities to reflect your interests?
2. Number of activities?
3. Courtesy and helpfulness of activities staff?
4. Availability of activities to meet your spiritual needs?
5. Programs and services here that promote health and wellness?
6. Overall, quality of all activities?
7. Availability of transportation?
8. Courtesy and helpfulness of the transportation staff?
9. Overall quality of transportation services offered?

Cronbach's alpha = .88

**Subscale: Safety and Security**

**(Responses: 1=Poor, 2=Fair, 3=Good, 4=Excellent)**

How would you rate the:

1. Safety and security of your living area?
2. Safety and security of the facility and grounds?
3. Availability of information about emergency procedures?

Cronbach's alpha = .68

**Subscale: Social Support**

**(Responses: 1=Poor, 2=Fair, 3=Good, 4=Excellent)**

How often is the following support available to you if you need it?

1. Someone to help you if you were confined to bed?
2. Someone you can count on to listen to you when you need to talk?
3. Someone to take you to the doctor when you need it?
4. Someone who shows you love and affection?
5. Someone to have a good time with?
6. Someone to help with daily chores if you were sick?
7. Someone to share your private fears and worries with?

Cronbach's alpha = .84

**Subscale: Staff Interaction**

**(Responses: 1=Poor, 2=Fair, 3=Good, 4=Excellent)**

Staff in general at this facility:

1. Are polite when they speak to me?
2. Ignore me? \*
3. Smile and greet me when they see me?
4. Are warm and caring?
5. Do a good job caring for residents?
6. Are trustworthy?
7. Are sensitive to my feelings?

Cronbach's alpha = .77

**Source:** Utz RL. (2003). Assisted living: The philosophical challenges of everyday practices. *J Appl Gerontol* 22(3):379-404.

**Purpose of tool:** The tool was developed to collect data from assisted living administrators to assess the “philosophy” of assisted living and whether it promotes autonomy/independence as it should. The philosophical points of interest are derived from ALFA’s 10-point philosophical statement. The tool was further developed based on in-depth interviews with a small number of facility administrators or marketing/admission directors. The developed tool was influenced in design by the Multiphasic Environmental Assessment Procedure (MEAP) (Moos and Lemke, 1983) and an unpublished dissertation. The tool was field tested in three facilities to assess usability. Although the tool had a number of facility demographic items, it was developed to measure philosophical performance (i.e., subscales on autonomy and home-likeness). The overall scale of interest consisted of 35 items. Some of the facility data for analysis came from the *1998 Directory of Assisted Living Residences in Ohio*. Two questions appear on both scales and are based on dichotomous codings of the response categories (which are mark all that apply). There are further measures for the home-likeness scale (not included in the tool), which are collected from external (i.e., directory) sources. They are whether the resident’s apartment has a private shower, private bathtub, microwave, stove, refrigerator, telephone hookup, and/or cable TV outlet.

**Data collection:** There were 200 facilities identified in the *1998 Directory of Assisted Living Residences in Ohio*. Mail surveys were sent to all facilities, and 100 facilities responded. Most often the survey was filled out by administrators, but in some cases the admissions/marketing director, the director of nursing, or the facility owner filled out the survey.

**Scale structure:** No factor analysis reported.

**Reliability:** Cronbach’s alpha for the whole scale is .85; for the two subscales, .65 (autonomy) and .76 (home-likeness).

**Validity:** No validity measures given.

**Response options:** The questions in this tool are open-ended in format. Many items require a “yes/no” response, while others require further input from the respondent.

**Construct: Philosophical Performance**

**Subscale: Autonomy of Residents**

1. If the facility has any double or multi-occupancy units, how are roommates assigned?  
(Staff/administrators decide by themselves; Staff/administrators decide, but residents have input; Residents decide, but staff has input; Residents decide by themselves.)
2. Are individual temperature controls ever locked, meaning that residents are not free to control the heat and/or air conditioning as they please in their units?  
(No, temperature controls are never locked. Yes, temperature controls are always locked. Yes temperature controls are sometimes locked.)
3. Do residents have the option to participate in their own care planning meetings?
4. Do resident have access to the outside?
5. Is there a time when residents are expected to be back in the evening?
6. Is there a fairly set time at which residents are awakened in the morning?
7. Is there a fairly set time at which residents should be in bed in the evening?
8. Do residents have a choice in where they eat meals?
9. Do residents have a scheduled time for bathing?  
(Staff/administrators decide by themselves; Staff/administrators decide, but residents have input; Residents decide, but staff has input; Residents decide by themselves.)
10. Are residents expected to eat meals in the dining room on a regular basis?

11. Do residents have assigned seats in the dining room?  
(Staff/administrators decide by themselves; Staff/administrators decide, but residents have input; Residents decide, but staff has input; Residents decide by themselves.)
12. What is the facility's policy on resident smoking?  
(Resident smoking is not permitted (inside or outside); resident smoking is allowed outside only; resident smoking is allowed in designated areas inside (i.e., smoking lounge); residents may smoke in their unit; staff must supervise residents when they want to smoke; other.)
13. What is the facility's policy on residents drinking alcoholic beverages?  
(Drinking alcoholic beverages in the assisted living facility is not permitted; residents can drink alcoholic beverages in common areas of the assisted living facility; residents may drink alcoholic beverages in their unit; staff supervise and/or control the amount of alcoholic beverages residents drink; other.)

Cronbach's alpha = .65

**Subscale: Home-likeness**

1. How many total units/apartments are in the assisted living facility?  
(How many units are currently double-occupancy? How many units are currently single-occupancy?)
2. How many of the units have individual temperature controls?  
(None of the units have individual temperature controls; some of the units have individual temperature controls; all of the units have individual temperature controls)
3. Do all units have locking front doors?  
(If yes, approximately what percentage of staff has a master key?)
4. Are there laundry facilities that residents can use to do personal laundry?  
(If yes, when are they available for resident use?)
5. How do residents receive their personal mail?  
(Mail is delivered to residents at least once a day; residents do not have mailboxes, staff delivers mail to residents; residents do not have mailboxes, residents pick up mail from a designated spot; each resident has a mailbox; mailboxes are locked, and each resident has a key; mailboxes are located outside each unit; mailboxes are located outside the facility; mailboxes are located in a common area inside the facility; other.)
6. Describe how the emergency-response system works. For example, do staff carry silent beepers alerting them of emergencies or do lights and buzzers alert staff to a resident's request for help?
7. Describe the placement and physical appearance of the "nurse's station," the place where the nurse, aides, and staff work?
8. When entering a resident's unit, staff members usually:  
(Enter without knocking; knock, then immediately enter; knock, then wait for the resident to answer the door or say "come in.")
9. Do personal care aides/nursing assistants wear uniforms?
10. What is the facility's policy on pets?
11. What is the facility's policy on resident smoking?  
(Resident smoking is not permitted (inside or outside); resident smoking is allowed outside only; resident smoking is allowed in designated areas inside (i.e., smoking lounge); residents may smoke in their unit; staff must supervise residents when they want to smoke; other.)
12. What is the facility's policy on residents drinking alcoholic beverages?  
(Drinking alcoholic beverages in the assisted living facility is not permitted; residents can drink alcoholic beverages in common areas of the assisted living; residents may drink alcoholic beverages in their unit; staff supervise and/or control the amount of alcoholic beverages residents drink; other)
13. May residents bring their own bedspreads and/or curtains from home?
14. May residents bring large furniture such as bureaus and beds from home?
15. Are there set visiting hours in the facility?  
(No. Visitors may come anytime; no, but visits must be made by appointment; yes, what are visiting hours?)

Cronbach's alpha = .76

**Overall Cronbach's alpha = .85**

**Source:** Moran L, White E, Eales J, Fast J, and Keating N. (2002). Evaluating consumer satisfaction in residential continuing care settings. *J Aging Soc Policy* 14(2):85-109.

**Purpose of tool:** This tool was developed in Canada with the goal of measuring client-centered care resident satisfaction. The data will be used to evaluate the models of continuing care. Satisfaction is grounded in resident experiences, and development was based on past research and in-depth interviews with a small number of residents in adult family care and assisted living (n=19). Domains were identified through the literature review to include care needs/attitudes of the client, caregivers' attitudes/behaviors, physical setting, and the organizational/social characteristics of the facility. These were measured originally through 44 items. Through in-depth interviews with 19 residents, information led to revision of the tool. This led to a final 72 items. The tool can be seen in detail in the appendix of the journal article.

**Data collection:** A convenience sample of 19 residents in Canada completed interviews to identify content; 15 of these 19 completed the finished questionnaire and followup.

**Scale structure:** No factor analysis reported.

**Reliability:** No reliability measures given.

**Validity:** No validity measures given.

**Response options:** All measures are coded on a 5-point Likert scale, "always" to "never" for questions on expectation and performance sets, "much better to better than you expected" to "much worse than you expected" for the confirmation/disconfirmation sets, and "very satisfied" to "very dissatisfied" on the satisfaction/dissatisfaction set.

**Subscale:** Expectation of Care

1. You expect to use the telephone whenever you want to.
2. You expect the staff/home operator/car provider to keep the place clean.
3. You expect to get fresh air.
4. You expect to bring with you things from home like pictures, a favorite chair, or other things that have always had a special meaning to you.
5. You expect to have privacy.
6. You expect to trust the staff/home operator/car provider.
7. You expect to feel safe in this place.
8. You expect to feel at home in this place.
9. You expect to keep in touch with family and friends.
10. You expect the staff/care provider to involve your family in meeting your needs.
11. You expect to have the same quality of care.
12. You expect to get the help you need.
13. You expect to get timely responses to your requests for help from the staff/care provider.
14. You expect the staff/care provider to be kind and gentle.
15. You expect to have staff/care provider(s) who will know and understand you.
16. You expect the staff/care provider to care about your comfort.
17. You expect that the staff/care provider will take your likes/dislike into consideration.
18. You expect the staff/care provider to treat you with respect.

**Subscale:** Performance Questions

1. Over the last week, you used the telephone whenever you wanted to.
2. Over the last week, the staff/[name of home operator/care provider] kept this place clean.
3. Over the last week, you got fresh air.

4. Over the last week, you had with you things from home like pictures, a favorite chair, or other things that have special meaning for you.
5. Over the last week, you had privacy.
6. Over the last week, you trusted the staff/[name of home operator/care provider].
7. Over the last week, you felt safe in this place.
8. Over the last week, you felt at home in this place.
9. Over the last week, you kept in touch with your family and close friends.
10. Over the last week, the staff/[name of home operator/care provider] involved your family in meeting your needs.
11. Over the last week, you had the same quality of care.
12. Over the last week, you got the help you needed.
13. Over the last week, you got timely responses to your requests for help from the staff/[name of home operator/care provider].
14. Over the last week, the staff/[name of home operator/care provider] was kind and gentle.
15. Over the last week, you felt that the staff/[name of home operator/care provider] here knew and understood you.
16. Over the last week, the staff/[name of home operator/care provider] cared about your comfort.
17. Over the last week, the staff/[name of home operator/care provider] took your likes and dislikes into consideration.
18. Over the last week, the staff/[name of home operator/care provider] treated you with respect.

**Subscale: Confirmation/Disconfirmation Questions**

1. The extent to which you use the telephone whenever you want to is.
2. The extent to which the staff/[name of home operator/care provider] keeps this place clean is.
3. The extent to which you get fresh air is.
4. The extent to which you have brought with you things from home like pictures, a favorite chair, or other things that have special meaning for you is.
5. The extent to which you have privacy is.
6. The extent to which you trust the staff/[name of home operator/care provider] is.
7. The extent to which you feel safe in this place is.
8. The extent to which you feel at home in this place is.
9. The extent to which you keep in touch with your family and close friends is.
10. The extent to which the staff/[name of home operator/care provider] involves your family in meeting your needs is.
11. The extent to which you have the same quality of care at all times is.
12. The extent to which you get the help you need is.
13. The responses of the staff/[name of home operator/care provider] to your requests for help are timely.
14. The extent to which the staff/[name of home operator/care provider] here is kind and gentle is.
15. The extent to which you feel that the staff/[name of home operator/care provider] here know(s) and understand(s) you is.
16. The extent to which the staff/[name of home operator/care provider] here care(s) about your comfort is.
17. The extent to which the staff/[name of home operator/care provider] here take(s) your likes and dislikes into consideration is.
18. The extent to which the staff/[name of home operator/care provider] here treat(s) you with respect is.

**Subscale: Satisfaction/Dissatisfaction Questions**

1. When it comes to using the telephone here, you feel.
2. When it comes to the way the staff/[name of home operator/care provider] keep(s) this place clean, you feel.
3. When it comes to the fresh air you get here, you feel.
4. When it comes to the extent to which you have brought with you things from home like pictures, a favorite chair or other things that have special meaning for you, you feel.
5. When it comes to having privacy here, you feel.
6. When it comes to trusting the staff/[name of home operator/care provider], you feel.
7. When it comes to being safe in this place, you feel.
8. When it comes to being at home in this place, you feel.

9. When it comes to keeping in touch with your family and close friends, you feel.
10. When it comes to the way the staff/[name of home operator/care provider] welcome(s) the involvement of your family in meeting your needs, you feel.
11. When it comes to having the same quality of care at all times, you feel.
12. When it comes to getting the help you need here, you feel.
13. When it comes to the timely responses of the staff/[name of home operator/care provider] to your requests for help, you feel.
14. When it comes to the way the staff/[name of home operator/care provider] is kind and gentle, you feel.
15. When it comes to the way the staff/[name of home operator/care provider] here know(s) and understand(s) you, you feel.
16. When it comes to the way the staff/[name of home operator/care provider] care(s) about your comfort, you feel.
17. When it comes to the way the staff/[name of home operator/care provider] take(s) your likes and dislikes into consideration, you feel.
18. When it comes to the way the staff/[name of home operator/care provider] here treat(s) you with respect.



**Source:** Chong AML, and Chi I. (2001). The construction and validation of a scale for consumer satisfaction of residential care in Hong Kong.” *J Interprof Care* 15(3):223-234.

**Purpose of tool:** The Scale on Domains of Resident Satisfaction (SDRS) tool is developed to measure consumer satisfaction of old age homes in Hong Kong. In particular, the study is designed because of the dearth of studies of satisfaction among the elderly population in non-Western countries. Focus groups and literature searches were employed to more narrowly define the domains of interest. Experts in the field of gerontology reviewed the indicators selected and narrowed the field further. In-depth face-to-face cognitive interviews were conducted with 20 residents of old age homes. This left 55 indicators that were pre-tested on 98 residents, and after analysis, the indicators were cut to 35. Of these, 28 are reported as psychometrically sound and ‘valid.’ The three broad areas of satisfaction are conceptualized as context of care, process of care, and outcomes of care. The indicators used are analyzed and are found to load on nine factors. The factors are labeled as psychosocial care, staff attitude, cleanliness, communal living, residents’ relationships, choice of food, autonomy, privacy, and home-like environment.

**Data collection:** The 78 care and attention homes in Hong Kong were stratified into two categories based on size. Facilities and residents were randomly selected from the two strata. Heavily impaired residents were excluded from the study, and all potential respondents were tested for cognitive ability using Pfeiffer’s Short Portable Mental Status Questionnaire; 405 face-to-face interviews were completed out of 474 eligible respondents selected.

**Scale structure:** Loadings for each retained item ranged from .40 to .79 on the respective factors.

**Reliability:** Cronbach’s alpha for the entire scale was .81. For the six subscales with more than one measure, Cronbach’s alpha ranged from .30 to .67.

**Validity:** Convergent validity was estimated by correlating the scale to the Resident Satisfaction Scale (McCaffree and Harkin 1976) and found a correlation of 0.47 ( $p < .01$ ).

**Response options:** A 20-point response scale was used (1- Dissatisfied, 20-Satisfied).

	<b>Loadings</b>
<b>Subscale: Psychosocial Care</b>	
1. Systematic orientation programs are organized to promote the adjustment of newcomers	.66
2. Sufficient family activities are organized for residents and their family members	.60
3. Purchase service can help you buy food or daily necessities	.57
4. Many social and recreational programs are organized for residents	.56
5. Arrangements are made to enable residents to engage in their own religious beliefs	.54
6. You are regularly informed of what is happening in the home	.50
7. You are welcome to give suggestions to the management	.48

Cronbach’s alpha = .62

<b>Subscale: Staff Attitude</b>	
1. Staff are polite and respect you	.70
2. Staff show you concern	.60
3. Some of your personal belongings have disappeared	.54
4. Staff are nice and careful in taking care of residents who lack self-care abilities	.48
5. You can see a doctor quickly when you are sick	.48

Cronbach’s alpha = .67

**Subscale:** Cleanliness

- |   |     |
|---|-----|
| 1. Your room is tidy and clean              | .79 |
| 2. Toilet is clean, without unpleasant odor | .76 |
| 3. Food and cutlery are clean               | .57 |

Cronbach's alpha = .58

**Subscale:** Communal Living

- |   |     |
|---|-----|
| 1. Facilities and physical environment of the home meet the older person's need               | .70 |
| 2. You have limited space in the home and you stay in your room/sitting room most of the time | .50 |
| 3. Food is good   | .50 |
| 4. Life is routinized and boring here *   | .44 |
| 5. Health talks and exercises organized by the home are effective in promoting your health    | .42 |
| 6. There are a lot of restrictions here*  | .40 |

Cronbach's alpha = .56

**Subscale:** Residents relationships

- |                                      |     |
|--------------------------------------|-----|
| 1. Relationship with roommates       | .76 |
| 2. Relationship with other residents | .74 |

Cronbach's alpha = .64

**Subscale:** Choice of food

- |                                   |     |
|-----------------------------------|-----|
| 1. There are choices of main dish | .77 |
|-----------------------------------|-----|

Cronbach's alpha = NA

**Subscale:** Autonomy

- |   |     |
|---|-----|
| 1. Sufficient assistance is provided for residents to seek consultation on non-Western medication | .67 |
| 2. You can decide whether staff assistance is needed in taking your bath                          | .52 |

Cronbach's alpha = .30

**Subscale:** Privacy

- |  |     |
|--|-----|
| 1. Staff will seek your consent before tidying up your personal drawer | .71 |
|--|-----|

Cronbach's alpha = NA

**Subscale:** Home-like environment

- |  |     |
|--|-----|
| 1. Physical environment of the institution resembles that of a domestic home | .69 |
|--|-----|

Cronbach's alpha = NA

Cronbach's alpha for all items = .81

**Source:** Gesell SB. (2001). A measure of satisfaction for the assisted-living industry. *J Healthc Qual* 23(2): 16-25.

Assisted Living Resident Survey. (1999). As described in the National Quality Measures Clearinghouse (Assisted Living version). Search on “Gesell” and “Assisted Living.” Available at: <http://www.qualitymeasures.ahrq.gov>. Accessed October 18, 2006.

**Purpose of tool:** This tool was developed to measure overall consumer satisfaction with an assisted living facility. It measures satisfaction with several subdomains to capture overall satisfaction: activities, personnel (aides and personnel issues), meals, apartment, facility, and management. Surveys were administered to both residents and family members. The survey only changed for family members by changing terms to third person, i.e., from ‘your’ to ‘the resident,’ and by adding one question to the Personal Issues subscale (“Extent to which our employees keep you informed about the resident’s health”). Residents gave lower overall ratings than family members. Residents assisted by a family member completing the survey gave overall higher ratings than those than those assisted by a volunteer. Although no difference was found in overall ratings between residents who completed the survey unassisted and those who received assistance, the author warns that statistical power to find a difference if it exists was too low and that it is too premature, based on this study alone, to conclude that there are in fact no differences between these groups.

**Data collection:** Facilities were invited to participate through small random mailings and an advertisement in a national health care periodical. Twelve facilities in eight States agreed. All residents and their families in these facilities were mailed surveys, for a total of 475 residents (42% RR) and 350 family members (38% RR), from whom 825 responses were returned.

**Scale structure:** There were seven factors retained. Loadings for each retained item ranged from .37 to .78 on the respective factors.

**Reliability:** Cronbach’s alpha for the seven subscales ranged from .85 to .91.

**Validity:** Convergent, discriminant, and predictive validity were examined. Convergent and discriminant analyses examined correlations within and between scales, respectively. Convergent measures ranged between .60 and .85 for the subscales, with divergent correlations ranging between .39 and .56. Predictive validity was tested by regressing two separate questions on the survey asking about overall quality and willingness to recommend the facility on all the remaining items of the survey. R-square for the overall quality regression was 0.61; for the recommendation regression it was 0.55.

**Response options:** Both surveys used a five point scale: 5- very good, 4- good, 3- fair, 2- poor, 1- very poor.

	<b>Loadings</b>
<b>Subscale:</b> Activities	
1. Extent to which activities meet your interests	.74
2. Extent to which activities are well-organized	.76
3. Information about activities	.72

Cronbach’s alpha = .89, Avg. item-scale corr = .78, Avg. item-non-scale corr = .46

**Subscale: Aides**

1. Aides' concern for your well-being	.78
2. Emotional assistance offered by aides	.77
3. Helpfulness of aides	.77
4. Aides' ability to anticipate your needs	.76

Cronbach's alpha = .94, Avg. item-scale corr = .85, Avg. item-non-scale corr = .54

**Subscale: Meals**

1. Quality of food	.73
2. Extent to which food meets your special diet needs	.64
3. Wait time before being served	.69
4. Attentiveness of dining staff to your needs	.66
5. Cleanliness of dining area	.52

Cronbach's alpha = .85, Avg. item-scale corr = .66, Avg. item-non-scale corr = .45

**Subscale: Apartment**

1. Amount of living space	.76
2. Amount of storage space	.70
3. Bathroom (attractiveness, size, how well things work, etc.)	.61
4. Condition of your apartment (carpets, walls, heating/air conditioning, etc.)	.55
5. Noise level around your apartment	.55
6. Cleaning of your apartment by housekeeping	.42
7. Privacy in your apartment	.68
8. Extent to which you feel your belongings are safe in your apartment	.42

Cronbach's alpha = .86, Avg. item-scale corr = .60, Avg. item-non-scale corr = .39

**Subscale: Facility**

1. Attractiveness of facility	.70
2. Cleanliness of facility	.66
3. Places to socialize inside with other residents	.60
4. Attractiveness of outside grounds	.72
5. Places to walk and sit outside	.67
6. Cheerfulness of the facility	.62
7. Promptness of repairs by maintenance	.34
8. Extent to which you feel safe on the grounds	.55
9. Extent to which you feel safe in your apartment	.51
10. Emergency call system (portable help button, call button in bathroom, call button in bedroom, etc.)	.37

Cronbach's alpha = .90, Avg. item-scale corr = .66, Avg. item-non-scale corr = .47

**Subscale: Management**

1. Extent to which management is accessible	.70
2. Handling of complaints and grievances	.70
3. Responsiveness of management to your ideas	.67
4. Extent to which management provides a well-run and organized operation	.65
5. Explanation of what is covered in monthly fees	.61
6. Bill easy to understand	.58
7. Value for your money	.56

Cronbach's alpha = .91, Avg. item-scale corr = .73, Avg. item-non-scale corr = .51

**Subscale: Personal Issues**

1. Extent to which our employees treat you with respect	.59
2. Extent to which our employees work together to care for you	.61
3. Your confidence in our employees	.56
4. Extent to which living here maintains your independence	.42
5. Response time to requests for help	.45
6. Extent to which our employees keep you informed about the resident's health	.42

Cronbach's alpha = .90, Avg. item-scale corr = .73, Avg. item-non-scale corr = .56

**Source:** National Center for Assisted Living. (2001). *The Assisted Living Sourcebook Facts and Trends*. National Center for Assisted Living. Available at: <http://www.ahca.org/research/alsourcebook2001.pdf>. Accessed October 18, 2006.

**Purpose of tool:** The survey was intended to collect data about the state of the assisted living industry and was reported as part of a larger study by National Center for Assisted Living (NCAL). The report uses the survey results, along with other data sources, to compile a “snapshot” of the state of the industry.

**Data collection:** The survey was mailed to 12,000 randomly selected assisted living providers in October 2000 (3,000 surveys were mailed to each of four cohorts). Each cohort received a different questionnaire. The questionnaires were not included in the report. Lists of assisted living providers were obtained from 43 States that license or otherwise regulate them. The mailing list for NCAL’s monthly newsletter was used for the eight States and the District of Columbia where government lists were not available.

**Scale structure:** Unknown from the report

**Reliability:** No reliability measures given.

**Validity:** No validity measures given.

**Response options:** Unknown from the report.

**Subscale:** Resident Demographics

Subjects of the questions:

1. Resident age
2. Percent of residents using mobility aids
3. Level of resident dependency in activities of daily living (eating, transferring, toileting, dressing, bathing)
4. Assistance needs of residents
5. Level of dependence in instrumental activities of daily living (telephoning, shopping, money management, medication, traveling, homework, meal preparation)
6. Residents’ mental health conditions
7. Residents’ medical conditions
8. Moving in and out of the facility
9. Destinations of those moving out

**Subscale:** Operations

Subjects of the questions:

1. Levels of care
2. Computerization
3. Personal care and nursing services
4. Services offered
5. Medication assistance
6. Meals
7. Housekeeping and laundry
8. Activities
9. Amenities
10. Rules
11. Staffing
12. Salaries
13. Staff turnover
14. Benefits

**Subscale:** Financing

Subjects of the questions:

1. Monthly rent and fees
2. Sources of funding for residents
3. Facilities with residents whose care is supported by government programs.

**Subscale:** Supply and Demand

Subjects of the questions:

1. Number of facilities
2. Number of beds
3. Number of residents

Much of the data in this section came from the U.S. Census.

**Source:** Simmons ES. (2001). Development of an instrument to measure resident satisfaction with assisted living. *J Appl Gerontol* 20(1):57-73.

**Purpose of tool:** This tool was developed to measure quality of assisted living from residents' perspective. The Resident Satisfaction Index (RSI) tool was developed in two phases. One, a literature review was conducted, and residents' opinions were obtained, leading to selection of domains: autonomy, health care, provision of services, physical environment, relationships with staff, and social life/activities. Two, items to measure the domains were selected. From the literature, 35 items were identified. A pilot test on 17 residents in Maryland led to wording changes and the selection of eight new items. Of these 43 items, 4 were dropped because they were not applicable to more than 20% of the sample. The 27 remaining items dealt with the domains of interest.

**Data collection:** Original use of the tool was in 156 residents in 13 assisted living facilities. The 13 facilities were selected from 34 free-standing facilities in Maryland. The facilities were placed into four strata by size. Three or four groups from each stratum were randomly selected to participate. The resident census of each facility served as the frame, which contained a total of 760 residents (of at least 3 months): 375 were randomly selected, 156 agreed to participate (29 refused), and 173 were cognitively/physically unable to participate. Anyone more than moderately intellectually impaired was dropped from the study.

**Scale structure:** Five factors were retained for the five subscales. Loadings for each retained item ranged from .46 to .83 on the respective factors.

**Reliability:** Cronbach's alpha for the five subscales ranged from .76 to .92. Correlations between items within each subscale were taken and then averaged.

**Validity:** Convergent validity was identified by correlating the scale measure to the Affect Balance Scale (ABS).<sup>4</sup> These measures were collected concurrent to the RSI. There was a correlation between the RSI and ABS of .53. Average inter-item correlations for the five subscales ranged from .41 to .46.

**Response options:** Questions used a 4-point scale: 3- always, 2- usually/most of the time, 1- rarely/sometimes, 0- never.

	<b>Loadings</b>
<b>Subscale: Health Care</b>	
1. Is the staff making every effort to keep you as healthy as possible?	.67
2. Do you think that you are not receiving the medical attention you need?	.60
3. Are you satisfied with the skills of nursing assistants?	.52
4. Are the nursing assistants nice and courteous?	.51
5. Do you feel like talking to the staff if you have any health concerns?	.46

Cronbach's alpha = .80 Average inter-item correlation = .44

<b>Subscale: Housekeeping Services</b>	
6. Is the cleaning of your apartment done well?	.74
7. Are you satisfied with the skills of people who do the cleaning?	.71
8. Is this facility a well-maintained and clean facility?	.69
9. Are the people who do the cleaning nice and courteous?	.63

Cronbach's alpha = .77 Average inter-item correlation = .46

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<sup>4</sup> Bradburn NM. *The Structure of Psychological Well-Being*. Chicago, IL: Aldine, 1969.



**Subscale: Physical Environment**

10. Do you feel a lack of personal space?	.83
11. Are you satisfied with your apartment room?	.65
12. Is this facility a comfortable place to live?	.49
13. Do you feel at "home" here?	.46

Cronbach's alpha = .76 Average inter-item correlation = .44

**Subscale: Relationships with Staff**

14. Is the staff kind and caring?	.77
15. Are the people who serve the food nice and courteous?	.72
16. Are you unhappy with the staff's attitude or behavior?	.69
17. Do you think that you have dependable staff taking care of you?	.66
18. Do you feel that you have friends among staff members?	.63
19. Are you satisfied with personal assistance you are getting here?	.55
20. Do you see some staff treating residents in a rude way?	.57
21. Is the staff slow to respond to your requests?	.46

Cronbach's alpha = .76 Average inter-item correlation = .44

**Subscale: Social Life/Activities**

22. Do you like the social activities here (are they interesting)?	.83
23. How often do you attend social activities?	.76
24. Do you have opportunities to participate in interesting activities?	.67
25. Do you meet residents here with whom you share similar interests?	.63
26. Do you have enough opportunities to participate in activities outside the facility?	.57
27. Do you like the food here?	.50

Cronbach's alpha = .92 Average inter-item correlation = .41

**Source:** Sloane PD, and Zimmerman S. (2001). Therapeutic Environment Screening Survey for Nursing Homes and Residential Care (TESS-NH/RC).

Sloane PD, Zimmerman S, and Walsh JF. The physical environment. (2001) In: Zimmerman S, Sloane PD, Eckert JK, eds. *Assisted Living: Needs, Practices and Policies in Residential Care for the Elderly*. Baltimore: The Johns Hopkins University Press; p. 173-197.

Zimmerman S, Scott AC, Park NS, Hall SA, Wetherby MM, Gruber-Baldini AL, and Morgan LA. (2003). Social engagement and its relationship to service provision in residential care/assisted living. *Soc Work Res* 27:6-18.

**Purpose of tool:** TESS-NH/RC is an observational checklist that can be used to describe the ability of the physical environment of a long-term care institutional setting to address the therapeutic goals of nursing home and residential care residents with dementia. The tool contains 14 domains: maintenance, cleanliness, odors, safety, lighting, physical appearance/homelikeness/personalization, orientation/cueing, privacy, noises, plants, outdoor areas, residents' appearance, access, and impressions.

Two measures are derived from the items recorded in the TESS-NH/RC: the Assisted Living-Environmental Quality Scale (AL-EQS) and the Assisted Living Social Activity Scale (AL-SAS). AL-EQS assesses 15 components relevant to the assisted living environment (e.g., residential autonomy and homelikeness). Each of the 15 components is scored 0-2, with higher scores indicating better environmental quality. AL-SAC is an 11-item scale comprising three factors: private activities, group activities, and outings. Items were assessed as yes/no.

**Data collection:** Data were collected from a stratified random sample of 193 RCL/AL facilities and 40 nursing homes in Florida, Maryland, New Jersey, and North Carolina. Within the study's sample of RCA/AL facilities, three strata were studied: facilities with fewer than 16 beds, facilities with 16 or more beds constructed since 1987 and containing one or more features associated with new purpose-built models, and other facilities with 16 or more beds.

**Scale structure:** AL-SAC is composed of three factors: private activities, group activities, and outings.

**Reliability:**

TESS-NH/RC: The Cronbach's alpha for nine safety items was 0.77, for nine lighting items the alpha was 0.84, and for eight cleanliness and maintenance items the alpha was 0.91.

AL-SAC: The Cronbach's alpha for the private activities was 0.61, for group activities 0.61, and for outing it was 0.59. Alpha for the entire scale was 0.74.

**Validity:** No validity was reported.

**Response options:** Responses vary by domain. See individual domains for response options.

**Therapeutic Environment Screening Survey For Nursing Homes and Residential Care  
(TESS-NH/RC)**

**Maintenance**

2. Rate the general maintenance of each of the following areas.

	Activity/ Dining Areas	Halls	Residents' Rooms	Residents' Bathrooms
			# rooms with feature	
Well maintained				
In need of some repairs				
In need of extensive repairs				
Number of rooms observed				

**Cleanliness**

3. Rate the general cleanliness of each of the following areas.

	Activity/ Dining Areas	Halls	Residents Rooms	Residents' Bathrooms
			# rooms with feature	
Very clean				
Moderately clean				
Poor level of cleanliness				
Number of rooms observed				

**Odors**

4. To what extent are odors of bodily excretions (urine and feces) present in public areas and in residents' bedrooms?

	Residents' Rooms
	# rooms with feature
Rarely or not at all (0-5%).....	
Noticeable in some areas (6-74%)....	
Noticeable throughout much or all of the area (75-100%).....	
Number of resident rooms observed	

**Safety**

\*5. Rate the floor surface in the halls.

- No slippery and/or uneven surfaces..... 2
- Mostly free of slippery and/or uneven surfaces..... 1
- Slippery and/or uneven surfaces..... 0

6. To what extent are handrails present in this area?

	Hallway	Bathrooms
		# rooms with feature
Extensively		
Somewhat		
Little or none		

7. To what extent are call buttons present in resident rooms and bathrooms? (Count call button as present for both room and bathroom if resident wears a device that summons staff.)

- a. \_\_\_\_\_ # rooms with call buttons
- b. \_\_\_\_\_ # bathrooms with call buttons
- c. \_\_\_\_\_ # rooms observed
- d. \_\_\_\_\_ # bathrooms observed

8. Exit control:

- a. Total number of exits out of the area \_\_\_\_\_  
(include exits that are controlled or uncontrolled from outdoor areas)
- b. Number of exits that are controlled for unauthorized resident exit \_\_\_\_\_  
(exclude doors that lead to outdoor areas; include any exits from the outdoor areas)

9. Is the front door of the building controlled for unauthorized resident exit?

- No .....0
- Yes .....1

**Lighting**

\*10. Rate the light intensity in hallways, activity areas, and residents' rooms.

	Hallway	Activity/Dining area	Bathrooms
			# rooms with feature
Ample			
Good			
Barely adequate/inadequate			
Number of rooms observed			

11. To what extent is glare present in hallways, activity areas/dining, and residents' rooms?

	Hallway	Activity/Dining area	Bathrooms
			# rooms with feature
A little or none			
In a few areas			
In many areas			
Number of rooms observed			
Number of rooms observed			

12. Is lighting even in the hallways, activity/dining areas and in residents' rooms?

	Hallway	Activity/Dining area	Bathrooms
			# rooms with feature
Even throughout the area			
Mostly even throughout the area			
Uneven; many shadows			
Number of rooms observed			

13. Assess the following light levels using the light meter held approximately 30 inches from the floor. Take readings in two hallways and two activity/dining areas

Reading

a. Hallway #1:

- 1) Brightest area (no closer than 3' from window)..... \_\_\_\_\_
- 2) Darkest area..... \_\_\_\_\_
- 3) Center of hallway..... \_\_\_\_\_

b. Hallway #2: Check if there was: only one hallway  no hallways

- 1) Brightest area (no closer than 3' from window)..... \_\_\_\_\_
- 2) Darkest area..... \_\_\_\_\_
- 3) Center of hallway..... \_\_\_\_\_

c. Activity/dining area #1:

- 1) Brightest area (no closer than 3' from window)..... \_\_\_\_\_
- 2) Darkest seating spot..... \_\_\_\_\_
- 3) Center of area..... \_\_\_\_\_

d. Activity/dining area #2: Check if there was only one activity area

- 1) Brightest area (no closer than 3' from window)..... \_\_\_\_\_
- 2) Darkest seating spot..... \_\_\_\_\_
- 3) Center of area..... \_\_\_\_\_

**Physical Appearance/Homelikeness/Personalization**

14. Which of the following describes the predominant configuration of the hallways?

- No hallways; rooms open into living (common) area..... 2
- Short hallways..... 1
- Long hallways..... 0

\*15. To what extent do the activity/dining areas contain furniture, decorations, and other features that give them a homelike (residential as opposed to institutional) atmosphere?

Very homelike

(75% or more of activity/dining areas are "residential")..... 3

Moderately homelike

(50-74% of the activity/dining areas are "residential")..... 2

Somewhat homelike

(25-49% of activity/dining areas are "residential")..... 1

Not homelike

(less than 25% of the activity/dining areas are "residential")..... 0

\*16. Is there a kitchen located within the area that is available for activities and/or for resident/family use? (sink, stove/micro, fridge, countertop)

- Kitchen facility available for use..... 2
- Selected kitchen appliances available for use..... 1
- No access to kitchen appliances or no kitchen available..... 0

\*17. To what extent are pictures and mementos present in the residents' rooms?

	# rooms with feature
At least three personal pictures and/or mementos are present for each resident	
Number of resident rooms observed	

18. To what extent is/are the following present in resident rooms?

	# rooms with feature
a. Non-institutional furniture b. Individual heating controls c. Individual air conditioning controls d. Telephone or telephone connection	
Number of resident rooms observed	

\*19. Are opportunities for stimulation easily available for residents in activity/dining areas and hallways?

	Tactile	Visual
Extensively Quite a bit Somewhat None		

**Orientation/Cueing**

20. How many resident bedrooms have the following cues?

<b>a. Entrance to Resident Bedroom:</b>	# rooms with feature
1) doors routinely left open 2) resident name on/near door (2") *3) current picture of resident on/near door *4) old picture of resident on/near door 5) objects of personal significance on/near door	
Number of rooms observed	

<b>b. Bathroom Entrance from Resident Bedroom</b>	# rooms with feature
1) door open and toilet visible from resident bed (or toilet/commode in room and visible from bed)	
2) door open, but toilet not visible from bed	
3) picture, graphic, or sign (to indicate bathroom) visible from bed	
Number of rooms observed	

<b>c. Cue to any Activity/dining Area from Outside Resident Bedroom Entrance</b>	# rooms with feature
1) an area is visible	
2) a visual cue for an area is visible	
Number of rooms observed	

### Privacy

21. Number of private bedrooms:

	# rooms with feature
Private bedroom	
Number of rooms observed	

22. What access to a toilet is available to occupants of resident rooms?

Type of access directly from room	# rooms with feature
a) Private toilet	
b) Semi-private toilet	
c) Shared toilet	
d) No direct toilet	
Number of bedrooms observed	

23. Is there a bathtub and/or shower in resident bedroom bathrooms (a-c above)?

	# rooms with feature
a) Yes, there is a bath and/or shower	
b) No bath or shower in bathroom	
Number of bedrooms observed	

24. Are residents routinely able to lock doors to resident rooms, apartments, or suites?

	# rooms with feature
a) Door can be locked from the inside (bolt, hook, etc.)	
b) Door can be locked from the outside (bolt, hook, etc.)	
Number of resident rooms observed	

**Noises**

25. During the observation interval, what was the status of the television in the main activity/dining area?

- The television was on all of the time for an activity.....4
- No television present.....3
- The television was off all of the time.....2
- The television was on some of the time.....1
- The television was on all of the time.....0

\*26. During the observation interval, to what extent did you hear any of the following noises?

	Resident Screaming or Calling Out	Staff Screaming or Calling Out	TV/ Radio Noise	Loud Speaker or Intercom	Alarm or Call Bells	Other Noises (machines, outdoor noises, etc.)
None present						
Some present						
Major distraction						

**Plants**

27. To what extent are plants present in the area?

	Activity/ Dining Areas	In residents' rooms
Extensively		
Somewhat		
Not at all		
Number of resident rooms observed		

**Outdoor Areas**

28. Is there an outdoor area that is directly accessible to residents?

- Outdoor area adjacent; residents may go out on their own..... 3
- Outdoor area adjacent; staff must un-secure door and accompany residents 2
- Outdoor area present, but is away from area..... 1
- No outdoor access present..... 0

29. Overall, how attractive and functional is/are any outdoor area(s)?

	Attractive	Functional
Very		
Somewhat		
Not at all		
No outdoor areas		

**Residents' Appearance**

\*30. To what extent does the appearance of ALL residents in public areas reflect attention to individual identity and pride (hair styled/combed; extras such as jewelry, watches, belts; street clothes when up and about)?

- Extensively (75% or more of the residents well dressed and groomed) 2
- Quite a bit (25-74% of the residents well dressed and groomed)..... 1
- Little (fewer than 25% of the residents well dressed and groomed)... 0



**Access to Public Toilet from Main Activity Area**

- 31. What access to a public toilet is available from the main activity/dining area?
  - The main activity area has a public toilet visible from the area..... 2
  - The main activity area has a public toilet near (within 25' of ) the area 1
  - The main activity areas have no public toilet nearby..... 0

**Impressions**

a) Note any striking, unique, or unusual features of this facility/area:

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b) Note any things that were unusual about the day of your visit (e.g., certification visit, key people absent, unusual weather, holiday, etc.).

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c) Other comments:

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### Assisted Living Environmental Quality Score (AL-EQS)

#### Components

1. Facility maintenance
2. Facility cleanliness
3. Handrails
4. Call buttons
5. Facility light intensity
6. Facility absence of glare
7. Facility evenness of lighting
8. Minimized hallway length
9. Homelike furniture
10. Room autonomy
11. Phones in resident rooms
12. Tactile stimulation
13. Visual stimulation
14. Outdoor area
15. Privacy

### Assisted Living Social Activity Scale (AL-SAS)

	<b>Factor Loading</b>
<b>Subscale: Private Activities</b>	
Writing letters	0.76
Reading	0.65
Working on a hobby	0.62
Talking on the telephone	0.59
<b>Subscale: Group Activities</b>	
Attending arts and crafts	0.80
Playing cards, bingo, games	0.68
Attending religious activities	0.59
Going to movies	0.53
<b>Subscale: Outing</b>	
Going out to eat, drink	0.77
Shopping, browsing in stores	0.74
Going for walks	0.60

**Source:** Mitchell JM, and Kemp BJ. (2000). Quality of life in assisted living homes: A multidimensional analysis. *J Gerontol* 55B:117-127.

**Purpose of tool:** The Facility Satisfaction Questionnaire was designed to examine the quality of life of seniors with disabilities living in California residential care facilities. The questionnaire contains 10 items addressing the global environmental features of senior residential facilities. The questionnaire was developed around the four conceptual domains identified by Moos and Lemke (1984)<sup>5</sup> as representing a comprehensive assessment of social settings in adult residential environments.

**Data collection:** Stratified random selection based on bed capacity and community income level were used to select licensed residential care facilities for the elderly from the Los Angeles and Orange Counties in California. Cognitively alert residents were randomly selected from the resident rosters and invited to take part in a 1-hour structured interview. The final sample consisted of 210 participants, with 100 from 100 large facilities, 64 from medium facilities, and 34 from small facilities.

**Validity:** No factor analysis was reported.

**Scale structure:** The questionnaire uses a 7-point scale: “Very Dissatisfied” to “Very Satisfied.”

**Reliability:** Alpha coefficient was reported to be 0.76.

#### **Satisfaction**

1. Cost
2. Comfort
3. Privacy in one’s room
4. Physical condition of the home as a whole
5. Staff
6. Other residents
7. Personal care services received
8. Availability of transportation
9. Meals and social activities
10. Opportunity of residents to say how the home operates

There were also three sets of independent variables:

- (a) **Health status** variables of function and chronic condition.
- (b) **Social involvement** variables of family contact and participation in social activities.
- (c) **Facility variables** of facility characteristics, opportunities for resident autonomy, and social climate.

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<sup>5</sup> Moos RH, and Lemke S. Multiphasic environmental assessment procedure: Preliminary manual. Palo Alto, CA: Stanford University and Veterans Affairs Medical Center, Palo Alto; 1984.

**Source:** Assisted Living Federation of America (1999) "The 1999 ALFA National Satisfaction Assisted Living Resident Satisfaction Study," ALFA and ServiceTRAC, Inc.

**Purpose of tool:** The tool was created jointly by ALFA and ServiceTRAC, Inc., to measure satisfaction with living conditions across elderly populations in independent living, assisted living, and nursing care facilities. The development was guided by a set of objectives for the survey: simplicity, comprehensiveness, differentiation between satisfaction and exceeding of expectations, perspective of which services most define satisfaction, adaptability to different settings, and results that can effect change. Surveys used elsewhere in senior housing were examined and 750 questions on satisfaction from 20 surveys were collected. The domains identified most often in these surveys and used in this survey were staff, activities, food service, housekeeping, maintenance, community environment, security, assisted living services, administration, and other amenities. There were also four global questions on overall assessment of the community. From the 750 questions, 120 were selected and further reduced to 75 (including demographics) in assisted living and nursing care facilities and 66 in independent living, as some questions were not applicable across all the facilities. All questions asked how the residents' expectations were met on the particular aspects of the living situations. Resident and family surveys were identical, with variations in wording for change in relation. No loadings were presented.

**Data collection:** All residents in 170 volunteer facilities were mailed the survey as were family members. In all facilities, there were 12,601 returned surveys. In assisted living facilities, there were nearly 5,000 returned surveys, with about 3,250 from residents and about 1,650 from family members (more precise numbers were not provided).

**Scale structure:** No factor analysis reported.

**Reliability:** Cronbach's alpha for the nine subscales ranged from .90 to .94.

**Validity:** No validity measures given.

**Response options:** Responses were on a 5-point Likert scale: 1= (expectations) not met, 2= nearly met, 3= met, 4 = exceeded, and 5= far exceeded.

**Subscale: Staff**

1. The staff is genuine and caring
2. The staff is responsive to your personal needs
3. Positive attitude from the staff
4. General assisted living knowledge of the staff
5. Communication between you and the staff
6. Respect you receive from the staff.
7. Overall relationship between you and the staff

Cronbach's alpha = .94

**Subscale: Activities**

1. Activities interesting and stimulating
2. Notification of activities
3. Friendliness of activities employees
4. Activities/recreation department overall

Cronbach's alpha = .90

**Subscale: Food/Food Service**

1. Nutritional balance of meals
2. Variety in the menu
3. Food temperature
4. Serving size
5. Appearance of meals
6. Atmosphere of the dining room
7. Timeliness of food service
8. Friendliness of food service employees
9. The food service department overall

Cronbach's alpha = .94

**Subscale: Housekeeping**

1. Cleaning the apartment
2. Housekeeping staff respects your privacy
3. Reliability of housekeeping services
4. Friendliness of housekeeping
5. Housekeeping department overall

Cronbach's alpha = .93

**Subscale: Maintenance**

1. Problems are fixed in a timely manner
2. Friendliness of maintenance workers
3. Maintenance department overall

Cronbach's alpha = .91

**Subscale: Home/Community Environment**

1. Convenience of apartment floor plan
2. Safety features of the apartment
3. Absence of odors in the community
4. Cleanliness of common areas
5. Community environment overall

Cronbach's alpha = .90

**Subscale: Security**

1. Feeling of safety
2. Awareness of security measures
3. Reliability of security systems
4. Security of your personal belongings
5. Friendliness of the front desk employees
6. The security services overall

Cronbach's alpha = .93

**Subscale: Assisted Living Services**

1. Caring attention provided by staff
2. Needs are addressed in a timely manner
3. Staff encourages and supports independence
4. Staff's prompt response to emergencies
5. Staff knowledgeable of your individual needs

6. Monitoring of health changes
7. Staff's ability to service your individual needs
8. Assistance with personal hygiene needs
9. Overall assisted living/personal care services

Cronbach's alpha = .96

**Subscale:** Administrator/Administration

1. Friendly and caring Administrator
2. Open communication with Administrator
3. Administrator easy to approach
4. The Administration overall

Cronbach's alpha = .94

**Subscale:** Amenities and Other Services

1. Laundry service
2. Beauty shop/Barber services
3. Library services
4. Transportation services overall
5. Other amenities/convenience services overall

Cronbach's alpha = .94

**Sources:** Hawes C, Phillips C, and Rose M. (2000). A national study of assisted living for the frail elderly: Final report, Appendix A. Beachwood, OH: Myers Research Institute: Menorah Park Center for Senior Living.

National Study of Assisted Living for the Frail Elderly (2000). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Office of Disability, Aging and Long-Term Care Policy (DALTCP) Research Projects. Available at: <http://aspe.hhs.gov/search/daltcp/Reports/projects2.shtml#RTI2>. Accessed October 18, 2006.

**Purpose of tool:** The Facility Screening Questionnaire was part of the National Study of Assisted Living for the Frail Elderly. Due to growth of the assisted living (AL) industry and the lack of knowledge about the facilities or its residents, the U.S. Department of Health and Human Services funded a number of studies to examine the role of assisted living. The purpose of the surveys were: to screen a group of facilities thought to be assisted living facilities and determine their eligibility for the larger assisted living study; determine the size and nature of the supply of assisted living facilities; describe basic industry characteristics, such as services, accommodations, and price; begin examining the extent to which the industry follows the philosophical tenets of assisted living; and identify facilities for more extensive data collection in the future.

**Data collection:** The survey was done using a stratified, multistage national probability sample. The first stage was to select random first-stage sampling units (FSUs). At the second stage, project staff identified a sample of facilities. Eligibility criteria included: serve mainly an elderly resident population; have more than 10 beds; and either be a self-described assisted living facility or provide 24-hour staff, housekeeping, at least two meals a day, and help with at least two of the following: medications, bathing, or dressing. From a list of 10,720 candidate facilities, 2,945 facilities were selected for the telephone survey. The survey had several instrument modules. The Facility Screening Questionnaire is described below. Facility administrators were interviewed between January and March 1998.

**Scale structure:** No factor analysis reported.

**Reliability:** No reliability measures given.

**Validity:** No validity measures given.

**Response options:** Vary by question. See individual items for response options.

#### **Facility Screening Questionnaire**

1. Is this a facility that provides multiple levels of care, such as nursing home, assisted living, residential care, or independent living at the same location? (Yes/No)
  
2. Which of the following types or levels of care does your facility offer? (Yes/No)
  - a) licensed nursing home
  - b) assisted living
  - c) congregate apartments/congregate care
  - d) independent living/independent apartments
  - e) board and care/personal care/residential care
  - f) continuing care retirement community or life care community
  - g) designated Alzheimer's Special Care Unit in a residential care or assisted living section of the facility
  - h) designated Alzheimer's Special Care Unit in a licensed nursing home
  - i) rehabilitation hospital/subacute care unit

- j) hospital
- k) Other (SPECIFY)

3. How do you refer to this assisted living section? (Or congregate care, or independent living)
1. Excluding any nursing home beds, do you have 11 or more beds in (the) NAME OF TYPE OF CARE SPECIFIED ABOVE (section)? Yes/No
3. Excluding any nursing home residents, are at least half of the residents 65 years of age or older? (Yes/No)
4. Do you refer to (the) (SECTION NAME FILL) (section) as an assisted living facility or do you advertise that you provide assisted living services in that section? This includes such things as having the phrase assisted living in the name of the facility or in any advertisements about what the (section/facility) provides. (Yes/No)
- 5a. Do you *regularly* provide or arrange... (Yes/No)  
IF THE RESPONDENT SAYS "YES" FOR A SERVICE, ASK:
  - 5b. Do you *provide* this service with staff who work for the facility or do you *arrange* the service with an outside agency?
    - a. housekeeping
    - b. at least two meals per day
    - c. three meals a day
    - d. 24-hour direct care staff who can respond to resident's needs for assistance or monitoring
    - e. medication reminders to residents
    - f. central storage or assistance with self-administration of medications
    - g. assistance with bathing
    - h. assistance with dressing
    - i. any care or monitoring by a licensed nurse (i.e., an RN or LPN/LVN)
    - j. any therapy services (e.g., speech, physical, occupational therapy)
6. How long has (the) (FACILITY NAME FILL) (section) been in operation?
- 9a. How many beds are currently in operation or available for residents in the (SECTION NAME FILL) (section)?
- 9b. How many residents are currently living in (the) (SECTION NAME FILL) section?
11. Do any of the resident bedrooms (including those in apartments) house more than 2 unrelated people? (Yes/No)
- 12a. Now, I'd like to ask you about the type of accommodations you provide in (the) (SECTION NAME FILL) (section). By "apartment," we mean a bathroom, bedroom, living room, and kitchen or kitchen area. A studio apartment is also included. Are any apartments in (the) SECTION NAME FILL (section)? (Yes/No)
- 12b. What is the total number of apartments in your facility?



12c. Please tell me the number of your accommodations that are described by the following:

<b>Apartment Type</b>	<b>Number</b>
One bedroom apartment, single occupancy	
One bedroom apartment, shared occupancy	
Studio apartment (one room w/living and sleeping area) single occupancy	
Studio apartment, shared occupancy	
Two bedroom apartment, single occupancy	
Two bedroom apartment, shared occupancy	
Other type of apartment (DESCRIBE) _____ _____	

12d. Do all apartments have a full bath, by which we mean sink, toilet, and either a tub or shower? (Yes/No)

13a. Are any of the living units in (the) (SECTION NAME FILL) (section) only bedrooms (rather than apartments)? (Yes/No)

13b. What is the total number of bedrooms (not counting those in apartments)?

13c. Please tell me the number of your accommodations that are described by the following: (semi-private means shared by only two people.)

<b>Accommodation Type</b>	<b>Number</b>
Single occupancy bedroom and private full bathroom ( <i>shower or bath tub</i> )	
Single occupancy bedroom and private ½ bathroom ( <i>toilet and sink only</i> )	
Single occupancy bedroom and semi-private full bathroom ( <i>shower or bath tub</i> )	
Single occupancy bedroom and semi-private ½ bathroom ( <i>toilet and sink only</i> )	
Semi-private bedroom ( <i>2 people</i> ) and full bathroom shared only by roommates	
Semi-private bedroom ( <i>2 people</i> ) and ½ bathroom shared only by roommates	
Semi-private bedroom and full bathroom shared by two rooms	
Semi-private bedroom and ½ bathroom shared by two rooms	
Semi-private bedroom and communal bathroom ( <i>shared by more than 2 rooms</i> )	
Bedroom shared by three or more unrelated people	
Other bedroom type (DESCRIBE) _____	

15. We would also like to know if you are serving people with moderate to severe cognitive impairment. This means that residents have short-term memory problems or poor ability to make decisions about their daily lives.

This week, approximately what percentage of your residents are cognitively impaired?

Percentage of residents: \_\_\_\_\_

16a. Do you have a registered nurse (RN) on staff who works at least 40 hours per week? This includes contract staff. (Yes/No)

16b. Do you have an RN on staff who works less than 40 hours per week? (Yes/No)

17. Do you have a licensed practical or vocational nurse on staff who works 40 or fewer hours per week? This includes contract staff. (Yes/No)

Some facilities have policies about the level of disability they can serve. The next questions are about whether you would admit residents with certain problems and whether you would retain residents who develop these conditions.

FOR EACH CONDITION, READ BOTH QUESTIONS.

18a. Will you admit a resident that:

18b. Will you retain a resident that:

1 – YES 2 – NO 3 – DEPENDS

CONDITION	18a. ADMIT YES/NO/DEPE NDS	18b. RETAIN YES/NO/DEPE NDS
a. Has a behavior problem (e.g., wandering, socially inappropriate behavior)		
b. Has urinary incontinence		
c. Needs nursing care or monitoring by an RN or LPN		
d. Uses a wheelchair to get around		
e. Receives help getting around the facility (walking or using a wheelchair)		
f. Receives help transferring from bed to chair or wheelchair		
g. Has moderate to severe cognitive impairment		

19. Will you retain a resident who requires temporary nursing care, for example for a condition like flu that is expected to last less than 14 days? (Yes/No/Depends)

20. Will you retain a resident who needs longer term nursing care (e.g., for more than 14 days)? (Yes/No/Depends)

21. In the last 6 months, have any residents been discharged because they needed nursing services? (Yes/No)

**Source:** Hawes C, Phillips CD, and Rose M. (2000). *High Service or High Privacy Assisted Living Facilities, Their Residents and Staff: Results From a National Survey* (Rep. No. HHS-100-94-0024; HHS-100-98-0013). Washington, DC: U.S. Department of Health and Human Services.

National Study of Assisted Living for the Frail Elderly (2000). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Office of Disability, Aging and Long-Term Care Policy (DALTCP) Research Projects. Available at: <http://aspe.hhs.gov/search/daltcp/Reports/projects2.shtml#RTI2>. Accessed October 18, 2006.

**Purpose of tool:** The Resident Questionnaire was part of the National Study of Assisted Living for the Frail Elderly. Due to growth of the assisted living industry and the lack of knowledge about the facilities or its residents, the U.S. Department of Health and Human Services funded a number of studies to examine the role of assisted living. The purpose of this study was to collect data from residents on a number of topics pertinent to understanding the composition of assisted living and its operations. The residents were interviewed only in Tier 3 facilities, defined as having high privacy and/or service assisted living. The survey asked a large set of questions about physical and cognitive abilities that for parsimony are not reported here. There were also a number of questions asked of residents about their interactions with and perceptions of staff, their response to the food and activities offered, and the residents' understanding and beliefs about their ability to "age in place." The Resident Proxy Respondent Interview was similar in content to the Resident Questionnaire (but differed in the mode of data collection). Only the Resident Interview is presented below.

**Data collection:** The sampling design for the study was a stratified, three-stage, national probability sample. The First-Stage Sampling Units (FSUs) were counties or county equivalents; second-stage units were geographic addresses within selected FSUs that contain one or more candidate assisted living facilities (ALFs); and, third-stage units were residents and their family members (as well as staff members) of selected Tier 3 ALFs. A total of 705 Tier 3 facilities were identified in the 60 FSUs originally selected for the facility eligibility screening and initial telephone survey. Limited resources led to 40 FSUs being selected from these 60 FSUs for subsequent on-site data collection. The subsample of 40 FSUs was selected with equal probabilities using systematic sampling. A total of 482 Tier 3 facilities were associated with the subsample of 40 FSUs and were the ALFs. The administrators of the Tier 3 facilities were recruited by telephone in order to secure permission for a field representative to conduct in-person interviews. From counts obtained from the administrator, six residents were selected using a random number generator. If there were only eight residents in a facility all were selected. Where residents were unable cognitively or physically to respond, a family member was used as proxy. Of facilities selected, 62% participated; 88% of the residents selected for interviews from in-person interviews with residents or their proxy respondent provided information. Instruments for resident and proxy respondents are similar hence only the resident instrument is shown below.

**Scale structure:** Not available

**Reliability:** No reliability measures given.

**Validity:** No validity measures given.

**Response options:** Many questions were asked with a 4-point Likert scale, although many were asked in yes/no format as well. There were some questions asking for a rating on a 0-10 scale, with factual questions being forced-choice format.

**Resident Interview**

1. How long have you lived at \_\_\_\_\_ [NAME OF FACILITY]?  
Months \_\_\_\_\_  
Years \_\_\_\_\_
  
2. During the last 5 years, have you been a resident in ...[EXCLUDING THE CURRENT FACILITY] CIRCLE ALL THAT APPLY  
A different assisted living or residential care facility?  
A retirement home/independent apartment/congregate apts?  
A nursing home?
  
3. Before moving to this facility, how many other facilities have you lived in?  
\_\_\_\_\_ Number
  
4. Which of the following statements describe the reasons why you left that (those) facility (facilities)? CIRCLE ALL THAT APPLY  
Became acutely ill and required hospitalization.  
Preferred location closer to family or friends.  
Required more care than the facility could provide.  
Exhausted resources in paying for care in that facility and had to leave because of money.  
Dissatisfaction with the quality of care.  
Dissatisfaction with the price of charges.  
Dissatisfaction with some other aspects of the facility.  
Facility request/decision or reason unknown  
Other (Specify) \_\_\_\_\_
  
5. When you moved to that (those) facility (facilities), did you expect that you would be able to remain in that facility as long as you wanted to? This is sometimes referred to as “aging in place.”  
YES  
NO
  
6. Immediately before moving here, where did you live?  
Own home/apartment.  
Relative’s home.  
Nursing home.  
Inpatient rehabilitation or subacute care center.  
Another group residential setting, such as another assisted living facility, personal care home, or retirement home  
Other (Specify) \_\_\_\_\_
  
7. Did someone else help you decide to move here?  
YES  
NO
  
8. Who helped you decide to move here? Did...  
A family member?  
A physician?  
Someone else? (Specify) \_\_\_\_\_

9. All in all, how much control did you have over the decision to move here?  
 Complete or almost complete control.  
 Some control.  
 Little or no control.
56. How much of the time do you feel the staff treat you with dignity and respect? Would you say  
 Never  
 Sometimes  
 Usually  
 Always
57. How often do staff take the time to talk with and listen to residents?  
 Never  
 Sometimes  
 Usually  
 Always
58. How often do you feel staff show affection and caring for residents?
59. How much of the time, including weekends, are there enough staff on duty to adequately care for all the residents?  
 Never  
 Sometimes  
 Usually  
 Always
60. How well-trained and supervised do you think staff is at this facility? Would you say their training and supervision are...  
 Very poor  
 Poor  
 Adequate  
 Very good
61. How successful is the facility at keeping good staff? Would you say...  
 Very unsuccessful; there is a lot of staff turnover.  
 Somewhat unsuccessful.  
 Successful; staff retention is good.  
 Very successful; most staff have worked here a long time
62. Overall, how would you rate the staff at this facility? Use any number on a scale from zero to 10, where zero is the worst staff quality and 10 is the best staff quality possible.  
 \_\_\_\_\_ SCORE
65. On average, how much of the time are you involved in activities? This includes activities done by yourself, such as reading or listening to music, and activities done with others. Would you say you are involved in activities.  
 None of the time  
 Some of the time  
 Most of the time  
 All of the time

66. During the past 14 days, how often have you left the facility for any reason other than to go to the hospital or to a doctor's office? This would include going out to a meal, shopping, or a movie, visiting with family or friends, and so on. Would you say
- Never
  - Once or twice
  - Three to five times
  - Every day or every other day
67. How often does \_\_\_\_\_ [NAME OF FACILITY] offer activities that you enjoy?
- Never
  - Sometimes
  - Usually
  - Always
68. On weekends, how much of the time does the facility offer enough activities and transportation?
- Never
  - Sometimes
  - Usually
  - Always
69. How much of the time does the facility offer transportation for things you enjoy?
- Never
  - Sometimes
  - Usually
  - Always
70. How much of the time do staff at \_\_\_\_\_ [NAME OF FACILITY] make an effort to find out your preferences for activities and make those available?
- Never
  - Sometimes
  - Usually
  - Always
71. Use any number on a scale from zero to 10, with zero being the worst activities possible and 10 being the best. How would you rate the activities available to you here?
- \_\_\_\_\_ SCORE
84. How adequate is the storage space in your room or apartment? This can include your closet and any storage lockers or other spaces the facility provides. Would you say this space is.
- Very limited
  - Limited
  - Adequate
  - Very good
85. Do you have individual control over the heating or cooling in your apartment?
- Yes
  - No
  - DK
86. Can you lock the door to your room or apartment when you leave?
- Yes
  - No
  - DK

87. Can you arrange the furniture as you want to in your room or apartment?  
Yes  
No  
Partially  
DK
88. Use any number on a scale of zero to 10, with zero being the worst and 10 being the best, how would you rate the personal space and accommodations you have at \_\_\_\_\_ [NAME OF THE FACILITY]?  
\_\_\_\_\_ SCORE
89. On a scale from zero to 10, with zero being the worst, how would you rate the area for outdoor activities (such as areas for sitting outside, walking, or gardening)?  
\_\_\_\_\_ SCORE
90. On a scale from zero to 10, with zero being the worst, how would you rate the cleanliness of the facility?  
\_\_\_\_\_ SCORE
94. Use a scale from zero to 10 and tell me how confident you are that \_\_\_\_\_ [NAME OF FACILITY] will be able to meet your needs for assistance and health care services in the future? Assume zero means you have no confidence and that 10 means you have total confidence in the facility.  
\_\_\_\_\_ SCORE
95. How much of the time is the food tasty and well-seasoned? Would you say...  
Never  
Sometimes  
Usually  
Always
96. How much of the time do you have choices among entrees?  
Never  
Sometimes  
Usually  
Always
97. Use any number on a scale from zero to 10 with zero being the worst food possible food. How would you rate the food at \_\_\_\_\_ [NAME OF FACILITY]?
98. Has the administrator or anyone at the facility provided written information to you or discussed with you the conditions under which a resident will be charged because of the type of care he or she needs?  
Yes  
No
99. Do you expect to be able to reside at \_\_\_\_\_ [NAME OF FACILITY] as long as you want to?  
Yes  
No
100. Are you aware of the monthly bill or charges from the facility?  
Yes  
No

101. How do the current monthly charges, including any extras, compare to what you expected when you moved into \_\_\_\_\_ [NAME OF FACILITY]? Are they...
- About what you expected
  - Lower than you expected
  - Higher than you expected
  - DK
102. Using any number on a scale of zero to 10, with zero being the most negative recommendation possible; and 10 being the best recommendation possible, what kind of recommendation would you give \_\_\_\_\_ [NAME OF FACILITY] to a friend considering a move to a similar facility?
- \_\_\_\_\_ SCORE



**Sources:** Hawes C, Phillips CD, and Rose M. (2000). A National Study of Assisted Living for the Frail Elderly: Final Report, Appendix A. Beachwood, OH: Myers Research Institute: Menorah Park Center for Senior Living.

Hawes, C, Phillips, CD, and Rose M. (2000). *High Service or High Privacy Assisted Living Facilities, Their Residents and Staff: Results from a National Survey* (Rep. No. HHS-100-94-0024; HHS-100-98-0013). Washington, DC: U.S. Department of Health and Human Services.

National Study of Assisted Living for the Frail Elderly (2000). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Office of Disability, Aging and Long-Term Care Policy (DALTCP) Research Projects. Available at: <http://aspe.hhs.gov//search/daltcp/Reports/projects2.shtml#RT12>. Accessed October 18, 2006.

**Purpose of tool:** The Administrator Questionnaire was part of the National Study of Assisted Living for the Frail Elderly. Due to growth of the assisted living industry and the lack of knowledge about the facilities or its residents, the U.S. Department of Health and Human Services funded a number of studies to examine the role of assisted living. As part of the site visit to each of the sampled high-privacy or high-service assisted living facilities, interviews were conducted with facility administrators about their background and experience and about the facility, including questions about ownership, staffing, policies, and services. The administrator was also asked to complete a questionnaire containing some supplemental questions about the facility and its staffing, which can be found below.

**Data collection:** The basis of the sampled population came from the portion of the Assisted Living study that examined Tier 3, i.e., high privacy and/or service. For the Tier 3 portion of this study, a subset of 40 FSUs were ordered by State prior to facility selection. A total of 482 facilities were associated with this subset and were targeted for recruitment for data collection. About 300 of the 482 eligible facilities participated in the on-site data collection. The Administrator Questionnaire (sometimes referred to as the Facility Questionnaire) was a provider self-administered instrument.

**Scale structure:** No factor analysis reported.

**Reliability:** No reliability measures given.

**Validity:** No validity measures given.

**Response options:** Vary by question. See individual items for response options.

#### Administrator Questionnaire

1. Is this assisted living facility owned or leased?  
  
Facility is owned  
Building/facility is leased  
Other (e.g., operator has a management contract)
  
2. Does the owner of the building own or operate other assisted living facilities or other places that provide housing in a supportive setting to elderly and disabled people (such as board and care homes)?  
  
Yes  
No  
Don't know

3. How many?

\_\_\_\_\_  
NUMBER

4. What is the name of the parent organization?

\_\_\_\_\_  
(Please Print)

5. Is this facility operated as a for-profit, not-for-profit, or joint-venture between a proprietary and non-profit entity?

For-Profit  
Not-for-Profit  
Joint-Venture

6. Does the owner of the facility own or operate any nursing homes? Yes/No

7. How many?

\_\_\_\_\_  
NUMBER

9. What is the name of the management firm?

\_\_\_\_\_  
(Please Print)

10. Is this facility part of a multi-facility system or chain of assisted living facilities? Yes/No

11. What is the name of the parent organization/multi-facility system?

\_\_\_\_\_  
(Please Print)

12. Do you have a waiting list for residents? Yes/No

13. How many residents currently live in the facility?

\_\_\_\_\_  
NUMBER

14. What percent of the residents are in the following age categories?

a. 0-18 ..... %  
b. 19-65 ..... %  
c. Over 65 ..... %

15. What percent of the residents are incontinent of urine that is, they soak through underpants at least twice a week or more often?
- 75-100%
  - 50-74%
  - 25-49%
  - 0-24%
17. What percent of the residents use a wheelchair to get around in the home?
- 75-100%
  - 50-74%
  - 25-49%
  - 0-24%
18. For what percent of the residents do you manage, supervise or store their medications, or provide assistance with self-administration of medications?
- 75-100%
  - 50-74%
  - 25-49%
  - 0-24%
19. For what percent of residents do you provide or arrange assistance with locomotion, that is, helping the resident walk or wheel himself/herself around the facility?
- 75-100%
  - 50-74%
  - 25-49%
  - 0-24%
20. For what percent of residents do you provide or arrange assistance with toileting, including reminders to use the toilet, scheduled toileting, getting on or off the toilet, cleaning him/herself, arranging clothing, changing adult incontinence supplies?
- 75-100%
  - 50-74%
  - 25-49%
  - 0-24%
22. What percent of residents receive help with eating?
- 75-100%
  - 50-74%
  - 25-49%
  - 0-24%

23. During the past 6 months, how many people were discharged or permanently left this facility? This includes people who died, went home, went to the hospital and did not return, or transferred to another facility.

If none, circle the 00 and skip to Question 25.

            
NUMBER

24. How many residents left the facility for the following reasons and did not return to the facility? Enter the number in the space provided. If none, enter zero (0). If not known, circle DK.

	<u>NUMBER</u>	<u>DON'T KNOW</u>
a. Died in the facility .....	_____	DK
b. Went to an acute care hospital and did not return.....	_____	DK
c. Went to a psychiatric hospital.....	_____	DK
d. Went to a nursing home.....	_____	DK
e. Went home (theirs or a relative or friend's home).....	_____	DK
f. Went to another assisted living facility or board and care/residential care home .....	_____	DK
g. Transferred to another section of this facility (that is, to a different level of care) .....	_____	DK
h. Moved out: discharge location not known.....	_____	DK
i. Other (SPECIFY) _____	_____	DK

26. Can residents bring their own personal furniture to the facility? Yes/No

27. How much furniture may they bring?

- a. Furnish their entire room/apartment
- b. Bring a few personal items, such as pictures, and some furniture, such as chair, lamp
- c. Bring only small personal items, such as photos, bedspread, small lamp

28. Can the resident bring a pet to live at the facility in their room or apartment? Yes/No

29. Which of the following may a resident keep?

	<u>Yes</u>	<u>No</u>	<u>Depends</u>
a. A dog?			
b. A cat?			
c. A fish or fish tank?			
d. A pet bird?			

30. Is there an extra charge for keeping a pet? Yes/No

32. Does the facility keep any animals or pets in the facility (e.g., a pet dog or a room with animals the residents can play with or enjoy)? Yes/No

33. On what days are visitors allowed?

- Every day
- Weekends only
- Never
- Other (SPECIFY)

34. What are the visiting hours?

- Anytime
- Other (SPECIFY)

35. During the last 7 days, on average, how many direct care staff were on duty in the facility for each of the following shifts? (This includes all staff who provide direct resident care and those, such as a unit supervisor or nurse, who supervise resident care. It does NOT include staff whose only duties are housekeeping, cooking, maintenance, or administration/clerical.)

If you do not have shifts, please SKIP to Question 36.

	Number of Direct Care Staff on Duty
a. Day Shift (e.g., 7:00 am - 3:00 pm).....	_____
b. Afternoon/Evening Shift (e.g., 3:00 pm - 11:00 pm).....	_____
c. Night Shift (e.g., 11:00 pm - 7:00 am).....	_____

37a. How many registered nurses (RNs) paid by you worked in the assisted living facility during the last 7 days? (This includes RNs on staff and contract staff or consultants. In a multi-level facility, it includes staff from another unit who provide services in the AL facility. Staff from a home health agency should NOT be counted.)

IF NONE, PLEASE WRITE IN ZERO (0) AND SKIP TO Q.38.

\_\_\_\_\_  
NUMBER OF STAFF AND CONTRACT RNS

37b. How many hours did each staff RN work during the last week? (Please use one line for each RN. Add lines if needed.)

<u>Staff RNs</u>	<u>Number of Hours Worked</u>
RN #1 .....	_____
RN #2 .....	_____
RN #3 .....	_____
RN #4 .....	_____
RN #5 .....	_____
RN #6 .....	_____

37c. How many hours did each contract/consultant RN work during the last week? (Please use one line for each R34. Add lines if needed.)

<u>Contract/Consultant RNs</u>	Number of Hours <u>Worked</u>
RN #1 .....	_____
RN #2 .....	_____
RN #3 .....	_____

38b. How many hours did each staff LPN/LVN work during the last week? (Please use one line for each LPN/LVN. Add lines if needed.)

<u>Staff LPN/LVN</u>	Number of Hours <u>Worked</u>
LPN/LVN #1 .....	_____
LPN/LVN #2 .....	_____
LPN/LVN #3 .....	_____

38c. How many hours did each contract/consultant LPN/LVN work during the last week? (Please use one line for each LPN/LVN. Add lines if needed.)

<u>Contract/ Consultant LPN/LVN</u>	Number of Hours <u>Worked</u>
LPN/LVN #1 .....	_____
LPN/LVN #2 .....	_____
LPN/LVN #3 .....	_____

39. How many aides or personal care attendants worked in the home during the last week? (Count only staff who provide direct care to residents.)

\_\_\_\_\_  
NUMBER

40. How many of these aides/personal care providers work full-time, that is, 40 hours per week?

\_\_\_\_\_  
NUMBER

41. Do these aides/personal care attendants perform other tasks, such as laundry, housekeeping or preparing of meals? Yes/No

43. What percent of your resident care staff (RNs, LPNs, and aides) has worked here less than 6 months?

Percent of RNs ..... %  
 Percent of LPNs/LVNs..... %  
 Percent of aides/assistants ..... %

44. During the last month, have you paid any of the following, either as staff members or consultants?
- |   | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| a. Social worker (MSW, BSW)                 |            |           |
| b. Social service designee                  |            |           |
| c. Activities director                      |            |           |
| d. Activity aides/recreation aides          |            |           |
| e. Registered dietician                     |            |           |
| f. Physician who serves as Medical Director |            |           |
| g. Pharmacist consultant                    |            |           |
45. Do you have a contract or other formal arrangement with one or more home health agencies for the provision of skilled nursing services to residents? Yes/No
46. Does the home health agency have the same ownership or management as this facility? Yes/No
48. Are any of your current residents paid for by the Medicaid program, through a Medicaid waiver program? (This is the medical assistance program for people who have low income, it is known as “Medi-CAL” in California, AHCCS/ALTC in Arizona.) Yes/No
49. Are any of your current residents paid for by Supplemental Security Income payment? Yes/No
50. Do you have any units that are a “low-income” set aside, for exam or Federal housing finance funding? Yes/No
51. How many units are “low income” set aside?
- \_\_\_\_\_
- NUMBER
52. What income range qualifies for this designation of “low income?”
- \$ \_\_\_\_\_ per year to \$ \_\_\_\_\_ per year
53. Which of the following factors are associated with variations in your monthly charge?
- Only the type of accommodation (room, apartment)  
 Only the type/amount of services provided to resident  
 A combination of services and accommodation type  
 None of the above
56. Which of the following describes how your rate varies according to the type or amount of services a resident receives: CIRCLE ALL THAT APPLY.
- a. Rate does not vary by amount/type of services
- b. The rate varies according to the type of services a resident receives (e.g., assistance with bathing and dressing are covered, but assistance with other ADLs are provided only for extra charge)
- c. The rate varies according to the level of care the resident receives (e.g., we have different levels of care or packages of services)

d. The rate varies according to the amount of time a resident receives services (e.g., a set-number of hours of personal assistance are covered, and more hours are provided at an additional charge)

e. The rate varies by a "point" system  
Points are based on:

- the type of services provided
- the amount of time staff spend providing the services
- the frequency with which services are provided.

f. Other (SPECIFY) \_\_\_\_\_  
\_\_\_\_\_

g. None of the above

57. How many hours of service per week or month are covered by the basic monthly rate? (RECORD THE NUMBER OF HOURS AND CHECK THE APPROPRIATE BOX TO INDICATE TIME PERIOD.)

Number of Hours Covered Per Week

Per Month

COLUMN A: If you do not offer the service, please circle the number "01."

COLUMN B: If you DO offer the service, indicate that you provide it directly with your staff by circling the number "02."

COLUMN C: If you DO offer the service by arranging for its provision with an outside agency rather than providing the service directly with your staff, circle the "03." NOTE: "Arranging" also includes services from staff in another part of the campus, if you are part of a multi-level campus.

COLUMN D: For the services that are provided or arranged, please circle "04" if they are covered by -the basic monthly rate or the lowest monthly rate.

EXAMPLE: If washing windows is a service you provide with your own staff, and it is covered in your base rate, you would circle 02 and 04 for that service.

Services	A. No	B. Yes, Provide	C. Yes, Arrange	D. Covered by Base Rate
a. Weekly (or more frequently, but not daily) housekeeping in resident's room or apartment.....	01	02	03	04
b. Daily housekeeping/maid service in resident's room or apartment.....	01	02	03	04
c. Laundering of sheets and towels .....	01	02	03	04
d. Laundering of resident's clothing/personal items.....	01	02	03	04
e. One meal a day .....	01	02	03	04
f. Two meals a day.....	01	02	03	04
g. Three meals a day.....	01	02	03	04
h. Escort to meals .....	01	02	03	04



Services	A. No	B. Yes, Provide	C. Yes, Arrange	D. Covered by Base Rate
i. Special diets (e.g., low salt; diabetic).....	01	02	03	04
j. Meal delivered to resident's room or apartment.....	01	02	03	04
k. Medication reminders.....	01	02	03	04
l. Central storage and assistance with administration of medications.....	01	02	03	04
m. Assistance with bathing.....	01	02	03	04
n. Assistance with dressing.....	01	02	03	04
o. Assistance cutting toenails, minor foot care.....	01	02	03	04
p. Any podiatry services.....	01	02	03	04
q. Assistance with locomotion (walking or wheeling).....	01	02	03	04
r. Assistance with using the toilet.....	01	02	03	04
s. Basic incontinence care (e.g., changing continence aids; sheets).....	01	02	03	04
t. Incontinence supplies.....	01	02	03	04
u. Scheduled toileting program, if needed.....	01	02	03	04
v. One person assistance with transfers (e.g., bed to chair).....	01	02	03	04
w. Assistance with eating.....	01	02	03	04
x. Specialized dementia care, such as task segmentation; redirection; cueing.....	01	02	03	04
y. Basic health status monitoring (e.g., blood pressure, pulse).....	01	02	03	04
z. Temporary nursing care (i.e., supervision, monitoring, care < 14 days).....	01	02	03	04
aa. Overnight companion/sitter service.....	01	02	03	04
bb. Hospice care.....	01	02	03	04
cc. Telephone checking/scheduled staff checking of residents in their rooms or apartments.....	01	02	03	04
dd. Nursing supervision/monitoring/or care as needed throughout the year.....	01	02	03	04
ee. Exercise/health promotion/wellness program.....	01	02	03	04
ff. Transportation to medical/dental appointments.....	01	02	03	04
gg. Transportation to activities, social outings.....	01	02	03	04
hh. Planned recreational activities.....	01	02	03	04
ii. Barber or hairdresser (e.g., washing, styling, cutting hair; shaving).....	01	02	03	04

59. For services you arrange, do you primarily use one agency for a service or do you provide the resident with a list of several possible providers from which to choose?

Mainly use one agency for each service  
Give resident a list of several possible providers

61. What do you estimate to be your rate of turnover among residents, on an annual basis? (What percent of residents died or otherwise permanently left the facility during the last 12 months?)

\_\_\_\_\_  
PERCENT

62. What do you estimate to be your rate of turnover among direct care staff who are aides on an annual basis?

\_\_\_\_\_  
PERCENT

63. How many beds are currently in operation or available for residents in this “assisted living” section of the facility?

\_\_\_\_\_  
NUMBER

**Sources:** Hawes C, Phillips C, and Rose M. (2000). A National Study of Assisted Living for the Frail Elderly: Final Report, Appendix A. Beachwood, OH: Myers Research Institute: Menorah Park Center for Senior Living.

Hawes C, Phillips CD, and Rose M. (2000). *High Service or High Privacy Assisted Living Facilities, Their Residents and Staff: Results From a National Survey*. (Rep. No. HHS-100-94-0024; HHS-100-98-0013). Washington, DC: U.S. Department of Health and Human Services.

National Study of Assisted Living for the Frail Elderly. (2000). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Office of Disability, Aging and Long-Term Care Policy (DALTCP) Research Projects. Available at: <http://aspe.hhs.gov//search/daltcp/Reports/projects2.shtml#RTI2>. Accessed October 18, 2006.

**Purpose of tool:** The Facility Walk-through Survey was part of the National Study of Assisted Living for the Frail Elderly. Due to growth of the Assisted Living (AL) industry and the lack of knowledge about the facilities or its residents, the U.S. Department of Health and Human Services funded a number of studies to examine the role of assisted living. This structured observation instrument focused on physical characteristics of the facility, such as halls, community room areas, dining rooms, exterior of the building, and general impressions. The survey project staff also made observations about residents' interaction with the physical environment and the safety of the environment.

**Data Collection:** The basis of the sampled population came from the portion of the Assisted Living study that examined Tier 3, high privacy and/or service. For the Tier 3 portion of this study, a subset of 40 first stage sampling units was ordered by State prior to facility selection. A total of 482 facilities were associated with this subset and were targeted for recruitment for data collection. About 300 of the 482 eligible facilities participated in the on-site data collection. In order to respond to the other surveys within this study, the facilities allowed the survey team to do a walk-through observation.

**Scale structure:** No factor analysis reported.

**Reliability:** No reliability measures given.

**Validity:** No validity measures given.

**Response options:** Vary by question. See individual items for response options.

### **Facility Walk-through Survey**

#### **A. Questions for Administrator**

1. Does the facility have a fire sprinkler system? Yes/No
2. Are there smoke detectors present? Yes/No
3. Are there any community room areas (living rooms, lounges, activity rooms) for the use of residents? Yes/No

4. How many community rooms are available to residents?  
 \_\_\_\_\_ number of rooms
5. Are there one or more rooms that residents may reserve and use to prepare and serve a meal to friends or relatives?
- Yes  
 No  
 All units have kitchens
6. Are there handrails present? Yes/No
7. How adequate is the light in the halls?
- No light  
 Inadequate  
 Barely adequate  
 Good  
 Ample

**B. Community Room Areas**

Response Options: Yes or No

8. Are there writing desks available?
9. Are there card/game tables available?
10. Are comfortable chairs and/or sofas available?
11. Are table lamps and/or floor lamps available?
12. Is there a television available?
13. Is there a radio, phonograph, or cassette available?
14. How adequate is the overall light in the community rooms?
- No light  
 Inadequate  
 Barely adequate  
 Good  
 Ample
15. What is the overall condition of the furniture in the community rooms?
- Very Poor  
 Fair  
 Good  
 Like New

16. What are the community room window areas like?
- No windows
  - Little window area
  - Adequate windows
  - Good window area
17. Overall, how clean are the community rooms?
- Very dirty
  - Dirty
  - Average
  - Outstanding
18. Were any residents using the community room area(s) during your visit to the home?
- Several of the home's residents (1/3 or more)
  - Few of the residents were in these areas (less than 1/3)
  - None of the residents were using these areas
19. Is there a communal dining room?
- Yes/No
20. What is the condition of the furniture?
- Very Poor
  - Fair
  - Good
  - Like New
  - No Furniture
21. What are the window areas like?
- No windows
  - Little window area
  - Adequate windows
  - Good window area
22. How clean is the room?
- Very Dirty
  - Dirty
  - Average
  - Outstanding
23. During your visit, what was the general amount of resident activity? (INCLUDE BOTH INDIVIDUAL AND GROUP ACTIVITIES, BASED ON OBSERVATION, BETWEEN 10AM AND 12PM.)
- None:** Most residents were doing nothing – just sitting (e.g., “parked” in halls)
- Low:** Few residents (some, but fewer than 1/3) were involved in either individual or group activities during the day

- Moderate:** Many (between 1/3 and 2/3) of the residents were involved in activities (with others or by themselves) but some were doing nothing
- High:** Most residents (more than 2/3) were involved in some type of activity

### **E. Exterior of the Building**

24. Can a resident enter the facility from the street without having to use any steps or stairs (e.g., there are no stairs or there is a ramp)? Yes/No
25. Is there an outside “communal” area for residents (e.g., patio, deck, open courtyard, gazebo, garden or lawn area)? Yes/No
26. Are chairs available? Yes/No
27. What condition are they in?  
Unknown  
Very Poor  
Fair  
Good  
Like New
28. Are tables available? Yes/No
29. What condition are they in?  
Unknown  
Very Poor  
Fair  
Good  
Like New
30. Is there a barbeque area (grill)? Yes/No
31. What condition are they in?  
Unknown  
Very Poor  
Fair  
Good  
Like New
32. How attractive is this area?  
Very unattractive  
Below average  
Average  
Very attractive

33. During your visit, did any of the residents use the outside area?

- Yes, used by several of the facility's residents (1/3 or more)
- Yes, but only a few of the facility's residents (less than 1/3)
- No, not used (even though weather appropriate)
- No, not used but inclement weather

34. Is there an area of sidewalks, paths or other walkways where residents can take a walk? Yes/No

35. Are there benches or chairs along the sidewalks or paths so that a resident could stop and rest? Yes/No

36. Can the walkways be used by residents who use a wheelchair, walker or cane (e.g., wide enough, smooth, easy to navigate surface)? Yes/No

37. What best describes the outside of the facility and its yard?

**Very Unattractive:** Facility/building(s) in very bad repair (no yard – only dirt; trash in yard or on street in front; some broken windows, missing screens, poorly attached shutters; broken sidewalks or no sidewalks; steps detaching from porch or stoop)

**Below average:** Facility/building in some disrepair or poorly maintained (e.g., some weeds or litter or yard needs mowing but there is grass/ground cover, house badly in need of paint but not falling apart; sidewalks/steps need some repair)

**Average:** Fairly clean, orderly, and adequately maintained (e.g., yard may not be extensively landscaped or manicured but is mowed; general appearance of home is clean, for example may need new coat of paint but not extensive blistering/peeling of paint; sidewalks have none or only minor cracks)

**Very Attractive:** Facility/building(s) and yard area are very clean and exceptionally well-maintained (building, sidewalks, steps, yard)

38. Which of the following categories best describes what the facility looks like?

- Single-story building
- Low-rise buildings (2-3 stories)
- High-rise apartment building (4 or more stories)

39. Which of the following best describes the appearance of the facility?

- Looks institutional (e.g., like a nursing home)
- Looks like a family home
- Looks like an architecturally plain square or rectangular apartment building
- Looks like an architecturally attractive square or rectangular apartment building
- Looks like a cross between a large private home and an architecturally attractive apartment building
- Looks like a converted motel or hotel
- Other (DESCRIBE)

40. What kind of neighborhood/area surrounds the facility?

- Urban area
- Suburban area
- Small town
- Rural area
- Other (DESCRIBE)

41. What best describes the type of neighborhood/area around the facility?
- Single family homes
  - Single family homes and low-rise apartments
  - Primarily high-rise apartments
  - Home is in neighborhood of welfare hotels, boarding houses
  - Combination business and residential
  - Busy commercial area with few/no other housing in area
  - Trailer park and single family homes
  - No nearby neighbors
  - Other (SPECIFY)

#### **F. General Impressions**

42. Overall, how homelike would you say the environment is in this facility?
- Not at all homelike
  - Somewhat homelike
  - Moderately homelike
  - Very homelike
43. In the resident rooms or apartments you visited, how much variation was there in the design and decoration of the residents' bedrooms?
- No variation
  - Little variation
  - Moderate variation
  - Distinct variation
44. Overall how distinctive are the other/communal living spaces in this facility?
- Little distinctiveness
  - Some distinctiveness
  - Moderate distinctiveness
  - Much distinctiveness
45. Overall how pleasant is the facility?
- Distinctly unpleasant
  - Somewhat unpleasant
  - Pleasant
  - Very pleasant
46. Overall how attractive is this facility?
- Unattractive
  - Neutral
  - Appealing
  - Highly appealing
47. Is the facility air-conditioned?
- Yes, central air
  - Yes, window units in all areas
  - Yes, window units in some areas
  - No



48. Did you observe any pests (e.g., roaches, mice) anywhere in the facility? Yes/No
49. Did you encounter any unpleasant odors anywhere in the facility? Yes/No
50. Were these odors localized or pervasive throughout the building?  
Localized (e.g., one resident's room or bathroom)  
Pervasive
51. How would you describe the odor(s)?  
Very objectionable  
Somewhat objectionable  
No distinct odor  
Fresh

**Sources:** Phillips C, Hawes C, Spry K, and Rose M. (2000). Resident Leaving Assisted Living: Descriptive and analytical results from a national survey (2000) U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Office of Disability, Aging and Long-Term Care Policy (DALTCP) Research Projects.

**Purpose of tool:** The Assisted Living Discharge Resident Telephone Interview was part of the National Study of Assisted Living for the Frail Elderly. The purpose of the survey tool was to provide information on departures from assisted living and those resident and facility characteristics that affected the likelihood of various resident outcomes associated with departure.

**Data collection:** A three-stage stratified sample was used in the selection of a nationally representative sample of nursing home residents. Geographic areas were selected at the first stage. Facilities were the second-stage sampling units, and residents, their families, and facility staff were the third-stage sampling units. The data collection effort included telephone interviews with administrators and on-site data collection by research staff in 300 facilities and 40 geographic areas. The on-site baseline data collection involved an additional in-person interview with the operator or administrator, interviews with a sample of staff members, and resident interviews (or proxy interviews if the resident was unable to respond). Residents who had been discharged between 7 and 11 months after initial interview or their families were contacted by research staff and interviewed by phone. The Discharge Resident Proxy Respondent Telephone Interview was similar in content to the Discharge Resident Telephone Interview. Only the Resident Interview is presented below.

**Scale structure:** No factor analysis reported.

**Reliability:** No reliability measures given.

**Validity:** No validity measures given.

**Response options:** Vary by question. See individual items for response options.

**Assisted Living Discharged Resident Telephone Interview**

2. Which of the following best describes the place where you are currently staying?

- Acute care hospital ..... 01
- Nursing home ..... 02
- Rehabilitation facility or subacute care unit ..... 03
- Another residential care or assisted living facility ..... 04
- Own home or apartment ..... 05
- Home or apartment of a relative ..... 06
- Some other place (SPECIFY) \_\_\_\_\_ ..... 07

3. Did you go any place else between leaving \_\_\_\_\_ [FACILITY] and where you currently are staying?

- YES ..... 01
- NO ..... 02 (SKIP TO Q.5)

4. Which of the following best describes the place (or places) you went between leaving \_\_\_\_\_ [FACILITY] and where you are currently staying? (CIRCLE ALL THAT APPLY)

- Hospital ..... 01
- Nursing home ..... 02
- Rehabilitation facility or subacute care unit ..... 03
- Another residential care or assisted living facility ..... 04
- Own home or apartment ..... 05
- Home or apartment of a relative ..... 06
- Some other place (SPECIFY) \_\_\_\_\_ ..... 07

5. Which of the following best describes the decision to leave the facility? Would you say the decision was:

- Mainly mine or my family's decision ..... 01
- Mainly the facility's decision ..... 02
- Mutual ..... 03
- DK ..... 04

6. All in all, how much control did you have over the decision to leave \_\_\_\_\_ [FACILITY]? Would you say you had....

- Complete or almost complete control ..... 01
- Some control ..... 02
- Little or no control ..... 03

7. Please tell me which of the following statements describe the reasons you left \_\_\_\_\_ [FACILITY]: (CIRCLE ALL THAT APPLY)

- Required hospital care ..... 01
- Needed nursing home care ..... 02
- Required more care than the facility could provide ..... 03
- Preferred location closer to family or friends ..... 04
- Exhausted my resources and had to leave because of money ..... 05
- Dissatisfied with the quality of care ..... 06
- Dissatisfied with the price or charges ..... 07
- Dissatisfied with some other aspect of the facility ..... 08
- It was the facility's request for unknown reason ..... 09
- Is there any other reason not mentioned here?  
(SPECIFY) \_\_\_\_\_ ..... 10

8. Which of the following statements best describes your feeling about the timing of your departure from \_\_\_\_\_ [FACILITY]?

- Wish I had left sooner ..... 01
- Wish I had been able to stay there longer ..... 02
- Left at just the right time ..... 03

9. When you moved into \_\_\_\_\_ [FACILITY], did you expect that you would be able to remain in that facility as long as you wanted to? Sometimes this is called being able to "age in place."

- YES ..... 01
- NO ..... 02

10. When you entered \_\_\_\_\_ [FACILITY], did someone discuss with you the conditions under which you would be asked to leave or when the facility would no longer be able to meet your care needs?
- YES ..... 01  
 NO ..... 02 (SKIP TO Q.12)  
 DK ..... -4 (SKIP TO Q.12)
11. Which of the following best describes the facility's policies about discharge?
- Very unclear – what the facility promised and what it actually did were very different ..... 01  
 Unclear – you didn't know what to expect because the terms were very vague ..... 02  
 Very clear – facility policies were clear, and the facility lived up to what it promised ..... 03
12. Use any number on a scale from 0 to 10, with 0 being the worst and 10 being the best. How would you rate the facility's performance in terms of meeting your need for personal assistance or health care?
- \_\_\_\_\_ Score  
 DK ..... -4
13. Use any number on a scale from 0 to 10, with 0 being the worst and 10 being the best. How would you rate the facility's performance in terms of meeting your expectations about how much it would cost on a monthly basis?
- \_\_\_\_\_ Score  
 DK ..... -4
14. Think back to when you moved in to \_\_\_\_\_ [FACILITY]. Which of the following were important to you? (CIRCLE ALL THAT APPLY). *(The facility selected may not have had all the things the resident wanted, but the responses should reflect preferences.)*
- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| Having a private bedroom .....  | 01         | 02        |
| Having a private bathroom .....   | 01         | 02        |
| Being able to bring your own furniture to the facility .....                                  | 01         | 02        |
| Having access to a place to store and cook food .....   | 01         | 02        |
| The attractiveness and amenities of outside areas .....                                       | 01         | 02        |
| The attractiveness and amenities of the indoor public spaces .....                            | 01         | 02        |
| The availability of monitoring, for example if you fell or needed help with medication .....  | 01         | 02        |
| The quality of the direct care staff (knowledge, training, attitudes, staffing level) .....   | 01         | 02        |
| Whether the facility had a registered nurse on staff .....                                    | 01         | 02        |
| The ability of the facility to provide more or different services if your needs changed ..... | 01         | 02        |
| The availability of a nursing home on the same campus .....                                   | 01         | 02        |
| The activities that were available .....  | 01         | 02        |
| Location .....  | 01         | 02        |
| Price .....   | 01         | 02        |
| NONE OF THE ABOVE .....   |            | 77        |

15. Did your opinion of what was most important to you change over time, as you lived in the facility?

YES ..... 01  
NO ..... 02 (SKIP TO Q.17)

16. Which of the following became MORE important to you as you lived at \_\_\_\_\_ [FACILITY]?  
(CIRCLE ALL THAT APPLY) (If the facility did not offer something but the resident wanted it or needed it, the response for that item should be a "YES.")

	YES	NO
Being able to have a private bedroom .....	01	02
Being able to have a private bathroom. ....	01	02
Being able to bring your own furniture to the facility .....	01	02
Having access to a place to store and cook food .....	01	02
The attractiveness and amenities of the outside areas .....	01	02
The attractiveness and amenities of the indoor public spaces .....	01	02
The availability of monitoring, for example if you fell or needed help with medications .....	01	02
The quality of the direct care staff (knowledge, training, attitudes, staffing level) .....	01	02
Having a registered nurse on staff .....	01	02
The ability of the facility to provide more or different services if my needs changed .....	01	02
The availability of a nursing home on the same campus .....	01	02
The activities that were available .....	01	02
Location .....	01	02
Price .....	01	02
NONE OF THE ABOVE .....		77

17. Did you find that charges at \_\_\_\_\_ [FACILITY] increased at a faster rate than you expected or that there were additional, unexpected charges, over and above the monthly rate?

YES ..... 01  
NO ..... 02

18. Which of the following were better than you expected at \_\_\_\_\_ [FACILITY]? (CIRCLE ALL THAT APPLY)

The accommodations ..... 01  
The price ..... 02  
The activities ..... 03  
The transportation that was offered..... 04  
The staff (quality and number)..... 05  
The availability of services or assistance you needed ..... 06

19. Which of the following were worse than you expected at \_\_\_\_\_ [FACILITY]? (CIRCLE ALL THAT APPLY)

- The accommodations ..... 01
- The price ..... 02
- The activities ..... 03
- The transportation that was offered..... 04
- The staff (quality and number) ..... 05
- The availability of services or assistance you needed ..... 06

20. Overall, which of the following statements best describes your experience at \_\_\_\_\_ [FACILITY]?  
Would you say it was ....

- Better than you expected ..... 01
- Worse than you expected ..... 02
- About the same as you expected ..... 03

21. Would you recommend this facility to a friend who had the same type of needs and interests you had?

- YES ..... 01
- NO ..... 02

**Source:** Yee DL, Capitman JA, Leutz WA, and Sceigaj M. (1999). Resident-centered care in assisted living." *J Aging Social Policy* 10(3):7-26.

**Purpose of tool:** The authors developed a tool for resident satisfaction as part of a larger study that examines how resident choice, getting needed care, and a sense of community were enhanced or hindered. This included data collected from program staff and administrators (although no tools). The tool is derived from previous studies, including measures from the literature on social participation, social environment, and negative health outcomes from inadequate home care. The domains (scales) were identified by an advisory committee. The domains identified were independent lifestyle, avoidable care problems, and community participation.

**Data collection:** The data were collected from 20 AL sites. The 20 sites were selected from a pool of self-nominated facilities. The 20 (from 151 self-nominated sites) were selected to obtain facilities of differing size, region, and ownership. From these 20 sites, up to 40 units (rooms) were randomly selected to participate from the population listing. For residents with cognitive impairment, family members were sought as proxies. Telephone calls and followup letters informed residents (or family members) of the study. Of those selected, 396 residents (or proxies) participated, for a 63% response rate. Face-to-face interviews were conducted at the facilities.

**Scale structure:** No factor analysis reported.

**Reliability:** KR-20 reliability for the three subscales ranged from .53 to .68.

**Validity:** No validity measures given.

**Response options:** Questions were yes/no choices, unless noted otherwise.

**Subscale:** Independent Lifestyle

1. Did you have a choice about moving to assisted living?
2. Did you have a choice about moving to this facility?
3. In general, why do you stay here?  
(*No other choices; Pressured by others or finances; Likes it here*)
4. Did you pick this unit?
5. Did you pick (bring) your own furniture and decorations?
6. Do you prepare snacks or hot or cold beverages?
7. Can you play your TV or radio whenever you want?
8. Do you choose when to eat?
9. Do you choose what to eat?
10. Do you choose when to come and go?
11. Do you have problems with transportation?
12. Do you feel you are leading a normal daily life?
13. Do you find (facility name) institutional?\*
14. Do you find (facility name) homelike?
15. Do you find (facility name) depressing?\*

KR-20 reliability = .63

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\* Indicates reverse coding

**Subscale:** Avoidable Care Problems

1. Do you need more help with personal care (6 items asked)?
2. Do you need more help with IADLs (6 items asked)?
3. Do you have problems with dehydration?
4. Do you have any problems with diarrhea or constipation?
5. Have you lost or gained more than 10 pounds in the last 3 months?
6. Have you had any falls in the last 3 months?
7. Have you had any skin sores or infections in the last 3 months?
8. Have you been stuck in the tub or shower in the last 3 months?
9. Would you like more help with transportation than you get?

KR-20 reliability = .53

**Subscale:** Community Participation

1. Do you choose what activities to attend?
2. During a typical week do you get exercise at least 3 times?
3. Do you know the names of your next door neighbors?
4. Do you speak with other residents almost every day?
5. Have you made friends since you moved in here?
6. Do you have a confidante (to trust in, confide in) in the building?
7. Have you received any help from your neighbors here?
8. Do you give any help to your neighbors?

KR-20 reliability = .68



**Source:** Castle N. (2004). Family satisfaction with nursing facility care. *Int J Quality Health Care* 16(6):1-7.

**Purpose of tool:** The Nursing Facility-Family Satisfaction Survey (NF-FSQ) was developed to measure family members' satisfaction with residents' care in nursing homes. This is done as a response to difficulties in collecting data from nursing home residents directly, including cognition problems, low response rates, acquiescent response bias, and lack of response variability. Other similar tools were searched for and collected. An initial survey was mailed to a convenience sample to identify the domains of most interest to families. Seven domains were identified for use: meals, autonomy/privacy, caregivers, activities, physical environment, safety/security, and moving (in/out). Each domain is measured by three questions.

**Data collection:** All nursing homes in Pennsylvania were included in the sampling frame, excluding those in the initial survey (eight facilities) to identify domains. Seventy administrators (out of 847) were selected at random from the frame and contacted multiple times. Of these, 14 agreed to the survey request. Administrators themselves were instructed to randomly select 40 family members of residents, and each were given 40 surveys to mail. Thirteen mailed all 40, and 1 mailed only 30, for a total of 550 mailed surveys. A total of 387 usable surveys were returned, for a response rate of 70%.

**Scale structure:** Loadings for the eight subscales for retained items ranged from .62 to .76. General satisfaction was not analyzed as a factor and had only two measures.

**Reliability:** Cronbach's alpha for the eight subscales ranged between .76 and .93.

**Validity:** No validity measures given

**Response options:** A 1-10 visual analogue measurement scale (1= Very Poor to 10= Very Excellent) is used.

	<b>Loadings</b>
<b>Subscale:</b> Admission	
1. Rate the information given to you about the facility	.76
2. Rate the information you were given about payments	.72
3. Rate how satisfied you were with the admission process	.66

Cronbach's alpha = .82

<b>Subscale:</b> Activities	
1. Rate whether your family member has enough things to do in the facility	.70
2. Rate the variety of things to do in the facility	.68
3. Rate the spiritual activities offered in the facility	.65

Cronbach's alpha = .83

<b>Subscale:</b> Autonomy/Privacy	
1. Rate whether your family member has enough privacy	.71
2. Rate how able you are to make your family member's room homelike	.66
3. Rate how able your family member is able to plan daily activities	.65

Cronbach's alpha = .76

**Subscale: Physical Environment**

- |  |     |
|--|-----|
| 1. Rate the temperature of your family member's room | .72 |
| 2. Rate how clean the facility is                    | .70 |
| 3. Rate how homelike the facility is                 | .67 |

Cronbach's alpha = .81

**Subscale: Safety/Security**

- |  |     |
|--|-----|
| 1. Rate the security of the facility                       | .78 |
| 2. Rate the safety of your family member's belongings      | .73 |
| 3. Rate how safe your family member feels in this facility | .65 |

Cronbach's alpha = .77

**Subscale: Caregivers**

- |   |     |
|---|-----|
| 1. Rate how staff treat your family member          | .81 |
| 2. Rate how promptly staff help your family member  | .76 |
| 3. Rate how well staff listen to your family member | .62 |

Cronbach's alpha = .80

**Subscale: Meals**

- |  |     |
|--|-----|
| 1. Rate the food in this facility                            | .76 |
| 2. Rate the variety of food served                           | .71 |
| 3. Rate whether you think your family member enjoys the food | .68 |

Cronbach's alpha = .93

**Subscale: General Satisfaction**

- |  |    |
|--|----|
| 1. Rate if you would recommend this facility         | NA |
| 2. Rate your overall satisfaction with this facility | NA |

Cronbach's alpha = .78

**Source:** Crogan NL, Evans B, and Velasquez D. (2004). Measuring nursing home resident satisfaction with food and food service: Initial testing of the FoodEx-LTC. *J Gerontol* 59A(4):370-377.

**Purpose of tool:** Malnutrition affects the quality of life and overall health of many nursing home residents. Prior to this effort, no instrument measuring resident satisfaction with food and food service existed in the literature. The authors developed the FoodEx-LTC questionnaire to address this important gap in measuring resident satisfaction.

**Data collection:** The questionnaire was pilot tested with 61 people in four Southwest nursing homes. It can be self- or interviewer-administered and can be used throughout the long-term care setting. For the pilot test in this study, a nurse interviewed each resident.

**Scale structure:** No factor analysis reported.

**Reliability:** Internal consistency reliability ranged from .69 in “exercising choice” to .87 in “providing good food service—negative view.” All alpha coefficients were over .50; four of five scales had coefficients of .70 or higher. Two-week test-retest coefficients ranged from .55 in “providing good food service—positive view” to .89 in “exercising choice.”

**Validity:** Construct validity was tested using hypotheses derived from the theoretical model. Those hypotheses with their accompanying correlations were as follows:

1. Satisfaction with food/food service is positively related to serum albumin/prealbumin levels: Albumin was positively correlated with the domains “Enjoying food and food service” ( $r = .25$ ;  $p = .031$ ) and “Exercising choice” ( $r = .30$ ;  $p = .013$ ).
2. Satisfaction with food/food service is positively related to BMI: No correlation with subscales.
3. Satisfaction with food/food service is positively related to functional status: No correlation with subscales.
4. Satisfaction with food/food service is negatively related to depression: Depression was significantly negatively correlated with “Enjoying food and food service” ( $r = -.48$ ;  $p = .000$ ) and “Providing good food service—Positive view” ( $r = -.32$ ;  $p = .007$ ). Depression was significantly positively correlated with “Cooking good food” ( $r = .39$ ;  $p = .001$ ) and “Providing good food service-Negative view” ( $r = .33$ ;  $p = .005$ ).

**Response options:** True, Somewhat True, Somewhat False, False [unless otherwise noted].

**Subscale:** Enjoying Food and Food Service

Since I came to the nursing home:

1. I have lost my appetite.
2. I am forced to eat with other people.
3. I have to eat things I just hate.
4. I am taken to the dining room too soon.
5. I have to wait to go back to my room.
6. I have food in front of me that I cannot get at.

Over the past week, during mealtime, I have received:

7. Food I dislike.
8. Food that looks or smells bad.
9. Foods cooked wrong.
10. Food always cooked the same way.
11. The same food too often.

Cronbach’s alpha = .81

**Subscale: Exercising Choice**

Since I came to the nursing home:

12. I worry that I will not get the food I ask for.
13. I feel powerless to change the food or food service.

I enhance my satisfaction with the food and food service at the nursing home by:

14. Complaining about the food.

Here at the nursing home:

15. I have refused food I don't like.
16. I eat because I am hungry.

How important to you is: [1, 2, 3, 4; 1 = Important, 4 = Not Important]

17. Choosing what to eat.
18. Choosing when to eat.
19. Sending outside the nursing home for food.

Cronbach's alpha = .69

**Subscale: Cooking Good Food**

The staff here at the nursing home:

20. Know how to prepare a meal
21. Make food look presentable.
22. Come up with clever ideas.
23. Have experience in food service.

Here at the nursing home, I get:

24. A variety of foods.
25. Foods that are appetizing.

Over the past week:

26. I have been satisfied with the food.

Cronbach's alpha = .81

**Subscale: Providing Good Food Service—Negative View**

The kitchen staff here at the nursing home:

27. Do not order or fix enough food.
28. Have trouble cooking for large groups.
29. Sometimes have trouble getting the meal ready.
30. Serve food so late that it affects the next meal.

Since I came to the nursing home:

31. Food is poorly prepared or served because of equipment problems.

Cronbach's alpha = .76

**Subscale: Providing Good Food Service—Positive View**

Over the past week, during mealtime, I have received:

32. Foods served at the proper temperature.
33. Food freshly cooked and served on time.
34. Plenty of fresh fruits and vegetables.

Here at the nursing home, I get:

- 35. Food that is healthy for me.
- 36. The right amount of food.

The staff here at the nursing home:

- 37. Keep a close eye on what I eat.

The kitchen staff here at the nursing home:

- 38. Work hard to serve food everyone likes.
- 39. Care about the food they serve.
- 40. Are concerned about my health.
- 41. Are friendly and courteous.

The nursing home staff here at the nursing home:

- 42. Get take-out food for me, if I want it.
- 43. Provide help in cutting-up my food.

Since I came to the nursing home:

- 44. I have been satisfied with the food service.

Cronbach's alpha = .87

**Source:** Lengyel CO, Smith JT, Whiting SJ, and Zello GA. (2004). A questionnaire to examine food service satisfaction of elderly residents in long-term care facilities." *J Nutrition Elderly* 24(2):5-18.

**Purpose of tool:** The tool was developed to assess the satisfaction of elderly long-term care residents with the meals and food services they receive, as well as to assess quality of life issues related to eating. The tool was developed in the context of three common quality of life determinants: autonomy, security, and interpersonal relations.

**Data collection:** The study focused on face-to-face interviews with 205 residents of long-term care facilities aged 65 or older in Saskatoon, Saskatchewan, Canada. Eighteen long-term care facilities were included. Residents were eligible to participate in the survey if they were at least 65 years old, had lived in the facility for at least 2 months, and were cognitively able to answer simple, easy to understand questions verbally or nonverbally as determined by food service representatives (food service supervisors, cooks, support service directors, and dietary staff).

**Scale structure:** No factor analysis reported.

**Reliability:** Test-retest reliability was measured using a pair sample t-test. Cronbach's alpha measured internal consistency.

Cronbach's alpha for the food service domain was .62 and for the quality of life domain was .60.

**Validity:** No validity measures given.

**Response options:** Questions used a 3-point scale: yes, sometimes, no. A 5-point Likert format proved too burdensome for the respondents. The 5-point scale was: strongly disagree to strongly agree. The questionnaire using this scale was pilot tested with 22 residents, 12 of whom completed the survey.

**Subscale:** Food Service

1. Are your meals served on time?
2. Do you like the foods that are served for holidays or special occasions?
3. Are you satisfied with the amount of food given to you?
4. Is the cold food cold?
5. Are you happy with the service you receive at mealtimes?
6. Do you know ahead of time what foods will be served at meals by a menu board, staff, or a menu?
7. Do you like the types of foods that are served?
8. Is the food served to you tasty?
9. Is the hot food hot?
10. Does the food look appealing?
11. Is there a wide assortment of foods served to you?

Cronbach's alpha = .62

**Subscale:** Qualify of Life

(Autonomy)

1. Are you satisfied with the meals that you receive?
2. Would you like to have more choice in whom you eat with?<sup>b</sup>
3. Do you enjoy mealtimes?
4. Would you like to be given more choice in what you eat?<sup>b</sup>
5. Can you have a snack when you want to?
6. Are different meals served for holidays or special occasions?

(Security)

1. Do you like where you eat your meals?
2. Do you like the times the meals are served?
3. Are you given enough time to eat?
4. Is the place where you eat your meals kept clean?

(Interpersonal Relations)

1. Is the staff that serve your meals friendly?
2. Do you feel free to express your concerns or complaints about the food given to you?
3. If you had any concerns or problems about the food would they be taken seriously by staff?

Cronbach's alpha = .60

**Source:** National Nursing Home Survey (NNHS) for 1999 and 2004.

Jones A. The National Nursing Home Survey: 1999 summary. National Center for Health Statistics. *Vital Health Stat* 13(152):2002.

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Proposed Data Collections Submitted for Public Comment and Recommendations, National Nursing Home Survey. *Federal Register*: July 15, 2003 (Volume 68, Number 135 page 41812) and *Federal Register*: February 26, 2004 (Volume 69, Number 38, page 8975).

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention National Center for Health Statistics, 2004 National Nursing Home Survey. Available at <http://www.cdc.gov/nchs/about/major/nnhsd/nnhsdpart.htm> accessed October 23, 2006; and <http://www.cdc.gov/nchs/nnhs2004.htm> accessed October 12, 2006.

**Purpose of tool:** The National Nursing Home Survey (NNHS) is a continuing series of national sample surveys of nursing homes and their residents and staff. The survey is designed as a general purpose survey. It is sponsored by the National Center for Health Statistics and has been conducted periodically since 1973; most recently in 2004 (most recently published data are for 1999). Although each of these surveys emphasized different topics, they all provided some common basic information about nursing homes, their residents, and their staff from the perspective of the provider of services and from the perspective of the recipient of services. Data about the facilities include characteristics such as size, ownership, Medicare/Medicaid certification, occupancy rate, services provided and expenses. For care recipients, data are obtained on demographic characteristics, health status and conditions, services received, and sources of payment. Several design changes were implemented in 2004. For this reason, both the 1999 and 2004 versions are presented below.

**Data collection:** A national probability sample of nursing homes was used in 1999 and 2004. Included were nursing homes with at least three beds, and either certified by Medicare or Medicaid or with a State license to operate as a nursing home. The design was a stratified two-stage probability design; the first stage was the selection of facilities, and the second stage was the selection of people within sampled nursing homes. The second-stage person-based sampling was carried out by the interviewers at the time of their visits to the facilities in accordance with specific instructions given for each sample facility. Survey data collection has been obtained through personal interviews with administrators and staff and occasionally with self-administered questionnaires in a sample of about 1,500 facilities. Prior to 2004, the NNHS was a paper instrument. Beginning with 2004, the instrument was redesigned as a computer-assisted personal interviewer (CAPI) administered instrument.

Data for the 1999 survey were collected between July and December, 1999. The second stage sample consisted of a sample of current residents and a sample of discharges. A random sample of up to six current residents and six discharges per facility was selected. The 1999 version utilized three questionnaires: Facility Questionnaire, Current Resident Questionnaire, and Discharged Resident Questionnaire. Of these, only the Facility Questionnaire, administered by in person interviewers with facility administrators (or designee) is described below.

Data for the 2004 survey were collected between August and December 2004. The second stage sample consisted of a random sample of up to 12 current residents per facility. Several questionnaire modules were utilized including the Facility Qualification Screener, Facility Characteristics Questionnaire, Facility Staffing Questionnaire, two Health Status questionnaires, a Sources of Payment instrument, and a Prescribed Medications instrument. Only the Facility Qualifications, Facility Characteristics and Facility Staffing questionnaires are described below. The latter was a self-administered questionnaire completed



by the Facility Administrator (or designee); the former were administered by in-person interviewers with facility administrators (or designee).

**Scale structure:** No factor analysis reported.

**Reliability:** No reliability measures given.

**Validity:** No validity measures given.

**Response options:** See following items.

**1999 National Nursing Home Survey (NNHS)- Facility Questionnaire**

- 1a. Are any nursing care services routinely provided to residents in addition to room and board?  
Yes  
No
- 1b. Does this facility provide 24 hour nursing care?  
Yes  
No
- 2a. What is the type of ownership of this facility as shown on this card?  
Proprietary  
Nonprofit  
State or local government  
Federal government  
Other
- 2b. Is this facility a member of a chain or group?  
Yes  
No
3. How many beds are currently available for residents? Include all beds set up and staffed for use whether or not they are in use by residents at the present time. Do not include beds used by staff or owners, or beds used exclusively for emergency purposes, solely day care, or solely night care.  
\_\_\_\_\_ Total available beds
4. What is the total number of residents on the rolls of this facility as of midnight last night?  
\_\_\_\_\_ Number of Residents
5. Does your facility have special, physically distinct or designated clusters of beds, or segregated wings or units, used exclusively for—  
(Yes/No, and number of beds for each)  
AIDS/HIV care?  
Alzheimer care?  
Brain injury care?  
Children with disabilities?  
Cognitively impaired residents?  
Dialysis care?  
Hospice care?  
Huntington disease care?  
Rehabilitation care?  
Sub-acute care?

Ventilatory/pulmonary care?  
Other special care units? Specify.

6. Is this facility certified by both Medicare and Medicaid, Medicare only, Medicaid only, or neither?  
Both Medicare and Medicaid  
Medicare only—Skip to item 8a  
Medicaid only—Skip to item 9a  
Neither—Skip to item 10a
7. How many beds are dually certified under BOTH Medicare and Medicaid?  
\_\_\_\_\_ Number of beds certified by BOTH Medicare and Medicaid
- 8a. How many beds are certified under Medicare?  
\_\_\_\_\_ Medicare beds
- 8b. What is the per diem rate that you receive from Medicare for routine services?  
\$\_\_\_\_\_ per diem
- 9a. How many beds are certified under Medicaid?  
\_\_\_\_\_ Medicaid beds
- 9b. What is the per diem rate that you receive from Medicaid for routine services?  
\$\_\_\_\_\_ per diem
- 10a. Do you have any beds that are not certified by either Medicare or Medicaid?  
Yes  
No—Skip to item 11
- 10b. How many of these beds does your facility have?  
\_\_\_\_\_ Number of beds not certified by Medicare/Medicaid
11. How many admissions were there to this facility during calendar year 1998?  
\_\_\_\_\_ Admissions in 1998  
None
12. Does this facility offer any of the following services to residents of this facility? Mark (X) for all that apply.
- Dental services
  - Help with oral hygiene
  - Home health services
  - Hospice services
  - Medical services
  - Mental health services
  - Nursing services
  - Nutrition services
  - Occupational therapy
  - Personal care
  - Physical therapy
  - Podiatry services
  - Prescribed medicines or non-prescribed medicines
  - Sheltered employment
  - Social services
  - Special education
  - Speech or hearing therapy
  - Transportation

Vocational rehabilitation  
 Equipment or devices  
 Other (Specify)

13. Does this facility provide any of the following services “on-site” or “off-site” to people who are NOT residents of the facility? Mark (X) for all that apply.

None  
 Adult day care  
 Dialysis  
 Home health services  
 Home delivered meals  
 Homemaker or chore services  
 Infusion therapy  
 Rehabilitation therapy  
 Nursing care  
 Other services to non-residents (Specify)

14. Upon admission, does this facility assess each resident’s need for the following clinical preventative services? Mark (X) for all that apply.

None  
 Influenza vaccination  
 Pneumococcal vaccination  
 Tetanus-diphtheria (Td) toxoid booster  
 Pap smear  
 Clinical breast exam  
 Mammogram  
 Prostate exam  
 Prostate-specific antigen  
 Cholesterol check  
 Fecal occult blood  
 Sigmoidoscopy  
 Other (specify)

15. Does your facility have an organized program to offer the following vaccines to all residents: Mark (X) in one box for each program.

(a)	Annual influenza vaccination?	Yes	No	Don't know
(b)	Pneumococcal vaccine (Pneumonia vaccination)?	Yes	No	Don't know
(c)	Tetanus-Diphtheria (Td) Toxoid booster?	Yes	No	Don't know

16. Are staff members required to be vaccinated against influenza?

Yes  
 No  
 Don't know

17. Are the following vaccines recorded in the resident’s individual medical record? Mark (X) for all that apply.

None  
 Annual influenza vaccination  
 Pneumococcal vaccination (pneumonia vaccination)  
 Tetanus-diphtheria (Td) toxoid booster

18a. Does this facility currently have any residents who are in a PROLONGED AND PROFOUND COMA, and are not arousable?

Yes

No—Skip to item 19

18b. How many residents are in a prolonged and profound coma?

\_\_\_\_\_ Number of residents

19. How many full-time equivalent (FTE) employees work in this facility for each of the following type of employee?

Administrator/assistant administrator?

Registered nurses (R.N.)?

Licensed practical nurses (L.P.N.) or licensed vocational nurses (L.V.N.)?

Nurses aides/orderlies?

Physicians (M.D. or D.O.), residents and interns?

Dentists?

Dental hygienists?

Physical therapists?

Speech pathologists and/or audiologists?

Dieticians or nutritionists?

Podiatrists?

Social workers?

All others?

20. Do volunteers, that is people serving without pay, provide any of the following services? Mark (X) for all that apply.

None

General office help

Reception

Visiting, general aides

Emotional or mental health counseling

Other (Specify)

21. What is the basic charge for private pay residents at each level of care—

Skilled \$ \_\_\_\_\_ per Day, Month, Not applicable

Intermediate \$ \_\_\_\_\_ per Day, Month, Not applicable

Residential \$ \_\_\_\_\_ per Day, Month, Not applicable

Other (Specify) \$ \_\_\_\_\_ per Day, Month, Not applicable

**2004 NNHS - Facility Qualification and Facility Characteristic Modules**

FQ8. What type of place is [facility]?

CCRC OR

Retirement community

Nursing home/ unit within CCRC or retirement center

Hospital

Hospital-based skilled nursing facility

Home office or management office for chain or group of off-site nursing facilities

Other

FQ9. Does the [facility] have any part or unit licensed as a nursing home or a nursing facility by the State health department or some other State agency?

Yes

No

DK

FQ10. Is the [facility] licensed as a nursing home or a nursing facility by State health department or some other State agency?

Yes

No

DK

FQ11. Since the [facility] is not itself a licensed nursing home, is it part of larger complex (e.g., retirement community) or a larger facility (e.g., hospital or assisted living facility) that includes a licensed nursing home or nursing facility?

Yes

No

DK

FQ13. Does this nursing home/ nursing facility have the same name as [facility]?

Yes

No

DK

FQ13. What is the name of this facility?

FQ19. Does the [facility] provide 24-hours a day on-site supervision by an RN 7 days a week?

Yes

No

DK

FQ20. Does [facility] have a waiver?

Yes

No

DK

FC2. Does {facility} have special, physically distinct or designated clusters of beds, or segregated wings or units, used exclusively for conditions or types of care listed on this card?

Alzheimer's and related dementias

AIDS/HIV

Behavior unit (non-Alzheimer's)

Disease-specific (dialysis, brain injury-traumatic or acquired, Huntington's disease)

Children with disabilities, mentally retarded/developmentally disabled

Hospice

Rehabilitation (cardiac, functional)

Respite care

Sub-acute care

Ventilator/pulmonary

Other

No special care units

DK

RF

FC8. Does the {facility} have formal contracts with any of the outside service providers on this card?

Select all that apply.

- Assisted living facility/organization
- Dental/oral services
- Diagnostic services
- Hearing and vision services
- Home health care agency
- Hospice
- Hospital
- Life care/retirement community(s)
- Managed care organization
- Management group
- Medical center/health system(s)
- Medical director
- Pharmacy
- Physician group
- Podiatry services
- Psychiatric facility/behavioral management
- Psychiatry/psychology services
- Therapy services
- Other
- No formal contracts with outside agencies
- DK
- RF

FC9. Does the {facility} provide any of the services on this card? Include only services provided in the facility.

Select all that apply.

- Dialysis – hemo
- Dialysis – peritoneal
- Infusion therapy
- Peripherally inserted central lines (pic placement)
- Ventilator/pulmonary therapy
- Bladder scanner
- Blood transfusions
- Parenteral nutrition
- None of the above services
- DK
- RF

FC10. Please tell me if this facility has a special program that has specially trained personnel dedicated to the program for anything listed on this card. This does not include special training that is provided to all personnel.

Select all that apply.

- Hospice
- Palliative care/end of life (end stage/terminal condition – not hospice)
- Pain management
- Behavior problems
- Skin/wounds
- Continence management
- Dementia (including Alzheimer's disease)
- Restorative care
- Does not have a special program for any of these conditions or types of care
- DK
- RF

- FC11. Does {facility} participate in any of the following end-of-life programs on this card?  
Select all that apply.  
Five Wishes  
POLST (Physician's Orders for Life-Sustaining Treatment)  
Last Acts  
No end-of-life initiatives  
DK  
RF
- FC20. Which statements on this card describe how {facility} provides medical services?  
Select all that apply.  
Private physicians from the community  
Contract with one or more physician group practices  
Physicians on staff  
Health care management company  
Other  
DK  
RF
- FC21. Are dental or oral health services available to residents?  
Select all that apply.  
Yes, at this facility  
Yes, outside this facility  
No, services not available  
DK  
RF
- FC22. Are dental or oral health services available at regularly or routinely scheduled times or on an on-call or as-needed basis only?  
Select all that apply.  
Regularly/routinely scheduled times  
On-call or as needed only  
DK  
RF
- FC23. Are mental health services available to residents?  
Select all that apply.  
Yes, at this facility  
Yes, outside this facility  
No, services not available  
DK  
RF
- FC24. Are mental health services available at regularly or routinely scheduled times or on an on-call or as-needed basis only?  
Select all that apply.  
Regularly/routinely scheduled times  
On-call or as needed only  
DK  
RF

FC26B. Does this facility have any lifting devices for staff to use in lifting or transferring residents?

- Yes
- No
- DK
- RF

FC28. Are the following recreational activities on this card offered at {facility }?

Select all that apply.

- Off-site activities
- Evening activities
- Weekend activities
- Outdoor activities
- Gardening
- Pets/pet therapy
- Intergenerational activities
- None of the above
- DK
- RF

FC29. How are food services provided?

Select all that apply.

- Food served on trays
- Point of service food delivery system
- Food services staff who serve meals
- DK
- RF

FC33A. For each of the following vaccines, please indicate which vaccination program {facility} is currently using.

Which vaccination program best describes what is being used in your facility for influenza?

- Facility-wide standing orders
- Pre-printed admission orders
- Advance physician/nurse practitioner orders for all of their patients
- Personal physician order for each resident
- None of the above
- DK
- RF

FC33B. Which additional strategies are being used in your facility for influenza?

Select all that apply

- Written vaccination policy
- Vaccination offered to all residents in the facility during fall vaccination campaign
- Vaccination offered throughout the influenza season (October-March) to all residents admitted during that period
- Verbal consent allowed for vaccinations
- Seasonal vaccination campaigns
- Primary care provider reminder program
- Centralized tracking system for facility-wide rates
- Routine review of facility-wide vaccination rates
- None
- DK
- RF



FC34A. Which type of vaccination program best describes what is being used in your facility for pneumonia?  
Please select one.

- Facility-wide standing orders
- Pre-printed admission orders
- Advance physician/nurse practitioner orders for all of their patients
- Personal physician order for each resident
- None of the above
- DK
- RF

FC34B. Which additional strategies are being used in your facility for pneumonia?  
Select all that apply.

- Written vaccination policy
- Assessment of each resident's vaccination status upon admission
- Vaccination offered to all residents upon admission
- Verbal consent allowed for vaccinations
- Seasonal vaccination campaigns
- Regularly scheduled year-round vaccination campaigns
- Primary care provider reminder program
- Centralized tracking system for facility-wide rates
- Routine review of facility-wide vaccination rates
- None
- DK
- RF

FC37. Does {facility} do any of the following to encourage employees' influenza vaccinations?  
Select all that apply.

- Vaccinations recommended
- Vaccinations offered on-site
- Vaccinations offered for free
- Vaccinations offered at reduced cost
- Staff incentives provided for vaccination
- Proof of vaccination (or contraindication) required as a condition of work/employment
- Furlough or patient restriction policy for employees developing influenza-like illness
- None of the above
- DK
- RF

FC38. What percentage of employees received a flu shot last flu season? Would you say...

- 0%,
- 1 to 20%
- 21 to 40%
- 41 to 60%
- 61 to 80%
- 81 to 99%
- 100%?
- DK
- RF

**2004 National Nursing Home Survey (NNHS) – (Facility) Staffing Questionnaire**

If no medical director currently on staff, GO TO 8

1. What degree does the Medical Director have?

X box that applies

MD

DO

2. Is the medical director board certified in any of these specialties?

X box(es) that apply

Emergency medicine

Family medicine

Internal medicine

Geriatrics

None of the above

3. Does the medical director have advanced education in any of the following areas?

X box(es) that apply

Geriatrics

Palliative/end-of-life care

Management

None of the above

4. Does the medical director have an American Medical Director's Association (AMDA) certification?

X box that applies

Yes

No

5. About how long has he/she been the medical director at this facility?

Write number in only one box.

Number of weeks

Number of months

Number of years

6. Altogether, about how long has he/she been the medical director at any nursing home or similar type of facility/unit, including this one?

Write number in only one box.

Number of weeks

Number of months

Number of years

7. About how many days a week or month does the medical director spend working in this facility? Please include the time he/she spends on committees, administrative tasks, seeing residents, or charting, etc.

Write number in only one box.

Days a week

Days a month

*The following questions are about the director of nursing at this facility.*

If no director of nursing on staff, GO TO 13

8. What degree does the director of nursing holds?

- Associate degree
- Diploma
- BS/BSN
- MS/MSN
- BA (not health related)
- BA (administration - not health related)
- BA (health administration - health related)
- MA (non-health related, e.g., business administration)
- MA (health related)
- MBA
- Other (Please Specify) \_\_\_\_\_

9. What certification(s) does the director of nursing have?

- None
- National Association of Directors of Nursing Administration in Long-Term Care (NADONA)
- American Association of Nurse Assessment Coordinators (AANAC)
- American Nurses Credentialing Center (ANCC)
- OTHER (nursing administration, medical-surgical nursing, etc.,)
- Association of Rehabilitation Nurses- Certified Rehabilitation Registered Nurse (CRRN)
- Association of Professionals in Infection Control and Epidemiology (APIC)
- Other certification

10. Is the director of nursing any of the following?

- X box(es) that apply
- Nurse practitioner
- Geriatric nurse practitioner
- Clinical nurse specialist
- Geriatric clinical nurse specialist
- None of the above

11. About how long has he/she been the director of nursing at this facility?

- Write number in only one box.
- Number of weeks
- Number of months
- Number of years

12. Altogether, about how long has he/she been the director of nursing at any nursing home or similar type of facility/unit, including this one?

- Write number in only one box.
- Number of weeks
- Number of months
- Number of years

*Next, we would like to know more about your staff's involvement in resident and patient care planning.*

13. How often is at least one certified nursing assistant (CAN) involved in resident or patient care planning meeting?

- X one box.
- Always
- Most of the time
- Some of the time

14. Some nursing homes use permanent assignments as their staff model. At this facility, are CNAs routinely assigned to care for the same group of residents?

- X one box.
- Yes
- No

*Next, we would like to know about the background and turnover of your staff.*

17. Approximately what percentages of RNs currently on staff have the following as their highest education/training?

Write percentage in each box. If none, please enter "0".

Percent of RNs

- % Associate degree
- % Diploma (3 yrs)
- % BS/BSN(4 yrs)
- % MS/MSN or higher

---

100% Total

18. Do any of the RNs currently on staff have special certifications? (Examples include: gerontological, rehabilitation, nursing administration, medical-surgical nursing, infection control, etc.)

- X one box.
- Yes
- No

19. Does this facility have the following personnel on staff?

- Yes No
- Nurse practitioner
- Clinical nurse specialists
- Geriatricians
- Physician's assistants
- Aides or orderlies (excluding CNAs)
- Physicians (excluding medical director)

20b. How many vacancies (unfilled positions) for RNs, LPNs, CNAs, or aides/orderlies do you currently have? Please include vacant positions for employees for which you are actively recruiting, even if for now you are using contract/agency workers.

If no vacant positions GO TO 21

For each employee type, write the number in each  
If no vacancies for all type please write "0".

VACANT POSITIONS

FT	PT	FTE
		Or RNs
		Or LPNs/LVNs
		Or CNAs
		Or Aides/orderlies

21. How many RNs who work in this facility, including contract RNs, are solely devoted to bedside care (i.e., assigned to/responsible for personal, health, and medical care of a group of residents)?

Write number in each

If none please write "0".

Full-time RNs

Part Time RNs

Or

RNs FTE

23. Does this facility have any staff designated as the following?

Yes No

MDS nurse(s)

Case manager(s)

Quality assurance/improvement coordinator(s)

Infection control coordinator(s)

25. Over the past 3 months, how many RNs, LPNs, or CNAs were hired at this facility?

Do not include contract/agency workers.

If none were hired GO TO 26

Write number in each

If none please write "0".

FT      PT

RNs

LPNs

CNAs

26. Over the past 3 months, how many RNs, LPNs, and CNAs have terminated employment? Include both voluntary and involuntary termination (e.g., retired, dismissed, resigned)?

Write number in each

If none please write "0".

Full-time RNs

Part-time RNs

Or

RNs FTE

27. About what percent of this facility's current nursing staff have been employed here for more than 1 year?

Write percentage in each box. If none, please enter "0".

% of RNs

% of LPNs

% of CNAs

29. About what percent of this facility's current CNA staff consider English their second language?

None

OR

% of CNAs

**Source:** National Nursing Assistant Survey for 2004

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, 2004 National Nursing Assistant Survey. Available at <http://www.cdc.gov/nchs/nnas2004.htm>. Accessed October 23, 2006.

Stapulonis RA, Sinclair M, Clusen N, DesRoches D, and Kasprzyk D. (2003). Sampling and data collection design. Direct care worker component of the National Nursing Home Survey: Final Report. Submitted to U.S. Department of Health and Human Services, Assistant Secretary of Planning and Evaluation, Disability, Aging, and Long-Term Care Policy, Washington, DC, by Mathematica Policy Research, Inc., Princeton, NJ, September 19, 2003, MPR Reference No.: 8922-700.

**Purpose of tool:** The 2004 National Nursing Assistant Survey (NNAS) is the first national study of nursing assistants working in nursing facilities in the United States. It was designed to provide information needed to recruit, retain, and expand the paraprofessional long-term care workforce. Important goals of the NNAS are to provide a better understanding of “ways to improve the nursing assistant job.” The survey includes collecting information on whether workers plan to continue working in their present positions and what factors affect their decisions, including job satisfaction, nature of the work environment, training, advancement opportunities, benefits, working conditions, and personal or family demands. The survey instruments were designed to help identify priorities of nursing assistants, ways to meet those priorities, and how to prevent staffing shortages in the future. The NNAS was sponsored by the U.S. Department of Health and Human Services’ Office of the Assistant Secretary of Planning and Evaluation, Office of Disability, Aging, and Long-Term Care Policy, and the Centers for Disease Control and Prevention, National Center for Health Statistics.

**Data collection:** The National Nursing Assistants Survey was conducted as a telephone interview with a sample of workers who provide nursing home residents with assistance in activities of daily living (ADLs) (eating, transferring, toileting, dressing, and bathing). Data were collected as a supplemental survey to the 2004 National Nursing Home Survey (NNHS). About half of the nursing facilities selected to participate in the NNHS were eligible for the NNAS. The design called for about 6,000 nursing assistants to be chosen from about 800 nursing homes across the country. Nursing assistants were randomly selected from a list of all nursing assistants employed by the nursing facilities participating in the NNAS. Up to eight nursing assistants were selected from each facility.

**Scale structure:** No factor analysis reported.

**Reliability:** No reliability measures given.

**Validity:** No validity measures given.

**Response options:** See following items.

- Aa2. (Are you/were you) employed directly by the facility, or through an agency?  
Employed by facility  
Agency  
Don’t know  
Refused

A3. Are you/were you working as...  
a certified nursing assistant or CAN  
a CAN II or CAN supervisor  
a licensed nursing assistant  
a State-tested nursing assistant  
a geriatric nursing assistant  
a nurse aid, or  
something else? (specify)

A5. Did you complete nurse aid training or a course on becoming a nurse aid?  
Yes  
No  
DON'T KNOW  
REFUSED

A6. Are you in the process of going through nurse aide training?  
Yes  
No  
DON'T KNOW  
REFUSED

A7. When you completed the training course, did you take a final test or competency evaluation?  
Yes  
No  
DON'T KNOW  
REFUSED

A8. (Do you/did you) work 16 hrs a week or more as a (Insert job title from A3) at (sampled facility)?  
Yes, 16 hours or more  
No, less than 16 hours  
DON'T KNOW  
REFUSED

**Education/Training/Licensure**

C1. Where did you receive your training?  
Was it .....  
At a nursing facility  
At a community college  
In high school, or  
Somewhere else  
DON'T KNOW  
REFUSED

C5. Next, I'd like to ask you to rate how well your initial nurse aide training prepared you to perform in different areas of your job. For each area, please tell me whether the training you received was excellent, good, fair, or poor. The first area is (Read down list and circle one for each). Would you say your initial training was (Repeat scale as necessary)?

	Circle one for each						
	Excellent	Good	Fair	Poor	Not offered	Don't Know	Refused
Resident care skills such as helping with bathing, eating, dressing, and moving							
Talking with residents							
Working with co-workers							
Working with supervisors							
Straightening out or dealing with problems at work							
Recording residents' information							
Organizing your work tasks so that everything gets done on time							
Dementia care							
Working with residents that act out or are abusive							
Preventing injuries at work							

C6. How well do you feel your initial nurse aid training prepared you for what it is actually like to work in a nursing home? Did you feel...

- well prepared,
- somewhat prepared, or
- not at all prepared
- DON'T KNOW
- REFUSED

C7. Were there any topics that were not covered which you felt would have been helpful to you starting work as a nurse aide?

- Yes
- No
- DON'T KNOW
- REFUSED

C9. Would you describe your initial nurse aide training as ...

- mostly spent doing or observing, hands-on work with residents,
- evenly split between hands-on work and classroom study, or
- mostly spent doing classroom study?

- DON'T KNOW
- REFUSED

C10. In your first job as an aide, were you assigned a mentor or buddy to answer your questions about the work and procedures at the facility?

- Yes
- No
- DON'T KNOW
- REFUSED



C11a. Have you taken any nurse aid continuing education classes in the past 2 years? This would include yearly 12 hour re-certification training, monthly videos, or other training activities.

- Yes
- No
- DON'T KNOW
- REFUSED

C12. Have your continuing education classes covered .... (read down list and circle one for each)

	Yes	No	Don't know	Refused
Resident care skills such as helping with bathing, eating, dressing, and moving				
Talking with residents				
Working with co-workers				
Working with supervisors				
Straightening out or dealing with problems at work				
Recording residents' information				
Organizing your work tasks so that everything gets done on time				
Dementia care				
Working with residents that act out or are abusive				
Preventing injuries at work				
Has anything else been covered? (Specify)				

C17. What types of topics would you like to see covered in training classes at your current job?

- Medication management
- Working with residents with dementia
- Working with residents with mental illness
- Time management/organizing work tasks
- Working with resident's family members
- Working with supervisors
- Straightening out or dealing with problems at work
- Communicating with residents
- Pain management
- End of life issues/ coping with grief
- Workplace injury prevention
- Other
- None/no topic
- DON'T KNOW
- REFUSED

**Job History**

D10. The next questions are about the hours you work on your current job at (sampled facility).  
Would you prefer to work more or fewer hours on this job, or is the amount of hours you work about right?

- Prefer more hours
- Prefer fewer hours
- About right
- DON'T KNOW
- REFUSED

D11. Are you ever required to work mandatory overtime at (sampled facility)

- Yes
- No
- DON'T KNOW
- REFUSED

D12. How many times in the past month have you been required to work mandatory overtime?

- None
- 1 to 2 times
- 3-5 times
- over 5 times
- DON'T KNOW
- REFUSED

### **Client Relations**

G1. First, I want to ask you about things you do directly with residents such as helping them dress, bathe, get in and out of bed, or use the toilet. During a typical work week, how much time do you have to give individual attention to residents who need this type of assistance? Would you say you have ...

- More than enough time
- Enough time, or
- Not enough time?
- DON'T KNOW
- REFUSED

G2. Again, during the typical work week, how much time do you have to complete other duties that don't directly involve the residents? This would be things like cleaning the tub room, making beds, restocking supplies, or record keeping.

- More than enough time
- Enough time, or
- Not enough time?
- DON'T KNOW
- REFUSED

G3. In general, are you encouraged by supervisors to discuss the care and well-being of residents with their families?

- Yes
- No
- DON'T KNOW
- REFUSED

G4. Are you assigned to care for the same residents on most days you work, or do the residents you re assigned to change each day or week you work?

- Same residents
- Residents changed
- Combination
- DON'T KNOW
- REFUSED

G5. To what degree do you feel residents respect you as part of their health care team? Would you say ...

- A great deal
- Somewhat
- Not at all
- DON'T KNOW
- REFUSED

G6. To what degree do you feel residents' families respect you as part of the health care team? Would you say ...

- A great deal
- Somewhat
- Not at all
- DON'T KNOW
- REFUSED

G7. To what degree do you feel your supervisor respects you as part of the health care team? Would you say ...

- A great deal
- Somewhat
- Not at all
- DON'T KNOW
- REFUSED

G8. In general, how often do the residents you care for let you know when you are doing a good job? Would you sat

- Always
- Sometimes
- Does that never happen?
- DON'T KNOW
- REFUSED

### **Organizational Commitment /Job Satisfaction**

H1. Overall, how satisfied are you with your job? Are you...

- Extremely satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Extremely dissatisfied
- DON'T KNOW
- REFUSED

H2. Please tell me whether or not each of the following items is a reason why you continue to work in your current position.

First, is (item) a reason why you continue to work in your current position? (read down list and circle one for each)

	Yes	No	Don't know	Refused	NNA
Caring for others					
The flexible schedule or hours					
Salary or pay is good					
The benefits					
Coworkers you like					
Your supervisor					
The opportunity for overtime					
Feel good about the work you do					
The work location					
Career advancement					
Any other reasons? (specify)					

H4. Are you extremely satisfied, somewhat satisfied, somewhat dissatisfied, or extremely dissatisfied with the following aspects of your current job? (read down list and circle one for each)

	Circle one for each					
	Extremely satisfied	Somewhat satisfied	Somewhat dissatisfied	Extremely dissatisfied	Don't know	Refused
Workplace morale?						
Doing challenging work?						
The benefits?						
The salary or wages?						
Learning new skills?						

H5. There are usually other things that people like and dislike about their jobs. Please tell me the types of problems or incidents at work that make it difficult for you to work there or cause you to dislike your job.

Circle all that apply

- Problems with supervisor or nurses (acts better than me, talks down to me, ignores my input, no say in what goes on)
- Problems with coworkers (don't do jobs correctly, personality conflicts)
- Lack of respect/appreciation for work (no recognition for good work, no appreciation for hard work from residents, families, organization, community)
- The pay or benefits (poor or unfair raises, salary/benefits not good enough, benefits cost money)
- Problems with schedule (do not like schedule or shift, want to work more/less hours)
- Workload (Too many patients, not enough staff)
- Health or personal issues (emotional attachments to residents and coping with loss, sample member's own physical/mental health problem)
- Nature of job (physically demanding work, not prepared for the reality of the job, difficult clientele)
- Nothing/no complaints
- Other (specify)
- DON'T KNOW
- REFUSED

H8. At the facility, how much turnover among nurse aides would you say there is? By turnover we mean aides quitting or leaving and new aides starting work. Would you say there is ...

- A lot
- Some
- A little, or
- None?
- DON'T KNOW
- REFUSED

H9. How much does this turnover interfere with your ability to do your job? Would you say

- A lot
- Some
- A little, or
- None?
- DON'T KNOW
- REFUSED

### **Workplace Environment**

I2. Now I'd like to ask you a few questions about how you think people view the work you do as a nurse aide.

How much do you think society values or appreciates your work as a nurse aide? Would you say ...

- Very much
- Somewhat
- Not at all
- DON'T KNOW
- REFUSED

I3. How much do you think your supervisor values or appreciates your work as a nurse aide? Would you say ...

- Very much
- Somewhat
- Not at all
- DON'T KNOW
- REFUSED

I4. How much do you think the organization at (sampled facility) values or appreciates your work as a nurse aide? Would you say ...

- Very much
- Somewhat
- Not at all
- DON'T KNOW
- REFUSED

I5. How important do you think your work is? Would you say ...

- Very important
- Somewhat important
- Not important at all
- DON'T KNOW
- REFUSED

I6. How much do you seek out other nurse aides for help with problems that relate to your current job? Would you say ...

- None
- A little
- Some, or
- A lot?
- DON'T KNOW
- REFUSED

I7. How much do you seek out other employees, beside other nurse aides, for help with problems that relate to your current job? Would you say ...

- None
- A little
- Some, or
- A lot?
- DON'T KNOW
- REFUSED

I8. On your current job, have you ever been discriminated against because of your race or ethnic origin?

- Yes
- No
- DON'T KNOW
- REFUSED

### **Demographics**

K10. How often do you have difficulty communicating with residents because they do not speak the same language as you? Would you say ...

- Always
- Sometimes
- Never
- DON'T KNOW
- REFUSED

K10. How often do you have difficulty communicating with nurses or other nurse aides because they do not speak the same language as you? Would you say ...

- Always
- Sometimes
- Never
- DON'T KNOW
- REFUSED

### **Facility Leavers**

L2. Since you first became a nurse aide, how long have you been doing this kind of work including your time at (sampled facility)? Do not count the time between jobs or time spent on a leave or absence.

- 6 months of less
- more than 6 months
- up to 2 years but less than 2 years
- 2-5 years
- 6-10 years
- 11-20 years
- more than 20 years
- DON'T KNOW
- REFUSED

**Source:** Robinson JP, Lucas JA, Castle NG, Lowe TJ, and Crystal S. (2004). Consumer satisfaction in nursing homes. *Res Aging* 26(4):454-480.

**Purpose of tool:** The purpose of this tool is to measure consumer satisfaction in nursing homes. This new tool can be used as a basis for more studies of measurement. A sample of tools was selected from research databases, the Internet, and experts. Open-ended personal interviews were conducted with nursing home residents to further determine domains of interest. Domains from the tools were analyzed using content analysis and those from the personal interviews using qualitative analysis. The broad domains identified as essential are activities, care and services, caregivers, environment, meals, and well-being. (Tool developed is presented below, using subsets of these broader domains, and is untested).

**Data collection:** Tools were selected from database and Internet searches. There were 121 articles and 47 Web sites identified. Seventy-eight articles were obtained, from which 11 tools were selected. Five non-published tools were also included in the sample, for a total of 16 tools. Fifteen respondents were selected in three nursing homes in New Jersey for the open-ended interviews.

**Scale structure:** No factor analysis reported.

**Reliability:** No reliability measures given.

**Validity:** No validity measures given.

**Response options:** Responses are based on a 5-point Likert-type scale, ranging from 1 = very dissatisfied to 5 = very satisfied. Questions listed below are prefaced with "How satisfied are you..."

**Subscale:** Personal and Health Care

1. With the amount of personal help you receive?
2. That you will get help when you need it?
3. With the amount of help you get with your medications (such as ordering and bringing them to you)?
4. With the availability of nursing care, should you need it?
5. With the facility arrangements for medical appointments, should you need them?
6. With the help available here in a medical emergency?
7. With the quality of care provided?
8. With the personal and health care overall?

**Subscale:** Independence

1. With the amount of freedom you have to furnish your room or apartment?
2. That you have the freedom to be as independent as you can be (for example, self care and activities)?
3. With the privacy you have in your room or apartment?
4. With your level of independence, overall?

**Subscale:** Management

1. That the management is approachable?
2. That the management provides a way for you to be involved in decisions (for example, resident meetings, resident council)?
3. That more care will be available at this facility should you need it in the future?
4. With how management responds to requests or concerns?
5. With the management of the facility, overall?

**Subscale: Activities**

1. With the entertainment provided (such as, music, discussions, or movies)?
2. With the outings provided (such as shopping, movies, restaurants, or day trips)?
3. With the religious services or clergy visits provided?
4. That there are enough stimulating activities to keep your mind and body active?
5. With the activities, overall?

**Subscale: Staff**

1. With the amount of dignity and respect that the staff generally gives you?
2. With the helpfulness of the staff?
3. With dining room staff service?
4. That there is enough staff to meet your needs including weekends?
5. With your relationships with staff members?
6. With the staff, overall?

**Subscale: Meals**

1. With the amount of food you get?
2. With the food choices available at each meal?
3. With the quality of the food (that is attractive, appetizing, and nutritious)?
4. With the diversity of menu selections throughout the week?
5. With the opportunities to socialize with other residents in the dining room?
6. With meals, overall?

**Subscale: Physical Environment**

1. With the cleanliness of the facility?
2. With how comfortable this facility is?
3. With the size of your room or apartment?
4. With the outdoor areas (for sitting, gardening, walking)?
5. With the places to sit and socialize with others?
6. With the building security here?
7. With the emergency systems available (for example, personal alarms, fire alarms, or staff checking on how you are doing)?
8. With the physical environment, overall?

**Subscale: Extra Services**

1. With the hairdressing or barber services?
2. With the housekeeping services provided (such as, changing the bed linens, cleaning, and vacuuming)?
3. With the laundry services?
4. With the transportation provided for medical appointments?
5. That transportation services provided meet your needs?
6. With the extra services, overall?

**Subscale: Overall Satisfaction**

1. That you are getting good value for the money?
2. That your needs are being met?



**Source:** Tornatore JB, and Grant LA. (2004). Family caregiver satisfaction with the nursing home after placement of a relative with dementia. *J Gerontol* 59B(2):S80-S88.

**Purpose of tool:** The questionnaire is intended to measure the degree of family caregivers' satisfaction with nursing home care provided to a relative with dementia. Caregiver dissatisfaction has been reported to be associated with problems in family and staff interactions. The questionnaire was designed to help determine what factors contribute to positive family satisfaction and therefore to effective nursing home performance improvement. The questionnaire also measured caregiver involvement with the nursing home, caregiver involvement with hands-on care of the patient in the nursing home, and caregiver expectations of the nursing home before their relative came there. The article did not provide the questionnaire in its entirety; for some domains, only an example of an item was listed.

**Data collection:** Data for the study were collected as part of a larger study of Minnesota nursing homes. The sample consisted of 100 nursing units in 38 nursing homes. Nursing units were stratified to represent a variety of approaches for the care of dementia. Units ranged from those without any special dementia-oriented features to units geared specifically for the care of patients with dementia. A random sample of residents with dementia was drawn from each type of nursing unit. The most involved family member for each resident was interviewed by telephone. The final sample consisted of 285 of the most involved caregivers. Legal guardians with minimal involvement were excluded from the sample, as were caregivers for whom data were incomplete.

**Scale structure:** No factor analysis reported.

**Reliability:** No reliability measures given.

**Validity:** No validity measures given.

**Response options:** Response options for the satisfaction questions were not given, but they were a four-point Likert-type scale measuring "contentment" with the care the relative received in the nursing facility. Response options for the involvement scales were 1 = never, 2 = rarely, 3 = sometimes, 4 = often, and 5 = frequently. The response options for measures of family caregiver expectations were five-point Likert scales ranging from 1 = not at all to 5 = a great deal.

**Subscale:** Satisfaction

1. If my relative needs help at the nursing home, I feel he or she can get it quickly.
2. The nursing home staff are as thorough as they should be.
3. The nursing home staff are trying to help my relative function to the best of his or her ability.
4. I would highly recommend this nursing home for someone like my relative.
5. Taking into account my relative's current level of function, I would rather he or she be at the nursing home than any place else.
6. My relative has plenty of opportunities to make new friends at the nursing home.
7. I feel like my relative's belongings are safe in the nursing home.
8. If my relative left the nursing home, I would really miss interacting with the staff.
9. I am content with the nursing care being given to my relative.
10. I am content with the medical care being given to my relative.

**Subscale:** Involvement in the Nursing Home

1. How often in the past month have you engaged in participating in a care plan meeting with staff members?

**Subscale:** Involvement in Hands-on Care of Patient

1. How often in the past month have you engaged in directly providing care for your relative by assisting with feeding, clothing, toileting, and bathing?
2. How often have you discussed the care of your relative with a staff member of the home?

**Subscale:** Expectations (of family caregivers)

1. Did you believe or understand that the unit would be a soothing and calming place for your relative to be?
2. Did you believe or understand that this would be a place where your relative would be accepted regardless of his or her behavior?

**Source:** Anderson L, Connolly B, Pratt M, and Shapiro R. (2003). MDS 3.0 Development Process: Presentation. Department of Health and Human Services, Centers for Medicare & Medicaid Services. MDS 3.0 Update (April 2005). Available at: <https://www.cms.hhs.gov/NursingHomeQualityInits/downloads/MDS30Draft.pdf>. Accessed December 5, 2006.

**Purpose of tool:** The purpose of this tool is to measure quality of life in order to improve choices for nursing home residents and to solicit resident voices in direct responses. In a 1998-2003 contract with the University of Minnesota, CMS called for the addition to the MDS 3 quality of life section. A 14-item scale with subscales was developed from 54 items. The scale presented below is from a draft version of MDS 3.0 dated April 2, 2003. The field testing of MDS 3.0 was scheduled for Summer 2006.

**Data collection:** The quality of life items were developed and tested in 100 nursing homes in six States. The data came from interviews with patients, and only comatose patients were excluded based on the MDS—all others were approached for an interview. Residents unable to sustain simple conversation or unable to answer four of the first six questions were excluded. Testing showed that approximately 60% of residents were able to respond. The scales presented below include both the resident self-reported items and provider-reported portion of the quality of life section.

**Scale structure:** Cronbach's alphas for the scales ranged from .64-.82. Confirmatory factor analysis identified 10 domains.

**Reliability:** No reliability measures given.

**Validity:** Measures of concurrent validity showed a high correlation with satisfaction, emotional well-being, and being housed in a private room.

**Response options:** Questions are answered on a dichotomous "yes/no" scale.

#### **Section F. Quality of Life**

##### F1. Self-Report of Quality of Life

- a. Can you find a place to be alone when you wish?
- b. Can you make a private phone call?
- c. When you have a visitor, can you find a place to visit in private?
- d. Can you be together in private with another resident (other than your roommate)?
- e. Do you participate in religious activities here?
- f. Do the religious observances here have personal meaning for you?
- g. Do you enjoy the organized activities here at the nursing home?
- h. Outside of religious activities, do you have enjoyable things to do at the nursing home during the weekends?
- i. Do you like the food here?
- j. Do you enjoy mealtimes here?
- k. Can you get your favorite foods here?
- l. Do you feel that your possessions are safe at this nursing home?
- m. Do your clothes get lost or damaged in the laundry?
- n. Do you feel safe and secure?

F2. Relationships

- a. Covert/open conflict with or repeated criticism of staff
- b. Unhappy with roommate
- c. Unhappy with residents other than roommate
- d. Openly expresses conflict/anger with family/friends
- e. Absence of personal contact with family/friends
- f. Recent loss of close family member/friend
- g. Regular visits or correspondence with family or friends

F3. Preferred Routine (Check all that apply).

Cycle of daily events

- a. Stays up late at night (e.g., after 9 p.m.)
- b. Naps regularly during the day (at least 1 hour)
- c. Goes out 1+ days a week
- d. Stays busy with hobbies, reading, or fixed daily routine
- e. Spends most of the time alone or watching TV
- f. Moves independently indoors (with appliances, if used)
- g. Use of tobacco products at least daily
- h. None of above

Eating Patterns

- i. Distinct food preferences
- j. Eats between meals all or most days
- k. Use of alcoholic beverage(s) at least weekly
- l. None of above

ADL Patterns

- m. In bedclothes much of day
- n. Wakens to toilet all or most nights
- o. Has irregular bowel movement pattern
- p. Showers for bathing
- q. Bathing in PM
- r. None of above

Involvement Patterns

- s. Daily contact with relatives/close friends
- t. Usually attends church, temple, synagogue, etc.
- u. Finds strength in faith
- v. Daily animal companionship
- w. Involved in group activities
- x. None of above
- y. Unknown

**Source:** Ejaz FK, Straker JK, Fox K, and Swami S. (2003b). Developing a satisfaction survey for families of Ohio's nursing home residents." *Gerontologist* 43(4):447-458.

**Purpose of tool:** The Ohio Nursing Home Family Survey was developed to measure family members' satisfaction with residents' care in nursing homes in response to an Ohio State law (Ohio HB 403). The first stage of the design was based on literature searches. Items were selected by an advisory council made up of those involved in nursing home matters. The surveys developed for residents and families were highly similar, with only a few divergent items. Domains measured in the survey include social services and communication, direct care and nurse aides, administration and professional nurses, homelike and spiritual environment, meals, activities, admission, noise, therapy, laundry, choice, and general satisfaction. The family survey is reported below.

**Data collection:** All nursing homes in one large county in Ohio were eligible for selection. Homes were stratified on ownership and size. Then homes were randomly selected. However, homes were deliberately selected that were nonprofit with high minority populations; 37 homes were selected, but only 23 were contacted. Of these, 11 initially accepted to participate; one site was added later. Family respondents were selected at random from the sites, with an attempt to select equal numbers from facilities. Data were collected through both mail and face-to-face contact. A total of 239 family respondents participated for a response rate of 59%.

**Scale structure:** Loadings for the subscales range between .38 to .80. General satisfaction was not analyzed as a factor, nor were scales with only two measures.

**Reliability:** Cronbach's alpha for the 12 subscales ranged between .66 and .91. Test-retest reliability for the 12 subscales ranged between .49 and .88.

**Validity:** No validity measures given

**Response options:** Response categories differed on the two surveys, with residents given only a yes/no option, while family members could select from "yes definitely," "yes I think so," "no definitely not," "no I don't think so," and "don't know –not familiar with service."

	<b>Loadings</b>
<b>Subscale:</b> Social Services and Communication	
1. Does the social worker follow up and respond quickly to your concerns?	.71
2. Does the social worker treat you with respect?	.74
3. Does the social worker treat the resident with respect?	.72
4. Overall, are you satisfied with the quality of the social workers in the facility?	.75
5. Are the telephone calls processed in an efficient manner?	.44
6. Is the receptionist helpful and polite?	.49

Cronbach's alpha = .89, Test-retest reliability= .76

**Subscale: Direct Care and Nurse Aides**

1. Does a staff person check with you to see if the resident is comfortable (needs a drink, a blanket, a change in position)?	.54
2. During the week, is a staff person available to help the resident <i>if</i> he/she needs it (help getting dressed, help getting things)?	.54
3. During the weekends, is a staff person available to help the resident <i>if</i> he/she needs it (help getting dressed, help getting things)?	.48
4. During the evening and night, is a staff person available to help the resident <i>if</i> he/she need(s) it (get a blanket, get a drink, needs a change in position)?	NA <sup>7</sup>
5. Does the resident look well-groomed and cared for?	.41
6. Are the nurse aides gentle when they take care of the resident?	.60
7. Do the nurse aides treat the resident with respect?	.66
8. Do the nurse aides care about the resident as a person?	.65
9. Overall, are you satisfied with the nurse aides who care for the resident?	.63

Cronbach's alpha = .89, Test-retest reliability= .86

**Subscale: Administration and Professional Nurses**

1. Is the administration available to talk with you?	.64
2. Does the administration treat you with respect?	.70
3. Does the administration treat the resident with respect?	.62
4. Does the administrator care about the resident as a person?	.55
5. Overall, are you satisfied with the administration here?	.55
6. Do the RNs and LPNs respond promptly to your request?	.38
7. Overall, are you satisfied with the quality of RNs and LPNs in the facility?	.47

Cronbach's alpha = .87, Test-retest reliability= .64

**Subscale: Homelike and Spiritual Environment**

1. Do you think the facility should be cleaner?	.45
2. Does the facility seem homelike?	.40
3. Are the resident's belongings safe?	.54
4. Can you find places to talk with the resident in private?	.64
5. Are you satisfied with the resident's room?	.71
6. Are you satisfied with the safety and security of this facility?	.56
7. Are there enough comfortable places for residents to sit outdoors?	.62

Cronbach's alpha = .85, Test-retest reliability= .81

**Subscale: Meals and Dining**

1. Does the resident think that the food is tasty?	.77
2. Are foods served at the right temperature (cold foods cold, hot foods hot)?	.62
3. Can the resident get foods he/she likes?	.61
4. Are there times when the resident doesn't get enough to eat?	.45
5. Overall, are you satisfied with the food in the facility?	.70

Cronbach's alpha = .81, Test-retest reliability= .88

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<sup>7</sup> NA = Not available

**Subscale: Activities**

- |   |     |
|---|-----|
| 1. Does the resident have enough to do in the facility?                     | .71 |
| 2. Are the facility's activities things that the resident likes to do?      | .53 |
| 3. Do the activities staff treat the resident with respect?                 | .50 |
| 4. Do the activities staff care about the resident as a person?             | .56 |
| 5. Is the resident satisfied with the spiritual activities in the facility? | .43 |
| 6. Overall, are you satisfied with the activities in the facility?          | .72 |

Cronbach's alpha = .77, Test-retest reliability= .75

**Subscale: Admission**

- |  |     |
|--|-----|
| 1. Did the staff provide you with <u>adequate</u> information about the different services in the facility?            | .59 |
| 2. Did the staff give you <u>clear</u> information about the daily rate?   | .79 |
| 3. Did the staff provide you with <u>adequate</u> information about any additional charges?                            | .73 |
| 4. Did the staff <u>adequately</u> address your questions about how to pay for care (private pay, Medicare, Medicaid)? | .69 |
| 5. Overall, were you satisfied with the <u>admission process</u> ?   | .54 |

Cronbach's alpha = .78, Test-retest reliability= .83

**Subscale: Noise**

- |  |     |
|--|-----|
| 1. Does the noise in the resident's room bother you?       | .80 |
| 2. Does the noise in the public areas bother you?          | .77 |
| 3. Are there times when the other residents get you upset? | .69 |

Cronbach's alpha = .76, Test-retest reliability= .81

**Subscale: Choice**

- |   |     |
|---|-----|
| 1. Can the resident go to bed when he/she likes?  | .51 |
| 2. Can the resident choose the clothes that he/she wears?   | .59 |
| 3. Can the resident bring in belongings that make his/her room feel homelike?                           | .39 |
| 4. Do the staff leave the resident alone if he/she doesn't want to do anything?                         | .63 |
| 5. Does the resident have the opportunity to do as much as he/she would like to do for himself/herself? | .62 |

Cronbach's alpha = .66, Test-retest reliability= .74

**Subscale: General Satisfaction**

- |   |    |
|---|----|
| 1. Are there times when the staff gets you upset?   | NA |
| 2. Are you satisfied with the medical care in the facility?                               | NA |
| 3. Do you get adequate information from the staff about the resident's medical condition? | NA |
| 4. Would you recommend this facility to a family member or friend?                        | NA |
| 5. Overall, are you satisfied with the quality of care the resident gets in the facility? | NA |

Cronbach's alpha = .81, Test-retest reliability= .86

**Subscale: Therapy**

- |   |    |
|---|----|
| 1. Does the physical and/or occupational therapist spend enough time with the resident? | NA |
| 2. Overall, are you satisfied with the care provided by the therapists in the facility? | NA |

Cronbach's alpha = .91, Test-retest reliability= .49

**Subscale: Laundry**

- |  |    |
|--|----|
| 1. Do the resident's clothes get lost in the laundry?    | NA |
| 2. Do the resident's clothes get damaged in the laundry? | NA |

Cronbach's alpha = .76, Test-retest reliability= .79



**Source:** Kane RA, Kling KC, Bershadsky B, Kane RL, Giles K, Degenholtz HB, Liu J, and Cutler LJ. (2003). Quality of life measures for nursing home residents. *J Gerontology* 58A(3):240-248.

Kane RA. Quality of Life in Nursing Homes. Final Report - July 2003 (Measures, Indicators, and Improvement of Quality of Life in Nursing Homes). Submitted to Centers for Medicare & Medicaid Services.

**Purpose of tool:** Quality of life (QOL) measures are incomplete in nursing facilities, where residents are long-term residents. The tool was designed to capture QOL, as contracted by CMS, as an addition to the Minimum Data Set (MDS). QOL in nursing facilities could be captured through a number of observers; however, the authors determine the “gold-standard” is from the resident themselves. Eleven domains were selected as important for measuring QOL through literature searches, expert opinion, focus groups, and discussion with stakeholders. The domains selected are comfort, functional competence, autonomy, dignity, privacy, individuality, meaningful activity, relationships, enjoyment, security, and spiritual well-being. There were 88 items developed and/or selected to capture the domains. Data were analyzed, and a more parsimonious version was attained (shown below), which dropped a number of items as well as the individuality domain ( $\alpha = .56$ ).

**Data collection:** Nursing facilities were randomly selected in catchments from five States (California, Florida, Minnesota, New Jersey, New York). The facilities were stratified by size and urban-rural location. Facilities with fewer than 50 beds were excluded. In all, 40 facilities were selected, and within them up to five units were selected. Facilities with more than six units had Special Care Alzheimer’s units or Medicare units selected with certainty. Residents under 65 were excluded. Residents’ cognitive capability was determined using Lawton’s cognitive function. The residents were selected to obtain near equal numbers of those between 0-2 (no to low cognitive impairment) and 3-5 (medium to high) on Lawton’s function. Residents who were unresponsive or comatose were dropped. A total of 2,000 residents were selected, 50 per facility, of whom 179 had to be dropped for various reasons. However, the  $n$  for each scale varies from 766 (autonomy) to 1,081 (enjoyment) because of cognitive problems and break-offs.

**Scale structure:** Loadings for the 10 subscales for retained items range from .35 to .80. General satisfaction was not analyzed as a factor and had only two measures.

**Reliability:** Cronbach’s alpha for the 10 subscales ranged between .53 and .77.

**Validity:** Criterion validity was measured by correlations of the domains with scales; the questionnaire also asked about emotional well-being and overall satisfaction. The 10 remaining domains used had correlations with emotional well-being ranged between .24 (privacy) and .42 (security) (all significantly different from zero). Correlations with the overall satisfaction scale ranged from .25 (autonomy) to .45 (security).

**Response options:** Respondents were requested to use a 4-point Likert scale to respond (often, sometimes, rarely, never) However, those who had difficulty answering in this format (after several attempts to obtain an answer in this way), were asked to answer “mostly yes” or “mostly no.”

**Loadings****Subscale: Comfort**

1. Too cold	.35
2. So long in same position it hurts	.54
3. In physical pain	.52
4. Bothered by noise in own room	.51
5. Bothered by noise elsewhere in nursing home	.49
6. Get a good night's sleep	.50

Cronbach's alpha = .62

**Subscale: Security**

1. Possessions are safe	.46
2. Clothes lost or damaged in laundry	.39
3. Confident can get help when needed	.80
4. Can get doctor or nurse quickly	.69
5. Afraid because of how you or others are treated	.47

Cronbach's alpha = .65

**Subscale: Meaningful Activity**

1. Get outdoors as much as you want	.42
2. How often you get outdoors	.44
3. Enjoyable things to do at the nursing home on weekends	.58
4. Enjoys organized activities at nursing home	.55
5. Gives help to others	.38

Cronbach's alpha = .53

**Subscale: Relationships**

1. Easy to make friends at nursing home	.63
2. Considers any resident to be close friend	.38
3. Staff stop just to have friendly conversation	.56
4. Consider one or more staff to be a friend	.57
5. Nursing home makes it easy for family and friends to visit	.58

Cronbach's alpha = .64

**Subscale: Functional Competence**

1. Easy to get around room by self	.67
2. Easily can reach things you need	.69
3. Can get to bathroom quickly anywhere in nursing home	.58
4. Can easily reach toilet articles	.75
5. Take care of things and room as much as wanted	.60

Cronbach's alpha = .77

**Subscale: Enjoyment**

- |                                    |     |
|------------------------------------|-----|
| 1. Like the food here              | .77 |
| 2. Enjoy mealtimes at nursing home | .75 |
| 3. Get favorite foods here         | .59 |

Cronbach's alpha = .71

**Subscale: Privacy**

- |   |     |
|---|-----|
| 1. Can be alone when want to                      | .62 |
| 2. Can make a private phone call                  | .48 |
| 3. Can visit with someone in private              | .74 |
| 4. Can be together with other resident in private | .73 |
| 5. Staff knock and wait before entering           | .44 |

Cronbach's alpha = .70

**Subscale: Dignity**

- |                                      |     |
|--------------------------------------|-----|
| 1. Staff treats you politely         | .69 |
| 2. Staff treats you with respect     | .73 |
| 3. Staff handles you gently          | .70 |
| 4. Staff respects your modesty       | .60 |
| 5. Staff takes time to listen to you | .57 |

Cronbach's alpha = .76

**Subscale: Autonomy**

- |   |     |
|---|-----|
| 1. Go to bed at the time you want               | .55 |
| 2. Get up in the morning when you want          | .45 |
| 3. Can decide what clothes to wear              | .46 |
| 4. Successful in making changes at nursing home | .47 |

Cronbach's alpha = .59

**Subscale: Spiritual Well-Being**

- |  |     |
|--|-----|
| 1. Participate in religious activities | .39 |
| 2. Religious observances have meaning  | .41 |
| 3. Feel your life has meaning          | .76 |
| 4. Feel at peace                       | .68 |

Cronbach's alpha = .64

**Source:** Casarett DJ, Hirschman KB, Miller ER, and Farrar JT. (2002). Is satisfaction with pain management a valid and reliable quality indicator for use in nursing homes? *J Am Geriatr Soc* 50(12):2029-2034.

**Purpose of tool:** The purpose of the study was to determine whether satisfaction with pain management can be reliably measured in the nursing home setting. Chronic pain is common in nursing home residents and can be responsible for decreases in quality of life and have an impact on activity, independence, and relationships. The study used the following measurements: overall satisfaction with pain management, satisfaction with pain medication, experiences related to pain management, cognitive function, depressive symptoms, and retest reliability of overall satisfaction rating. Items presented below include only overall satisfaction with pain management and satisfaction with medical therapy.

**Data collection:** Nursing home residents were sampled from two facilities: a 240-bed Veterans Affairs long-term care facility and a 120-bed facility affiliated with the University of Pennsylvania. Sixty-six of the 230 eligible residents of sufficient cognitive capacity agreed to participate in the study. The survey was administered using in-person interviews.

**Scale structure:** No factor analysis reported.

**Reliability:** Repeat ratings of overall satisfaction showed moderate agreement ( $\kappa = 0.62$ ;  $p < .001$ ) indicating good retest reliability.

**Validity:** No validity measures given.

**Response options:** A 6-point scale (“very dissatisfied” to “very satisfied”) was used for satisfaction items. For individual treatment items, respondents rated frequency of positive and negative experiences (“not at all” to “all of the time”), also a 6-point scale.

#### **Ratings of Overall Satisfaction and Satisfaction with Medical Therapy**

1. Overall satisfaction with pain management
2. Satisfaction with medication

Frequency of desirable outcomes (0 = never; 5 = all the time)

3. Staff make an effort to treat pain
4. Staff ask about pain

Frequency of desirable outcomes from medication (0 = never; 5 = all the time)

5. Reduces pain to comfortable level
6. Allows increased activity
7. Relieves pain quickly
8. Improves ability to walk
9. Allows resident to enjoy life more
10. Improves sleep
11. Improves mood

Frequency of undesirable outcomes from medication (0 = never; 5 = all the time)

12. Drowsiness
13. Difficulty concentrating
14. Dry mouth
15. Nausea
16. Constipation

Correlates of Overall Satisfaction and Satisfaction with Medication

Correlation w/ overall Satisfaction

Characteristics associated with overall satisfaction

1. Current pain	-0.28*
2. Pain in past week	-0.27*
3. Staff efforts to assess pain	0.25
4. Staff efforts to treat pain	0.51*
5. Satisfaction with medication	0.73*
6. Geriatric Depression Scale score	-0.50*

Characteristics associated with residents' satisfaction with medication

7. Reduces pain to comfortable level	0.57*
8. Allows increased activity	0.36*
9. Relieves pain quickly	0.66*
10. Improves ability to walk	<0.01
11. Allows resident to enjoy life more	0.37*
12. Improves sleep	0.44*
13. Improves mood	0.46*

Perceived frequency of undesirable outcomes

14. Confusion	-0.04
15. Drowsiness	-0.09
16. Difficulty concentrating	-0.33*
17. Dry mouth	-0.003
18. Nausea	-0.15
19. Constipation	-0.13

\* P<0.05

**Source:** Chou SC, Boldy DP, and Lee AH. (2002) Resident satisfaction and its components in residential aged care. *Gerontologist* 42(2):188-198.

**Purpose of tool:** The Resident Satisfaction Questionnaire (RSQ) was adapted to measure satisfaction of residents in aged care. The RSQ survey consisted of 24 items measuring 6 domains: room, home, social interaction, meal service, staff care, and resident involvement.

**Data collection:** Residents were selected from 70 aged care facilities in Western Australia (30 nursing homes and 40 hostels). The survey was a mailed self-administered questionnaire. Of the mailed surveys, 1,146 were completed and returned, for an 83.2% response rate. Further details on administration are found in Chou et al. (2001).<sup>8</sup>

**Scale structure:** Loadings on the six subscales for retained items range from .57 to .94. General satisfaction was not analyzed as a factor, nor were scales with only two measures.

**Reliability:** Cronbach's alpha for the six subscales ranged between .86 and .93.

**Validity:** No validity measures given

**Response options:** Respondents were given response options on either a 3-point scale (1=no, 2= depends, 3 = yes) or 4-point scale (1=poor, 2= fair, 3= good, and 4 = excellent).

	<b>Loadings</b>
<b>Subscale: Room</b>	
How would you rate the following:	
1. The size of your room	.88
2. The amount of storage space	.74
3. The bathroom	.79
4. How would you rate your room/unit overall?	.91

Cronbach's alpha = .91

<b>Subscale: Home</b>	
Thinking about your home as a whole, how would you rate the following:	
1. Its design, for being able to get around easily	.80
2. The lounge area	.90
3. The dining room	.87
4. The outside areas	.72

Cronbach's alpha = .91

<b>Subscale: Social Interaction</b>	
Thinking about how you spend your time at home:	
1. Is there enough for you to do?	.64
2. As far as having things to do, how would you rate the home?	.89
3. Overall, how would you rate the social life in the home?	.87
4. As far as being able to keep in touch with life outside, how would you rate the home?	.75

Cronbach's alpha = .90

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<sup>8</sup> Chou SC, Boldy DP, and Lee AH. (2001). Measuring resident satisfaction in residential aged care. *Gerontologist* 41(5):623-631.

**Subscale: Meal Service**

How would you rate the following:

- |                        |     |
|------------------------|-----|
| 1. Variety of food     | .88 |
| 2. Amount of food      | .87 |
| 3. Temperature of food | .83 |
| 4. Meal times          | .77 |

Cronbach's alpha = .91

**Subscale: Staff Care**

Thinking about the staff now, how would you rate:

- |   |     |
|---|-----|
| 1. Their attitude toward you?   | .66 |
| 2. Their respect for your privacy?                                      | .94 |
| 3. The promptness with which they respond to your calls for help?       | .80 |
| 4. How would you rate the help you received from the time you moved in? | .66 |

Cronbach's alpha = .93

**Subscale: Resident Involvement**

- |   |     |
|---|-----|
| 1. Does the home keep you informed enough about things that may affect you (e.g., staff changes, changes to services)?      | .84 |
| 2. Do you think the residents have enough opportunities to put their views to the management (e.g., via resident meetings)? | .85 |
| 3. Would you feel comfortable about approaching staff yourself to discuss a concern you had about the home?                 | .58 |
| 4. Do staff ever approach you to ask if you have any concerns you'd like to discuss?  | .57 |

Cronbach's alpha = .86

**Source:** Levy-Storms L, Schnelle JF, and Simmons SF. (2002). A comparison of methods to assess nursing home residents' unmet needs. *Gerontologist* 42(4):454-461.

**Purpose of tool:** The purpose of this tool was to compare open-ended questions that asked what nursing home residents wanted changed about ADL care compared to (a) direct questions about residents' satisfaction with the frequency or occurrence of ADL care and (b) discrepancy measures based on a comparison of residents' preferences about the frequency or occurrence of ADL care to their perceptions of the care delivered.

**Data collection:** The target population comprised 111 residents on three floors of a nonprofit skilled nursing facility. To be eligible for the interview, all participants had to pass a simple cognitive screen. The tool had separate interview protocols relevant to assistance in each of seven ADL care domains: walking, mealtime, dressing, showering, getting in and out of bed, toileting, and pad changes. For each domain only those residents who needed assistance in that domain were interviewed. Most residents participated in interviews between about four and seven domains in order to limit the burden on the respondent and interviewer.

**Scale structure:** No factor analysis reported.

**Reliability:** No reliability measures given.

**Validity:** No validity measures given.

**Response options:** For all domains, direct satisfaction responses were yes/no. Discrepancy measures and open ended questions varied by domain. Open-ended answers and volunteered comments were independently coded by two raters.

**Subscale:** Toileting

Direct Satisfaction

1. Overall, are you satisfied with how often you get help to use the toilet, bedpan, or urinal?

Discrepancy

2. How many times during the day does someone on the staff help you to use the toilet, bedpan, or urinal?
3. How often would you like to be helped to use the toilet, bedpan, or urinal?

Open-ended question

4. If you could change something about the toileting schedule and/or the way the staff help you to use the toilet/bedpan/urinal, what would it be?

**Subscale:** Walking

Direct Satisfaction

1. Overall, are you satisfied with how often someone helps you to walk?

Discrepancy

2. How many times during the day does someone on the staff help you to walk?
3. How many times would you like to walk each day?



Open-ended question

4. If you could change something about the walking schedule and/or the way staff help you walk, what would it be?

**Subscale:** Pad Changes

Direct Satisfaction

1. Overall, are you satisfied with how often your pad is changed?

Discrepancy

2. How many times during the day does someone on the staff (the people who work here) change your pad?
3. How many times during the day would you like for your pad to be changed?

Open-ended question

4. If you could change something about the pad changing schedule and/or the way staff changes your pad, what would it be?

**Subscale:** Dressing

Direct Satisfaction

1. Overall, are you satisfied with the help you receive to get dressed or get ready for the day?

Discrepancy

2. Do you need help getting dressed or changing clothes?
3. Does someone on the staff help you get dressed or change?

Open-ended question

4. If you could change something about the way staff help you to get ready and/or the things they do for you, what would it be?

**Subscale:** Bathing/Showering

Direct Satisfaction

1. Overall, are you satisfied with how often you receive a shower or bath?

Discrepancy

2. How often do you have a shower or bath?
3. How often would you like to have a shower or bath?

Open-ended question

4. If you could change something about your shower or bath schedule and/or the way staff help you to take a shower or bath, what would it be?

**Subscale:** Mealtime or Feeding Assistance

Direct Satisfaction

1. Overall, are you satisfied with how much someone helps you with your food or during meals?

Discrepancy

2. Would you like someone to help you with your food more or less often (than they do now)?

Open-ended question

3. If you could change something about the way staff help you with your food, what would it be?

**Subscale:** In or Out of Bed

Direct Satisfaction

1. Overall, are you satisfied with when you [get out of bed in the morning or go back to bed at night]?

Discrepancy

2. About what time do you get out of bed in the morning or go back to bed at night?
3. About what time would you like to get out of bed in the morning or go back to bed at night?

Open-ended question

4. If you could change something about your bedtime schedule and/or the way staff help you in and out of bed, what would it be?

**Source:** Moxey ED, O'Connor JP, White E, Turk B, and Nash DB. (2002). Developing a quality measurement tool and reporting format for long-term care. *Jt Comm J Qual Improv* 28(4):180-196.

**Purpose of tool:** The tool was developed to be an annual multidimensional, operational measure to measure and improve quality within the system's network of nursing homes. The authors utilized an expert panel and a review of long-term care literature to identify domains of quality, select and adapt validated instruments for measurement within each domain, pilot test a data collection process, and develop an operational quality report for long-term care facilities. After using the literature to create a list of domains, the expert panel agreed to the following four domains for measurement: organizational, clinical, environmental, and social. For the purposes of this scan, the environmental and social domains are most relevant, and their content is listed below. The Environmental domain was measured using the Multiphasic Environmental Assessment Procedure (MEAP), the instrument deemed through the literature review to be used most frequently for environmental assessments.

**Data collection:** For the pilot study, on-site visits were made to facilities to conduct face-to-face interviews in the residents' rooms. Residents interviewed had little or no cognitive impairment.

**Scale structure:** No factor analysis reported.

**Reliability:** No reliability measures given.

**Validity:** No validity measures given.

**Response options:** Vary by question. See individual items and domains for response options.

**Subscale:** Environment

1. Physical attractiveness: Ratings of facility grounds and buildings as well as of noise level, odors, illumination, cleanliness, and conditions of facility (9 items)
2. Environmental diversity: Reflects the extent to which the physical environment provides stimulation and variety; includes ratings of window areas, views from windows, variation and personalization of residents' rooms, and distinctiveness of living spaces (5 items)
3. Resident functioning: Summarized evaluations of residents' appearance, activity level, and interaction (5 items)
4. Staff functioning: Reflects the quality of interactions between staff and residents, the organization of the facility, and the amount of conflict among staff members (5 items)

**Subscale:** Social

Resident Satisfaction

Response options: Yes, No, Not Sure

1. Do you think the food is good here?
2. Do you think your room and the other rooms in the building are clean?
3. Do you have what you want in your room?
4. Do you see a doctor as often as you would like?
5. Do you think that the nursing staff gives you good care?
6. Do you choose what time you go to bed at night?
7. Is the noise level here acceptable to you?
8. When you need help does someone come quickly?
9. Do you have enough privacy here?
10. Do you think this is a cheerful place?

11. Do you choose what clothes you wear each day?
12. When you have a complaint is something done about it?
13. Do you think life is boring here?
14. Do you feel like your personal belongings are safe here?
15. Does most of the nursing staff show a personal interest in you?
16. Is your life better than you expected it to be when you first came?
17. All things considered, are you satisfied with your life here?

Resident/Family Support Services

1. Family satisfaction survey (Yes/No, how often is survey done)
2. Family Council (Yes/No, how often it meets)
3. Ethics Committee (Yes/No, how often it meets)
4. Resident Council (Yes/No)
5. Residents with advance directives (percentage)

Staff Satisfaction

1. Annual turnover rate
2. Staff satisfaction survey (Yes/No, how often survey is done)
3. Volunteers per resident (ratio)
4. Staff orientation (length)
5. On-going training (areas training is provided in, i.e., infection control, safety, protocols)

Activities Inside the Facility

Response Options: Less than once/quarter; Once per quarter; 1-2 times per month; Once per week

1. Exercises or other physical fitness activity
2. Outside entertainment
3. Discussion groups
4. Reality orientation group
5. Self-help or mutual support group
6. Films or movies
7. Club, social group, drama, or singing group
8. Classes or lectures
9. Bingo, cards, or other games
10. Parties
11. Religious services
12. Social hour
13. Arts and crafts

Activities Outside the Facility

Response options: Less than once/quarter; Once per quarter; 1-2 times per month; Once per week

1. Visit friends or relatives
2. Go on a ride or tour
3. Go to a ball game or other sports event
4. Go on a picnic
5. Attend religious services
6. Go shopping
7. Eat in a restaurant
8. Attend a concert or play
9. Go to a movie
10. Go to a party
11. Engage in volunteer or paid work
12. Go on an overnight trip

**Source:** Rantz M, Jensdottir AB, Hjaltadottir I, Gudmundsdottir H, Gudjonsdottir JS, Brunton B, and Rook M. (2002). International field test results of the Observable Indicators of Nursing Home Care Quality instrument. *Int Nurs Rev* 49:234-242.

**Purpose of tool:** The Observable Indicators of Nursing Home Care Quality instrument was developed to measure the dimensions of nursing home quality during a brief on-site visit to a nursing home. Thus far instruments that accurately and reliably measure the quality of care in nursing homes have been labor-intensive and time-intensive; consequently they are cumbersome to implement. The Observable Indicators of Nursing Home Care Quality instrument was designed as a broad measure of nursing home care quality to be used and scored after walking through an entire facility.

**Data collection:** Data collection for this international study comprised three samples, Iceland (Reykjavik), Canada (Ontario), and the United States (Missouri). The Iceland sample included 12 nursing homes in the Reykjavik area; the Canada sample was a very large Veterans home in Ontario; in Missouri, 20 nursing homes participated in the study.

**Scale structure:** No factor analysis reported.

**Reliability:** Test-retest and inter-rated reliability using Spearman ranked-based correlations were calculated for each sample, as well as internal consistency.

Test-retest reliability for the entire scale was .90 (Iceland), .36 (Canada), and .80 Missouri. Inter-rater reliability for the entire scale was .92 (Iceland), .83 (Canada), and .85 Missouri. Coefficient alpha for the entire scale was .80 (Iceland), .94 (Canada), and .94 Missouri.

**Validity:** Four content raters were selected in each country, and an index of content validity was calculated: Iceland = .96 and Canada = .91. In the Missouri sample, weighted Kappa coefficients revealed that 91% of the items attained fair, moderate, or substantial agreement between raters, based on Landis and Koch (1997)<sup>9</sup> strength of agreement criteria. Seven percent of the items achieved slight agreement and 2% achieved almost perfect agreement.

**Response options:** Response options were not reported.

**Subscale:** Communication (5-item subscale)

**Note:** The psychometric properties reported in this article are based on the Observable Indicators of Nursing Home Care Quality instrument version 5. Currently, there is a revised version of the instrument (version 10). Please see below for version 10 of the instrument.

	<u>Iceland</u>	<u>Canada</u>	<u>Missouri</u>
Test-retest reliability	.44	.26	.78
Inter-rater reliability	.46	.27	.82
Coefficient alpha	.47	.94	.93

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<sup>9</sup> Landis JR, Koch GG. (1977). The measurement of observer agreement for categorical data. *Biometrics* 33:159-174.

**Subscale: Care (9-item subscale)**

	<u>Iceland</u>	<u>Canada</u>	<u>Missouri</u>
Test-retest reliability	.63	.30	.67
Inter-rater reliability	.69	.71	.79
Coefficient alpha	.64	.82	.86

**Subscale: Environment (16-item subscale)**

	<u>Iceland</u>	<u>Canada</u>	<u>Missouri</u>
Test-retest reliability	.90	.77	.74
Inter-rater reliability	.67	.82	.85
Coefficient alpha	.60	.85	.83

**Subscale: Staff (6-item subscale)**

	<u>Iceland</u>	<u>Canada</u>	<u>Missouri</u>
Test-retest reliability	.30	.21	.62
Inter-rater reliability	.67	.74	.68
Coefficient alpha	.55	.87	.79

**Subscale: Home/family (6-item subscale)**

	<u>Iceland</u>	<u>Canada</u>	<u>Missouri</u>
Test-retest reliability	.26	.71	.62
Inter-rater reliability	.73	.78	.73
Coefficient alpha	.62	.86	.85

**Total scale (42-items)**

	<u>Iceland</u>	<u>Canada</u>	<u>Missouri</u>
Test-retest reliability	.90	.36	.80
Inter-rater reliability	.92	.83	.85
Coefficient alpha	.80	.94	.94

1. Were the conversations between staff and residents friendly?
2. When staff talked to residents, did they call them by name?
3. Did residents and staff acknowledge each other and seem comfortable with each other (for example, smile, eye contact, touch, etc.)?
4. Did residents and staff interact with each other in positive ways (for example, conversation, humor, touch, eye contact, etc.)?
5. Did staff appear caring (compassionate, warm, kind)?
6. Did staff treat residents as individuals with dignity and respect?
7. Were registered nurses (RNs) visible? (Look at name badges of staff to identify RNs. May need to ask staff.)
8. Did registered nurses (RNs) seem to know the residents so that they are able to direct their care? (May need to ask staff)
9. Did staff help residents with food or fluids?
10. Were residents walking or independently moving about the facility with or without assistive devices such as canes, walkers, wheelchairs?
11. Were staff helping some residents walk or move about the facility?
12. Did staff communicate with confused residents in positive ways (for example, talk, touch, sit with, etc.)?
13. Were residents dressed and clean?
14. Were residents well groomed (shaved, hair combed, nails clean and trimmed)?

15. Were odors of urine or feces noticeable in the facility?
16. Were other unpleasant odors noticeable in the facility?
17. Were hallways and common areas uncluttered?
18. Were resident rooms, hallways, and common areas clean?
19. Were buildings, grounds, and furniture in good condition?
20. Were the hallways well lighted?
21. Were resident rooms well lighted?
22. Did confused residents have a safe place to wander indoors? (May need to ask staff.)
23. Did confused residents have a safe place to wander outdoors? (May need to ask staff.)
24. Did confused residents have access to outdoor space? (May need to ask staff.)
25. Did other residents have access to outdoor spaces? (May need to ask staff.)
26. Were residents' rooms personalized with furniture, pictures, and other things from their past?
27. Were there pets (dogs, cats, birds, etc.) and/or live plants in the facility?
28. Were the pets and/or live plants in good condition?
29. Was there a home-like appearance about the facility?
30. Were visitors visible in the facility (family members, volunteers, community members, etc.)?

**Source:** Sloane PD, Mitchell CM, Weismann G, Zimmerman S, Foley KML, Lynn M, Calkins M, Lawton MP, Teresi J, Grant L, Lindeman D, and Montgomery R. (2002). The Therapeutic Environment Screening Survey for Nursing Homes (TESS-NH): An observational instrument for assessing the physical environment of institutional settings for persons with dementia.” *J Gerontol* 57B(2 Suppl):S69-S78.

**Purpose of tool:** TESS-NH is a tool that can be used to describe the ability of the physical environment of a long-term care institutional setting to address the therapeutic goals of residents with dementia. The tool contains 84 discrete items and 1 global item covering 13 domains. These domains include: exit control, maintenance, cleanliness, safety, orientation/cueing, privacy, unit autonomy, outdoor access, lighting, noise, visual/tactile stimulation, space/seating, and familiarity/home likeness. Derived from the items recorded in the TESS-NH is the Special Care Unit Environmental Quality Scale (SCUEQS). The SCUEQS is operationalized to measure overall environmental quality equivalent to an overall global rating by an expert. It consists of 18 TESS-NH items. Scores could range between 0 and 41 on the SCUEQS (41 “better” environment).

**Data collection:** Data were collected for instrument development through teams from seven (of 10) National Institute of Aging funded special care units. They provided information on 204 special care units and 59 non-special care units from nursing home in 10 States. Data for this study were collected by two research assistants in 12 special care units (SCUs) concurrently, and revisited between 103 and 150 days later.

**Scale structure:** Two factors were retained, highest loading reported, and noted which factor it loaded on. Loadings range from .38 to .82 on factor 1, and .38 to .68 on factor 2.

**Reliability:** The test-retest reliability for the whole scale is .88, and the inter-rater reliability for the whole SCUEQS scale is .93.

**Validity:** Convergent validity was tested using the independently conducted Professional Environmental Assessment Protocol (PEAP). The SCUEQS was correlated with the global PEAP assessment,  $r = .52$ ,  $p < .01$ , showing a moderately strong correlation. The correlation between the global PEAP scores and the TESS-NH global score was very strong at  $r = .68$ ,  $p < .01$ . Criterion validity was also measured. The outcome of interest was with measures of resident agitation. The TESS (SCUEQS portion) correlated with measures,  $r = -.34$ , meaning that as environment was rated greater, agitation decreased.

**Response options:** For the TESS-NH, all items were categorical, except for the global items, which use a 10-point Likert scale (1=worst, 10=best). For SCUEQS, responses vary by domain. See individual domains for response options.

#### **Therapeutic Environment Screening Survey for Nursing Homes (TESS-NH)**

##### **Subscale: Unit Autonomy**

Unit nursing station presence/type  
Nursing station for paper work  
Desk for paperwork  
Combined work area for paperwork  
Enclosed workroom, not in nursing station  
Unit use a pathway between other units  
Residents eat on/off unit  
Formal activities on/off unit  
Residents bathe on/off unit



**Subscale: Outdoor access**

Enclosed courtyard  
Attractiveness of courtyard  
Courtyard is functional

**Subscale: Privacy**

Privacy curtain provides only separation between beds on semiprivate rooms

**Subscale Safety/security/health Exit control**

Doors to rest of facility disguised  
Doors to outside disguised  
Number of exits off of the units  
Number of elevators off of the units  
Doors are locked  
Locking device triggered by approach  
Lock disengaged by keypads/switch  
Lock at night/during bad weather  
Doors are alarmed  
Alarm triggered by device worn by resident  
Alarm disengaged using keypad, card or switch  
Alarm sounds with all entries/exits

**Subscale: Maintenance**

Maintenance of social space  
Maintenance of halls  
Maintenance of resident rooms  
Maintenance of resident bathroom

**Subscale: Cleanliness**

Cleanliness of social space  
Cleanliness of halls  
Cleanliness of resident rooms  
Cleanliness of resident bathroom  
Bodily excretion odor in public areas  
Body excretion odor in resident rooms

**Subscale: Safety**

Floor surface in social space  
Floor surface in halls  
Floor surface in resident rooms  
Floor surface in resident bathroom  
Handrails in hallways  
Handrails in bathroom

**Subscale: Stimulation Lightning**

Light intensity in hallways  
Light intensity in activity areas  
Light intensity in resident rooms  
Glare in hallways  
Glare in activity areas  
Glare in resident rooms  
Lighting evenness in hallways  
Lighting evenness in activity areas  
Lighting evenness in resident rooms

**Subscale: Visual/ tactile stimulation rating**

Bedroom with view of courtyard  
Public areas with view of courtyard  
Tactile stimulation opportunity  
Visual stimulation opportunity

**Subscale: Noise**

Status of television in main activity area  
Residents screaming/calling out  
Staff screaming/calling out  
TV/radio noise  
Loud speaker/intercom noise  
Alarm/call bell noise  
Other machine noise

**Subscale: Socialization Space/Seating**

Percent of rooms with chair per person  
Public room inventory  
Path leads to dead ends  
Path with places to sit  
Configuration of rooms on unit

**Subscale: Personalization/familiarity/homelikeness**

Public areas homelike  
Kitchen on unit  
Pictures/mementos in resident rooms  
Noninstitutional furniture in resident room  
Resident appearance

**Subscale: Global rating**

Doors left open  
Resident's name on/near door  
Current picture of resident  
Old picture of resident  
Objects of personal significance  
Room numbers  
Color coding  
Bathroom door left open; toilets visible from bed  
Bathroom door closed; pictures of graphic  
Activity area visible from 50% of resident room  
Visual indicator of activity area visible from 50% of resident room  
Direction identification sign visible from 50% of resident room

**Subscale: Global rating**

Subjective rating of overall environment

**Special Care Unit Environmental Quality Scale (SCUEQS)**

**Loadings**

**Subscale: Maintenance**

7. Rate the general maintenance of each of the following areas.  
(2- well maintained, 1-in need of some repairs, 0-In need of extensive repairs)
- 7a. Maintenance of social spaces .80 (1)
- 7b. Maintenance of halls .78 (1)
- 7c. Maintenance of resident rooms .82 (1)
- 7d. Maintenance of resident bathrooms .80 (1)

**Subscale: Cleanliness**

8. Rate the general cleanliness of each of the following areas.  
(2- very clean, 1-moderately clean, 0-poor level of cleanliness)
- 8a. Cleanliness of social spaces .55 (2)
- 8b. Cleanliness of halls .55 (1)
9. To what extent are odors of bodily excretions (urine and feces) present in public areas and in residents' bedrooms (2- rarely or not at all, 1-noticeable in some areas, 0-noticeable throughout much or all of the unit)
- 9a. Bodily excretion odor in public areas .41 (1)
- 9b. Bodily excretion odor in resident rooms .54 (1)

**Subscale: Safety**

10. Rate the floor surface of each of the following areas  
(2-No slippery and/or uneven surfaces, 1-Mostly free of slippery and/or uneven surfaces, 0- Slippery and/or uneven surfaces)
- 10b. Floor surfaces in halls .54 (2)

**Subscale: Stimulation Lighting**

12. Rate the intensity (present during the time of rating) in hallways, activity areas, and resident rooms (2-Ample, 1-Good, 0-Barely Adequate/Inadequate)
- 12b. Light in activity areas .48 (2)
- 12c. Light in resident room .49 (2)

**Subscale: Visual/Tactile Stimulation**

25. Are opportunities for stimulation easily available for residents?  
(3-Extensively, 2- Quite a bit, 1- Somewhat, 0- None)
- 25b. Visual stimulation opportunities .68 (2)

**Subscale: Noise**

31. During the observation interval, to what extent do you hear any of the following noises?  
(2-Not at all, 1- Sometimes, 0- Constantly or high intensity)
- 31d. Loud Speaker/intercom noise .39 (2)

**Subscale: Personalization/Familiarity/Home Likeness**

19. To what extent do the public areas contain furniture, decorations, and other features that give them a homelike (residential as opposed to institutional) atmosphere? (3-Very homelike, 2-Moderately, 1-Somewhat, 0-Not homelike) .62 (2)
20. Is there a kitchen located on the unit available for activities and resident and/or family use? (2- Kitchen available, 1-selected appliances available, 0-No access) .38 (1)
21. To what extent are pictures and mementos present in residents' rooms? (3-75% or more of residents have at least 3 or more pictures/mementos in their rooms 2-50-74%, 1- 25-49%, Less than 25%) .53 (2)
23. To what extent does the appearance of residents in public areas reflect attention to individual identity and add to the physical environment of the unit? (2- Extensively: 75% or more residents well groomed, 1-Quite a bit: 25-75% 0- Little: 25% or less) .38 (2)

**Subscale: Orientation/Cueing**

28. Which of the following cues are available for the following areas?  
28.1.c/d Current/old picture of resident on/near door? .38 (2)

Overall Inter-rater reliability (n=12) = .93 Overall Test-retest reliability (n=21) = .88

**Source:** Ryden MB, Gross CR, Savid K, Snyder M, Oh HL, Jang Y, Want J, and Krichbaum K. (2000). Development of a measure of resident satisfaction with the nursing home. *Res Nurs Health* 23:237-245.

**Purpose of tool:** The Satisfaction with the Nursing Home Instrument (SNHI) was developed and tested as part of a larger study, “Cost-Effective Quality: Improving Resident Outcomes.” The SNHI was developed specifically for use with long-stay nursing home residents to measure their satisfaction with their care due to the lack of satisfaction instruments with well-established reliability and validity for this consumer segment. The authors identified five of the seven dimensions used in the acute care satisfaction interview by the Picker/Commonwealth Program for Patient-Centered Care that were relevant to nursing home residents: respect for patients’ values, preferences and expressed needs; information; physical comfort; emotional support and alleviation of fear/anxiety; and involvement with family/friends. The authors added two additional dimensions: satisfaction with specific care providers and satisfaction with the environment, resulting in a seven-dimension structure for the SNHI. The scale presented below is the original version of the SNHI, with deleted items denoted by “<sup>a</sup>.”

**Data collection:** Three proprietary metropolitan nursing homes in Minnesota participated in the study. The sample used to test the SNHI had 110 subjects. The survey format was in-person interviews taking 5-10 minutes each. The sample yielded 79 females and 31 males, ranging in age from 42-100 with a mean age of 81.6 years. Two-thirds of the sample had been admitted from a hospital or another nursing home. The survey was administered to the subjects 2 months following admission and again 6 months following admission. The results of this survey were compared to other scales, including the Geriatric Depression Scale (GDS), Philadelphia Geriatric Center Morale Scale (PGCMS), Agitation, Attitude Toward Own Aging (ATOA), Lonely Dissatisfaction (LD), and Mini Mental State Examination (MMSE).

**Scale structure:** No factor analysis reported.

**Reliability:** The alpha coefficient is 0.81 for the 29 item scale and could not be improved by deleting any remaining items.

**Validity:** The correlation between scores for overall PGCMS and SNHI was .20 ( $p = .03$ ). One subscale of the PGCMS was significantly correlated with the SNHI: Lonely Dissatisfaction ( $r = .25$ ,  $p = .05$ ). Neither age nor MMSE scores were significantly related to either SNHI scores or quality of care scores. There was significant relationship between the SNHI scores and the global quality of care item ( $r = .36$ ,  $p < .001$ ). The significant relationships between the measures of satisfaction and the measures of affect (depression and morale) demonstrate the construct validity of this instrument.

**Response options:** A Yes/No format was used for responses.

**Subscale:** Respect for Resident’s Values and Preferences

1. Do staff talk to you to find out your values, preferences for care?
2. Do you have a say as to how you are cared for?
3. Do staff treat you with respect and dignity?
4. Do you have some choices as to what you eat?
5. Do you have some choices as to when you eat?<sup>a</sup>
6. Can you choose when you get up?
7. Can you choose when to go to bed?
8. Do staff ever talk in front of you as though you weren’t there?
9. Do you have enough privacy?

**Subscale: Information**

10. Do you get as much information about your health condition and treatment as you would like?
11. Were you told that you have the right to make an advance directive? This is a document that lets you indicate the kind of care you want should you become unable to make your own decisions.<sup>a</sup>
12. Do staff give you accurate information?
13. When you ask questions about your health, do you get answers you can understand?

**Subscale: Physical Care**

14. Do you get enough help when you need assistance?
15. Are adequate pain medications or other therapies used when needed to keep you as comfortable as possible?
16. Do staff encourage you to maintain your personal independence?

**Subscale: Psychological Care**

17. Did staff make you feel welcome when you first came to the nursing home?
18. Do you have confidence and trust in the nursing staff?
19. Are the staff caring in their interactions with you?
20. Can you have personal belongings that are important and meaningful to you?
21. Have you made new friends here?
22. Is it easy to find someone on the staff to talk to about your personal concerns?

**Subscale: Involvement of Family**

23. Do staff make your family feel welcome?
24. Do staff involve your family in your care?<sup>a</sup>
25. Can your family visit as often as they like?

**Subscale: Satisfaction with Care Providers**

Are you satisfied with the care you receive from each of the following?

26. Nursing staff<sup>a</sup>
27. Physician<sup>a</sup>
28. Social worker<sup>a</sup>
29. Recreation staff<sup>a</sup>
30. Dietitian<sup>a</sup>
31. Physical therapist<sup>a</sup>
32. Occupational therapist<sup>a</sup>
33. Speech therapist<sup>a</sup>

**Subscale: Satisfaction with the Environment**

Are you satisfied with the following aspects of your environment?

34. Cleanliness<sup>a</sup>
35. Freedom from unpleasant odors
36. Noise level
37. Attractiveness of décor
38. Safety for residents<sup>a</sup>
39. Opportunity for physical exercise
40. Number of staff resources to provide care
41. Opportunities to enjoy the outdoors and other diversions
42. Adequate equipment to provide care<sup>a</sup>
43. Protection of personal belongings
44. Food

<sup>a</sup>Items deleted from the revised version of the scale.

**Source:** Davis MA, Sebastian JG, and Tschetter J. (1997). Measuring quality of nursing home service: Residents' perspective. *Psychol Rep* 81:531-542.

**Purpose of tool:** This article describes the development (pilot study) and refinement (study 2) of the Nursing Home Service Quality Inventory. The inventory was developed explicitly to assess service quality in nursing homes from the perspective of the residents.

**Data collection:** Data collection for the pilot study comprised 103 residents of nursing homes from 23 facilities in the Bluegrass Area Development District of Kentucky. There were 27 men and 76 women; the sample had a median age of 79 years. The study 2 sample consisted of 194 male residents in a Veterans Affairs medical center long-term care facility in a midsized Southeastern city. Individuals in the sample ranged in age from 33 to 94 years, with a median age of 69 years.

**Scale structure:** Four factors were retained for both samples (pilot study and study 2) and the highest loadings were reported for each factor. The loadings for the four subscales ranged between .39 and .88 for the pilot study and between .36 and .82 for study 2.

**Reliability:** Cronbach alphas for the four subscales ranged from .73 to .91 (pilot study) and from .68 to .93 (study 2); the reliability for the combined 32-item scales was .90 (pilot study) and .94 (study 2).

**Validity:** In the pilot study validity was measured by correlating residents' judgments of the overall quality of the facility (one-item question) and total scores on the Nursing Home Service Quality Inventory ( $R = .34, p < .001$ ). In study 2, total scores on the Quality Inventory measures were significantly correlated with residents' perceptions of quality ( $r = .39$ ) and residents' satisfaction ( $r = .46$ ). In study 2, three of the four subscales were positively correlated with residents' perceptions of quality and residents' satisfaction.

**Response Options:** Response options differ throughout survey.

**Subscale:** Staff and Environmental Responsiveness

	<u>Pilot</u>	<u>Study 2</u>
My nursing home has adequate supplies and equipment	.51	.36
At my nursing home, staff deal patiently and courteously with residents	.71	.65
At my nursing home, a variety of food is available to accommodate resident preferences.	.49	---
At my nursing home, the administrator follows through on problems brought to his attention.	.50	.73
At my nursing home, the staff listens to residents	.78	.77
At my nursing home, the staff treat residents with dignity and respect.	.43	.72
Residents are encouraged to voice their opinions at my nursing home.	.67	.62
My nursing home strives for permanence and continuity of staff.	.62	.62
Staff at my nursing home are clean, neat, and well-groomed.	.48	---
At my nursing home, the staff are knowledgeable of resident rights.	.59	.82
My nursing home satisfies residents' special dietary needs.	.43	.45
At my nursing home, food is attractive and fresh.	.57	---
At my nursing home, problems are resolved as quickly as possible.	.78	.70
My nursing home provides a variety of activities	---	.44
At my nursing home, the administrator is active and spends time on the floor.	---	.58
At my nursing home, aides are trained to give treatments safely.	---	.34
My nursing home is safe and secure.	---	.46
At my nursing home, the administrator is available and willing to discuss problems and answer questions.	---	.70
Cronbach's alpha was not reported for the Pilot study.		Cronbach's alpha = .93 (Study 2)

**Subscale: Dependability and Trust**

	<u>Pilot</u>	<u>Study 2</u>
My nursing home provides maximum security with minimal restraint.	-.49	.57
At my nursing home, bed clothing is clean and in good repair.	-.59	.64
At my nursing home, residents can participate in nursing home inspection surveys.	-.68	---
At my nursing home, the staff administers the proper medication.	.88	.64
My nursing home provides transportation to activities outside the home.	-.63	.46
My nursing home is safe and secure.	-.80	---
At my nursing home, the administrator is available and willing to discuss problems and answer questions.	-.58	---
At my nursing home, residents' birthdays, special events, and holidays are celebrated.	---	.38
My nursing home provides church services.	---	.74

Cronbach's alpha was not reported for the Pilot study. Cronbach's alpha = .86 (Study 2)

**Subscale: Resources (This scale was relabeled for Study 2 – "Food-related Services and Resources")**

	<u>Pilot</u>	<u>Study 2</u>
My nursing home provides a variety of activities.	.69	---
Unless there are dietary restrictions, there is plenty of food at meal time.	.76	.41
At my nursing home, residents' birthdays, special events, and holidays are celebrated.	.70	---
At my nursing home, aides are trained to give treatment safely.	.52	---
My nursing home provides church services.	.64	---
At my nursing home, a variety of food is available to accommodate resident preferences.	---	.66
At my nursing home, food is served at the proper temperature.	---	.43
At my nursing home, food is attractive and fresh.	---	.74
At my nursing home, there are adequate staff to provide quality care.	---	.58

Cronbach's alpha as not reported for the Pilot study. Cronbach's alpha = .76 (Study 2)

**Subscale: Personal Control**

	<u>Pilot</u>	<u>Study 2</u>
Residents can choose when to get out of bed at my nursing home.	.69	.45
At my nursing home, residents choose when to eat (within a specified time frame).	.55	.55
At my nursing home, the administrator is active and spends time on the floor.	.51	---
Unless there are dietary restrictions, residents are able to choose what to eat.	.73	.52
At my nursing home, food is served at the proper temperature.	.39	---
My nursing home provides physical fitness programs.	.48	---
At my nursing home, there are adequate staff to provide quality care.	.43	---
Unless there are dietary restrictions, residents are able to choose what to eat.	---	.52
At my nursing home, residents can participate in nursing home inspection surveys.	---	.49

Cronbach's alpha was not reported for the Pilot study. Cronbach's alpha = .68 (Study 2)



**Source:** Medical Expenditure Panel Survey, 1996 Nursing Home Component.

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 1996 Nursing Home Component. Available at: <http://www.meps.ahrq.gov>. Accessed October 24, 2006.

Potter DEB. (1998). *Design and Methods of the 1996 Medical Expenditure Panel Survey Nursing Home Component*. Methodology Report #03 AHCPR Pub. No. 98-0041 Rockville, MD: Agency for Health Care Policy and Research.

**Purpose of Tool:** The MEPS is conducted to provide a nationally representative estimate of health care expenditures, use, sources of payment, and insurance coverage for the U.S. population. The Nursing Home Component (NHC) is one of four components within MEPS and is a nationally representative survey of nursing homes and their residents. Information gathered in the 1996 NHC included demographic characteristics, residents' history, health and functional status, use of services, use of prescription medications, and health care expenditures of nursing home residents. Information was also provided by administrators and staff on nursing home size, certification status, ownership, services provided, financial data, and other facility-level characteristics. The universe of eligible facilities consisted solely of nursing homes. Only two of the NHC modules are presented here: the Round 2 Sampled Facility Questionnaire and the Round 3 Facility Staffing Questionnaire. The items in these modules are most directly applicable to the purposes of this scan.

**Data collection:** Data for the NHC were collected using a two-stage stratified probability design. The first stage involved facility selection, and the second involved a sample drawn from those residents living in the nursing facility on January 1, 1996 and those admitted during calendar year 1996. Data were collected in three rounds of in-person interviews over an 18-month period using the CAPI system. The resulting sample consisted of 815 facilities, 3,209 residents as of January 1, 1996, and 2,690 residents admitted by December 31, 1996.

The Round 2 Sampled Facility Questionnaire was collected using an in-person interview with facility administrators (or designees) and collected information about key facility characteristics and detailed information about services provided by the nursing home. The Round 3 Facility Staffing Questionnaire was a self-administered questionnaire that was hand-delivered to the facility Administrator (or designee) for completion. It collected information on nursing staffing levels (RNs, LPNs and aides), wages, nursing staff turnover rates, and the facility medical director. Baseline staffing information was collected with a Round 1 Staffing Questionnaire (a subset of the items obtained with the Round 3 instrument).

**Scale structure:** No factor analysis reported.

**Reliability:** No reliability measures given.

**Validity:** No validity measures given.

**Response options:** Vary by question. See individual items for response options.

**Round 2 Sampled Facility Questionnaire**

FB1

Is {FACILITY/[READ FACILITY/UNITS ABOVE]} still certified by Medicaid as a Nursing Facility (NF)?

YES ..... 1 (BOX FB3)  
NO ..... 0 (BOX FB3)  
DK ..... -8 (BOX FB3)  
RF ..... -7 (BOX FB3)

FB2

Is {FACILITY/[READ FACILITY/UNITS ABOVE]} certified by Medicaid as a Nursing Facility (NF)?

YES ..... 1 (FB3)  
NO ..... 0 (BOX FB3)  
DK ..... -8 (BOX FB3)  
RF ..... -7 (BOX FB3)

FB3

How many beds are certified under Medicaid as nursing facility beds?

\_\_\_\_\_

# OF BEDS

FB4

Based on your most recent daily census, how many current residents have {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID})} as a source of payment?

\_\_\_\_\_

# MEDICAID RESIDENTS

FB3

WAS FACILITY CERTIFIED BY Medicare?

YES ..... 1 (FB5)  
NO ..... 0 (FB6)  
DK ..... -8 (FB6)  
RF ..... -7 (FB6)

FB5

Is {FACILITY} still certified by Medicare as a Skilled Nursing Facility?

YES ..... 1 (BOX FB4)  
NO ..... 0 (BOX FB4)  
DK ..... -8 (BOX FB4)  
RF ..... -7 (BOX FB4)

FB6

Is {FACILITY} certified by Medicare as a Skilled Nursing Facility (SNF)?

YES ..... 1 (FB7)  
NO ..... 0 (BOX FB4)  
DK ..... -8 (BOX FB4)  
RF ..... -7 (BOX FB4)

FB7

How many beds are certified under Medicare?

\_\_\_\_\_

# BEDS

FB8

Based on your most recent daily census, how many current residents have Medicare as their primary source of payment?

\_\_\_\_\_  
# MEDICARE RESIDENTS

FB9

How many beds are certified under both Medicaid and Medicare? (That is, how many beds are dually certified?)

\_\_\_\_\_  
# BEDS

FB10

Based on your most recent daily census, how many of the current residents in {FACILITY/[READ FACILITY/UNITS ABOVE]} have private pay as their only source of payment for basic care?

\_\_\_\_\_  
# PRIVATE PAY RESIDENTS  
PROGRAMMER SPECS:

FB12

Is {FACILITY} accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)?

YES ..... 1  
NO ..... 0

FB13

Is {FACILITY} accredited by any other organization? Please do not consider agencies or departments that provide only licensing such as the State Department of Health or the Public Health Agency.

YES ..... 1  
NO ..... 0 (FB15)  
DK ..... -8 (FB15)  
RF ..... -7 (FB15)

FB14

Which organization?

PROBE: Any others?

(1) \_\_\_\_\_  
(2) \_\_\_\_\_

FB15

{Thinking about {FACILITY} only,} Does {FACILITY} primarily serve one of the groups or populations on this card?

Elderly Persons With Physical/Mental Disabilities ..... 1  
Children With Physical/Mental Disabilities ..... 2  
Persons With Mental Retardation/Developmental Disabilities..... 3  
Persons With Mental Illness ..... 4  
Persons With Alcohol/Drug Problems..... 5  
Persons With Brain Injury (Traumatic or Acquired) ..... 6  
Persons With AIDS/HIV Disability ..... 7  
Some Other Special Group (Specify: \_\_\_\_\_)... 91  
No One Group Primarily ..... 95

FB16

First, we are interested in services routinely provided to residents on-site by specially trained and licensed, registered, or certified providers. Are any of these specially trained providers routinely providing services to residents at {FACILITY/[READ FACILITY/UNITS ABOVE]}? By routinely, we mean that the special provider is on-site at least one day a week.  
SELECT ALL THAT APPLY.

- Physical Therapist
- Speech Therapist
- Occupational Therapist
- Respiratory Therapist
- Audiologist
- Podiatrist
- Dentist
- Dental Hygienist
- Nutritionist or dietician
- Psychiatrist
- Psychologist
- Psychiatric Social Worker
- Psychiatric Nurse
- Optometrist
- Pharmacist
- Special Education
- Other Mental Health Professional  
(Specify: \_\_\_\_\_)
- Other Provider  
(Specify: \_\_\_\_\_)
- None Of The Above

FB17

Does {FACILITY/[READ FACILITY/UNITS ABOVE]} routinely provide any of these services to residents on-site? By routinely, we mean that each week there is at least one resident receiving the service on-site. PROBE: The provider does not have to have special training or certification.  
SELECT ALL THAT APPLY.

- Ventilator Care
- IV Therapy
- Dialysis
- Tube Feeding
- Isolation (for highly contagious conditions or for compromised immune system)
- None of the above
- Press F1 For Definition of Dialysis.

FB18

Does {FACILITY/[READ FAC/UNITS ABOVE]} vaccinate residents for influenza?

Yes, on admission if they have not been

- Recently vaccinated and then annually ..... 1
- Yes, on some other schedule ..... 2
- NO ..... 0 (FB20)
- DK ..... -8 (FB20)
- RF ..... -7 (FB20)

FB19

What proportion of your residents have been vaccinated against influenza in the past 12 months? Include all vaccinated residents, even if not done at this facility.

\_\_\_\_\_ %

FB20

Does {FACILITY/[READ FACILITY/UNITS ABOVE]} vaccinate residents for pneumonia?

Yes, on Admission if They Have Not Been Vaccinated or Require a Booster 1

Yes, on Some Other Schedule ..... 2

NO ..... 0 (FB22)

DK ..... -8 (FB22)

RF ..... -7 (FB22)

FB21

What proportion of your residents have ever been vaccinated against pneumococcal pneumonia? Include all vaccinated residents, even if not done at this facility.

\_\_\_\_\_ %

FB22

Does {FACILITY/[READ FACILITY/UNITS ABOVE]} give residents a hearing test?

Yes, on Admission ..... 1

Yes, Once a Year ..... 2

Yes, on Some Other Schedule (SPECIFY: \_\_\_\_\_) .... 3

NO ..... 0

FB23

Does {FACILITY/[READ FACILITY/UNITS ABOVE]} routinely provide transportation for residents to and from scheduled medical appointments off-site? By routinely, we mean that each week there is at least one resident transported to an appointment off-site.

YES ..... 1

NO ..... 0

FB24

Does {FACILITY/[READ FACILITY/UNITS ABOVE]} routinely provide any of these services to non-residents onsite? By routinely, we mean that each week there is at least one non-resident receiving the service on-site.

SELECT ALL THAT APPLY.

Adult Day Care

Rehabilitation Therapy (Pt/Ot/St)

Dialysis

Case Management Services

Family Support (for example, counseling)

Other (Specify: \_\_\_\_\_)

None of the Above

Press F1 for Definition of Dialysis.

FB25

Does {FACILITY/[READ FACILITY/UNITS ABOVE]} routinely provide any of the services on this card to nonresidents off-site? Again, what we mean by routinely is that each week there is at least one non-resident receiving the services off-site.  
SELECT ALL THAT APPLY.

- Home-Delivered Meals
- Homemaker or Chore Services
- Infusion Therapy
- Rehabilitation Therapy (Pt/Ot/St)
- Wound Care or Other Post-Acute
- Skilled Nursing Care
- Hospice Care
- Case Management Services
- Other (Specify: )
- None of the Above

FB27

Does {FACILITY/[READ FACILITY/UNITS ABOVE]} admit only persons who are residents of [READ PLACES LISTED BELOW]? {INELIGIBLE PARTS OF LARGER FACILITY ENTERED IN FA11/INELIGIBLE PARTS OF ELIGIBLE FACILITY ENTERED IN FA27/LARGER FACILITY}

YES ..... 1  
 NO ..... 0

FB28

Does {FACILITY/[READ FACILITY/UNITS ABOVE]} have a bedholding policy for residents who are not formally discharged but leave the {home/facility} temporarily, for example, for short-term hospital stays or temporary placements?

YES ..... 1  
 NO ..... 0

FB29

Are your residents ever placed in trial living arrangements outside {FACILITY/[READ FACILITY/UNITS ABOVE]}, without being formally discharged? {PROBE: This includes moves to non-nursing {home/facility} units of {FACILITY/[READ FACILITY/UNITS ABOVE].}

YES ..... 1  
 NO ..... 0 (FB32)  
 DK ..... -8 (FB32)  
 RF ..... -7 (FB32)

FB30

Is there a limit on the number of days a trial placement can last before the resident is formally discharged?

YES ..... 1  
 NO ..... 0 (FB32)  
 DK ..... -8 (FB32)  
 RF ..... -7 (FB32)

FB31

What is the maximum number of days?

NO. OF DAYS

FB32

Does {FACILITY/[READ FACILITY/UNITS ABOVE]} have a specified number of beds identified for and dedicated to respite care?

- YES ..... 1
- NO ..... 0 (BOX FB6)
- DK ..... -8 (BOX FB6)
- RF ..... -7 (BOX FB6)

PRESS F1 FOR DEFINITION OF "RESPITE CARE."

FB32A

How many?

NO. OF BEDS

FB33

Does {LARGER FACILITY} primarily serve one of the groups or populations on this card?

- Elderly Persons with Physical/Mental Disabilities ..... 1
- Children with Physical/Mental Disabilities ..... 2
- Persons with Mental Retardation/Developmental Disabilities ..... 3
- Persons with Mental Illness ..... 4
- Persons with Alcohol/Drug Problems ..... 5
- Persons with Brain Injury (Traumatic Or Acquired) ..... 6
- Persons with AIDS/HIV Disability ..... 7
- Some Other Special Group (Specify: \_\_\_\_\_) ... 91
- No One Group Primarily ..... 95

FB34

Besides the services you told me about earlier that are provided by {FACILITY/[READ FACILITY/UNITS ABOVE]}, which of the services listed on this card does {LARGER FACILITY} routinely provide to its residents?  
SELECT ALL THAT APPLY.

- Physical Therapy
- Speech Therapy
- Occupational Therapy
- Respiratory Therapy
- Hearing Testing or Therapy
- Podiatry
- Dental Care
- Nutrition Services
- Mental Health Services
- None of the Above

FB35

Which of the services listed on this card does {LARGER FACILITY} routinely provide?  
SELECT ALL THAT APPLY.

- Ventilator care
  - IV therapy
  - Dialysis
  - Tube feeding
  - None of the above
- Press f1 for definition of dialysis.

FB36

Which of the services listed on this card does {LARGER FACILITY} routinely provide to non-residents?  
SELECT ALL THAT APPLY.

- Adult Day Care
- Home-Delivered Meals
- Homemaker or Chore Services
- Home Health Care
- Hospice Care
- Case Management Services
- None of the Above

FB37

Next, I have a few questions about physicians' services within {FACILITY/[READ FACILITY/UNITS ABOVE]}.  
Does {FACILITY/[READ FACILITY/UNITS ABOVE]} have a contract with any group of physicians to provide  
services to residents?

- YES ..... 1
- NO ..... 0 (FB43)
- DK ..... -8 (FB43)
- RF ..... -7 (FB43)

FB38

What is the name of the group?  
PROBE: Are there any other groups?

\_\_\_\_\_  
NAME OF GROUP

\_\_\_\_\_  
NAME OF GROUP

FB39

What is the number of physicians provided under contract from {GROUP}?

\_\_\_\_\_  
NUMBER

FB40

{Think about/Next, think about} the physician services provided by {GROUP}. Does {FACILITY/[READ  
FACILITY/UNITS ABOVE]} ever bill the resident through the basic or ancillary rate for these services, at least for  
some residents or some of the time?

- YES ..... 1
- NO ..... 0 (NEXT GROUP OR FB43)
- DK ..... -8 (NEXT GROUP OR FB43)
- RF ..... -7 (NEXT GROUP OR FB43)



FB41

Taking all their visits to residents into account, does {GROUP} bill entirely, mostly, sometimes, or rarely through {Facility/[Read Facility/Units Above]}?

- Entirely ..... 1
- Mostly ..... 2
- Sometimes ..... 3
- Rarely ..... 4

FB42

What are the names of the physicians provided by {GROUP}?

PHYSICIAN

DR.

FB43

{Aside from the physicians provided through the group(s) that you just told me about,} {A/}are there any {other} physicians who see residents at {FACILITY/[READ FACILITY/UNITS ABOVE]} and for whom the facility bills the resident through the basic or ancillary rate, at least for some residents or some of the time?

- YES ..... 1
- NO ..... 0 (BOX FB11)
- DK ..... -8 (BOX FB11)
- RF ..... -7 (BOX FB11)

FB44

{I understand that there are some physicians who see residents at {FACILITY/[READ FACILITY/UNITS ABOVE]} and for whom the facility bills the resident through the basic or ancillary rate, at least for some residents or some of the time.} What are the names of these physicians?

PHYSICIAN

DR.

FB45

Taking all (his/her) visits to residents into account, does Dr. {PHYSICIAN} bill entirely, mostly, sometimes, or rarely through {FACILITY/[READ FACILITY/UNITS ABOVE]}?

- Entirely ..... 1
- Mostly ..... 2
- Sometimes ..... 3
- Rarely ..... 4

**Round 3 Facility Staffing Questionnaire**

1. In Table 1 below, we are interested in nursing staff who were employees of your facility during the second full week in December 1996.

In **Column A** enter the number of full-time RNs (including the Director of Nursing), LPNs and nurses aides who were employees of your facility. (By full-time, we mean at least 35 hours per week.)

In **Column B** enter the number of part-time RNs, LPNs and nurses aides who were employees of your facility.

(By part-time, we mean less than 35 hours per week.)

In **Column C** enter the number of full-time equivalents (FTEs) for RNs, LPNs and nurses aides who were employees of your facility.

2. In Table 2 below, we are interested in nursing staff who worked for you as temporary agency (registry or pool) staff during the second full week in December 1996. (These are staff supplied by a temporary agency in contrast to your own staff of employees.)

In Table 2 you may complete either:

**Column A** by entering the full-time equivalents for RNs, LPNs and nurses aides who worked as registry or pool staff.

**OR**

**Column B** by entering the total number of hours worked by registry or pool staff.

3. In question 3 we are interested in staff wage rates for nurses who are employees of your facility. When answering this question, we ask that you quote rates that are paid to nurses on the day shift with 1-year experience. (If no staff with 1-year experience, use rate paid to nurses with experience closest to 1 year, check the "other" box, and write in how much experience it is.)

What is the hourly wage rate paid to RNs and LPNs on the day shift?

4. In question 4 we are interested in the entry-level hourly rate for aides who are employees of your facility.

What is the entry-level hourly rate for aides?

5. Next, we'd like wage rate information on temporary agency (registry or pool) staff. Please provide the hourly rate for RNs, LPNs, and aides who are temporary agency staff on the day shift. If you have no agency staff, check the box provided.
6. How many full-time RNs (including the Director of Nursing), LPNs, and nurses aides did you hire between January 1 and December 31, 1996? (Again, by full-time, we mean at least 35 hours per week.) RECORD YOUR ANSWERS IN THE BOXES BELOW.

How many part-time RNs, LPNs, and nurses aides did you hire during this period?

How many full-time equivalents (FTEs) did you hire?

7. How many physicians are currently providing primary care to the residents in your facility (including attending physicians and physicians in fellowship or in residency)?
8. Which of the following (if any) are criteria necessary for a physician to obtain practice privileges in your facility? [check all that apply]
  - Membership in physician group
  - Agreement to share physician responsibilities with other physicians
  - Minimum patient load
  - Added qualifications in geriatrics
  - A primary care specialty
  - Minimum number of years in practice
  - Employee or salaried
  - None of the above

9. How many physicians currently caring for residents in your facility are salaried or employed by your facility?

**Source:** Norton P, van Maris B, Soberman L, and Murray M. (1996). Satisfaction of residents and families in long-term care: I. Construction and application of an instrument. *Qual Manag Health Care* 4(3):38-46.

**Purpose of tool:** The purpose of the tool is to measure resident satisfaction in nursing facilities. The tool was designed to directly survey residents. It was also designed to elicit responses from residents with or without cognitive impairments and addresses issues such as dignity and autonomy (quality of life issues). Eight domains were examined: living environment, food, activities, staff, dignity, autonomy, medical care and treatment, and overall satisfaction. Each domain contained one open ended question asking for respondents' comments on the domain of interest. The final tool did not contain the overall evaluations in each domain. In order to compare responses to what was seen as a typical survey implementation, in addition to the selected resident, a frequently visiting family member was also given a questionnaire, which differed on the pronouns used. The family survey was a mailed self-administered questionnaire.

**Data collection:** All sampled residents came from Sunnybrook Health Science Centre (SHSC) in Toronto, Canada. An equal number of residents were selected from the 17 nursing units within the four operational units in the SHSC: Cognitive Support, Mental Health, and two Physical Support units (there are 360 beds total). An interpenetrated design was employed that dispersed residents in different units across interviewers, with 19 residents selected per unit. An interview was only deemed impossible if the resident refused or had been approached on three different days and was physically or mentally incapable. Family members or friends of selected residents that visited most often were contacted by phone, then mailed a notification letter asking to verify the address, and then the questionnaire was sent. If not returned within 2 weeks, a reminder call was placed to ask for survey completion. Of the 236 residents selected, 127 were interviewed. The family survey was mailed to 210 people and achieved a 69% response rate.

**Scale structure:** No factor analysis reported.

**Reliability:** The tool reported on has been altered since the psychometrics were estimated. Questions have been added/removed (although which ones were not indicated). Thus, the reliabilities reported here do not hold per se but give insight to the possible psychometric properties of the scales. The Cronbach's alpha for the 7 subscales reported in the article from the original tool ranged from .39 to .81.

**Validity:** No validity measures given.

**Response options:** Questions were asked on a "yes," "sometimes/maybe," or "no" scale, and were accompanied with Chernoff faces. The lone exception was the overall satisfaction with quality of care and the overall evaluation in each domain (1 question per domain), which were on a five-point scale 1=terrible, 5= excellent, and were presented with a graphical 5-rung ladder.

(Items 1-8 omitted)

**Subscale:** Living Environment

9. Is this a comfortable place to live?
10. Do you have enough privacy?
11. Are your personal belongings safe here?
12. Is the residence clean and tidy?
13. Is your room how you would like it to be?
14. Is it possible that you could hurt yourself and a staff member would not know?
15. Does the noise around here bother you?
16. Does this place need fixing up (for example, repairs, decorating, or painting)?

17. Does the smell around here bother you?
18. Are there any comments you wish to make about the living environment?

Cronbach's alpha = .67

**Subscale: Food**

19. Is the resident tube fed?
20. Are there enough different kinds of food to choose from?
21. Can you get the type of foods you like to eat?
22. Is the taste of the food o.k.?
23. Is the temperature of the food o.k.?
24. Are you given the right amount of food?
25. When you are hungry is food available?
26. Do you get help to eat when you need it?
27. Are you given enough time to eat?
28. Do you get the food you ordered?
29. Are there any comments you would like to make about the food or food services here?

Cronbach's alpha = .68

**Subscale: Activities**

30. Are you told about what activities are available?
31. Do you participate in activities here?
32. Is there enough opportunity for you to do personal activities such as reading, watching TV, writing letters, visiting with family, etc.?
33. Are there enough trips and outings?
34. Is there enough entertainment?
35. Are there enough games offered?
36. Are there enough activities for you that use your mind?
37. Are there enough activities for you on the unit? **PROBE:** Are there enough activities for you close by, close to your room?
38. Are activities offered at the right time for you?
39. Do you get the help you need with activities? **PROBE:** Do you get help getting to activities or help doing the activities?
40. Are there any comments you would like to make about the activities and outings here?

Cronbach's alpha = .39

**Subscale: Staff**

41. Do the staff show you that they care about you?
42. Do the staff respect your wishes?
43. Do the staff try to understand what you're feeling? **PROBE:** Do they try to understand what you are going through?
44. Do the staff help you when you need it?
45. Is help freely given?
46. When the staff come to your room, do they tell you what they have come for?
47. Are the staff skilled and knowledgeable?
48. Do the staff answer promptly when you call?
49. Do the staff involve you in decisions about your care?
50. Are there any comments you wish to make about the staff here?

Cronbach's alpha = .81

**Subscale: Dignity**

51. Do the staff call you by name?
52. Do the staff help you to look nice?  
**PROBE: [For men]** Do they ensure you are clean-shaven and allow you to wear the things you want to wear?  
**PROBE: [For women]** Do they help you with your hair and let you wear the things you want?
53. Is your personal and physical privacy respected?
54. Do you have opportunities to help or support others?
55. Do the day to day things you do make you feel worthwhile? **PROBE:** Do you feel useful?
56. Do the staff ever make you feel like you are a burden?
57. Do the staff ever take advantage of you?
58. Do you ever feel ignored by the staff?
59. Are you treated the way you want to be treated?
60. Are there any comments you wish to make about the level of respect you are shown here?

Cronbach's alpha = .71

**Subscale: Autonomy**

61. Are you encouraged to participate in decisions about your care?
62. Do **YOU** decide what you are going to do each day?
63. Do you feel you can express your feelings and opinions around here?
64. Is equipment available that allows you to be more independent (for example, wheelchairs, walkers, or bars in bathrooms?)
65. Are you free to come and go as you please?
66. Are you ever forced to do things that you don't want to do?
67. Will staff get back at you if you say or do something they don't like?
68. If you could, would you choose to have a different roommate(s)?
69. Can you choose when to have your bath or shower?
70. Are you free to make your own choice?
71. Are your spiritual or religious needs met here?
72. Are there any comments you wish to make about your freedom and independence here?

Cronbach's alpha = .64

**Subscale: Medical Care and Treatment**

73. Are you helped if you are in pain or uncomfortable?
74. Can you talk to a doctor when you need to?
75. Do you receive the treatments and medication you need?
76. If you are not feeling well, do you get the medical help you need?
77. Do you receive therapy if you need it?
78. Are there any comments you wish to make about your medical care and treatment here?

Cronbach's alpha = NA

**Subscale: Overall Satisfaction**

79. If long-term care were needed for another family member or friend, would you recommend this facility?
80. Overall, how would you rate the quality of care and services you receive here?
81. Are there any other comments you wish to make?

Cronbach's alpha = NA

**Source:** Shore BA, Lerman DC, Smith RG, Iwata BA, and DeLeon IG. (1995). Direct assessment of quality of care in a geriatric nursing home. *J Appl Behav Anal* 28(4):435-448.

**Purpose of tool:** The purpose of the tool is to measure quality of nursing home care. This tool uses time sampling and direct observation to measure compliance with OBRA regulations in three areas: (a) environmental conditions including cleanliness, safety, supplies, materials, and supervision; (b) resident condition including adequate grooming, appropriate clothing, freedom from restraint, and freedom from injury; (c) resident activity including appropriate social behavior (e.g., conversation), appropriate nonsocial behavior (e.g., watching TV), or inappropriate behavior (e.g., self-injury); and (d) staff activity. The goal of the project is to improve on survey findings that the authors say may have provided inadequate information about the quality of nursing home care.

**Data collection:** The study was conducted in a community-based proprietary nursing home serving 104 residents ranging in age from 65 to 101. Residents and staff were observed according to a semi-random schedule between the hours of 7:00 a.m. to 8:00 p.m. 7 days a week over a period of 5 weeks. A total of 85 observations were made. Observation of the conditions and activities in residents' rooms were made from the hallways. No observation was made when the door to the resident's room was closed or when the resident or staff member was not visible from the hallway. Staff and management areas were also excluded.

**Scale structure:** No factor analysis reported.

**Reliability:** No reliability measures given.

**Validity:** No validity measures given.

**Response options:** Observers used hatch-marks to record the number of staff and residents present during the observation. Observers scored individual elements with a "minus" if a violation of OBRA regulations was observed. If no violations were observed for any elements in a domain, that domain received a "plus."

**Subscale:** Environment

- (a) Cleanliness: Score (-) if presence of urine or feces; three or more items of trash, food, or containers on floor or furniture; unstored linen or clothing. Score (+) otherwise.
- (b) Safety: Score (-) if broken furniture, toxins (including unattended medication carts), glass, or other dangerous items within reach; presence of structural hazards. Score (+) otherwise
- (c) Supplies and materials: Score (+) if materials relevant to ongoing activities are available. Score (-) otherwise.
- (d) Supervision: Score (+) if at least one staff member is present. Score (-) otherwise.

**Subscale:** Resident Condition

- (a) Grooming: Resident's clothing is untorn, and body and hair are free from visible dirt, food particles, or other soil.
- (b) Clothing: Resident is wearing shirt and pants (or dress) that are properly zipped, buttoned, or otherwise closed and shoes (if outside bedroom).
- (c) Free from restraint: Resident is not wearing restraints or protective equipment (exclude geri-chairs and seat belts in wheelchairs).
- (d) Free from injury: Resident does not have a visible current injury (open wound or scab, bruise, bandage, cast, etc.)

**Subscale: Resident Activity**

- (a) Appropriate social: Resident is interacting with staff or another resident. Also indicate which of the following behaviors occurred:
  - 1. Conversation: Resident is talking to someone.
  - 2. Receiving instructions or care: Resident is receiving assistance or instruction from another.
  - 3. Sharing materials: Resident is engaged in a game with another or is giving or receiving materials.
- (b) Appropriate nonsocial: Resident is exhibiting appropriate behavior but not interacting with another. If resident is moving wheel chair or walking, mark "A" for ambulation. Also indicate which of the following behaviors occurred:
  - 1. Self-care: Resident is dressing, combing hair, or engaged in other self-care activity.
  - 2. Interact with leisure materials: Resident is engaged in solitary activity (e.g., reading, sewing).
  - 3. Attend to TV: Resident's eyes are oriented toward TV while TV is on.
  - 4. Eating: Resident is placing food or drink in mouth, chewing, or manipulating utensils in the presence of food.
- (c) Inappropriate: Resident is engaged in one of the following behaviors (indicate which one).
  - 1. Self-injury: Resident is engaging in self-directed behavior that produces physical harm.
  - 2. Aggression: Resident is engaged in other-directed behavior that can produce harm.
  - 3. Disruption: Resident is yelling, crying, cursing, spitting, tearing clothes, destroying or attempting to destroy property, or engaged in repetitive non-sensical verbalizations.
- (d) No activity: Score only if resident has not engaged in the above behaviors at the end of 30 seconds.

**Subscale: Staff Activity**

- (a) Staff-other interaction: Staff member is interacting with someone other than a resident.
- (b) Resident care: Staff member is providing resident care of a non-instructional nature (e.g., self-care or assistance with transition). Also score as resident positive or negative if interaction occurs.
- (c) Resident positive interaction: Staff member is engaged in neutral conversation with resident, delivering praise or physical affection, or giving "do" instructions.
- (d) Resident negative interaction: Staff member is reprimanding resident, giving "don't" instructions or using physical intervention.
- (e) Nonresident work: Staff is involved in facility maintenance, paperwork, etc.
- (f) Off task: Score only if staff member has not engaged in the above behaviors at the end of 30 days.

**Source:** Zinn JS, Lavizzo-Mourey R, and Taylor L. (1993). Measuring satisfaction with care in the nursing home setting: The Nursing Home Resident Satisfaction Scale. *J Appl Gerontol* 12(4):452-465.

**Purpose of tool:** The Nursing Home Resident Satisfaction Scale (NHRSS) is a 10-item survey instrument designed to measure nursing home residents' satisfaction with the care they receive. There are three domains: evaluating physician services, nursing services, and environment. There is one global satisfaction item. The original items and domains for this survey were developed based upon a review of the literature of patient satisfaction and quality of care.

**Data collection:** This instrument was pilot tested with 168 residents at four nursing homes within a 50-mile radius of Philadelphia, PA. Two facilities were in urban settings and two were in suburban locations. The survey was administered using in-person interviews from May to September 1988. To test reliability, respondents completed the entire interview and were contacted a second time 30 minutes later, at which time one of the three scales was selected at random and re-administered.

**Scale structure:** Internal consistency of each domain was measured using coefficient alpha measures.

**Reliability:** Item test-retest reliabilities ranged from .05 to .75 and percentage of agreement coefficients ranged from .43 to .94. Domain test-retest and interrater reliability were .71 for physician services, .64 for nursing services, and .79 for environment. These results compared favorably with the ranges reported in the literature at that time. Item/total correlations ranged from .40 to .70, which meet or exceed the value of .40 that is reported as an acceptable cutoff in the literature.

**Validity:** No validity measures given.

**Response options:** Unless otherwise stated, the response options are: 1 = Not so good; 2 = OK; 3 = Good; 4 = Very Good; and 5 = Not Applicable

**Subscale:** Physician Services

- |   |                               |
|---|-------------------------------|
| 1. Do the doctors treat you well?<br>How well do they treat you?  | 1 = yes 2 = no<br>(1,2,3,4,5) |
| 2. Do the doctors come quickly when you ask to see them?<br>How would you rate the time it takes to come and see you? | 1 = yes 2 = no<br>(1,2,3,4,5) |
| 3. Do you have confidence in the doctor's abilities?<br>How would you rate your confidence?                           | 1 = yes 2 = no<br>(1,2,3,4,5) |

Domain Internal Consistency Coefficient Alpha = .69

**Subscale:** Nursing Services

- |   |                               |
|---|-------------------------------|
| 1. Do the nurses treat you well?<br>How well do they treat you?   | 1 = yes 2 = no<br>(1,2,3,4,5) |
| 2. Do the nurses come quickly when you call them?<br>How would you rate the time it takes to come to you? | 1 = yes 2 = no<br>(1,2,3,4,5) |
| 3. Do you have confidence in the nurses' abilities?<br>How would you rate your confidence?                | 1 = yes 2 = no<br>(1,2,3,4,5) |

Domain Internal Consistency Coefficient Alpha = .80



**Subscale: Other Services**

1. Do you enjoy mealtime? (presentation, service, choices, taste)  
How would you rate mealtime? 1 = yes 2 = no  
(1,2,3,4,5)
2. Do you like your room?  
How would you rate your room? 1 = yes 2 = no  
(1,2,3,4,5)
3. Do you get enough quiet and privacy?  
How would you rate the amount of quiet and privacy? 1 = yes 2 = no  
(1,2,3,4,5)
4. Do you like the daily schedule?  
How would you rate the daily schedule? 1 = yes 2 = no  
(1,2,3,4,5)

Domain Internal Consistency Coefficient Alpha = .74

**Subscale: General Services**

1. Considering everything, how would you rate your overall satisfaction  
(doctor, nursing care facilities, etc.)? (1,2,3,4,5)

**Source:** [Astrom S](#), [Nilsson M](#), [Norberg A](#), [Sandman PO](#), and [Winblad B](#). (1991). Staff burnout in dementia care: Relations to empathy and attitudes. *Int J Nurs Stud* 28 (1):65-75

**Purpose of tool:** The tool is designed to measure burnout, empathy, and attitude of nursing home staff (RNs, LPNs and nurse's aides) working in a nursing home, psychogenic clinics, and somatic long-term care clinic in the health care district of Umea, northern Sweden.

**Data Collection:**

Data were collected from 60 of the 358 nursing staff that participated in an earlier study. Nursing staff were asked to participate in this followup study with tape recorded interview. They were selected based on their scores on LaMonica Empathy Construct Rating Scale and Pine burnout scale. A random sample was not used in order to relate staff with extreme scores to their experiences at work.

**Scale structure:** Six factors were identified: experience of feed-back at work, care organization, satisfaction of wrong expectation, satisfactory contact with patients, satisfaction with expectations of others, and satisfaction with environment.

**Reliability:** No reliability measures given.

**Validity:** No validity measures given.

**Response options:** The responses are stated on a seven point scale from “never” to always”

	<b>Factor Loading</b>
To what extent do you experience stimulation in your work?	0.70
To what extent do you experience satisfaction in your work?	0.81
To what extent can you respond to the expectations from the patients relatives?	0.55
To what extent are you satisfied in contact with demented patients?	0.60
To what extent do you experience contact with a demented patient as stimulating?	0.56
To what extent do you experience contact with a confused patient as stimulating?	0.48
To what extent does the work function well between day staff and night staff?	0.84
To what extent is your ward nurse a good one?	0.84
To what extent are your expectations from work satisfied?	0.63
To what extent is the supervisory staff good as a work organizer?	0.73
To what extent do you experience satisfaction in your social life?	0.78
To what extent do relatives of demented patients respond to your expectations of them?	0.54
To what extent can you be helpful and see to the needs of a patient with dementia?	0.66
To what extent do you find your work rewarding?	0.73
When you feel satisfied in the contact with demented patients how satisfied do you feel?	0.56
To what extent can you respond to the expectations of your colleagues?	0.73
To what extent can you respond to the expectations of supervisor staff?	0.69
How often do you feel strained in the contact with demented patients?	0.56
Are you satisfied with your work goals?	0.59
To what extent do your colleagues respond to your expectations?	0.80
To what extent is your workplace ideal for the care of demented patients?	0.75

**Source:** Kruzich JM, Clinton JF, and Kelber ST. (1992). Personal and environmental influences on nursing home satisfaction. *Gerontologist* 32(3):342-350.

**Purpose of tool:** The survey tool utilized in this study was Kane et al.'s (1982) revised version of McCaffree and Harkin's (1976) Satisfaction with Nursing Home Scale. The main objective of this study was to look at how organizational factors impact resident satisfaction in nursing homes. The study aimed to address two questions: (1) how do organizational factors influence residents' satisfaction with the nursing home and (2) how do organizational factors differently impact on residents with varying levels of functional ability. The authors cited deficiencies in previous studies of this type, such as using a small number of nursing homes, homes of the same ownership type, and lack of controlling for confounding variables such as resident health, functional status, and cognitive functioning. This study tried to avoid these deficiencies by including a larger sample of homes, varying sizes and ownership, and multiple measures of resident functioning. In addition to the Satisfaction with Nursing Home Scale, this study utilized the Multiphasic Environmental Assessment Procedure (MEAP) Part D, a revised version of the Resident Management Practices Scale, and the Physical Self-Maintenance Scale. Only the Satisfaction with Nursing Home Scale is presented below.

**Data collection:** Data were collected from the administrator, staff, and a sample of 289 residents in 51 nursing homes in south central and south eastern Wisconsin. The survey was administered using in-person interviews that were videotaped and scored by three interviewers.

**Scale structure:** No factor analysis reported.

**Reliability:** Kane et al. (1982) reported a reliability coefficient of .88 for the scale using the revised version.

**Validity:** The interviews were scored by three interviewers who subsequently revised the survey to clarify questions where there was not inter-rater agreement.

**Response options:** Residents were asked to either "agree" or "disagree" with each item. "Neutral" was not explicitly given as an option but was coded by the interviewer as a neutral or unsure response.

1. The food is good here.
2. Your room and surroundings are clean.
3. You can keep as many personal possessions in your room as you want.
4. You can see a doctor as often as you would like.
5. Most of the nurses and nursing assistants have the skills to provide care you need.
6. At night you have a choice of going to bed when you want.
7. The amount of noise here bothers you.
8. When you need help, someone will come within a reasonable time.
9. You have enough privacy here.
10. This is a cheerful place.
11. You have a choice in deciding what clothing you will wear each day.
12. When you have a complaint, something is done about it.
13. Life is boring here.
14. Some of your personal belongings have disappeared from your room.
15. Most of the nurses show a personal interest in you.
16. Most of the nursing assistants show a personal interest in you.
17. Life here is better than you expected when you first came here.

**Source:** Ferrans C, and Powers M. (1985). Quality of Life Index: Development and psychometric properties, *Adv Nurs Sci* 8:15-24.

**Purpose of tool:** The Quality of Life Index (QLI) was developed by Ferrans and Powers to measure quality of life in terms of satisfaction with life. Quality of life is defined by Ferrans as “a person’s sense of well-being that stems from satisfaction or dissatisfaction with the areas of life that are important to him/her” (Ferrans, 1990).<sup>10</sup> The QLI instrument consists of two parts: the first measures satisfaction with various aspects of life, and the second measures importance of those same aspects. Scores are calculated for quality of life overall and in four domains: health and functioning, psychological/spiritual, social and economic, and family. A number of versions of the QLI have been developed for use with various disorders and the general population. A common set of items forms the basis for all versions. Since the tool has been altered to fit a number of situations, psychometric data are available as overall measures. The tool reported is the nursing home version, which the authors state is amenable to assisted living settings.

**Data collection:** No sampling information. Appropriate for use as a self-administered questionnaire or in interview format. The instrument takes approximately 10 minutes for self-administration.

**Scale Structure:** No factor analysis for individual items available. Factor analysis revealed four dimensions underlying the QLI: health and functioning, social and economic, psychological/spiritual, and family. The factor analytic solution explained 91% of the total (Campbell, Converse, and Rodgers, 1976).

**Reliability:** Cronbach’s alpha for the overall scale has been found between .84 and .98. Cronbach’s alpha for the four subscales ranges between .63 and .93. test-retest reliability for the overall scale is .79. Cronbach’s alpha for the four subscales ranges between .68 and .76.

**Validity:** Content validity of the QLI was supported by the fact that items were based both on an extensive literature review of issues related to quality of life and on the reports of patients regarding the quality of their lives. Support for content validity also was provided by an acceptably high rating using the Content Validity Index. Convergent validity of the QLI was supported by strong correlations between the overall (total) QLI score and Campbell, Converse, and Rodgers’ (1976)<sup>11</sup> measure of life satisfaction ( $r = .61, .65, .75, .77, .80, .83, .93$ ). Construct validity also was supported using the contrasted groups approach. Subjects were divided into groups on the basis of self-reported levels of pain, depression, and success in coping with stress. Subjects who had less pain, less depression, or who were coping better with stress had significantly higher overall (total) QLI scores. The contrasted groups approach also was used to assess the construct validity of the social and economic subscale.

**Response options:** Respondents answered on a 6-point Likert scale on both satisfaction and importance questions (which are the same with only slight variation in wording: 1=Very Dissatisfied/Very Unimportant to 6=Very Satisfied/Very Important).

**Subscale:** Health and Functioning

1. Your health?
2. Your health care?
3. The amount of pain that you have?
4. The amount of energy you have for everyday activities?
5. Your ability to take care of yourself without help?
6. The amount of control you have over your life?

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<sup>10</sup> Ferrans CE. (1990). Development of a quality of life index for patients with cancer. *Oncol Nurs Forum* 17(Suppl 3):15-21.

<sup>11</sup> Campbell A, Converse P, and Rogers W. (1976). *The Quality of American Life*. New York, NY: Russell Sage Foundation.

7. Your chances of living as long as you would like?
11. Your sex life?
16. Your ability to do things for family and friends?
17. How useful you are to others?
18. The amount of worries in your life?
25. The things you do for fun?
26. Your chances for a happy future?

Cronbach's alpha ranges from .70 to .93. Test-retest reliability = .72

**Subscale:** Social and Economic Subscale

13. Your friends?
15. The emotional support you get from people other than your family?
19. The room(s) you live in?
20. The community setting you live in?
21. The activities available to you?
22. Not having a job (if unemployed, retired, or disabled)?
23. Your education?
24. How well you can take care of your financial needs?

Cronbach's alpha ranges from .71 to .92. Test-retest reliability = .68

**Subscale:** Psychological/Spiritual

27. Your peace of mind?
28. Your faith in God?
29. Your achievement of personal goals?
30. Your happiness in general?
31. Your life in general?
32. Your personal appearance?
33. Yourself in general?

Cronbach's alpha ranges from .80 to .93. Test-retest reliability = .76

**Subscale:** Family Subscale

8. Your family's health?
9. Your children?
10. Your family's happiness?
12. Your spouse, lover, or partner?
14. The emotional support you get from your family?

Cronbach's alpha ranges from .63 to .92. Test-retest reliability = .69

Overall Cronbach's alpha ranges from .84 to .98. Overall Test-retest reliability = .79

**Source:** Minnesota Department of Human Services, Aging and Adult Services (2005). Consumer Experience Survey—Minnesota. Available at: [http://www.dhs.state.mn.us/main/groups/aging/documents/pub/dhs\\_id\\_051926.pdf](http://www.dhs.state.mn.us/main/groups/aging/documents/pub/dhs_id_051926.pdf). Accessed November 8, 2006.

**Purpose of tool:** This series of tools was developed to discover the types of help people need to stay in their home, whether or not they are receiving that help, and their level of satisfaction with the help they receive and their quality of life. This tool was developed by combining elements of the Centers for Medicare & Medicaid Services (CMS) survey tools for elders and people with disabilities, Minnesota's Survey of Older Minnesotans, and Minnesota's nursing home quality of life survey. Domains include general satisfaction and safety, experience with paid staff, and experiences with case management.

**Data collection:** This version of the questionnaire was piloted with 90 elderly waiver (EW) clients in the fall of 2004. In the spring of 2005, Minnesota's Department of Human Services, Aging and Adult Services, conducted a Consumer Experience Survey of 600 Elderly Waiver clients as part of the Real Choice grant. Of these 600 clients, 9% were non-English speaking. Approximately 10% of the sample had moderate to severe dementia, as indicated by their case managers. The survey was conducted as an in-person interview in the clients' homes.

**Scale structure:** No factor analysis reported.

**Reliability:** No reliability measures given.

**Validity:** No validity measures given.

**Response options:** Vary by question. Some responses are on a continuum (i.e., generally no, generally yes) and others are multiple choice. See individual domains and items for response options.

### **General Satisfaction and Safety Questions**

**Responses options : Generally No, Generally Yes, No Response, Can't Code, Q7 only –N/A No Family**

1. In general, do you like where you're living now?
2. In general, is your room/apartment/home how you like it to be?
3. In general, is the place in good condition?
4. Can you get around inside your (room/apartment/home) as much as you need to?
5. Are you satisfied with how you spend your free time?
6. Can you usually get to the places where you want or need to go, like shopping, for a visit, to church, to get your hair done, to play cards, or to a ball game?
7. Generally, are you satisfied with the amount of contact you have with family?
8. Generally, are you satisfied with the amount of contact you have with friends?
9. Is there someone you can count on in an emergency?
10. Are you as socially active as you'd like to be—like participating in community activities?

15. Thinking about getting dressed, would you say...

- You get dressed by yourself.
- Someone helps you get dressed some of the time.
- Someone helps you get dressed most of the time.
- No response
- Can't code

15a. Have there been times when you couldn't get dressed when you wanted to?

- No
- Yes

I will now read several statements about medications. Do you take any medications, either pills, injections, or other types of medications?

- No (GO TO QUESTION 17)
- Yes (GO TO QUESTION 16a)
- No Response (GO TO QUESTION 17)
- Can't code (GO TO QUESTION 17) .....

16a. Does someone set up your pills for you?

- No (Sets them up on own or does not take pills)
- Yes

16b. IF YES, Have there been times when you haven't been able to get someone to set up your pills for you?

- No
- Yes

16c. Does anyone set up your pills for your medication, such as giving you an injection or putting the pills in your mouth or hand? (NOTES ADMINISTRATION OF MEDICATION)

- No (Administer to self)
- Yes

16d. IF YES, Have there been times when you haven't been able to take your medication when you needed to because someone couldn't give it to you?

- No
- Yes

16e. Do you ever have problems getting medication because they are sometimes too expensive to buy?

- No
- Yes

17. Does someone help you use the bathroom?
- No (can perform independently with no help)
  - Yes (needs help with this activity)
  - No Response
  - Can't code
- 17a. Have there been times when you couldn't use the bathroom when you needed to?
- No
  - Yes
18. Does someone help you take bath or shower?
- No (can perform independently with no help)
  - Yes (needs help with this activity)
  - No Response
  - Can't code
- 18a. Have there been times when you couldn't take a bath or shower when you wanted to?
- No
  - Yes
19. Does someone help you eat? NOTES FEEDING; DOES NOT INCLUDE MEAL PREPARATION
- No (can perform independently with no help)
  - Yes (needs help with this activity)
  - No Response
  - Can't code
- 19a. Have there been times when you couldn't get out of bed when you wanted to?
- No
  - Yes
20. Does someone help you eat? NOTES FEEDING; DOES NOT INCLUDE MEAL PREPARATION
- No (can perform independently with no help)
  - Yes (needs help with this activity)
  - No Response
  - Can't code
- 20a. Have there been times when you couldn't eat when you wanted to?
- No
  - Yes



### **Experience with Paid Staff**

Response options: Always, Usually, Sometimes, Never, No Response, Can't Code

30. Do the people who are paid to help you spend enough time with you—when helping you meet your needs?

31. Do the people who are paid to help you come when they are supposed to ?

32. Do the people who are paid to help you respect your privacy?

33. Do they do the things that you want them to do?

34. Do they treat you respectfully?

39. Have you ever been hit or hurt by any of the people paid to help you?

- No
- Yes (INCLUDES SOMETIMES OR ONCE)
- No response
- Can't code

IF YES, Can you tell me what happened?

40. Have any of the people paid to help you said mean things to you or yelled at you?

- No
- Yes (INCLUDES SOMETIMES OR ONCE)
- No response
- Can't code

IF YES, Can you tell me what happened?

### **Experience with Case Management**

46. Thinking about the last year, about how often has a case manager contacted you by phone or visited you?

- More than once a month
- About once a month
- Every few months
- About once a year
- Don't know
- No Response
- Can't code

47. Has a case manager helped you solve a problem that you have told them about?

- No
- Yes
- Not applicable (Never asked. Never have a problem)
- Don't know
- No Response
- Can't code

47a. IF NO OR NOT APPLICABLE. Do you feel that your case manager would help you if you did have a problem?

- No
- Yes
- Don't know
- No Response
- Can't code

48. Have you ever talked with your case manager about any special equipment, or changes to your services that might make your life easier?

- No
- Yes
- No Response
- Can't code

48a. IF YES, Did your case manager make the changes that you asked for?

- No
- Yes
- Don't know
- No Response
- Can't code

49. Thinking about any changes in case managers, would you say...

- You haven't had any changes in case managers.
- You have had changes in case managers, but it hasn't been a problem
- You have had changes in case managers, and it has been a problem.
- Don't know
- No Response
- Can't code

**Source:** American Seniors Housing Association (ASHA), Seniors Housing Survey (2004). Available at: [http://www.seniorshousing.org/OutsideOfStore/InteractiveFolders/DynamicDocs/showFile.aspx?Parent=58&File=CCRC\\_Survey\\_-\\_ASHA\\_members.doc](http://www.seniorshousing.org/OutsideOfStore/InteractiveFolders/DynamicDocs/showFile.aspx?Parent=58&File=CCRC_Survey_-_ASHA_members.doc). Accessed December 6, 2006.

**Purpose of tool:** This tool is used to inform reports by the American Seniors Housing Association, such as the annual State of Seniors Housing Report. It is completed by independent living facilities (with or without assisted living or specialty care beds), free-standing assisted living residences, Alzheimer's facilities, and continuing care retirement communities and by members of the ASHA and non-members alike. It is a collaborative, industry-wide effort including other organizations such as the Assisted Living Federation of America and the National Investment Center for Seniors Housing and Care Industries. The survey collects information on the financial position and operational characteristics of seniors housing with the purpose of providing a snapshot of these characteristics to lenders, investors, owners and operators of facilities, and other industry professionals and policymakers.

**Data collection:** Data have been collected annually since 1992. The survey is available in paper and pencil or Web-based formats. The typical sample is approximately 75,000 seniors housing units.

**Scale structure:** No factor analysis reported.

**Reliability:** No reliability measures given.

**Validity:** No validity measures given.

**Response options:** The questions in this survey are mostly open-ended.

1. The contact person for this survey is:

Name  
Phone  
E-mail

2. Property location (State):

State  
City (optional)

3. What year did this property open for occupancy as seniors housing?

Year

4. The location of this property is best characterized as:

5. The owner of this property is:

6. The owner of this property includes a:

7. If university/college affiliated, what is the proximity to the institution:

8. The property is managed by:

9. How many properties are managed by this entity?

10. Is the property accredited?

If yes, by whom?

11. Payment structure:

12. If entrance fee is offered, predominant contract type (see instructions for definitions):

13. Payment structure for assisted living services:

13a. If entrance fee if offered, what is the minimum refundability on the entrance fee refund option chosen by the majority of residents:

14. For the predominant refund option listed in question 8, please give the average entrance fee for one-bedroom units and/or units of approximately 1,000 sf (enter data for each contract to):

Type A:

Type B:

Type C:

15. What is the approximate size of the site upon which the property is located?

\_\_\_\_\_ acres

16. How many buildings which house residents are part of the property?

\_\_\_\_\_ buildings

17. What is the total, gross square footage and net rentable area of the physical building?  
(Remember that this information can be copied from last year's survey)

- a. Common Area Square Feet (all non-rentable space) \_\_\_\_\_ square feet
- b. Net Rentable Square Feet \_\_\_\_\_ square feet
- c. Total Gross Building Area (a+b=c) \_\_\_\_\_ square feet

Financial Data for 12 Months Ending \_\_\_\_\_ mm/yyyy  
(Data must be for 12 full months. Preference is for year ending 12/31/03).

**A. Revenues:**

1) Rent/Fee Revenue by Care Level

- a) Congregate/Independent  
Base Rent  
2nd Occupant Base Rent
- b) Assisted Living (including dementia—see definitions)  
Base Rent/Fees  
Acuity Based Care Fees  
2nd Occupant Base Rent
- c) Nursing  
Base Rent  
Ancillary Revenues

**d) Subtotal (a+b+c=d)**

2) Other Revenue Categories

a) Net Cash from Entrance Fees

b) Interest Income

Misc. Income (Cable, guest meals, beauty, move-in fees, etc.)

**d) Subtotal (a+b+c=d)**

**Total Cash Revenue (Rent/Fee + Other Revenue)**

**B. Operating Expenses (Important! Read Notes):**

1) Labor-Related Expenses (wages, salaries, bonuses, vacation, sick, holiday):

a) Administrative

b) Dietary

c) Housekeeping

d) Maintenance

e) Assisted Living Labor

f) Nursing Labor

g) Marketing

h) All Labor in Other Departments

i) Payroll Taxes

J) Employee Benefits

**k) Subtotal (a+b+c+d+e+f+g+h+i+j=k)**

2) Non-Labor related expenses:

a) Property Taxes

b) Property/Liability Insurance

c) Raw Food

d) Utilities

e) Marketing/Advertising

f) Repairs & Maintenance

g) Housekeeping

h) Total Management Fees

I) All Other Operating Expenses

**j) Subtotal (a+b+c+d+e+f+g+h+i=j)**

3) All Corporate and/or overhead expenses

**(do not include development and/or acquisition costs)**

**Total Operating Expenses (labor expenses + non-labor expenses + overhead)**

**C. Net Operating Income "NOI" (A-B=C)**

Note: Data from this section must be for the same 12-month reporting period as Section II.

- 1) How many Full Time Equivalents (FTEs) did this property pay during the period year?  
An FTE is defined as a 2,080-hour block of time paid in a year (i.e., 40 hours/week). For example: if two part-time housekeepers each work 20 hours per week, then you have the equivalent of 1 FTE.

a) Administrative

b) Dietary

c) Housekeeping

- d) Maintenance
- e) Assisted Living Labor
- f) Nursing Labor
- g) Marketing
- h) Activities
- i) Transportation
- j) Security
- k) All Other Departments

**L) Total FTE's (a+b+c+d+e+f+g+h+i=j+k=l)**

- 2) What was this property's average percentage rent increase (+) or decrease (-) for the year for in-house rents and for street rents? (In-house rents are rents for current residents who are renewing leases; street rents are rents offered to new residents after an existing resident moves out).

<b>Congregate</b>		<b>Assisted Living</b>		<b>Skilled Nursing</b>
In-House		In-House		In-House
Street		Street		Street

- 3) If this property has an assisted living component, the typical assisted living resident profile is best characterized as:
- 4) If this property has an assisted living component, the assisted living component is:
- 5) If this property has an assisted living component, are any of the assisted living beds Medicaid/Waiver certified?  
 Note: Data from this section must be for the same 12-month reporting period as Section II.

	Independent Units (x)	Assisted Living Beds (y)	Nursing Beds (z)	Total (x+y+z)
a) Total available units/beds (occupied and vacant)*				0
b) Occupied units/beds on <u>last</u> day of reported year				0
c) Occupied units/beds on <u>first</u> day of reported year				0
d) Net Occupancy (b-c=d)**	0	0	0	0
e) Total move-ins for year				0
f) Total move-outs for year				0
g) Net move-ins (e-f=g)**	0	0	0	0
Total residents on <u>last</u> day of reported year				0
Total residents on <u>first</u> day of reported year				0

\*Total beds should equal your operational maximums, not your licensed capacity.

\*\* Net Move-Ins (g) should equal Net Occupancy Change (d).

- 2) What percentage of each unit/bed type is double occupancy?  
 Independent Living Units  
 Assisted Living Beds  
 Nursing Beds
- 3) What is the approximate square footage of each unit type by number of bedrooms?  
 Studio:  
 Independent Living \_\_\_\_\_ square feet  
 Assisted Living \_\_\_\_\_ square feet  
 Skilled Nursing \_\_\_\_\_ square feet
- One-bedroom:  
 Independent Living \_\_\_\_\_ square feet  
 Assisted Living \_\_\_\_\_ square feet  
 Skilled Nursing \_\_\_\_\_ square feet
- Two-bedroom:  
 Independent Living \_\_\_\_\_ square feet  
 Assisted Living \_\_\_\_\_ square feet  
 Skilled Nursing \_\_\_\_\_ square feet

- 4) What is the average length of stay for residents for each level of care? (Please complete only if you track these data; do not estimate).
- Independent/Congregate \_\_\_\_\_ months  
 Assisted Living \_\_\_\_\_ months  
 Alzheimer/Dementia \_\_\_\_\_ months  
 Nursing \_\_\_\_\_ months

- 1) Please answer the following only if this property was built or acquired on or after January 1, 1991, otherwise skip to question #2.

This property was: \_\_\_\_\_ in (year)

- a) What was the total “all-in” development cost (if built) or acquisition cost (if acquired) of this property?  
 (Include purchase price, land, hard costs, soft costs, start-up costs, including operational losses to stabilization, marketing costs, rehab/renovation, expansions, amortized fees, capitalized reserve accounts, and any other costs associated with the transaction).

**“All-in” Development/Acquisition Costs:                      Total                      Per Unit**

- 2) This property is:
- 2a) If leased: What was the Annual Operating Lease Expense\*
- 2b) If debt financed: What was the total annual debt service\*
- a. Total Interest Expense  
 b. Total Principal Payments  
 c. All other Debt Related Expenses\*\*  
 d. Total Debt Service (a+b+c=d)

*\*Must be the same 12-month reporting period as Section II*

*\*\*Fees for Servicing, LOCs, MIP, Trustee, etc.*

- 3) The total outstanding debt on this property at the end of the 12-month reporting period was:
- 4) Has this property been refinanced since it was originally developed or acquired?
- 5) What were the actual and estimated ongoing capital expenditures (i.e., replacement reserves) required to maintain the property's competitive market position? (Exclude one-time extraordinary capital expenditures, expansions, or extraordinary renovations).
- 5a) 12-month actual \_\_\_\_\_ (Amount Capitalized to Balance Sheet—exclude operating expenses)
- 5b) Estimated ongoing \_\_\_\_\_ per unit per year or \_\_\_\_\_ per bed per year



**Source:** Health and Retirement Study (HRS), 2004. Institute for Social Research, University of Michigan, for the U.S. Department of Health and Human Services, National Institute of Aging.

**Purpose of tool:** The purpose of the Health and Retirement Study (HRS) is to provide researchers, policy analysts, and program planners with the data needed to make policy decisions that affect retirement, health insurance, savings, and economic well-being, with the goal of being the most promising source of data on retirement for the foreseeable future. Objectives include: explaining the antecedents and consequences of retirement; examining the relationship between health, income, and wealth over time; examining the life cycle patterns of wealth accumulation and consumption; monitoring work disability; providing a rich source of interdisciplinary data; and examining how the mix and distribution of economic, family, and program resources affect key outcomes, including retirement, not saving, health declines, and institutionalization. For the purpose of this scan, the Housing module (Section H of HRS 2004) was deemed to be the most applicable, and selected relevant items from that questionnaire are included below.

**Data collection:** HRS is a panel study representing all persons over the age of 50 in the United States. Over 22,000 people over 50 years of age are surveyed every 2 years. The Housing Module is administered for HRS sampled persons who reside in community based housing including some assisted living facilities.

**Scale structure:** No factor analysis reported.

**Reliability:** No reliability measures given.

**Validity:** No validity measures given.

**Response options:** Unless otherwise stated, response options are “Yes,” “No,” “Don’t Know (DK),” or “Refused (RF).” In many cases, the options are listed in the question and are thus not repeated.

- |            |  |
|------------|--|
| H115/F22.  | Our records indicate that you live in a retirement community that provides special services. Even if you don’t use them now, does the place you live offer any of the following:<br><br>Group Meals? |
| H116/F22a. | Do you pay extra if you use this service?  |
| H117/F22b. | Do you (or your [husband/wife/partner]) use it now?  |
| H118/F23.  | Does the place you live offer transportation services? [Same two followup questions as above]  |
| H119/F24.  | Does the place you live offer help with housekeeping chores? [Same two followup questions as above]  |
| H120/F25.  | Does the place you live offer help with bathing, dressing, or eating? [Same two followup questions as above]   |
| H121/F27.  | Does the place you live offer an emergency call button or check on residents? [Same two followup questions as above]   |

- H122/F30. Does the place you live offer nursing care of an on-site nurse? [Same two followup questions as above]
- H123/F30a. Is there a special resident facility for people who need nursing care?
- H124/F30b. Do you pay extra if you use the nursing care service?
- H125/F30c. Do you (or your husband/wife/partner) use the nursing care service now?
- H126/F31. Would the place where you live now allow you to continue living in your current unit EVEN if you needed substantial care?
- H127/F32. (Is your house/Is the building your home is in) a single story, two stories, or more than two stories?
- H128/F33. Does it have an elevator?
- Yes  
Stair lift  
No  
DK
- H129/F33a. Is all your living space on one floor?
- H130/F33b. Does your (house or apartment/house/apartment) have bathroom facilities on all floors?
- H131/F34. Since you moved here in (month, year of move), have you modified your (house/apartment) to make it easier or safer for an older person or a disabled person to live here?
- Yes  
Already handicap accessible  
No  
DK
- H132/F34a. Sometimes buildings have special features to help older disabled persons get around. Does your (house or apartment/house/apartment) have features such as a ramp, railings, or modifications for a wheelchair?
- H133/F34b. Which special features does it have?
- Ramp  
Railings  
Modifications for a wheelchair  
Other (specify)  
DK
- H134/F34c. How about special features to safeguard older or disabled persons—does your (house or apartment/house/apartment) have features such as grab bars, a shower seat, or a call device or another system to get help when needed?

- H135/F34d. What special features does it have to help safeguard older or disabled people?
- Grab bars or shower seat
  - Call system/other system to get help when needed
  - Other (specify)
  - DK
- H136/F35. Do you have your own kitchen?
- H137/F36. How many rooms are there in your (house or apartment/house/apartment), not counting bathrooms, hallways, or unfinished basements?
- H138/F37. How about the physical condition of your (house or apartment/house/apartment), would you say it is in excellent, very good, good, fair, or poor condition?
- H139/F38. If you (or your husband/wife/partner) had a serious health problem that limited your ability to get around, how easy or difficult would it be to make changes in the layout of your home so you could continue to live there? Would it be fairly easy or fairly difficult?
- H140/F39. Would you say the safety of your neighborhood is excellent, very good, good, fair, or poor?

**Sources:** Medicare Current Beneficiary Survey (MCBS) for 2004 and 2002. U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS), Medicare Current Beneficiary Survey. Available at: <http://www.cms.hhs.gov/MCBS/>. Accessed October 25, 2006.

McCormick JC, and Chulis GS. (2003). Growth in residential alternatives to nursing homes: 2001. *Health Care Financ Rev* 24(4):143-150.

McCormick JC, and Chulis GS. (2000). Characteristics of Medicare persons in long-term care facilities: Statistics of patients. *Health Care Financ Rev* 22(2):175-179.

**Purpose of tool:** The MCBS was developed by CMS to provide a comprehensive source of information on the health status, health care use and expenditures, health insurance coverage, and socioeconomic and demographic characteristics of the entire spectrum of Medicare beneficiaries. It is a multipurpose panel survey of a nationally representative sample of aged, institutionalized, and disabled Medicare beneficiaries. The MCBS has two major instrument components: the community interview and the facility interview. The Housing Characteristics Module (part of the community interview) was created in 2002 in order to address the rise in the number of alternatives to traditional long-term care facilities that do not qualify for the regular facility interview, referred to (in MCBS) as elderly group residential arrangements (EGRAs). The goal was to capture information about these alternative living spaces and the individuals who reside in them. Characteristics of interest include the number of floors, elevators, bathrooms, modifications to bathrooms, wheelchair accessibility, and others. Other information captured by the module includes the level of personal care services provided and aging in place issues. Some sampled people in the community component of MCBS self-identify their housing as an assisted living facility (via the Housing Questionnaire).

The MCBS facility interview is used to collect data on people who reside in institutional settings such as nursing homes. Some people in the facility component of MCBS are identified as residing in an assisted living facility based upon data collected with the Facility Questionnaire. This instrument collects data on facility characteristics and provision of facility services. The Facility Core Use of Services module is used to collect additional details on the use of services provided by the facility to facility residents. Other MCBS instruments are excluded from this review.

**Data collection:** The sample is drawn from CMS's Medicare enrollment files. The first stage of sampling included the selection of 107 geographic primary sampling units (PSUs). Beneficiaries that lived within these PSUs were selected by systematic random sampling within age strata. The disabled and oldest-old (age 85 and older) were over sampled by a factor of 1.5. The target sample size is 12,000 people. Beneficiaries residing in the sampled areas are selected without regard to type of residence, thus avoiding the need for a separate sampling of the institutionalized. A sample person who is in the community for part of the reference period and in a nursing home for another part will essentially receive two interviews: one in the home for the community portion and the other with the facility staff. MCBS community data are collected with an in-person interview. The initial contact for the facility interview is with the facility administrator. Interviews are then conducted with staff members identified by the administrator as the most appropriate to answer each section of the questionnaire. MCBS participants are followed for a 4-year period.

**Scale structure:** No factor analysis reported.

**Reliability:** No reliability measures given.

**Validity:** No validity measures given.

**Response options:** Vary by question. See individual items for response options.

**Community Housing Module**

- HA2. How many levels are in (your/SP's) (house/apartment or condominium building/place of residence)?  
ONE  
TWO  
THREE OR MORE  
REFUSED  
DON'T KNOW

Response Options: Yes, No, Refused, Don't Know (unless otherwise noted)

- HA3. Does (your/SP's) (house/apartment or condominium building/place of residence) have an elevator?
- HA4. Is the living space in (your/SP's) (house/own apartment or condominium/place of residence) all on one level?
- HA5. Does (your/SP's) (house/own apartment or condominium/place of residence) have either a full bathroom or a half bathroom on all levels?
- HA6. Does (your/SP's) (house/mobile home/apartment or condominium building/place of residence) have ramps at (any of) its entrance(s)?
- HA7. Does (your/SP's) (house/own apartment or condominium/mobile home/place of residence) have modifications to any bathroom such as grab bars or a shower seat?
- HA8. Other than stair railings, does (your/SP's) (house/own apartment or condominium/mobile home/place of residence) have special railings to help (you/him/her) move around?
- HA9. Now, please look at this card and tell me if (you live/SP lives) in any of these types of housing.
- HA10. IF NECESSARY, ASK: Which category best describes (your/SP's) type of housing?

Retirement Community  
Senior Citizens Housing  
Assisted Living Facility  
Continuing Care Community  
Staged Living Community  
Retirement Apartments  
Church-Provided Housing  
Personal Or Residential Care Home  
Other (Specify) \_\_\_\_\_  
Refused  
Don't Know

- HA11. Does (your/SP's) place of residence give (you/him/her) access to personal care services like any of those listed on this card?

- HA12. We are interested in personal services that might be available here in addition to housing. [In (this/these) (CATEGORY FROM HA10)/In (your/SP's) place of residence], (do you/does SP) have access to ... (Yes/NO)
- prepared meals?
  - housekeeping, maid, or cleaning services?
  - laundry services?
  - help with medications?
  - transportation?
  - recreational services, such as exercise facilities, movies, activities/programs, library, card rooms, pool tables, etc.?
- HA13. Are these services included as part of the cost of (your/SP's) housing or is there a separate charge for them?  
 All Included  
 Some Included/Some Separate  
 All Separate  
 Refused  
 Don't Know
- HA14. Would the (CATEGORY FROM HA10/place) where (you currently live/SP currently lives) allow (you/him/her) to continue living in (your/his/her) (house/apartment or condominium/mobile home/home) if (you/he/she) needed substantial care?
- HA15. If (you/he/she) needed substantial care, would that care be provided in another part of (this/these) same (CATEGORY FROM HA10/place of residence)?
- HA16. Does the place where (you live/SP lives) now require residents to be a certain age to live there or receive services?
- HA17. Now I have a few questions about the rooms in (your/SP's) place of residence. (Do you/Does SP) have (your/his/her) own bathroom facilities?
- HA18. How many rooms are there in (your/SP's) (house/own apartment or condominium/mobile home/place of residence), not counting bathrooms, hallways, or unfinished basements?
- Number Of Rooms \_\_\_\_  
 Refused  
 Don't Know
- HA19. (Do you/Does SP) have (your/his/her) own kitchen?

**Facility Screener Questionnaire**

- FA1 Is {FACILITY} a free-standing nursing home?  
 YES  
 NO
- If Volunteered: {Facility} Is ...  
 Continuing Care Retirement Community (CCRC)  
 Nursing Home/Unit Within A CCRC or Retirement Center  
 Retirement Community  
 Hospital  
 Hospital-Based SNF Unit  
 Assisted Living Facility

Board and Care Home  
Domiciliary Care Home  
Personal Care Home  
Rest Home/Retirement Home  
Mental Health Center/Psychiatric Setting  
Institution for the Mentally Retarded/Developmentally Disabled  
Rehabilitation Facility  
Adult/Group Home  
Home/Mgmt. Office for Chain/Off-Site Nursing Facilities  
Other (Specify: \_\_\_\_\_).  
DK

Is {FACILITY} part of a larger {home/facility} or campus?  
Yes  
No  
DK

What type of place is {FACILITY} part of?  
Continuing Care Retirement  
Community (CCRC)  
Retirement Community  
Hospital  
Assisted Living Facility  
Board and Care Home  
Domiciliary Care Home  
Personal Care Home  
Rest Home  
Other (Specify: \_\_\_\_\_)

FA5 What type of place is {FACILITY}?  
Continuing Care Retirement Community (CCRC)  
Nursing Home/Unit Within a CCRC or Retirement Center  
Retirement Community  
Hospital  
Hospital-Based SNF Unit  
Assisted Living Facility  
Board and Care Home  
Domiciliary Care Home  
Personal Care Home  
Rest Home/Retirement Home  
Mental Health Center/Psychiatric Setting  
Institution for the Mentally Retarded/Developmentally Disabled  
Rehabilitation Facility  
Adult/Group Home  
Home/Mgmt. Office for Chain/Off-Site Nursing Facilities  
Other (Specify: \_\_\_\_\_).  
DK

FA11 Please tell me about all the parts or units of {LARGER FACILITY} where residents stay overnight.  
{Please do not include acute care departments or units in this list.}  
{PROBE: Any others?}

- FA12 What type of (place/unit) is that?  
 Nursing Home/Unit  
 Hospital  
 Assisted Living Facility  
 Board and Care Home  
 Domiciliary Care Home  
 Personal Care Home  
 Rest Home/Retirement Home  
 Independent Living Units  
 Mental Health Center/Psychiatric Setting  
 Institution For The Mentally Retarded/Rehabilitation Facility  
 Other (Specify: \_\_\_\_\_)
- FA16 You mentioned that {NAME IN FA11} is a hospital. Please look at this card and tell me what kind of hospital it is.  
 A. Acute Care Hospital  
 B. Private Psychiatric Hospital  
 C. State or County Hospital for the Mentally Ill  
 D. VA Hospital, VA Medical Center  
 E. State Hospital for the Mentally Retarded  
 F. Chronic Disease, Rehabilitation, Geriatric, or Other Long-Term Care Hospital  
 Other (Specify: \_\_\_\_\_).
- FA22 Does {FACILITY} have any beds that are {not certified by {Medicaid or Medicare} but are} licensed as nursing {home/facility} beds by the {STATE} State Health Department or by some other State or Federal agency?  
 Yes, Licensed by State Health Department  
 Yes, Licensed by Some Other Agency  
 (Specify: \_\_\_\_\_)  
 No, Not Licensed
- FA22A Does {FACILITY} provide 24-hour a day, on-site supervision by an RN or LPN 7 days a week?  
 Yes  
 No  
 DK
- FA22B Does {FACILITY} have any beds licensed as personal care, board and care, assisted living, or domiciliary care beds by the {STATE} State Health Department or by some other State agency?  
 Yes, Licensed by State Health Department  
 Yes, Licensed by Some Other Agency  
 (Specify: \_\_\_\_\_)  
 No, Not Licensed  
 DK



FA22C In addition to room and board, does {FACILITY/ELIGIBLE UNIT} routinely provide...  
YES  
NO

ROOMCARE Nursing or Medical Care? ( )  
SUPRVMED Supervision Over Medications? ( )  
FHLPBATH Help with Bathing? ( )  
FHLPDRESS Help with Dressing? ( )  
FHLPSHOP Help with Correspondence/Shopping? ( )  
FHLPWALK Help with Walking? ( )  
FHLPEAT Help with Eating? ( )  
FHLPCOMM Help with Communications? ( )

FA23 Does {FACILITY} provide 24-hour a day, on-site supervision by a caregiver 7 days a week?  
Yes  
No  
DK

FA54 Next, we're interested in learning about any special care units within {FACILITY} -- units with a specified number of beds identified and dedicated for residents with specific needs or diagnoses. Does {FACILITY} have any special care units, such as those listed on this card?  
At Least One Special Care Unit Mentioned  
No Special Care Units  
DK

FA55 What kind of special care unit(s) does {FACILITY} have?  
Alzheimer's And Related Dementias  
AIDS/HIV  
Dialysis  
Children with Disabilities  
Brain Injury (Traumatic Or Acquired)  
Hospice  
Huntington's Disease  
Rehabilitation  
Ventilator/Pulmonary  
Other (Specify: \_\_\_\_\_)

### **Facility Core: Use of Services Module**

US1PRE This series of questions is about the health care services that {SP} may have received between {REFERENCE START DATE} and {REFERENCE END DATE} while {she/he} resided in {FACILITY/[READ FACILITY/UNITS ABOVE]}. {The questions include any services that {she/he} received outside this facility, as well as care from any providers who saw {her/him} here. The kinds of services I will be asking about include physician care, dental care, mental health services, various kinds of therapies, and care from other kinds of health care providers. I will be asking about the type of provider and the frequency or duration of the services. Please do not include care while {she/he} was an overnight inpatient in an acute care hospital.}

CURRENT TIMELINE

PLACE NAME	START DATE	END DATE	STAY TYPE
{ }	{ }	{ }	{ }
{ }	{ }	{ }	{ }
{ }	{ }	{ }	{ }
ETC.	ETC.	ETC.	ETC.

US1 Between {REFERENCE START DATE} and {REFERENCE END DATE} while a resident in this {FACILITY/HOME}, did {she/he} see a medical doctor of any kind, outside the {FACILITY/HOME}, excluding mental health therapy provided by a psychiatrist?

- YES
- NO
- DK

US2 Between {REFERENCE START DATE} and {REFERENCE END DATE}, how many times did {she/he} see doctors outside this facility? NUMBER

US3A Please tell me the name and title of someone in {FACILITY/[READ FACILITY/UNITS ABOVE]} who could give me that information.

Thank you for your time, those are all the questions I have for you. Right now I need to continue with [NAME FROM FROG] to complete these questions.

US5A Between {REFERENCE START DATE} and {REFERENCE END DATE}, how many times did {she/he} see any doctor here?

( ) NUMBER

US6PRE The following questions are about services used both inside and outside this facility. We are only interested in services {SP} received while residing in {FACILITY/[READ FAC/UNITS LISTED ABOVE]}.

US6 Between {REFERENCE START DATE} and {REFERENCE END DATE}, did {she/he} see a dentist, dental surgeon, dental assistant, or any other professional for dental care?

- YES
- NO
- DK

US7 Between {REFERENCE START DATE} and {REFERENCE END DATE}, how many times did {she/he} see a dentist, dental surgeon, dental assistant, or any other professional for dental care?

NUMBER

US8 Between {REFERENCE START DATE} and {REFERENCE END DATE}, did {she/he} see a psychiatrist or any other mental health care professional either inside or outside this facility?

- YES
- NO
- DK

- US9      What type of mental health specialist did {she/he} see?  
             Select All That Apply.  
             Psychiatrist  
             Psychologist  
             Psychiatric Nurse  
             Psychiatric Social Worker  
             Licensed Clinical  
             Social Worker  
             Other (Specify: \_\_\_\_\_)
- US10      Between {REFERENCE START DATE} and {REFERENCE END DATE}, how many sessions or visits  
             did {she/he} have?  
             NUMBER
- US11      Were these individual sessions, group sessions, or some of both?  
             INDIVIDUAL  
             GROUP  
             BOTH
- US12      Between {REFERENCE START DATE} and {REFERENCE END DATE}, did {she/he} see a therapist  
             such as a physical therapist, speech therapist, I.V. therapist, occupational therapist,  
             Yes  
             No  
             DK
- US13      Please look at this card and tell me about how often each week therapy was provided.  
             More than 5 Times a Week  
             Less than Once a Week  
             3 To 5 Times a Week  
             More than 5 Times a Week  
             One-Time Evaluation  
             DK
- US14      Now look at this card. Between {REFERENCE START DATE} and {REFERENCE END DATE}, over  
             how long a period was therapy provided?  
             Less than 1 Week  
             1 to 3 Weeks  
             4 to 8 Weeks  
             More than 8 Weeks But Not The Whole Time  
             About the Whole Time  
             DK

US22A Between {REFERENCE START DATE} and {REFERENCE END DATE} was {SP} seen by a podiatrist (either inside or outside this facility)?

YES  
NO

US23 Between {REFERENCE START DATE} and {REFERENCE END DATE}, did {she/he} receive educational or habilitational services (either inside or outside this facility)?

PROBE: "Habilitation services" include training in daily living skills, self care, and so on, in a structured program.

YES  
NO  
DK

US24 Were those services educational, habilitational, or both?

Educational  
Habilitation  
Both  
DK

US25 Please look at this card and tell me, between {REFERENCE START DATE} and {REFERENCE END DATE}, over how long a period were these {educational} {habilitation} services provided?

Less than 1 Week  
1 to 3 Weeks  
4 to 8 Weeks  
More than 8 Weeks But Not The Whole Time  
About the Whole Time  
DK.

US27 Between {REFERENCE START DATE} and {REFERENCE END DATE}, over how long a period were these habilitation services provided?

Less than 1 Week  
1 to 3 Weeks  
4 to 8 Weeks  
More than 8 Weeks But Not the Whole Time  
About the Whole Time  
DK

US29 USE SHOW CARD US5 FOR PROMPTING AS NEEDED. Between {REFERENCE START DATE} and {REFERENCE END DATE}, did {she/he} receive care from any other licensed or certified health care provider (either inside or outside this facility)?

YES  
NO  
DK

US30 What kind of provider was that?  
SELECT ALL THAT APPLY.

Audiologist  
Dietician  
Laboratory Technician  
Nurse Practitioner  
Ophthalmologist  
Optometrist  
Physicians' Assistant  
Recreational Therapist  
Registered Nurse  
Social Worker  
X-Ray Technician  
Other (Specify: )

US31PRE The next few questions are about any visits {SP} may have made to a hospital emergency room, that is, from {REFERENCE START DATE} through {REFERENCE END DATE}. Please do not include visits to the emergency room that were immediately followed by inpatient hospital stays.

US32 While {she/he} was in a nursing home, did {she/he} make any visits to a hospital emergency room between {REFERENCE START DATE} and {REFERENCE END DATE}?

YES  
NO  
DK

{REF. START DATE} - {REF. END DATE} On what date did the first/next} ER visit occur? MONTH  
( ) DAY ( ) YEAR ( )

{REF. START DATE} - {REF. END DATE} ER VISIT: {DATE FROM US33}  
Other than what you have just told me, did {SP} have any other emergency room visits?  
Yes  
No  
DK

US37 {Besides the {health care providers} {and} {emergency room} visits you have already told me about,}  
{D/d}id {she/he} ever go to the hospital and return on the same day?

Yes  
No  
DK

US40 Now I'd like to ask you about any kind of supplies, equipment, or other types of medical services {SP} received other than the ones I've already mentioned. Please look at this first card and tell me what supplies or services {SP} received between {REFERENCE DATE} and {END DATE}.

SELECT ALL THAT APPLY

- Diabetic Equipment or Supplies
- Eye Glasses or Contact Lenses
- Hearing Aid or Other Communication Device
- Orthopedic Items
- Equipment or Supplies For Kidney Dialysis
- Ostomy Supplies
- Cloth Diapers
- Disposable Diapers
- Ambulance Service
- Prosthesis Oxygen
- DON'T KNOW
- None of the Above

US42 Please look at this second card and tell me what medical devices or equipment {he/she} received between {REFERENCE DATE} and {END DATE}.

SELECT ALL THAT APPLY

- Bedside Commode Bed Pads (Cloth or Disposable)
- Catheter and Catheter Supplies
- Feeding Supplies (Include Pumps, Syringes, Tubes)
- G Tube and Supplies
- Geri Chair
- Hospital Bed
- IV Supplies
- Nebulizer
- Special Mattress, Cushions or Mattress Pads (Including Egg Crate, Air)
- Suction Machine And Supplies
- Ted Hose and Supplies
- Wheelchair/Walker Some Other Type of Device or Equipment
- None of the Above

US43 Please tell me if {SP} received any of the following medical services? Did {he/she} receive. .

- YES
- NO
- Turning and positioning
- Tubefeeding
- Restraints
- Injections

US45 Now I'd like to ask about any other medically necessary items or provider services (SP) received that we haven't talked about already. Please look at this last card and tell me what other items or services {he/she} received between {REFERENCE DATE} and {END DATE}?  
SELECT ALL THAT APPLY

- Catheterization and Irrigation
- Applying/Changing Dressings Including Band-Aids
- Feeding (with Spoon, Syringe, Pump, or Other Device)
- Skin Treatments for Prevention/Treatment of Skin Ulcers
- Applying/Monitoring
- Hot Packs IV Use and Care
- G Tube Use and Care Pacemaker
- Check Suctioning Incontinence
- Some Other Kind of Item or Service
- None of the Above

**Source:** Participant Experience Survey, Version 1.0 (2003). The MEDSTAT Group, Inc. (2003). Participant Experience Survey Version 1.0 . Developed for the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

Galantowicz S, and Jackson B. (2005). Final Report: Development of the Participant Experience Survey (PES). Prepared for the Center for Medicaid and State Operations, Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services. Available at: [http://www.cms.hhs.gov/HCBS/02\\_QualityToolkit.asp#TopOfPage](http://www.cms.hhs.gov/HCBS/02_QualityToolkit.asp#TopOfPage). Accessed December 6, 2006.

**Purpose of tool:** The Participant Experience Survey (PES) is a series of three survey tools used for the Medicaid Home and Community Based Waiver population, which may include individuals in their own homes or in residential care settings that do not fall within the nursing home definition. The survey is a technical assistance tool for States that can be used for quality assessment and quality improvement activities for their Medicaid Home and Community-Based Services waiver programs. The PES E/D was designed for elderly and non-elderly populations with physical disabilities and yields 33 performance indicators of program quality. The PES MR/DD was designed for use with mentally retarded and/or developmentally disabled adults and yields 51 performance indicators. These two surveys encompass four priority areas of interest: access to care, choice and control, respect and dignity, and community integration and inclusion. The third and final PES version is the PES BI, which is intended for adults with acquired brain injuries, and it yields 58 performance indicators. This survey is organized into four domains: program supports, choice and control, respect and dignity, and community activities. We have chosen to extract the portions of these surveys that are applicable to assisted living populations. Many items are identical across the instruments, and therefore the instruments below are not shown in their entirety.

**Data collection:** These surveys were administered using in-person interviews. Original Likert scale response categories were changed to dichotomous yes/no response options for easier understanding by waiver participants. Phase II field testing of the PES E/D instrument yielded an estimated 95% of respondents able to respond. Eighteen percent of participants in the PES MR/DD field test were unable to complete the full survey themselves.

**Scale structure:** According to the report, the only meaningful factor that emerged from a factor analysis was one composed of selected variables from the Access to Care domain, which the authors labeled “unmet need.” The Cronbach’s alpha for this factor was 0.67, which seemingly reflects a scale of unmet need in ADL and IADL.

**Reliability:** Inter-rater reliability studies showed three reviewers recording the same response to 90% or more of the items.

**Validity:** No validity measures given. Field testing brought concerns about validity of responses to “fact” items (e.g., “Do you go to a day program?”) when interviewing cognitively impaired participants, especially those with dementia.

**Response options:** Most questions were asked in a “yes/no” format; however response options do vary by question. See individual items for response options.



**Participant Experience Survey (PES) Elderly/Disabled [E/D] Version**

**Access to Care**

1. Is there any special help that you need to take a bath or shower?

- Needs help from another person
- Does not need help from another person →Skip to Q.4
- Unclear response →Skip to Q.4
- No Response →Skip to Q.4

2. Do you ever go without a bath or shower when you need one?

- Yes
- No →Skip to Q.4
- Unsure →Skip to Q.4
- Unclear Response →Skip to Q.4
- No Response →Skip to Q.4

3. Is this because there is no one there to help you?

- Yes
- No
- Unsure
- Unclear Response
- No Response

4. Is there any special help that you need to get dressed?

- Needs help from another person
- Does not need help from another person →Skip to Q.7
- Unclear response →Skip to Q.7
- No Response →Skip to Q.7

5. Do you ever go without getting dressed when you need to?

- Yes
- No →Skip to Q.7
- Unsure →Skip to Q.7
- Unclear Response →Skip to Q.7
- No Response →Skip to Q.7

6. Is this because there is no one there to help you?

- Yes
- No
- Unsure
- Unclear Response
- No Response

7. Is there any special help that you need to get out of bed?

- Needs help from another person
- Does not need help from another person →Skip to Q.10
- Unclear response →Skip to Q.10
- No Response →Skip to Q.10

8. Do you ever go without getting out of bed when you need to?

Yes  
No →Skip to Q.10  
Unsure →Skip to Q.10  
Unclear Response →Skip to Q.10  
No Response →Skip to Q.10

9. Is this because there is no one there to help you?

Yes  
No  
Unsure  
Unclear Response  
No Response

10. Is there any special help that you need to eat?

Needs help from another person  
Does not need help from another person →Skip to Q.13  
Unclear response →Skip to Q.13  
No Response →Skip to Q.13

11. Do you ever go without eating when you need to?

Yes  
No →Skip to Q.13  
Unsure →Skip to Q.13  
Unclear Response →Skip to Q.13  
No Response →Skip to Q.13

12. Is this because there is no one there to help you?

Yes  
No  
Unsure  
Unclear Response  
No Response

13. Is there any special help that you need to make your meals?

Needs help from another person  
Does not need help from another person →Skip to Q.16  
Unclear response →Skip to Q.16  
No Response →Skip to Q.16  
Not Applicable, Tube fed →Skip to Q.19

14. Do you ever go without a meal when you need one?

Yes  
No →Skip to Q.16  
Unsure →Skip to Q.16  
Unclear Response →Skip to Q.16  
No Response →Skip to Q.16

15. Is this because there is no one there to help you?

- Yes
- No
- Unsure
- Unclear Response
- No Response

16. Is there any special help that you need to get groceries?

- Needs help from another person
- Does not need help from another person →Skip to Q.19
- Unclear response →Skip to Q.19
- No Response →Skip to Q.19
- Not Applicable, Tube fed →Skip to Q.19

17. Are you sometimes unable to get groceries when you need them?

- Yes
- No →Skip to Q.19
- Unsure →Skip to Q.19
- Unclear Response →Skip to Q.19
- No Response →Skip to Q.19

18. Is this because there is no one there to help you?

- Yes
- No
- Unsure
- Unclear Response
- No Response

19. Is there any special help that you need to do housework—things like straightening up or doing dishes?

- Needs help from another person
- Does not need help from another person →Skip to Q.22
- Unclear response →Skip to Q.22
- No Response →Skip to Q.22

20. Does the housework not get done sometimes?

- Yes
- No →Skip to Q.22
- Unsure →Skip to Q.22
- Unclear Response →Skip to Q.22
- No Response →Skip to Q.22

21. Is this because there is no one there to help you?

- Yes
- No
- Unsure
- Unclear Response
- No Response

22. Is there any special help that you need to do laundry?

Needs help from another person

Does not need help from another person →Skip to Q.25

Unclear response →Skip to Q.25

No Response →Skip to Q.25

23. Does the laundry not get done sometimes?

Yes

No →Skip to Q.25

Unsure →Skip to Q.25

Unclear Response →Skip to Q.25

No Response →Skip to Q.25

24. Is this because there is no one there to help you?

Yes

No

Unsure

Unclear Response

No Response

25. Can you always get to the places you need to go, like work, shopping, the doctor's office, or a friend's house?

Yes

No

Unsure

Unclear Response

No Response

26. Is there any special help that you need to take medicine, such as someone to pour it or set up your pills?

Needs help from another person

Does not need help from another person →Skip to Q.29

Unclear response →Skip to Q.29

No Response →Skip to Q.29

27. Do you ever go without taking your medicine when you need it?

Yes

No →Skip to Q.29

Unsure →Skip to Q.29

Unclear Response →Skip to Q.29

No Response →Skip to Q.29

28. Is this because there is no one there to help you?

Yes

No

Unsure

Unclear Response

No Response

29. Is there any special help that you need to get to or use the bathroom?

- Needs help from another person
- Does not need help from another person →Skip to Q.32
- Unclear response →Skip to Q.32
- No Response →Skip to Q.32

30. Are you ever unable to get to or use the bathroom when you need to?

- Yes
- No →Skip to Q.32
- Unsure →Skip to Q.32
- Unclear Response →Skip to Q.32
- No Response →Skip to Q.32

31. Is this because there is no one there to help you?

- Yes
- No
- Unsure
- Unclear Response
- No Response

32. Think about the people who are paid to help you with the everyday activities we have been discussing. Do they spend all the time with you that they are supposed to?

- Yes
- No
- Unsure
- Unclear Response
- No Response
- No Home Support Staff

### **Choice and Control**

36. Do you help pick the people who are paid to help you?

- Yes →Skip to Q.38
- No
- Unsure
- Unclear Response →Skip to Q.38
- No Response →Skip to Q.38
- No Personal Care Staff →Skip to Q.41

37. Would you like to help pick the people who are paid to help you?

- Yes
- No
- Unsure
- Unclear Response
- No Response

38. Did you know you can change the people who are paid to help you if you want to?

- Yes
- No
- Unsure
- Unclear Response
- No Response

39. Thinking again about the people who are paid to help you, do you tell them what to help you with?

- Yes →Skip to Q.41
- No
- Sometimes → Skip to Q.41
- Unsure
- Unclear Response →Skip to Q.41
- No Response →Skip to Q.41

40. Would you like to tell them the things you want help with?

- Yes
- No
- Unsure
- Unclear Response
- No Response

41. If there is something wrong with the help you are getting, who do you talk with to get the problem fixed?  
(CHECK ALL THAT APPLY)

- No One
- Family/Friend
- Case Manager/Support Coordinator/other Staff
- Other (specify) \_\_\_\_\_
- Unsure
- Unclear Response
- No Response

42. Who is your case manager or support coordinator?

- Names case manager/support coordinator
- Does not name case manager/support coordinator
- Unclear Response
- No Response

43. Can you talk to your case manager or support coordinator when you need to?

- Yes
- No
- Sometimes
- Unsure
- Unclear Response
- No Response
- Not applicable-have not tried

44. Does your case manager or support coordinator help you when you ask for something?

- Yes
- No
- Sometimes
- Unsure
- Unclear Response
- No Response
- Not applicable-have not asked

**Respect/Dignity**

47. Have you ever been injured by any of the people paid to help you now?

- Yes
- No →Skip to Q.49
- Unsure →Skip to Q.49
- Unclear Response →Skip to Q.49
- No Response →Skip to Q.49
- Not Applicable (Does not interact with any paid staff) →Skip to Q.59

48. What happened? When? Would you like any help with this problem?

49. Are any of the people paid to help you now mean to you, or do they yell at you?

- Yes
- No →Skip to Q.51
- Sometimes
- Unsure →Skip to Q.51
- Unclear Response →Skip to Q.51
- No Response →Skip to Q.51

51. Have any of the people paid to help you now ever taken your things without asking?

- Yes
- No →Skip to Q.53
- Unsure →Skip to Q.53
- Unclear Response →Skip to Q.53
- No Response →Skip to Q.53

56. Do you ride a van or use other transportation services?

- Yes
- No →Skip to Q.59
- Unsure →Skip to Q.59
- Unclear Response →Skip to Q.59
- No Response →Skip to Q.59

57. Do the people paid to help you on the van or with other transportation treat you respectfully?

- Yes
- No
- Sometimes
- Unsure
- Unclear Response
- No Response

58. Do the people paid to help you on the van or with other transportation listen carefully to what you ask them to do?

- Yes
- No
- Sometimes
- Unsure
- Unclear Response
- No Response

**Participant Experience Survey (PES) MR/DD Version**

**Choice and Control**

1. How long have you lived (in your home/here)?

\_\_\_\_\_ Year \_\_\_\_\_ Months

- Unsure
- Unclear Response
- No Response

2. Do you like where you live?

- Yes
- No
- Sometimes
- Unsure
- Unclear Response
- No Response

3. Did you help pick (this/that) place to live?

- Yes
- No
- Unsure
- Unclear Response
- No Response

5. According to \_\_\_\_\_, you live with (housemates/your family/ by yourself). Is that right?

- Housemates → Skip to Q.8
- Family → Skip to Q.7
- Alone
- Unsure → Skip to Q.11
- Unclear Response → Skip to Q.11
- No Response → Skip to Q.11

6. Did you choose to live alone?

- Yes
- No
- Unsure
- Unclear Response
- No Response



7. Would you rather live with other people?

Yes →Skip to Q.11  
No →Skip to Q.11  
Unsure →Skip to Q.11  
Unclear Response →Skip to Q.11  
No Response →Skip to Q.11

8. Do you like the people you live with?

Yes  
No  
Unsure  
Unclear Response  
No Response

9. Do you share a bedroom in your home?

Yes  
No →Skip to Q.11  
Unsure →Skip to Q.11  
Unclear Response →Skip to Q.11  
No Response →Skip to Q.11

10. Did you help pick the person who shares your bedroom?

Yes  
No  
Unsure  
Unclear Response  
No Response

30. Can you watch TV when you want to?

Yes  
No  
Sometimes  
Unsure  
Unclear Response  
No Response

31. Can you go to bed when you want to?

Yes  
No  
Sometimes  
Unsure  
Unclear Response  
No Response

32. Can you be by yourself when you want to?

- Yes
- No
- Sometimes
- Unsure
- Unclear Response
- No Response

33. If there is something wrong with the help you are getting, who do you talk with to get the problem fixed?  
(CHECK ALL THAT APPLY)

- No One
- Family/Friend
- Case Manager/Support Coordinator/other Staff
- Other (specify)\_\_\_\_\_
- Unsure
- Unclear Response
- No Response

**Respect/Dignity**

30. Do the support staff who come to your home respect you?

- Yes
- No
- Unsure
- Unclear Response
- No Response
- No Staff in Home → Skip to Q.23

31. Do the support staff who come to your home say “please” and “thank you” when they ask you for something?

- Yes
- No
- Unsure
- Unclear Response
- No Response

32. Do the support staff who come to your home listen carefully to what you ask them to do?

- Yes
- No
- Unsure
- Unclear Response
- No Response

40. Do people ever come into your room when you don't want them to?

- Yes
- No
- Unsure
- Unclear Response
- No Response

49. Does anyone ever hit you or hurt your body?

**Access to Care**

53. Is there any special help that you need to take a bath or shower? (SPECIFY)

- Needs help from another person
- Does not need help from another person →Skip to Q.56
- Unclear response →Skip to Q.56
- No Response →Skip to Q.56

54. Do you ever go without a bath or shower when you need one?

- Yes
- No →Skip to Q.56
- Unsure →Skip to Q.56
- Unclear Response →Skip to Q.56
- No Response →Skip to Q.56

55. Is this because there is no one there to help you?

- Yes
- No
- Unsure
- Unclear Response
- No Response

56. Is there any special help that you need to get dressed? (SPECIFY)

- Needs help from another person
- Does not need help from another person →Skip to Q.59
- Unclear response →Skip to Q.59
- No Response →Skip to Q.59

57. Do you ever go without getting dressed when you need to?

- Yes
- No →Skip to Q.59
- Unsure →Skip to Q.59
- Unclear Response →Skip to Q.59
- No Response →Skip to Q.59

58. Is this because there is no one there to help you?

- Yes
- No
- Unsure
- Unclear Response
- No Response

59. Is there any special help that you need to get out of bed? (SPECIFY)

Needs help from another person  
Does not need help from another person →Skip to Q.62  
Unclear response →Skip to Q.62  
No Response →Skip to Q.62

60. Do you ever go without getting out of bed when you need to?

Yes  
No →Skip to Q.62  
Unsure →Skip to Q.62  
Unclear Response →Skip to Q.62  
No Response →Skip to Q.62

61. Is this because there is no one there to help you?

Yes  
No  
Unsure  
Unclear Response  
No Response

62. Is there any special help that you need to eat? (SPECIFY)

Needs help from another person  
Does not need help from another person →Skip to Q.65  
Unclear response →Skip to Q.65  
No Response →Skip to Q.65

63. Do you ever go without eating when you need to?

Yes  
No →Skip to Q.65  
Unsure →Skip to Q.65  
Unclear Response →Skip to Q.65  
No Response →Skip to Q.65

64. Is this because there is no one there to help you?

Yes  
No  
Unsure  
Unclear Response  
No Response

65. Is there any special help that you need to make your meals? (SPECIFY)

Needs help from another person  
Does not need help from another person →Skip to Q.68  
Unclear response →Skip to Q.68  
No Response →Skip to Q.68  
No Applicable, Tube Fed →Skip to Q.71

66. Do you ever go without a meal when you need one?

- Yes
- No →Skip to Q.68
- Unsure →Skip to Q.68
- Unclear Response →Skip to Q.68
- No Response →Skip to Q.68

67. Is this because there is no one there to help you?

- Yes
- No
- Unsure
- Unclear Response
- No Response

68. Is there any special help that you need to get groceries? (SPECIFY)

- Needs help from another person
- Does not need help from another person →Skip to Q.71
- Unclear response →Skip to Q.71
- No Response →Skip to Q.71

69. Are there sometimes unable to get groceries when you need them?

- Yes
- No →Skip to Q.71
- Unsure →Skip to Q.71
- Unclear Response →Skip to Q.71
- No Response →Skip to Q.71

70. Is this because there is no one there to help you?

- Yes
- No
- Unsure
- Unclear Response
- No Response

71. Is there any special help that you need to do housework? (SPECIFY)

- Needs help from another person
- Does not need help from another person →Skip to Q.74
- Unclear response →Skip to Q.74
- No Response →Skip to Q.74

72. Does the housework not get done sometimes?

- Yes
- No →Skip to Q.74
- Unsure →Skip to Q.74
- Unclear Response →Skip to Q.74
- No Response →Skip to Q.74

73. Is this because there is no one there to help you?

- Yes
- No
- Unsure
- Unclear Response
- No Response

74. Is there any special help that you need to do laundry? (SPECIFY)

- Needs help from another person
- Does not need help from another person →Skip to Q.77
- Unclear response →Skip to Q.77
- No Response →Skip to Q.77

75. Does the laundry no get done sometimes?

- Yes
- No →Skip to Q.77
- Unsure →Skip to Q.77
- Unclear Response →Skip to Q.77
- No Response →Skip to Q.77

76. Is this because there is no one there to help you?

- Yes
- No
- Unsure
- Unclear Response
- No Response

77. Can you always get to the places you need to go, like work, shopping, the doctor's office, or a friend's house?

- Yes
- No
- Unsure
- Unclear Response
- No Response

78. Is there any special help that you need to take medicine, such as someone to pour it or set up your pills?

- Needs help from another person
- Does not need help from another person →Skip to Q.81
- Unclear response →Skip to Q.81
- No Response →Skip to Q.81

79. Do you ever go without taking your medicine when you need it?

- Yes
- No →Skip to Q.81
- Unsure →Skip to Q.81
- Unclear Response →Skip to Q.81
- No Response →Skip to Q.81

80. Is this because there is no one there to help you?

- Yes
- No
- Unsure
- Unclear Response
- No Response

81. Is there any special help that you need to get to or use the bathroom? (SPECIFY)

- Needs help from another person
- Does not need help from another person →Skip to Q.84
- Unclear response →Skip to Q.84
- No Response →Skip to Q.84

82. Are you ever unable to get to or use the bathroom when you need to?

- Yes
- No →Skip to Q.84
- Unsure →Skip to Q.84
- Unclear Response →Skip to Q.84
- No Response →Skip to Q.84

83. Is this because there is no one there to help you?

- Yes
- No
- Unsure
- Unclear Response
- No Response

84. Think about the support staff who help you with the everyday activities we have been talking about. Do these support staff spend all the time with you that they are supposed to?

- Yes
- No
- Unsure
- Unclear Response
- No Response

85. Have you ever talked with your case manager or support coordinator about any special equipment, or changes to your home, that might make your life easier?

- Yes
- No →Skip to Q.88
- Unsure →Skip to Q.88
- Unclear Response →Skip to Q.88
- No Response →Skip to Q.88

86. What equipment or changes did you talk about? (SPECIFY)

---

87. Did you get the equipment or make the changes needed?

- Yes
- No
- In Process
- Unsure
- Unclear Response
- No Response

**Participant Experience Survey (PES) Brain Injury (BI) Version**

**Respect and Dignity**

37. Does anyone ever injure you now?

- Yes
- No
- Sometimes
- Unsure
- Unclear Response
- No Response
- I don't remember

40. Does anyone ever touch you in a way that you don't like?

- Staff at home
- Staff somewhere else
- Housemate
- Family/Friend
- Other (Specify)
- Unsure
- Unclear Response
- No Response
- I don't remember

**Community Activities**

48. Do you always have a ride to the places you need to go, like work, shopping, or the doctor's office?

- Yes
- No
- Unsure
- Unclear Response
- No Response
- I don't remember

49. Are you allowed to go out in your community without supervision when you want to?

- Yes
- No
- Unsure
- Unclear Response
- No Response
- I don't remember



51. Do you have a chance to do things in your community when you want to?

Yes

No

Unsure

Unclear Response

No Response

I don't remember

52. Can you do more for yourself now than when you first started receiving services from this program? Would you say no more, a little more, or a lot more?

No more

A little more

A lot more

Unsure

Unclear Response

No Response

I don't remember

**Sources:** Hawes C, Wildfire J, Iannacchione V, Lux L, Greene A, Mor V, and Laliberte L. (1996). Report on study methods: Analysis of the effect of regulation on the quality of care in board and care homes. Prepared for the U.S. Department of Health and Human Services, Office of the Secretary for Planning and Evaluation, Office of Disability, Aging and Long-Term Care Policy (DALTCP) and the Research Triangle Institute. Available at: <http://aspe.hhs.gov/search/daltcp/Reports/B&CWEB.HTM>. Accessed October 25, 2006.

**Purpose of tool:** The survey instruments presented below were used as a part of a broader study that had three goals: (1) to examine the effect of State regulation on the quality of care in board and care homes; (2) to explore the differences between licensed and unlicensed facilities in terms of quality of care; and (3) to provide descriptive information about board and care homes, their operators, their staff, and the residents who reside in them. The resident and operator interviews were developed to be reliable and valid measures of key aspects of quality. The interviews with operators focused on: characteristics of the operator and training received; characteristics of the home and staffing; training requirements for staff; characteristics of the residents; types of services the home provides to residents; admission and discharge criteria; policies and procedures for caring for residents; and payment sources and rates. The interviews with residents focused on: physical functioning in ADLs and some IADLs; need for additional assistance; cognitive functioning; health conditions; sad or anxious mood; use of health care services; use of home and community-based care services; daily activities; contact with family and friends; satisfaction; and basic demographics. Due to the length of the questionnaires, only the sections relevant to this scan are presented below.

**Data collection:** The sample design was a stratified, three-stage cluster design. Data were collected using in-person interviews in 385 licensed and 129 unlicensed board and care homes. This included interviews with 490 operators and 3,257 residents. All operators that agreed to have their facility participate completed the interview.

**Scale structure:** No factor analysis reported.

**Reliability:** No reliability measures given.

**Validity:** No validity measures given.

**Response options:** Vary throughout questionnaire; see individual items.

**Resident Interview [Items 1-87 and 123-139 omitted]**

**Section D: Resident Satisfaction, Autonomy, and Choices**

87a. Do you enjoy... (Yes/No)

- a. cards/board games
- b. arts/crafts
- c. exercise/sports
- d. playing/listening to music
- e. reading/writing
- f. church/religious/spiritual activities
- g. shopping/trips/movies
- h. watching TV
- i. walking/getting outside
- j. other (specify)

87b. Have you participated in this activity during the last 14 days? Yes/No

88. On average, how much of the time are you involved in activities while you're awake? Would you say...

- None of the time
- Some of the time
- Most of the time
- All of the time

89. During the last 14 days, have you: (Circle all that apply)

- Gone to the senior center
- Gone to an adult day program or sheltered workshop
- Been treated by a visiting nurse
- None of the above

90. During the past 14 days, how often have you left the home for any reason other than to go to the hospital or to a doctor's office? You should count visits to the Senior Center or to a Sheltered workshop, going to the store, and visiting with family or friends.

- None
- Once or twice
- Three to five times (or about once a week)
- Six or more times (more than once a week but not daily)
- Daily

91. Do you get to participate in activities outside the home as often as you would like? Yes/No

92. Do you have access to a kitchen where you can fix a snack OR get something besides water to drink whenever you want to? (e.g., juice, coffee, tea or soda) Yes/No

93. How many meals a day do you receive at the home? Number \_\_\_\_\_

94. Would you say the meals here...

(Response options: all of the time; most of the time; some of the time; none of the time)

- a. are generally good?
- b. are tasty and well seasoned?
- c. have portions that are too small?
- d. include enough fresh fruit and vegetables?
- e. lack variety (you have basically the same foods every day)?
- f. other comments (specify)

95. How long have you lived here?

- Years
- Months
- Don't know/Don't remember

96. Are you allowed to close the door to your room and put up a do not disturb sign for privacy?

- Yes
- No
- Don't know/never tried

97. How safe do you feel your possessions are?

- Not safe
- Safe some of the time
- Safe all or most of the time

98. How safe do you feel this neighborhood is?

- Not safe
- Safe some of the time
- Safe all or most of the time

99. Are you allowed to make telephone calls in private?

- Yes
- No
- Never use the telephone

100. Do you receive your mail unopened?

- Yes
- No
- Do not receive mail

101. How many relatives live nearby (within 1 hour's drive of this home)? Include parents, spouse, children, grandchildren, brothers and sisters, nieces and nephews.

Number \_\_\_\_\_

102. During the past 30 days, how many times did you see friends or relatives (either they came to the home or you went to see them)? (Do not count other residents in this home).

- None
- Once or twice
- Three to five times (or about once a week)
- Six or more times (more than once a week) but not daily
- Daily

103. During the past 30 days, how often did you speak with friends or relatives on the phone?

- None
- Once or twice
- Three to five times (or about once a week)
- Six or more times (more than once a week) but not daily
- Daily

104. Are residents required or allowed to do chores around the home? (Circle all that apply)

- Required
- Allowed
- Neither
- Don't know

105. What kinds of chores do you do? (Circle all that apply)

- Making own bed
- Cleaning own room
- Cleaning own bathroom
- Doing own personal laundry (clothes)
- Light housekeeping around home (dusting, sweeping, vacuuming)
- Heavy housework (mopping floors, washing windows)
- Cooking
- Laundering sheets, towels
- Helping other residents
- Light outside work (sweeping porch, sidewalk)
- Heavy outside work (shoveling snow, mowing lawn, raking leaves)
- Other (specify)

106. Are residents paid for performing any of these chores? Yes/No

107. How much are residents paid?

- \$\_\_\_\_.\_\_\_\_ per hour
- Different amounts by chore (specify)
- Cigarettes and change
- Don't know

108. Sometimes people use different approaches to deal with residents. In the past 12 months have you ever seen the owner/operator or a staff member do any of the following things? (Circle all that apply)

- Make a resident go to his/her room and stay there for a time (time-out/isolation)
- Withhold food from a resident or make a resident skip a meal for punishment
- Give extra chores to a resident for punishment
- Yell at the resident
- Curse at or threaten a resident
- Threaten to kick a resident out of the home or send them to the State hospital
- Tie a resident down (use restraints)
- Punish a resident in some other way (specify)
- None of the above

109. Is there a residents' council or group of residents to represent the residents?

- Yes
- No
- Don't know

110. If you had a complaint about this facility, who would you tell? (Circle all that apply).

- Family member
- Another resident
- The operator/manager
- The owner
- Another staff member besides the owner or manager
- Ombudsman/legal aid
- Case manager
- Other (specify)
- No one

111. How reluctant would you be to voice a complaint if you had one?
- Very reluctant
  - Somewhat reluctant
  - Not at all reluctant
112. Are you allowed to decide when to...  
(Response options: Free to decide; some restrictions; not allowed to decide)
- a. eat a meal
  - b. get up in the morning
  - c. go to bed
  - d. leave the facility
  - e. make a phone call
113. How often do staff knock on your door before entering your room (or apartment)?
- All of the time
  - Some of the time
  - None of the time
114. Overall, how much of the time do you feel staff treat you with courtesy and respect?
- All of the time
  - Some of the time
  - None of the time
115. Are there any problems or complaints you would like to tell us about?
- Yes (specify) \_\_\_\_\_
  - No
116. Would you rate the cleanliness of the home as...
- Very poor
  - Poor
  - Fair
  - Good
  - Very good
  - Don't know
117. How would you rate the maintenance of the home, including the condition of the floors, walls, ceilings, bathroom fixtures, and so on? Would you rate the maintenance as...
- Very poor
  - Poor
  - Fair
  - Good
  - Very good
  - Don't know

118. Overall, how would you rate the comfort of the furniture, such as beds, chairs, sofas? Would you rate the comfort of the furniture as...

- Very poor
- Poor
- Fair
- Good
- Very good
- Don't know

119. Overall, how would you rate the condition of the furniture, including whether it is clean, has tears or stains, and is sturdy? Would you rate the condition of the furniture as...

- Very poor
- Poor
- Fair
- Good
- Very good
- Don't know

120. Overall, how would you rate the adequacy of the lighting in the home? Would you rate the adequacy of the lighting as...

- Very poor
- Poor
- Fair
- Good
- Very good
- Don't know

121. Overall, how would you rate the outside of the home, its yard, and the outside furniture you can use? Would you rate the condition of the outside of the home and its yard as...

- Very poor
- Poor
- Fair
- Good
- Very good
- Don't know

122. Overall, how would you rate the quality of the food provided by the home? Would you rate the food as...

- Very poor
- Poor
- Fair
- Good
- Very good
- Don't know

Operator Interview [Items 1-4 and 39-50 omitted]

**Section B: Facility Policies and Services**

5. Are you the only paid staff person who works in the home? Yes/No
6. Who takes care of residents when you must leave the home for some period of time? For example, if you have an appointment with your doctor, need to shop for groceries, or want to go to a movie, who takes care of the residents? (circle all that apply)

- I never leave the home
- A friend or family member stays with the residents
- A paid helper comes in to stay with the residents
- I take the residents with me
- I leave one of the residents in charge
- I leave them alone if I'm gone for less than a couple of hours
- I leave them alone
- Other (specify)

7. Is there a responsible person who stays in the building during the night? Yes/No
8. Is there a responsible person who is on call or able to respond to emergencies or requests for assistance? Yes/No
9. Do you require any training for your staff? Yes/No
10. Must staff complete the training before helping residents or may they obtain training while they are working (on-the-job training)?

- Some training is required before they provide care to residents (pre-service)
- On-the-job training
- Both pre-service and on-the-job training

11. How many hours of training do you require for staff who provide resident care?

Hours of training \_\_\_\_\_

12. Do any members of your (owner/operator's) family work in the home or help residents (that is, cooking, doing activities, providing personal care, supervising, providing transportation)? Yes/No
13. Are these family members paid for the work they do? Yes/No
14. Who besides the residents live in this home? (Circle all that apply)

- Owner
- Operator
- Members of operator's family
- Supervisor-in-charge/Manager
- Supervisor/manager's family members
- Non-family staff member
- Other (specify)
- None of the above

15. Does this facility have a working fire sprinkler system? Yes/No



16. Does this home have a special unit or wing for care of people with Alzheimer's Disease? Yes/No
17. Does the home (you and your staff) provide any of the following services to residents? Yes/No
- a. Personal care and assistance (e.g., helping residents with eating, toileting, bathing, dressing)
  - b. Medication storage or supervision
  - c. Reminders to take medications
  - d. Organized activities (games, videos, movies, crafts)
  - e. Recreational trips (e.g., movies, park, zoo)
  - f. Transportation for residents (i.e., to the doctor, church, etc.)
  - g. Nursing care (RN or LPN)
  - h. Therapy (physical, occupational, speech)
  - i. Helping residents manage their money (serves as representative payee)
18. Are any of the following services provided to residents by an outside agency or a community-based service provider?
- a. Personal care and assistance (such as bathing)
  - b. Senior center/adult day care program
  - c. Transportation
  - d. Nursing care
  - e. Therapy (physical, occupational, speech)
  - f. Case management
  - g. Sheltered workshop/day activity program
19. (For each service provided ask) In the past 30 days, how many residents received this service?
20. Where are residents' prescription medications kept? (Circle all that apply)
- Residents' rooms
  - Locked cabinet or closet
  - Other unlocked space (specify)
21. Who stores or passes out the prescription medications in the home? Please name all the types of people who performed this task during the last month.
- All residents are responsible for storing and taking their own medicines
  - Licensed nurse (RN or LPN)
  - Medication supervisor
  - Supervisor-in-charge/Assistant Director/Manager
  - Operator/Owner
  - Aide
  - Member of owners or operator's family
  - Other (specify)
22. Do you keep a file, a written treatment plan, or medical record for each resident? Yes/No

23. What is your usual practice if a resident becomes ill and needs temporary nursing services (e.g., for a few days)?

- Provide the services with facility staff
- Arrange for home health agency or nurse pool agency to come to the home and provide services
- Send the resident to the hospital/ER
- Discharge the resident to a nursing home
- None of our residents have ever needed nursing services
- Other (specify)

24. Do you have a formal arrangement (e.g., letter of agreement, contract) with one agency to provide temporary nursing services when a resident becomes ill for a short period of time? Yes/No

25. What is your usual practice if a resident becomes ill or disabled for a longer period of time (e.g., longer than 14 days)?

- Provide the care with facility staff
- Provide the services with facility staff
- Arrange for home health agency or nurse pool agency to come to the home and provide services
- Send the resident to the hospital/ER
- Discharge the resident to a nursing home
- None of our residents have ever needed nursing services
- Other (specify)

26. Do you have a formal arrangement (e.g., a letter of agreement, contract) with one agency to provide long-term nursing services when a resident becomes ill for a longer period of time (e.g., longer than 14 days)? Yes/No

27. Some homes have policies regarding what types of residents they care for. Will you admit someone who...

- a. is bedfast (confined to bed)?
- b. is unable to walk (confined to a chair or wheelchair)?
- c. is mentally retarded?
- d. has a history of psychiatric hospitalization (mental illness)?
- e. wanders?
- f. engages in physically aggressive behavior?
- g. has Alzheimer's Disease or other dementia (or severe confusion)?
- h. lacks bladder control?
- i. lacks bowel control?
- j. is an SSI recipient?
- k. has drug or alcohol abuse problems?
- l. any other condition (specify)

29. How many meals do you (your staff) provide to residents each day? (This includes either a hot breakfast or a continental breakfast.)

- One
- Two
- Three
- None

30. Where else to residents get meals? (Circle all that apply)

- Catered by someone else (or a service) and provided in the home
- Meals on wheels
- Senior Center or other nutrition site
- Adult day care or sheltered workshop
- Shelter/soup kitchen
- Residents cook their own meals
- Restaurants
- Family brings meals
- Other (specify)

31. At what times are meals served or scheduled?

- Breakfast \_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_
- Lunch \_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_
- Dinner \_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_
- No set schedule

32. Are residents allowed to eat whatever they want? Yes/No

33. Is a snack served to residents between the evening meal and breakfast? Yes/No

34. How often do residents and the owner or manager eat meals together?

- Always
- Sometimes
- Never

35. On what days are visitors allowed?

- Every day
- Weekends only
- Never
- Other (specify)

36. What are the visiting hours?

- Any time
- Other (specify)

37. Do residents need permission to leave the home or grounds during the day? (Excluding overnight stays)

- Yes
- No
- Varies—depending on the residents (yes for some residents, no for others)