

**QUALITY OF LIFE ASSESSMENT  
FAMILY INTERVIEW**

**Facility Name:** \_\_\_\_\_ **Resident Name:** \_\_\_\_\_  
**Provider Number:** \_\_\_\_\_ **Resident Identifier:** \_\_\_\_\_  
**Surveyor Name:** \_\_\_\_\_ **Person Interviewed:** \_\_\_\_\_  
**Surveyor Number:** \_\_\_\_\_ **Discipline:** \_\_\_\_\_ **Relationship to Resident:** \_\_\_\_\_  
**Method of Contact:** In person  Phone  **Interview Dates/Times:** \_\_\_\_\_

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***Instructions:***

This interview is intended to be conducted with a person (family, friend or guardian) who is the one acting on behalf of the resident and authorizing care. Prior to the interview, complete as many questions as you can through review of the resident assessment, care plan and any activities or social service assessment.

Adapt these questions and probes as necessary to make them applicable to this resident.

Introduce yourself and explain the survey process and the purpose of the interview using the following concepts. It is not necessary to use the exact wording.

**“[Name of facility] is inspected by a team from the [Name of State Survey Agency] periodically to assure that residents receive quality care. While we are here, we make observations, review the nursing home’s records, and talk to residents and family members or friends who can help us understand what it’s like to live in this nursing home. We appreciate your taking the time to talk to us.**

**“We ask these questions because we want to know about your opportunity for involvement in decision about \_\_\_\_\_’s care and schedule, your views on services he/she receives here, and in general, what you think of the facility. We want to know if the facility has obtained information about \_\_\_\_\_’s past and current preferences in order to provide the highest quality of care. We also want to find out about the admission process and what the facility discussed with you about costs and payment for \_\_\_\_\_’s stay here.**

Question 1 below screens the family member to see if she/he knows the resident well enough to complete the rest of the interview. Based on answers to question 1, decide whether you can complete the interview, complete it partially if the family member knows some things, or conclude the interview. If you decide you must conclude this interview, ask a general question that lets the family member say what they wish to say about the facility such as: “Is there anything you would like to tell me about this facility and how your relative is treated?”.

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

**With whom did your relative/friend live before coming to the nursing home?** (If the resident did not live with this person) About how often did you see her/him?

**How often do the resident and you see each other now?**

**Are you familiar with \_\_\_\_\_’s preferences and daily routines when he/she was more independent and more able to make choices and express preferences?** (If the resident has had a lifelong disability, ask about choice and preferences prior to moving to this facility. Adapt question 2 and 3 also.)

## FAMILY INTERVIEW

To the extent that the interviewee is knowledgeable about the resident's past life, ask the following:

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**2. I have some questions about \_\_\_\_\_'s life-style and preferences when she/he was more independent and able to express preferences. Would you tell me about:**

**Did he/she enjoy any particular activities or hobbies?  
Was she/he social or more solitary?  
Types of social and recreational activities;**

**Eating habits, food likes and dislikes;  
Sleeping habits, alertness at different times of the day;  
Religious/spiritual activities;  
Work, whether in or out of the home;  
Things that gave him/her pleasure.**

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**3. The next questions are about the resident's lifelong general personality. How would you describe:**

**General manner; for example, was she/he thought to be quiet, happy, argumentative, etc.?  
How she/he generally adapted to change, prior to the current disability. How, for example, did the resident react to moving to a new residence, to losing a loved one, and to other changing life situations?**

**Characteristic ways of talking — was she/he talkative or usually quiet, likely to express herself/himself or not?**

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**4. Have any of the preferences and personality characteristics that you told me about changed, either due to a change in her/his condition or due to relocation to this facility?**

**Have her/his daily routines and activities changed in a substantial way since moving here?  
(If yes) Please describe these differences.**

QUALITY OF LIFE ASSESSMENT  
OBSERVATION OF NON- INTERVIEWABLE RESIDENT

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1. Special items to observe: \_\_\_\_\_

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2. *RESIDENT AND ENVIRONMENT:*

Physical condition of resident (comfort, positioning, etc.)  
(F246)

Appearance (grooming and attire) (F241)

Physical environment (comfort, safety, privacy, infection  
control, stimulation, personal belongings,  
homelike) (F164, 246, 252, 441, 444, 459)

Level of assistance received. Note instances of too much  
or too little and resulting problem (e.g., violation of  
dignity). (F241, 309–312)

Privacy afforded when care is given (F164)

Use of restraints and/or other restrictions on behavior  
(F221)

Do staff intervene to assist resident if there is a problem  
and the resident tries to indicate this? (F312)

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3. *DAILY LIFE:*

The agreement of the daily schedule and activities with  
assessed interests and functional level (Note during  
activities if cues/prompts and adapted equipment are  
provided as needed and according to care plan.)  
(F242, 255)

Restriction of choices that the resident can make (e.g.,  
resident reaching out for a drink or pushing away  
food or medication and facility response) (F155, 242)  
Consistency of TV or radio being on or off with assessed  
interests (F242, 280)

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4. *INTERACTIONS WITH OTHERS:*

Do staff individualize their interactions with this  
resident, based on her/his preferences, capabilities,  
and special needs? (F241, 246)

What is the resident's response to staff interactions (smil-  
ing, attempting to communicate, distressed,  
anxious, etc.)? (F241, 246)

Do staff try to communicate in a reassuring way? (Note  
staff tone of voice and use of speech.) While staff are  
giving care, do they include resident in conversation  
or do staff talk to each other as if resident is not  
there? (F241, 223)

Evidence of a roommate problem that could be ad-  
dressed by the facility (F250)

Consistency of opportunities for socializing with regard  
to assessed interests and functional level (Note time  
and situations when isolated.) (F174, 242, 248, 250)

Location of resident: segregated in some way, in a  
special unit, or fully integrated with other residents  
(Note any adverse consequences for resident.) (F223)

Use the Resident Review or Surveyor Notes Worksheet to follow-up on any concerns. Share any concerns with the team.

## FAMILY INTERVIEW

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5. (For all the items below: If the family member describes any problems, probe for specific information. Ask if they have talked to staff, and what was the facility's response. If the resident's payment source changed from private pay or Medicare to Medicaid, inquire if there were any changes in any of the following after the payment source changed.)

Please share with me your observations, either positive things or concerns, about all of the following items. If you have no information about these issues that is OK.

Meals and snacks (F242, 310, 365, 366, 367)

Routines and activities (F242, 245, 248)

Visitor policies and hours, privacy for visits when desired (F164, 172)

Care by nursing home staff (F241, 309–312)

Noise level of the facility (F258)

Privacy when receiving care (F164)

Transfers (F177, 201, 203–207)

Security and personal property (F159, 223, 252)

Cleanliness and odor (F252–254)

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6. Did you participate in the admission process?

(If yes) Were you told anything about using Medicare or Medicaid to pay for \_\_\_\_\_'s stay here?

(If yes) What did they tell you?

(If resident's care is being paid by Medicaid) Were you asked to pay for any extras above the Medicaid rate?

(If yes) What were these? Did you have a choice about receiving these services?

When your relative/friend moved here, did the facility ask you to pay out of your savings or your relative's savings? (F156, 208)

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7. Are you the person who would be notified if \_\_\_\_\_'s condition changed. (If yes) Have you been notified when there have been changes in your relative's condition? Are you involved in \_\_\_\_\_'s care planning? (F157)

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8. "Is there anything else that I have not asked that is important to understand about \_\_\_\_\_'s everyday life here?"

When finished: "Thank you for your help. You will be able to examine a copy of the results of this survey in about \_\_\_ days."