

**FINAL-REVISED AS OF 8/21/2008**

**TRANSITION COORDINATOR NOTE:** The purpose of this interview is to determine an individual's preference for leaving the facility and to begin to identify services that might be needed to live in the community. However, many residents are not aware of living alternatives or the services that may be available to assist individuals living in the community. Thus, it is essential to ensure that individuals, family members, and guardians are fully informed when making this decision. In this regard, questions are designed to educate people about what services and housing options might be available before stating their preference at the end of the interview. This interview is a standardized, direct method for assessing preference. It honors resident's preference without presumptions by professionals as to which residents are good or bad candidates for transition based on medical conditions or other factors. *For questions on completing this document, please contact Christy Nishita (Going Home Plus Evaluator), at 956.6638 or cnishita@hawaii.edu.*

**Hawaii Preference Interview**  
*(Adapted from the California Nursing Facility Transition Screen)*

Resident Name: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

Transition Coordinator Name: \_\_\_\_\_ Start Time: \_\_\_\_\_

Respondent: \_\_\_\_\_ Resident                      \_\_\_\_\_ Family Member                      \_\_\_\_\_ Guardian

Date and Notes on Attempts to Speak with Resident, Family Member, or Guardian

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*Hi I'm \_\_\_\_\_, a transition coordinator with the Going Home Plus Project. I would like to ask you a few questions, it will take about 10 minutes. The interview questions will help you to determine whether you would prefer to live in the community and whether you are able to move to the community. This is a big decision. This interview will help you if you think you are unsure about whether you want to move, or you don't think you want to move. Even if you think you want to move, this interview will help to confirm your preference.*

*Can I ask you a few questions?*

\_\_\_\_\_ **NO, STOP INTERVIEW**

\_\_\_\_\_ **YES, CONTINUE**

1. What changes occurred in your (your relative's) life that led you (your relative) to move to the nursing home/ICF-MR?(PROMPT WITH EXAMPLES BELOW IF RESIDENT IS UNCERTAIN OR CONFUSED)

- \_\_\_\_\_ 1. A change in medical health,
- \_\_\_\_\_ 2. A need for therapy to recover from surgery,
- \_\_\_\_\_ 3. A change in physical ability,
- \_\_\_\_\_ 4. A long illness,
- \_\_\_\_\_ 5. A need for help 24 hours a day,
- \_\_\_\_\_ 6. Money problems,
- \_\_\_\_\_ 7. Don't know, Not sure
- \_\_\_\_\_ Other (LIST): \_\_\_\_\_

2. Do you think you (your relative) **would be able to** leave the nursing home/ICF-MR and live somewhere else, now?

\_\_\_\_\_ 1. NO (GO TO Q2a),

2a. What are some reasons you (your relative) couldn't leave the nursing home/ICF-MR?

(LIST)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

(GO TO Q3)

Comments: \_\_\_\_\_

\_\_\_\_\_ 3. Don't know, Not sure (GO TO Q3)

Comments: \_\_\_\_\_

\_\_\_\_\_ 2. YES (GO TO Q3)

3. Would you (your relative) **want** to live somewhere other than the nursing home/ICF-MR?

\_\_\_\_\_ 1. NO (Go to Q3a)

3a. What are some reasons you (your relative) want to continue living in the nursing home/ICF-MR? (LIST)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

(GO TO Q4)

\_\_\_\_\_ 3. Don't know, Not sure (GO TO Q4)

Comments: \_\_\_\_\_

\_\_\_\_\_ 2. YES (GO TO Q4)

4. There are options for living outside the nursing home/ICF-MR. You (your relative) could live in your (their) own home or (a senior) apartment with help from in home supportive services, personal care assistants, community meals, and special activities; you (your relative) could live in a group home with up to 3 other persons and get meals, housekeeping, and in home supportive services and personal care assistants. Do you think any of these would be good for your relative?

\_\_\_\_\_ NO, (Go to Q5)

\_\_\_\_\_ YES, (Go to Q5)

\_\_\_\_\_ Don't Know, Not Sure, (Go to Q5)

5. I am going to list some services that you might be able to get. You could get help with: getting out of bed, bathing, eating, toileting, getting dressed, walking, using the phone, shopping, preparing meals, housekeeping, taking medications, transportation, managing money. If you could get these services would you change your mind about leaving the nursing home/ICF-MR?

\_\_\_\_\_ NO,

**STOP INTERVIEW.**

(If speaking to guardian or family member):

Would you allow us to talk with your relative? \_\_\_\_\_NO \_\_\_\_\_YES

**Thank you for taking the time to answer these questions.**

\_\_\_\_\_ YES, (Go to Q6)

\_\_\_\_\_ Don't Know, Not Sure, (Go to Q6)

6. Where would you (your relative) live and with whom?

\_\_\_\_\_ Apartment or home alone

\_\_\_\_\_ Apartment or home with family

\_\_\_\_\_ Apartment or home with spouse or partner

\_\_\_\_\_ Foster home

\_\_\_\_\_ No place to go

a. \_\_\_\_\_ Are you willing to live in a foster home with up to 3 other people?

b. \_\_\_\_\_ Are you willing to live in a public housing or subsidized apartment?

Now I'm going to list the services that might help you live outside the nursing home/ICF-MR. Listen to them and tell me if you need the service.

7. Help getting out of bed and into a chair? \_\_\_\_\_ NO (7),  
\_\_\_\_\_ YES (7),
8. Help getting started to eat? For example, cutting up your food, or getting your silverware at meal times? \_\_\_\_\_ NO (8),  
\_\_\_\_\_ YES (8),
9. Help eating? For example, someone to feed you? \_\_\_\_\_ NO (9),  
\_\_\_\_\_ YES (9),
10. Help turning or moving in bed? \_\_\_\_\_ NO (10),  
\_\_\_\_\_ YES (10),

TC Name \_\_\_\_\_

Participant Name \_\_\_\_\_

11. Help getting to the toilet? \_\_\_\_\_ NO (11),  
\_\_\_\_\_ YES (11),  
\_\_\_\_\_ Wears adult briefs or pads (check)

a. Help changing your adult brief or pad?  
\_\_\_\_\_ NO (11a),  
\_\_\_\_\_ YES (11a),

12. About how many times during the day do you think you need help getting to the toilet OR changing your adult brief/pad? \_\_\_\_\_

13. Help with morning care like brushing your teeth, washing your face, brushing your hair, or putting on your deodorant? \_\_\_\_\_ NO (13),  
\_\_\_\_\_ YES (13),

14. Help with bathing or taking a shower? \_\_\_\_\_ NO (14),  
\_\_\_\_\_ YES (14),

15. Help walking inside? \_\_\_\_\_ NO (15),  
\_\_\_\_\_ YES (15),

16. Help walking outside? \_\_\_\_\_ NO (16),  
\_\_\_\_\_ YES (16),

17. What kind of help do you need?

- \_\_\_\_\_ Cane
- \_\_\_\_\_ Walker
- \_\_\_\_\_ Safety rails on walls
- \_\_\_\_\_ Wheelchair

a. If Wheelchair, do you need help getting around in your wheelchair **inside**?  
\_\_\_\_\_ NO (17a),  
\_\_\_\_\_ YES (17a),

b. If Wheelchair, do you need help getting around in your wheelchair **outside**?  
\_\_\_\_\_ NO (17b),  
\_\_\_\_\_ YES (17b),

18. Help getting dressed in the morning? \_\_\_\_\_ NO (18),  
\_\_\_\_\_ YES (18),

TC Name \_\_\_\_\_

Participant Name \_\_\_\_\_

a. If YES, what do you need help with

\_\_\_\_ Shoes/socks

\_\_\_\_ Shirt/dress

\_\_\_\_ Pants

19. Help getting undressed at night?

\_\_\_\_\_ NO (19),

\_\_\_\_\_ YES (19),

a. If YES, what do you need help with

\_\_\_\_ Shoes/socks

\_\_\_\_ Shirt/dress

\_\_\_\_ Pants

20. Help using the telephone?

\_\_\_\_\_ NO (20),

\_\_\_\_\_ YES (20),

a. If YES, Do you need

\_\_\_\_ Volume increased, can't hear

\_\_\_\_ Large numbers, can't see to dial

\_\_\_\_ Dialing assistance, can't dial

21. Help cooking or preparing your meals?

\_\_\_\_\_ NO (21),

\_\_\_\_\_ YES (21),

22. Help with medications?

\_\_\_\_\_ NO (22),

\_\_\_\_\_ YES (22),

23. Help with housework?

\_\_\_\_\_ NO (23),

\_\_\_\_\_ YES (23),

a. If YES, what do you need help with

\_\_\_\_ Laundry

\_\_\_\_ Washing dishes

\_\_\_\_ Cleaning house

24. Help shopping?

\_\_\_\_\_ NO (24),

\_\_\_\_\_ YES (24),

25. Help with transportation?

\_\_\_\_\_ NO (25),

\_\_\_\_\_ YES (25),

26. Help managing your money or finances?

\_\_\_\_\_ NO (26),

\_\_\_\_\_ YES (26),

TC Name \_\_\_\_\_

Participant Name \_\_\_\_\_

a. If YES, do you need help with:

\_\_\_\_\_ Paying your bills

\_\_\_\_\_ Balancing your check book

\_\_\_\_\_ Tracking your bank accounts

27. If you had help available for any of these services, would you (your relative) **be able to** leave the nursing home/ICF-MR?

\_\_\_\_\_ NO (27)

\_\_\_\_\_ YES (27)

STOP INTERVIEW

*To Be Completed By Transition Coordinator:*

28. *How clear is the person in terms of what services are needed?*

\_\_\_\_\_ *1-Not at all clear*

\_\_\_\_\_ *2-Somewhat clear*

\_\_\_\_\_ *3-Neither clear nor unclear*

\_\_\_\_\_ *4-Somewhat clear*

\_\_\_\_\_ *5-Very clear*

29. *How motivated is the person to relocate? \*

\_\_\_\_\_ *1-Not at all motivated*

\_\_\_\_\_ *2-Somewhat unmotivated*

\_\_\_\_\_ *3-Neither motivated nor unmotivated*

\_\_\_\_\_ *4-Somewhat motivated*

\_\_\_\_\_ *5-Very motivated*

End Time: \_\_\_\_\_