

PART C

APPENDICES

APPENDIX C:1

RESIDENT SELF-COMPLETE QUESTIONNAIRE

RESIDENT SURVEY

RESIDENT QUESTIONNAIRE

NAME OF HOME: _____

Date: _____

Thank you for taking the time to participate in this survey. The main aim is to find out how well the home and its staff are meeting residents' needs and whether there are any things which could be changed or improved.

This questionnaire should only take a short time to complete. Simply tick in the box next to the answer which best describes your view. If you wish to make further comments please feel free to do so in the spaces provided.

The survey is totally confidential and you are not required to identify yourself.

PLEASE ANSWER ALL QUESTIONS.

PLEASE RETURN THIS QUESTIONNAIRE BY: _____

1. MOVING TO THE HOME

Thinking about when you first moved here;
(please tick in box)

a) Did you have any difficulties settling in? **Yes** **No** *Can't remember*

If 'yes', what was difficult? _____

b) Could the staff have done anything more to help you settle in? **Yes** **No** *Can't remember*

If 'yes', what could they have done? _____

c) How would you rate the help you received from the home at the time you moved in?					
Excellent	Good	Fair	Poor	<i>Can't remember</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments: _____

2. YOUR ROOM /UNIT

How would you rate the following;
(please tick in box)

	Excellent	Good	Fair	Poor	Unsure
a) The size of your room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The amount of storage space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) The bathroom(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) The toilet(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) The temperature in summer <i>(if not here long enough, tick 'unsure')</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) The temperature in winter <i>(if not here long enough, tick 'unsure')</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) The location of the call button/buzzer <i>(i.e. easy to get to)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) The privacy of your room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Do you have any suggestions for changes to your room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

If 'yes' please indicate: _____

j) How would you rate your room /unit overall?

Excellent	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

3. THE HOME

Thinking now about the home as a whole, how would you rate;
(please tick in box)

	Excellent	Good	Fair	Poor
a) Its design, for <i>being able to get around easily</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The lounge area(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) The dining room(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) The outside areas (e.g. gardens, walkways)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other amenities in the home:

e) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
g) Do you have any suggestions for changes to the building, amenities or outside areas?	<input type="checkbox"/>	<input type="checkbox"/>

If 'yes' please indicate: _____

h) How would you rate the home as far as its overall design and amenities?

Excellent	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

4. PASSING THE TIME

Thinking about how you spend your time in the home;
(please tick in box)

- | | Yes | No | Depends |
|--|--------------------------|--------------------------|--------------------------|
| a) Is there enough for you to do? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Is there enough for you to do on weekends? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Do you take part in any of the activities that are organised for residents? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If 'no', why don't you take part? _____

- | | Yes | No | Depends |
|---|--------------------------|--------------------------|--------------------------|
| d) Do you think the organised activities are varied enough? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Are there any other things you would like to do here? (apart from activities already provided) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If 'yes', please indicate: _____

f) As far as having things to do, how would you rate the home?

Excellent	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

5. SOCIAL LIFE

a) Are enough opportunities provided for residents to socialise with each other? **Yes** **No** **Depends**

b) Do you have any suggestions for improving social contact between residents? **Yes** **No**

If 'yes', please indicate: _____

c) Does having confused residents living here ever concern you? (*i.e. residents with dementia, etc.*) **Yes** **No** **Depends**

d) Overall, how would you rate the social life in the home?

Excellent **Good** **Fair** **Poor**

Comments: _____

6. LINKS WITH THE COMMUNITY

- | | Yes | No | Depends |
|--|--------------------------|--------------------------|--------------------------|
| a) Do you go out as much as you would like? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Is transport ever a problem? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Does living here create any problems for keeping in touch with your family and friends? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

d) As far as being able to keep in touch with life outside, how would you rate the home?

Excellent	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

7. RESIDENT SERVICES

How would you rate the following;
(please tick in box)

	Excellent	Good	Fair	Poor	Not Used
a) meals					
- variety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- overall amount of food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- temperature of food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- meal times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- staff help provided at meal times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) your medical care (i.e. care by doctors, medication arrangements)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) your personal care (e.g. help with dressing, showering)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other services available:</i>					
f) hairdressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) podiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

j) Could any of the above be improved? **Yes** **No** **Unsure**

If 'yes' please indicate which service(s): _____

Yes **No** **Unsure**

k) Is there any other help you need here?

If 'yes', please indicate: _____

l) How would you rate home as far as its services?

Excellent	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

8. STAFF CARE

Thinking about the *staff* now, how would you rate:

- | | Excellent | Good | Fair | Poor |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a) their attitude towards you?
<i>(e.g. friendliness, courtesy, respect)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) their respect for your privacy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) the promptness with which they
respond to your calls for help? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

d) Overall, how would you rate the care by staff here?

Excellent	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

9. RESIDENT INVOLVEMENT

Thinking now about opportunities for residents to be *involved* in things to do with the home and to *have a say*;
(please tick in box)

- | | Yes | No | Depends | Unsure |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Does the home keep you <u>informed</u> enough about things which may affect you? (e.g. staff changes, changes to services) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Do you think residents have enough opportunities to put their views to the management? (e.g. via resident meetings) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Would you feel comfortable about approaching staff <u>yourself</u> to discuss a concern you had about the home? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Do staff ever approach <u>you</u> to ask if you have any concerns you'd like to discuss? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

e) Overall, as far as being able to have a say and to be involved in things, how would you rate the home?

Excellent	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

10. OTHER ISSUES

(please tick in box)

- | | Yes | No | Depend
s |
|--|--------------------------|--------------------------|--------------------------|
| a) Do you have enough freedom living here? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If 'no' or 'depends', please explain: _____

- | | Yes | No | Depend
s |
|---|--------------------------|--------------------------|--------------------------|
| b) Is noise ever a problem?
(e.g. doors, trolleys, other residents or staff) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If 'yes' or 'depends', please explain: _____

- | | Yes | No | Depend
s |
|----------------------------------|--------------------------|--------------------------|--------------------------|
| c) Do you feel safe in the home? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If 'no' or 'depends', please explain: _____

- | | Yes | No | Depends | Unsure |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| d) Are people's spiritual/religious needs well catered for here? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If 'no' or 'depends', please explain: _____

.....
.....
.....
e) What is the **best** thing about this home?

.....
.....
.....

f) Is there anything you **really** dislike about it? Yes No

If 'yes' please indicate:

.....
.....

11. OVERALL VIEWS OF THE HOME

a) Taking *everything* into account, how would you rate the home overall?

Excellent Good Fair Poor

If you have any other comments to make about the home please write them below.

.....
.....
.....

12. PERSONAL INFORMATION (*cont'd*)

d) What are your living arrangements?

- Single person (*own room & bathroom*)
- Single person (*own room/shared bathroom*)
- Single person (*shared room & bathroom*)
[No. of people sharing room = _____]
- Couple (*own rooms & bathroom*)
- Couple (*own rooms/bathroom shared with others*)
- Other arrangement (specify) _____

e) Where were you born?

- Australia
- Other (specify) _____

f) What is your first language?

- English
- Other (specify) _____

Please return this questionnaire as instructed

12. PERSONAL INFORMATION

The following details will be used for analysis purposes only.
Your name is not required.

NB: If you are responding as a couple, please provide details for both.

a) Approximately how long have you been living in this home?

(NB. Do NOT include time living elsewhere on site – e.g. self care unit)

- More than 15 years
- 11-15 years
- 6 -10 years
- 3 -5 years
- 1- 2 years
- Less than 1 year
- Unsure

b) Are you.....

- Male
- Female

c) How old are you? _____ years

Second person's age (if a couple) _____ years

please turn the page →→→→→

THANK YOU FOR PARTICIPATING IN THIS SURVEY

RESIDENT SURVEY

RESIDENT REPRESENTATIVE QUESTIONNAIRE

NAME OF HOME: _____

Date: _____

Thank you for taking the time to participate in this survey. The main aim is to find out how well the home and its staff are meeting residents' needs and whether there are any things which need to be changed or improved.

So that we can obtain a view on behalf of residents who are unable to participate directly, we are asking people such as yourself to complete this questionnaire.

When answering the questions which follow, we would like you to, as far as possible, keep in mind the particular circumstances and needs of the resident for whom you are responding.

The questionnaire should only take a short time to complete. Simply tick in the box next to the response which best describes your answer. For some questions, you may feel unable to give a view, in which case please tick 'unsure'. If you wish to make further comments, please feel free to do so in the spaces provided.

The survey is totally confidential and you are not required to identify yourself.

PLEASE ANSWER ALL QUESTIONS

PLEASE RETURN THIS QUESTIONNAIRE BY: _____

APPENDIX C:2

RESIDENT REPRESENTATIVE SELF-COMPLETE QUESTIONNAIRE

1. MOVING TO THE HOME

Thinking about when your relative/friend first moved here;
(please tick in box)

- | | Yes | No | Can't
remember |
|--|--------------------------|--------------------------|---------------------------|
| a) Did he/she have any difficulties settling in? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If 'yes', what was difficult?

- | | Yes | No | Can't
remember |
|--|--------------------------|--------------------------|---------------------------|
| b) Could the staff have done anything to help him/her settle in? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If 'yes', what could they have done?

c) How would you rate the help your relative/friend received from the home when he/she first moved in?

- | Excellent | Good | Fair | Poor | Can't
remember |
|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:
