

Family/Representative Interview



Resident	Room
Person Interviewed	Relationship to Resident
Interviewer	Interview Date
Contact Method	<input type="radio"/> Phone <input type="radio"/> In Person <input type="radio"/> N/A

Preparation

i Wherever you see, "[Resident's name]", use the resident's name to personalize the interview. At all times, be cognizant of resident confidentiality.

Introduce yourself and explain the purpose of the interview. Example wording:

[Name of facility] periodically speaks with residents and family members or friends to ensure that our residents receive quality care. We ask these questions because we want to know about [resident's name] prior lifestyle and discuss with you whether her/his past preferences are still applicable and whether we are accommodating them. We want to know your views on services that [resident's name] receives here, and in general, what you think of the facility. We appreciate your taking the time to talk with us.

To determine whether the family member has enough knowledge of the resident to be interviewed, ask the following questions:

1. What is the nature and extent of the relationship between you and [resident's name] before and during his/her residence at the nursing home?
2. With whom did your relative/friend live before coming to the nursing home?

If the resident did not live with the interviewee, ask:

1. How often did you see [resident's name]?
2. How often do you visit the resident now?
3. When do you visit (time of day/day of week)?
4. Are you familiar with [resident's name]'s preferences and daily routines before he/she moved to [facility name]?

If the interviewee answers No, conclude the interview, and ask:

Is there anything you would like to tell me about [facility name] and how your relative is treated? Record any pertinent information in the Comments area below.

If the interviewee answers Yes, inform him/her that the questions are in a Yes/No format but that you encourage him/her to elaborate on a topic when it is asked about.

A. Screening

1. Was the family interview conducted for this resident? ☐ No
☐ Yes

Comments:

B. Choices

1. Does [resident's name] get up in the morning according to his/her previous routine? ☐ No
☐ Yes

If No: What time do staff get [resident's name] up? What time did [resident's name] used to get up?

Comments:

2. Does [resident's name] go to bed according to his/her previous routine? ☐ No
☐ Yes

If No: What time does [resident's name] go to bed? What time did he/she used to go to bed?

Comments:

3. Does [resident's name] receive the same number of baths or showers in a week based on past preferences? ☐ No
☐ Yes

If No: How many times a week does [resident's name] get a bath or shower? How many times would [resident's name] prefer to bathe?

Comments:

4. Is [resident's name] bathed according to his/her past preferences? ☐ No
☐ Yes

If No: What type of bathing is [resident's name] receiving? What would [resident's name] prefer to receive?

Comments:

5. Can you visit [resident's name] anytime during the day or nighttime? ☐ No
☐ Yes

If No: What are the visiting restrictions?

Comments:

C. Activities

1. Do staff encourage [resident's name] to attend activities and provide assistance to attend them? ☐ No
☐ Yes

i Mark Yes if the family does not know whether staff provide encouragement and assistance.

Comments:

D. Privacy

1. Can you meet privately with [resident's name]? ☐ No
☐ Yes

Comments:

2. Is [resident's name] capable of conversing on the phone? ☐ No (skip to 3)
☐ Yes

Comments:

- a. Can [resident's name] do so without being overheard? ☐ No
☐ Yes

i Mark Yes if the family does not know whether the resident is provided privacy while using the telephone.

Comments:

3. Do staff speak privately (without being overheard) about [resident's name]'s medical or behavioral condition? ☐ No
☐ Yes

Comments:

E. Dignity

i The focus of this question is how well staff interacts with the resident.

1. Do staff treat [resident's name] with respect and dignity? ☐ No
☐ Yes

If No: tell me some examples about when staff did not treat [resident's name] with respect and dignity.

Comments:

F. Interaction with Others

1. Have there been any concerns or problem with a roommate or any other resident? ☐ No (skip to G)
☐ Yes

Comments:

- a. Has staff addressed the concern(s) to your satisfaction? ☐ No
☐ Yes

Comments:

G. Sufficient Staff

1. Are there enough staff available to make sure that residents get the care and assistance they need without having to wait a long time? ☐ No
☐ Yes

Comments:

H. ADL Assistance

1. Does [resident's name] get the help he/she needs getting dressed, toileting, or cleaning his/her teeth?

If No, ask which of the following areas are a concern.

- ☐ Dressing
- ☐ Toileting
- ☐ Oral care
- ☐ None of the above (no concerns or doesn't need help)

Comments:

I. Dental

1. Does [resident's name] have any problems with his/her teeth, gums, or dentures? ☐ No (skip to J)
☐ Yes

Comments:

Are staff taking care of these problems to your satisfaction?

- ☐ No
- ☐ Yes
- ☐ N/A, staff unaware and/or resident or family taking care of problem

Comments:

J. Abuse

1. Has staff, a resident, or anyone else here, abused [resident's name] – this includes verbal, physical, or sexual abuse? ☐ No (skip to 2)
☐ Yes

If Yes ask who the abuser was, what happened, when it occurred, where it happened, and how often.

Comments:

a. Did you tell staff?

If Yes, ask who was told. Report immediately to the administrator.

- ☐ No
☐ Yes

i *If No, ask if relative/friend knew how to report the concern. If not, you may wish to probe the interviewee further about this issue and make detailed comments to aid in a later investigation.*

Comments:

2. Have you seen any resident here being abused?

If Yes, ask who the abuser was, what happened, when it occurred, where it happened, and how often.

- ☐ No (skip to K)
☐ Yes

Comments:

a. Did you tell staff?

If Yes, ask who was told. Report immediately to the administrator.

- ☐ No
☐ Yes

i *If No, ask if relative/friend knew how to report the concern. If not, you may wish to probe the interviewee further about this issue and make detailed comments to aid in a later investigation.*

Comments:

K. Personal Property

1. Were you encouraged by staff to bring in any personal items?

If No: Does [resident's name] wish to have items brought in?

- ☐ No
☐ Yes
☐ N/A, the resident is a short-stay resident

Comments:

2. Has [resident's name] had any missing personal items?

- ☐ No (skip to L)
☐ Yes

If Yes: What is still missing and how long has it been missing.

Comments:

a. Did you tell staff about the missing item(s)?

- ☐ No (skip to L)
☐ Yes

If Yes: Who did you tell about the missing item(s)?

Comments:

b. Has staff told you they are looking for the missing item(s)?

- ☐ No
☐ Yes

If No, do you know who or which department is supposed to be looking for your missing item(s)?

Comments:

L. Building and Environment

1. Is the building clean?


- ☐ No
☐ Yes

Comments:

2. Do you have any problems with the temperature, lighting, noise, or anything else in the building that affects [resident's name]'s comfort?

(Mark all that apply.)

- ☐ Temperature
☐ Lighting
☐ Noise
☐ Other Identified Issues
☐ None of the above

 *Ask for details about the cause of the discomfort (type, volume, or time of noise, temp too hot or too cold, etc.), and record the details in the comments.*

Comments:

M. Exercise of Rights

1. Has [resident's name] been moved to a different room in the past several months?

- ☐ No (*skip to 2*)
☐ Yes

Comments:

- a. Did you receive notice of explanation before the move?

- ☐ No
☐ Yes
☐ N/A, person being interviewed is not the person who gets the notice

Comments:

2. Has your relative/friend been discharged to a hospital within the past several months?

- ☐ No (*skip to N*)
☐ Yes

Comments:

- a. Were you notified of the facility policy permitting [resident's name] to return?

- ☐ No
☐ Yes
☐ N/A, person being interviewed is not the person who gets the notice

Comments:

N. Costs and Personal Funds

1. Are you [resident's name]'s representative for financial decisions?

☐ No (*skip to 2*)
☐ Yes

Comments:

- a. Does the facility manage [resident's name]'s personal funds (funds for beauty shop, smoking materials, cosmetics, etc.)?

☐ No (*skip to 2*)
☐ Yes
☐ N/A, person being interviewed does not have knowledge of the resident's personal funds (*skip to 2*)

Comments:

- b. Are you able to get money from [resident's name]'s account at any time?

☐ No
☐ Yes

Comments:

- c. Does the facility give you a statement of how much money is in [resident's name]'s account?

☐ No
☐ Yes

Comments:

2. [If the resident is on Medicaid], Did the staff give [resident's name] (or you) a list of services and items that you would and would not be charged for?

☐ No
☐ Yes
☐ N/A, not a Medicaid resident

Comments:

O. Pain Recognition and Management

1. Does [resident's name] have any pain without relief?
- ☐ No
☐ Yes
☐ I don't know

i If the resident receives interventions for his/her discomfort/pain and the intervention does not provide relief, mark Yes.

Comments:

P. Notification of Change

1. Are you the person who would be notified of a change in condition or an accident involving [resident's name]?
- ☐ No (*skip to Satisfaction*)
☐ Yes

Comments:

2. Has there been a change in [resident's name]'s condition within the past several months?
- ☐ No (*skip to Q*)
☐ Yes

Comments:

- a. Did the staff notify you promptly?
- ☐ No
☐ Yes

Comments:

- b. Are you notified when [resident's name]'s treatment is changed?
- ☐ No
☐ Yes

Comments:

Q. Participation in Care Plan

1. Do staff include you in decisions about [resident's name]'s medicine, therapy, or other treatments?
- ☐ No
☐ Yes
☐ N/A, interviewee is not designated for decision making

Comments:

Satisfaction

1. Overall, how satisfied are you with this facility?
- ☐ Dissatisfied
☐ Satisfied (skip to 1b)

a. Would you say you are:

(read the following response options to the interviewee)

- ☐ Somewhat dissatisfied (skip to 2)
☐ Very dissatisfied (skip to 2)
☐ Extremely dissatisfied (skip to 2)

b. Would you say you are:

(read the following response options to the interviewee)

- ☐ Somewhat satisfied
☐ Very satisfied
☐ Extremely satisfied

Comments:

2. Are you unlikely or likely to recommend this facility to others?
- ☐ Unlikely
☐ Likely (skip to 2b)

a. Would you say you are:

(read the following response options to the interviewee)

- ☐ Somewhat unlikely (skip to 3)
☐ Very unlikely (skip to 3)
☐ Extremely unlikely (skip to 3)

b. Would you say you are:

(read the following response options to the interviewee)

- ☐ Somewhat likely
- ☐ Very likely
- ☐ Extremely likely

Comments:

3. Is there anything else you would like to share about your life at this facility?

Comments: