

2. YOUR RELATIVE'S/FRIEND'S ROOM

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

	Excellent	Good	Fair	Poor	Unsure
a) The size of the 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 in home 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	<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 the room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No			
i) Do you have any suggestions for changes to the room?	<input type="checkbox"/>	<input type="checkbox"/>			

If 'yes' please indicate: _____

j) How would rate your relative/friend's room /unit overall?

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

Comments: _____

3. THE HOME

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

	Excellent	Good	Fair	Poor	Unsure
a) Its design, in terms of your relative/friend <i>being able to get around easily</i>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
c) The dining room(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) The outside areas <i>(e.g. gardens, walkways)</i>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
f) _____	<input type="checkbox"/>	<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 your relative/friend spends his/her the time in the home; *(please tick in the box)*

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

If 'no', why doesn't he/she take part? _____

- | | Yes | No | Unsure |
|--|--------------------------|--------------------------|--------------------------|
| d) Do you think the organised activities are varied enough for your relative/friend? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Are there any other activities which might interest him/her? <i>(i.e. apart from activities already provided)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If 'yes', please indicate: _____

f) As far as 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

- | | Yes | No | Depends | Unsure |
|---|--------------------------|--------------------------|---------------------------------|--------------------------------|
| a) Does your relative/friend have enough opportunities to socialise with other residents? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Do you have any suggestions for improving social contact between residents? | | | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |

If 'yes', please indicate: _____

c) Overall, how would you rate the social life in the home?
Excellent Good Fair Poor
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

6. LINKS WITH THE COMMUNITY

- | | Yes | No | Depends | Unsure |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Do you think your relative/friend goes out enough? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Is transport ever a problem? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Does living in the home create any problems for keeping in touch with family members and friends? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

d) So, as far your relative/friend 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 the box)*

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

k) Is there any other help your relative/friend needs? **Yes** **No** **Unsure**

If 'yes', please indicate: _____

<p>d) How would you rate the home as far as its services?</p> <p style="text-align: center;">Excellent Good Fair Poor</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
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Comments: _____

8. STAFF CARE

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

	Excellent	Good	Fair	Poor	Unsuer
a) their attitude towards your relative/friend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) their respect for his/her privacy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) the promptness with which they respond to his/her calls for help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>d) Overall, how would you rate the care by staff?</p> <p style="text-align: center;">Excellent Good Fair Poor</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

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Comments:

.....
.....

9. INVOLVEMENT IN THE HOME

Thinking now about opportunities for you to be *involved* in things to do with the home and your relative's/friend's care;
(please tick in the box)

- | | Yes | No | Depends |
|--|--------------------------|--------------------------|--------------------------|
| a) Does the home keep you <i>informed</i> enough about things which may affect your relative/friend? (e.g. staff changes, changes to services) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Are you given enough opportunities to <i>a say</i> in things which may affect him/her? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Would you feel comfortable about approaching staff to discuss a concern you had about the home or about your relative/friend's care? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Do staff ever approach <i>you</i> to ask if you have any concerns regarding his/her care that you'd like to discuss? | <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 the box)

In your view:

- | | Yes | No | Depends | Unsure |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Does your relative/friend have enough freedom living in the home? (<i>i.e. apart from any necessary restrictions</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

- | | Yes | No | Depends | Unsure |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| b) Does noise ever seem to be a problem for him/her? (<i>e.g. doors, trolleys, other residents or staff</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

- | | Yes | No | Depends | Unsure |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| c) Is he/she safe in the home? | <input type="checkbox"/> | <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 in the home?

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

.....

.....

.....

- e) What is the **best** thing about the home?

.....

.....

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

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.

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.....

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12. RESIDENT INFORMATION

The following details will be used for analysis purposes only. *Your name or your relative's/friend's name, is not required.*

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

a) Approximately how long has your relative/friend been living in the home? *(NB. Do not include time living elsewhere in complex – e.g. self care unit)*

- | | |
|--------------------------|--------------------|
| <input type="checkbox"/> | More than 15 years |
| <input type="checkbox"/> | 11-15 years |
| <input type="checkbox"/> | 6 –10 years |
| <input type="checkbox"/> | 3 –5 years |
| <input type="checkbox"/> | 1- 2 years |
| <input type="checkbox"/> | Less than 1 year |
| <input type="checkbox"/> | Unsure |

b) Is your relative/friend Male
 Female

c) How old is he/she? _____ years

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

d) What are his/her living arrangements?

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Single person <i>(own room & bathroom)</i> |
| <input type="checkbox"/> | Single person <i>(own room/shared bathroom)</i> |
| <input type="checkbox"/> | Single person <i>(shared room & bathroom)</i>
[No. of people sharing room = ____] |
| <input type="checkbox"/> | Couple <i>(own rooms & bathroom)</i> |
| <input type="checkbox"/> | Couple <i>(own rooms/bathroom shared with others)</i> |
| <input type="checkbox"/> | Other arrangement (specify).
_____ |

please turn the page >>>>>>>>>>>>>>>

12. RESIDENT INFORMATION *(cont'd)*

e) Where was he/she born?

- Australia
 Other (specify) _____

f) What is his/her first language?

- English
 Other (specify) _____

11. RESPONDENT INFORMATION

a) What is your relationship to the resident for whom you are responding?

- Son/daughter
 Brother/sister
 Spouse
 Other (please specify)

Please return this questionnaire as requested

THANK YOU FOR PARTICIPATING IN THIS SURVEY

MINI-MENTAL STATE EXAMINATION (MMSE)*

Description

The Mini-Mental State Examination (MMSE) is a simple, easy to use assessment of cognitive status and is appropriate for use for people with dementia. It consists of eleven questions each of which is scored according to the response given.

The questions are divided into two sections as follows:

- a) Orientation, memory and attention; vocal responses only are required; maximum score = 21.
- b) Ability to name, follow verbal and written commands, write a sentence spontaneously and copy a figure; maximum score = 9.

The maximum possible score for the test is 30.

There is no set time in which to complete the test, however it should only take about 5-10 minutes.

General Instructions for Use

- It is important to devote some time initially to making the respondent feel comfortable, relaxed, etc.
- Ask the questions in the order they are listed.
- Praise successes and avoid pressing on items which the respondent finds difficult.

Scoring

Score as indicated on the MMSE. Generally scores of 20 or less tend to be found only in people with dementia or other cognitive disorders (e.g. delirium, schizophrenia, affective disorder) and not in 'normal' elderly (or those with a primary diagnosis of neurosis or personality disorder).

** It should be noted that some minor modifications to question wording have been made to make the instrument more appropriate for use in residential aged care facilities.*

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以降のページは雑誌／図書等に掲載された論文となりますので下記「資料」をご参照ください。

「資料」

**Seeking the consumer view in residential aged care facilities: A
Practical guide**

Boldy D, Grenade L

Perth: Curtin University of Technology; Feb. 1999