

## Section F

## Preferences for Customary Routine and Activities

**F0300. Should interview for Daily and 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

Enter Code

☐

0. **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 the response options and say: **"While you are in this facility..."**

↓ Enter Codes in Boxes

**Coding:**

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**

☐

A. how important is it to you to **choose what clothes to wear?**

☐

B. how important is it to you to **take care of your personal belongings or things?**

☐

C. how important is it to you to **choose between a tub bath, shower, bed bath, or sponge bath?**

☐

D. how important is it to you to **have snacks available between meals?**

☐

E. how important is it to you to **choose your own bedtime?**

☐

F. how important is it to you to **have your family or a close friend involved in discussions about your care?**

☐

G. how important is it to you to **be able to use the phone in private?**

☐

H. how important is it to you to **have a place to lock your things to keep them safe?**

### F0500. Interview for Activity Preferences **CAA**

Show resident the response options and say: **"While you are in this facility..."**

↓ Enter Codes in Boxes

**Coding:**

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**

☐

A. how important is it to you to **have books, newspapers, and magazines to read?**  
4 = 7 3    4 or 5 = 10 3

☐

B. how important is it to you to **listen to music you like?**    4 = 7 3    4 or 5 = 10 3

☐

C. how important is it to you to **be around animals such as pets?**    4 = 7 3    4 or 5 = 10 3

☐

D. how important is it to you to **keep up with the news?**    4 = 7 3    4 or 5 = 10 3

☐

E. how important is it to you to **do things with groups of people?**    4 = 7 3    4 or 5 = 10 3

☐

F. how important is it to you to **do your favorite activities?**    3 or 4 = 7 3    4 or 5 = 10 3

☐

G. how important is it to you to **go outside to get fresh air when the weather is good?**    4 = 7 3    4 or 5 = 10 3

☐

H. how important is it to you to **participate in religious services or practices?**  
4 = 7 3    4 or 5 = 10 3

### F0600. Daily and Activity Preferences Primary Respondent **CAA**

Enter Code

☐

**Indicate primary respondent for Daily and Activity Preferences (F0400 and F0500)**

1. **Resident**    7 3
2. **Family or significant other** (close friend or other representative)
9. **Interview could not be completed** by resident or family/significant other ("No response" to 3 or more items")

**7 3** 3 or more items trigger Psychosocial Well-Being CAA

**10 3** 3 or more items trigger Activities CAA

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed

## Section F

## Preferences for Customary Routine and Activities

### F0700. Should the Staff Assessment of Daily and Activity Preferences be Conducted?

Enter Code

☐

0. **No** (because Interview for Daily and Activity Preferences (F0400 and F0500) was completed by resident or family/significant other) → Skip to and complete GG0100, Prior Functioning: Everyday Activities
1. **Yes** (because 3 or more items in Interview for Daily and Activity Preferences (F0400 and F0500) were not completed by resident or family/significant other) → Continue to F0800, Staff Assessment of Daily and Activity Preferences

### F0800. Staff Assessment of Daily and Activity Preferences **CAA**

Do not conduct if Interview for Daily and Activity Preferences (F0400 - F0500) was completed

**Resident Prefers:**

↓ Check all that apply

- |                          |  |        |
|--------------------------|--|--------|
| <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 8:00 p.m.                                   |        |
| <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, or magazines                     | 10 3   |
| <input type="checkbox"/> | M. Listening to music  | 10 3   |
| <input type="checkbox"/> | N. Being around animals such as pets                           | 10 3   |
| <input type="checkbox"/> | O. Keeping up with the news                                    | 10 3   |
| <input type="checkbox"/> | P. Doing things with groups of people                          | 10 3   |
| <input type="checkbox"/> | Q. Participating in favorite activities                        | 7 10 3 |
| <input type="checkbox"/> | R. Spending time away from the nursing home                    | 10 3   |
| <input type="checkbox"/> | S. Spending time outdoors                                      | 10 3   |
| <input type="checkbox"/> | T. Participating in religious activities or practices          | 10 3   |
| <input type="checkbox"/> | Z. None of the above   |        |

**7 3** 3 or more items trigger Psychosocial Well-Being CAA

**10 3** 3 or more items trigger Activities CAA

Comments/Additional Notes:

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed