

Resident Name: _____ Identifier: _____ Date: _____

SECTION F Preferences for Customary Routine and Activities

F0300 Should interview for daily Activity Preferences be Conducted? - attempt to interview all residents able to communicate. If resident is unable to complete attempt to complete interview with family member or significant other.

O. **No** (resident is rarely/never understood and family/significant other not available) → skip to and complete F0800 Staff assessment of Daily and Activity Preferences
 1. **Yes** → continue to F0400 interview for Daily Preferences

F0400 Interview for Daily Preferences - Show resident and response options and say “*While you are in this facility..*”

<p>Coding:</p> <ol style="list-style-type: none"> 1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do Or no choice 9. No response or non-responsive <p><i>Space is provided under each code and question for staff to make note of specific requests, preferences and statements.</i></p> <p><u>For Example:</u> <i>Resident coded a 1 or 2 on #D. Snack preferences should then be listed under D so Staff will be aware and know how to best meet residents individual needs.</i></p>	<p><input type="checkbox"/> A. How important is it to you to choose what clothes to wear? <i>Preference:</i> _____</p> <p><input type="checkbox"/> B. How important is it to you to take care of your personal belongings or things? <i>Preference:</i> _____</p> <p><input type="checkbox"/> C. How important is it to you to choose between a tub bath, shower, bed bath or sponge bath? <i>Preference:</i> _____</p> <p><input type="checkbox"/> D. How important is it to you to have snacks available between meals? <i>Preference:</i> _____</p> <p><input type="checkbox"/> E. How important is it to you to choose your own bedtime? <i>Preference:</i> _____</p> <p><input type="checkbox"/> F. How important is it to you to have your family or a close friend involved in Discussions about your care? <i>Preference:</i> _____</p> <p><input type="checkbox"/> G. How important is it to you to be able to use the phone in private? <i>Preference:</i> _____</p> <p><input type="checkbox"/> H. How important is it to you to have a place to lock your things to keep them safe? <i>Preference:</i> _____</p>
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Additional Comments for F0400: _____

F0500 Interview for Activity Preferences - Show resident and response options and say “*While you are in this facility..*”

<p>Coding:</p> <ol style="list-style-type: none"> 1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do Or no choice 9. No response or non-responsive <p><i>Space is provided under each code and question for staff to make note of specific requests, preferences and statements.</i></p> <p><u>For Example:</u> <i>Resident coded a 1 or 2 on #A. Specific information should be provided as to preference, genre, etc. so that staff will be aware and better able to meet residents individual needs.</i></p>	<p><input type="checkbox"/> A. How important is it to you to have books, newspapers and magazines to read? <i>Preference:</i> _____</p> <p><input type="checkbox"/> B. How important is it to you to listen to the music you like? <i>Preference:</i> _____</p> <p><input type="checkbox"/> C. How important is it to you to be around animals such as pets? <i>Preference:</i> _____</p> <p><input type="checkbox"/> D. How important is it to you to keep up with the news? <i>Preference:</i> _____</p> <p><input type="checkbox"/> E. How important is it to you to do things with groups of people? <i>Preference:</i> _____</p> <p><input type="checkbox"/> F. How important is it to you to do your favorite activities? <i>Preference:</i> _____</p> <p><input type="checkbox"/> G. How important is it to you to go outside to get fresh air when the weather permits? <i>Preference:</i> _____</p> <p><input type="checkbox"/> H. How important is it to you to participate in religious services or practices? <i>Preference:</i> _____</p>
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Additional Comments for F0500: _____

F0600 Daily and Activity Preferences Primary Respondent	
	<p>Indicate primary respondent for Daily and Activity Preferences (F0400 and F0500)</p> <ol style="list-style-type: none"> 1. Resident 2. Family or significant other (close friend or other representative) 3. Interview could not be completed by resident or family/significant other (“No response” to 3 or more items)

F0700 Should the Staff Assessment of Daily and Activity Preferences be conducted?	
	<p>0. No (because interview for Daily and Activity Preferences (F0400 and F0500) was completed by resident or family/significant other → skip to and complete G0110</p> <p>1. Yes (because 3 or more items in the interview for Daily and Activity Preferences (F0400 and F0500) were not completed by resident/significant other) → Continue to F0800 Staff Assessment</p>

F0800 Staff Assessment of Daily and Activity Preferences	
Do not conduct if interview for Daily and Activity Preferences (F0400 and F0500) was completed	
Resident Prefers:	
↓ Check all that apply and provide explanation	
<input type="checkbox"/>	A. Choosing clothes to wear _____
<input type="checkbox"/>	B. Caring for Personal Belongings _____
<input type="checkbox"/>	C. Receiving tub bath _____
<input type="checkbox"/>	D. Receiving shower _____
<input type="checkbox"/>	E. Receiving bed bath _____
<input type="checkbox"/>	F. Receiving sponge bath _____
<input type="checkbox"/>	G. Snacks between meals _____
<input type="checkbox"/>	H. Staying up past 8:00PM _____
<input type="checkbox"/>	I. Family or significant other involvement in care discussions _____
<input type="checkbox"/>	J. Use of phone in private _____
<input type="checkbox"/>	K. Place to lock personal belongings _____
<input type="checkbox"/>	L. Reading books, newspapers, magazines _____
<input type="checkbox"/>	M. Listening to music _____
<input type="checkbox"/>	N. Being around animals such as pets _____
<input type="checkbox"/>	O. Keeping up with the news _____
<input type="checkbox"/>	P. Doing things with groups of people _____
<input type="checkbox"/>	Q. Participating in favorite activities _____
<input type="checkbox"/>	R. Spending time away from the nursing home _____
<input type="checkbox"/>	S. Spending time outdoors _____
<input type="checkbox"/>	T. Participating in religious activities or practices _____
<input type="checkbox"/>	Z. None of the above _____

When staff provide the assessment remember to include activities that resident is regularly assisted to, enjoys, and 1:1 activities.