Family Interview

Resident

Person Interviewed

Interviewer

Room

Relationship to Resident

Interview Date

Contact Method

- Phone
- In person
- N/A

Preparation

Introduce yourself and explain the purpose of the interview (example wording below). At all times, be cognizant of resident confidentiality. 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: 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? With whom did your relative/friend live before coming to the nursing home?

If the resident did not live with the interviewee, ask: How often did you see [resident’s name]? How often do you visit the resident now? When do you visit (time of day/day of week)? Are you familiar with [resident’s name] 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. Wherever you see, “[Resident’s name]”, use the resident’s name to personalize the interview.

Ask about the nature and extent of the relationship between the interviewee and resident both prior to and during nursing home residence:

1. With whom did your relative/friend live before coming to the nursing home? If resident did not live with you, how often did you see her/him?
2. Are you familiar with her/his preferences and daily routines when she/he was more independent and more able to make choices and express preferences? (If the resident has had a lifelong disability, ask about choices and preferences prior to moving to this facility. Adapt additional questions as necessary.) If No, conclude the interview.
3. How often do you visit the resident now? When do you visit (time of day, day of week)?

If you decide you must conclude this interview because the interviewee has little or no knowledge of the resident or only visits occasionally, ask a general question that lets the family member say what they wish about the facility such as, *is there anything you would like to tell me about this facility and how your relative is treated?* Record any pertinent information in the comments section.

### 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? *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? *If No: What time does [resident’s name] go to bed? What time did [resident’s name] used to go to bed?*
3. Does [resident's name] receive the same number of baths or showers in a week based on past preferences? If No: How many times a week does [resident's name] get a bath or shower? How many times a week would [resident's name] prefer to bathe?  

Comments

4. Is [resident's name] bathed according to his/her past preferences? 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] any time during the day or nighttime? 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?  

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

Comments

D. Privacy

1. Can you meet privately with your [resident’s name]?  

Comments

2. Is [resident’s name] capable of conversing on the phone?  

Comments
a. Can [resident’s name] do so without being overheard?  
   ❑ No  
   ❑ Yes  

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

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

Comments

E. Dignity

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

1. Do staff treat [resident’s name] with respect and dignity? If No: Tell me some examples about when staff did not treat [resident’s name] with respect and dignity. The focus of this question is how well staff interact with the resident.
   ❑ No  
   ❑ Yes

Comments

2. Do you feel anxious about your loved one being in this facility?  
   ❑ No (skip to 3)  
   ❑ Yes

   a. Why do you feel anxious?

   Comments

3. Does the leadership team treat you with respect?  
   ❑ No  
   ❑ Yes (skip to F)

Comments

   a. Do you feel that the leadership team would quickly tell you if anything [minor or severe] were to go wrong with the care of your loved one?  
      ❑ No  
      ❑ Yes  
      ❑ Not applicable

Comments
b. Do you feel that you are significantly involved in your loved one’s care?
   - No
   - Yes
   - Not applicable
   Comments

c. Do you feel that the leadership team shares your expectations regarding your loved one’s care?
   - No
   - Yes
   - Not applicable
   Comments

F. Interaction with Others

1. Have there been any concerns or problems 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

G. Sufficient Staff

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

2. Do you feel that your loved one is safe while receiving care in this facility?
   - No
   - Yes (skip to 3)
   Comments

   a. Do you trust the care team?
      - No
      - Yes
      - Not applicable
      Comments

   b. Does the care team answer your loved one’s call light promptly?
      - No
      - Yes
      - Not applicable
c. Is the care team responsive to your requests and preferences?
   - No
   - Yes
   - Not applicable
   Comments

   d. Does the care team communicate with you in a clear and timely manner?
      - No
      - Yes
      - Not applicable
   Comments

3. Do you feel that the members of the care team work well together?
   - No
   - Yes (skip to H)
   Comments

   a. Do you feel that the care team has communication problems?
      - No
      - Yes
      - I don’t know
   Comments

   b. Do you feel that the care team has sufficient skill and resources to provide high quality care?
      - No
      - Yes
      - I don’t know
   Comments

   c. Do you feel that all of the members of the care team share your expectations regarding your loved one’s care and outcomes?
      - No
      - Yes
      - I don’t know
   Comments

H. ADL Assistance/Urinary Incontinence

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
### I. Dental

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

   Comments  

   a. Are staff taking care of these problems to your satisfaction?  
      - No  
      - Yes  
      - N/A, staff unaware or resident/family taking care of problem.

### J. Abuse

1. Has staff, a resident or anyone else here abused [resident’s name] – this includes verbal, physical or sexual abuse? If “Yes,” ask who the abuser was, what happened, when it occurred, where it happened, and how often.  
   - No (skip to 2)  
   - Yes  

   Comments  

   a. Did you tell staff? If “Yes,” ask who was told. Report immediately to the administrator.  
      - No  
      - Yes

   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.

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 the resident told. Report immediately to the administrator.  
      - No  
      - Yes
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.

K. Personal Property

1. Were you encouraged by staff to bring in any personal items? If No: Do you 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? If Yes: What is still missing and how long has it been missing?
   - No (skip to L)
   - Yes

   Comments

   a. Did you tell staff about the missing item(s)? If Yes:
      - No (skip to L)
      - Yes

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

   b. Have staff told you they are looking for the missing item(s)? If No: Do you know who or which department is supposed to be looking for the missing item(s)?

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

   Comments
3. Do you feel that your loved one is comfortable in this facility?  
   □ No □ Yes (skip to M)
   
   Comments

   a. Is the care team gentle when they help your loved one?  
      □ No □ Yes □ Not applicable
      
      Comments

   b. Does the care team help your loved one when she/he has discomfort or pain?  
      □ No □ Yes □ Not applicable
      
      Comments

M. Exercise of Rights

1. Has [resident’s name] been moved to a different room within 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

2. Has [resident’s name] been discharged to a hospital within the past several months?  
   
   Comments

   a. Were you notified of the facility policy permitting [resident’s name]’s to return?  
      □ No □ Yes □ N/A, person being interviewed is not the person who gets the notice

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)  

   b. Are you able to get money from [resident’s name]’s account at any time?  
      ❑ No  
      ❑ Yes  

   c. Does the facility give you a statement of how much money is in [resident’s name]’s account?  
      ❑ No  
      ❑ Yes  

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  

   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

b. Are you notified when [resident’s name]’s treatment is changed?  ❑ No  ❑ Yes

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, are you dissatisfied or satisfied with this facility?  ❑ Dissatisfied (read 1a)  ❑ Satisfied (read 1b)

   a. Would you say you are: (read the following response options to the interviewee)
      ❑ Somewhat Dissatisfied
      ❑ Very Dissatisfied
      ❑ Extremely Dissatisfied

   Comments

   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 (read 1a)
a. Would you say you are: (read the following response options to the interviewee)?
   - Somewhat Unlikely
   - Very Unlikely
   - Extremely Unlikely

b. Would you say you are: (read the following response options to the interviewee)?
   - Somewhat Likely
   - Very Likely
   - Extremely Likely

3. Have any of the staff members been exceptional? If so, who are they and how have they been exceptional?
   Comments

4. What can we do to improve?
   Comments

5. Is there anything else you would like to share about your experience with this facility?
   Comments