Preferences for Everyday Living Inventory (PELI) Nursing Home Version (PELI-NH-Full) ©

Resident: _____ Room Number: _____ Interviewer: _____ Date: _____

Instructions to the Interviewer

1. **Introduce yourself to the resident:** *"Hello Mr./Mrs./Ms./Dr. _____. "My name is _____ (name), and I am the _____ (position) here at _____ (community). How are you today?"*

2. **Describe what you are going to ask the person to do:** *"This conversation is to help us get to know you better. The reason I'm asking you these questions is that the staff here would like to know what's important to you. This helps us plan your care around your preferences. If you are uncomfortable with any question, please let me know. Feel free to not answer that question. Do you have any questions?"*

3. **Explain how the interview works:** *"I am going to ask you questions about your preferences. I would like to know what your preferences are* ***right now****. Some of the questions may ask about things* ***you feel you can no longer do by yourself,*** *but I'd like to know if these activities would be important to you* ***if you could do them with assistance or find a way to do it."***

> **NOTE TO INTERVIEWER:** Take out the response card that reads: "Very Important, Somewhat Important, Not Very Important, Not Important at All or Important, But Can't Do, No Choice" and place it in front of the resident.

4. **Explain the response choices:** *"I am going to ask you whether an activity is important to you or not. I would like you to answer this question either* **Very Important, Somewhat Important, Not Very Important, Not Important at All or Important, But Can't Do, No Choice."** *For example, if the question is "How important is it to you to watch TV?" you decide what answer best fits how important watching TV is to you.* ***[Show response options to resident]****: You could answer "Very Important, Somewhat Important, Not Very Important, Not Important at All or Important, But Can't Do, No Choice. Do you have any questions?"*

> **NOTE TO INTERVIEWER:** Any time the respondent states that an activity is **"Not Very Important"** or **"Not Important at All,"** simply check off that box and go to next item.

> **NOTE TO INTERVIEWER:** If a resident responds that they can't do an activity, first ask, "Why can't you do it?" Write resident's response verbatim in the "notes" section. Select "Important, But Can't Do, No Choice" when the resident indicates that the topic is important, but that he or she is physically unable to participate, or has no choice about participation while staying in the nursing home.

5. **When to use alternative response items***:* If resident does not respond or says "I don't know," or if the question is not applicable, check off "**No Response/NA."**

6. **Explain the nested questions***: "Once you have answered how important a preference is to you, I will ask you for details about your preference."*

NOTE TO INTERVIEWER: When asking questions nested under each preference item, ask the open-ended question first, and write down the resident's response. If the resident cannot answer the question or provide the details about their preference, you can then read them the list of prompts to help them identify the specifics of what they like. If the resident answers with specific information about what they like, then skip the prompts and go to the next nested question or PELI item.

7. **When to stop the interview:**

a. It is not necessary to do the entire inventory in one session. If the resident becomes fatigued, offer to stop the interview and return at another time. Make an appointment with the resident and leave a card with the time and date of the next interview.

b. If the resident says they would not like to answer any more questions, respect the resident's wishes and discontinue the interview. Mark the interview as incomplete and try to interview a family member, friend or staff person who knows the resident well.

c. If residents give more than five (5) “Non-Responses” in a row, stop the interview and ask the questions of a family member or staff person instead.

Detailed Preference Interview

Resident Name:_____ Interviewer Name: _____Date:_____

"I am going to ask you questions about your preferences. I would like to know what your preferences are right now. Some of the questions may ask about things you feel you can no longer do by yourself, but I'd like to know if these activities would be important to you if you could do them with assistance or find a way to do it."

Q01. How important is it to you to choose what name you would like me to use when I greet you?

Importance	Check all that Apply
☐ Very important (1) ☐ Somewhat important (2) ☐ Important, but can't do, no choice (5)	*1a. What name would you like me to use when I greet you?* ☐ First name:_____ ☐ Nickname:_____ ☐ Mr./Mrs./Ms./Dr.:_____ ☐ Other:_____ **Notes:**
☐ Not very important (3) ☐ Not important at all (4) ☐ Non response (9)	

Q02. How important is it to you to choose when to get up in the morning?

Importance	Check all that Apply
☐ Very important (1) ☐ Somewhat important (2) ☐ Important, but can't do, no choice (5)	*2a. What time do you usually like to get up in the morning?* _____ ☐ Earlier than 5 am ☐ Between 5-6 am ☐ 6-7 am ☐ 7-8 am ☐ 8-9 am ☐ After 9 am ☐ Whenever I wake up **Notes:**
☐ Not very important (3) ☐ Not important at all (4) ☐ Non response (9)	

Q03. How important is it for you to follow a routine when you wake up in the morning?

Importance	Check all that Apply
☐ Very important (1) ☐ Somewhat important (2) ☐ Important, but can't do, no choice (5)	*3a.What is part of your morning routine?* ☐ Relax in bed ☐ Watch TV ☐ Brush teeth ☐ Cigarette ☐ Drink coffee/tea ☐ Listen to radio ☐ Bathe/wash-up ☐ Other:_____ ☐ Read newspaper ☐ Get dressed ☐ Take medication Comments on order of routine: _____ *3b.Would you like to stay in bed before rising?* ☐ Yes ☐ No *3c. If **Yes**, how long do you like to stay in bed before rising?* ☐ Get up right away ☐ Less than 15 mins ☐ 15-30 mins ☐ 31-45 mins ☐ Over 45 mins ☐ Depends on:_____ ☐ Other:____ **Notes:**
☐ Not very important (3) ☐ Not important at all (4) ☐ Non response (9)	

Q04. How important is it to you to choose how often to bathe?

Importance	Check all that Apply
☐ Very important (1) ☐ Somewhat important (2) ☐ Important, but can't do, no choice (5) ☐ Not very important (3) ☐ Not important at all (4) ☐ Non response (9)	*4a. How often would you like to bathe?* ☐ Daily ☐ Every other day ☐ Once a week ☐ Twice a week ☐ Other:_____ **Notes:**

Q05. How important is it to you to choose what time of day to bathe?

Importance	Check all that Apply
☐ Very important (1) ☐ Somewhat important (2) ☐ Important, but can't do, no choice (5) ☐ Not very important (3) ☐ Not important at all (4) ☐ Non response (9)	*5a. What time of day do you like to bathe?* ☐ Morning ☐ Evening ☐ Whenever I want ☐ Afternoon ☐ Night ☐ Other: _____ **Notes:**

Q06. How important is it to you to choose between a tub bath, shower, bed bath, or sponge bath? *(MDS 3.0, F0400C)*

Importance	Check all that Apply
☐ Very important (1) ☐ Somewhat important (2) ☐ Important, but can't do, no choice (5) ☐ Not very important (3) ☐ Not important at all (4) ☐ Non response (9)	*6a. What type of bathing do you prefer?* ☐ Tub Bath ☐ Sponge Bath ☐ Shower ☐ Bed Bath ☐ Standing ☐ Sitting ☐ Depends (On:_____) ☐ Other:_____ Comments on order of routine: _____ *6b. Would you like to decide how long you spend bathing?* ☐ Yes ☐No ☐ <10 mins ☐ 10-15 mins ☐ 16-20 mins ☐ 21-30mins ☐ >3 mins ☐ Other:_____ *6c. Would you like a certain level of lighting when you bathe?* ☐ Yes ☐ No How bright do you like the lights: ☐ Normal ☐ Bright ☐ Other:_____ *6d. Would you like a certain room temperature when you bathe?* ☐ Yes ☐No Which room temperature do you like: ☐ Cool (60-65 degrees F) ☐ Warm/Normal (65-75 degrees F) ☐ Hot (≥75 degrees F) ☐ Other:_____

6e. Would you like to listen to something when you bathe? □ Yes □No

Which do you like to listen to when you bathe:
□ Nothing □ Music; type:_____
□ Water sounds □ Nature sounds; type:_____
□ Other:_____

Notes:

Q07. How important is it to you to choose what clothes to wear? *(MDS 3.0, F0400A)*

Importance	Check all that Apply
□ **Very important (1)** □ **Somewhat important (2)** □ **Important, but can't do, no choice (5)**	*7a. What do you usually like to wear for the day?* _____ *7b. What do you like to wear to sleep?* _____ *7c. What jewelry do you like to wear?* _____ *7d. Do you like to a carry a:* □ Bag □ Watch □ Wallet *7e. Would you like your clothes arranged in a certain way?* □ Yes □ No *7f. If so, how would you like your clothes arranged?* _____ **Notes:**
□ **Not very important (3)** □ **Not important at all (4)** □ **Non response (9)**	

Q08. How important is it to you to choose how to care for your mouth?

Importance	Check all that Apply
□ **Very important (1)** □ **Somewhat important (2)** □ **Important, but can't do, no choice (5)**	*8a. What do you like to do to care for your mouth?* □ Brush teeth □ Brush tongue □ Floss □ Clean/soak dentures □ Other: _____ (How often? _____) **Notes:**
□ **Not very important (3)** □ **Not important at all (4)** □ **Non response (9)**	

Q09. How important is it to you to choose how often you care for your nails?

Importance	Check all that Apply
□ **Very important (1)** □ **Somewhat important (2)** □ **Important, but can't do, no choice (5)**	*9a. How often do you like to care for your nails/have your nails cared for?* □ Daily □ Weekly □ Every other week □ Monthly

□ **Not very important (3)** □ **Not important at all (4)** □ **Non response (9)**	*9b. What do you like to do to care for your nails/have your nails cared for?* □ Cut/clip nails □ Cut/clip cuticles □ File nails with emery board □ Clean under nails □ File nails with nail file □ Use nail finish/treatments (Type/Brand:_____) □ Polish nails (Type/Brand/Color:_____) **Notes:**

Q10. How important is it to you to choose how to care for your hair?

Importance	Check all that Apply
□ **Very important (1)** □ **Somewhat important (2)** □ **Important, but can't do, no choice (5)**	*10a. How do you like to care for your hair?* □ Shaving □ Plucking brows/face □ Hair coloring □ Hair cut □ Comb/brushing □ Hair styled □ Shaving legs □ Using styling products (Type:_____) (Brand:_____) □ Other: _____ **Notes:**
□ **Not very important (3)** □ **Not important at all (4)** □ **Non response (9)**	

Q11. How important is it to you take a nap when you wish?

Importance	Check all that Apply
□ **Very important (1)** □ **Somewhat important (2)** □ **Important, but can't do, no choice (5)**	*11a. When do you usually like to take a nap?* □ Morning □ Evening/night □ Afternoon □ When I want **Notes:**
□ **Not very important (3)** □ **Not important at all (4)** □ **Non response (9)**	

Q12. How important is it to you to set up your own room the way that you want it?

Importance	Check all that Apply
□ **Very important (1)** □ **Somewhat important (2)** □ **Important, but can't do, no choice (5)**	*12a. How do you like to set up your room?* □ Arranged nightstand/bed table □ Arrange bed/dresser □ Arrange chairs □ Arrange walker/wheelchair □ Arrange closet Comments on order of routine: _____ *12b. Would you like to display/decorate things in your room?* □ Yes □ No *If yes, what things would you like to decorate your room with?* □ Personal keepsakes □ Photos □ Holiday decorations □ Pictures/art □ Decor □ Curtains □ Other:_____
□ **Not very important (3)** □ **Not important at all (4)** □ **Non response (9)**	

12c. Would you like to keep certain things near your bed? □ Yes □No

12d. Which items do you like to keep by your bed?

□ Clock □ Telephone □ Tissues □ Water
□ Eye Glasses □ Lamp/Light □ Other: _____

Notes:

Q13. How important is it to you to take care of your personal belongings or things? *(MDS 3.0, F0400B)*

Importance	Check all that Apply
□ **Very important (1)** □ **Somewhat important (2)** □ **Important, but can't do, no choice (5)** □ **Not very important (3)** □ **Not important at all (4)** □ **Non response (9)**	*13a. What personal belongings do you prefer to take care of yourself?* _____ _____ _____ _____ **Notes:**

Q14. How important is it to keep your room at a certain temperature?

Importance	Check all that Apply
□ **Very important (1)** □ **Somewhat important (2)** □ **Important, but can't do, no choice (5)** □ **Not very important (3)** □ **Not important at all (4)** □ **Non response (9)**	*14a. At what temperature do you like to keep your room?* □ Average (69-72 degrees) □ On the warm side (>72 degrees) □ On the cool side (<69 degrees) **Notes:**

Q15. How important is it to you to adjust the lighting in your room?

Importance	Check all that Apply
□ **Very important (1)** □ **Somewhat important (2)** □ **Important, but can't do, no choice (5)** □ **Not very important (3)** □ **Not important at all (4)** □ **Non response (9)**	*15a. What lighting level do you prefer during the day?* □ Dim □ Moderate □ Bright *15b. Would you like to be able to adjust the blinds during the day?* □ Yes □ No *If yes, do you like the keep the shades:* □ Opened □ Closed □ It Depends:_____ **Notes:**

Q16. How important is it to you to choose your own bedtime? *(MDS 3.0, F0400E)*

Importance	Check all that Apply
☐ Very important (1) ☐ Somewhat important (2) ☐ Important, but can't do, no choice (5) ☐ Not very important (3) ☐ Not important at all (4) ☐ Non response (9)	*16a. What time do you like to go to bed?* ☐ Earlier than 7 pm ☐ 7-9 pm ☐ 9-10 pm ☐ 10-11 pm ☐ 11-midnight ☐ After midnight *16b. How many hours of sleep do you like at night?* _____ _____ **Notes:**

Q17. How important is it to follow a routine when you go to bed?

Importance	Check all that Apply
☐ Very important (1) ☐ Somewhat important (2) ☐ Important, but can't do, no choice (5) ☐ Not very important (3) ☐ Not important at all (4) ☐ Non response (9)	*17a. Tell me about your bedtime routine:* _____ _____ *17b. What activities do you like to do as part of your bedtime routine?* ☐ Putting on pajamas ☐ Pray ☐ Have a snack ☐ Reading ☐ Listen to radio ☐ Watch TV ☐ Brush teeth ☐ Wash up ☐ Pick out clothes for the next day ☐ Other: _____ **Notes:**

Q18. How important is it to you to set up your bed for comfort?

Importance	Check all that Apply
☐ Very important (1) ☐ Somewhat important (2) ☐ Important, but can't do, no choice (5) ☐ Not very important (3) ☐ Not important at all (4) ☐ Non response (9)	*18a. How do you like to set up your bed for comfort?* _____ _____ *18b. Which things are important to you in setting up your bed for comfort?* ☐ Position/fluff up the pillows ☐ Position pillow under limb ☐ # of pillows (_____) ☐ # of covers (_____) ☐ Change the room temperature ☐ Adjust bed height/settings ☐ Open bedroom door ☐ Shut bedroom door ☐ Nightlight on ☐ Listen to music (_____) ☐ Tuck blankets ☐ Loosen blankets ☐ Close curtains ☐ Open windows ☐ Other: _____ **Notes:**

Q19. How important is it for you to choose your medical care professional?

Importance	Check all that Apply
□ **Very important (1)** □ **Somewhat important (2)** □ **Important, but can't do, no choice (5)** □ **Not very important (3)** □ **Not important at all (4)** □ **Non response (9)**	*19a. What professionals do you like to see for medical care?* □ Physician □ Nurse Practitioner □ Physician's Assistant □ Chiropractor □ Acupuncturist □ Message Therapist □ Hypnotherapist □ Faith Healer □ Other:_____ *19b. Would you like to continue to see your regular doctor?* □ Yes □No *If yes:* Professional name:_____ Professional specialty: _____ Professional name: _____ Professional specialty:_____ **Notes:**

Q20. How important is it to you to choose whether your daily caregiver is male or female?

Importance	Check all that Apply
□ **Very important (1)** □ **Somewhat important (2)** □ **Important, but can't do, no choice (5)** □ **Not very important (3)** □ **Not important at all (4)** □ **Non response (9)**	*20a. Which gender caregiver do you like for personal care (e.g., showering, dressing, toileting):* □ Female □ Male □ No Preference **Notes:**

Q21. How important is it to you that your daily caregiver knows your needs when going to the bathroom?

Importance	Check all that Apply
□ **Very important (1)** □ **Somewhat important (2)** □ **Important, but can't do, no choice (5)** □ **Not very important (3)** □ **Not important at all (4)** □ **Non response (9)**	*21a. What would you like your daily caregiver to know about your needs when going to the bathroom?* _____ _____ *21b. Which bathroom needs would you like your daily caregiver to know about?* □ How often I use the bathroom □ Where I like to use the bathroom □ Type of cleansing I like □ Type of assistance I need □ Use of stool softeners, suppositories, laxatives **Notes:**

Q22. How important is it to you to drink alcohol on occasion?

Importance	Check all that Apply
☐ Very important (1) ☐ Somewhat important (2) ☐ Important, but can't do, no choice (5) ☐ Not very important (3) ☐ Not important at all (4) ☐ Non response (9)	*22a. What kind of alcohol do you like to drink on occasion?* ☐ Wine ☐ Beer ☐ Hard liquor ☐ Mixed drinks ☐ Other:_____ *22b. On what occasions do you like to drink alcohol?* ☐ Special occasions ☐ Holidays ☐ Parties ☐ Dinner ☐ Bedtime ☐ Other: _____ **Notes:**

Q23A. Do you use tobacco products?

☐**No (0)** **If no, skip to Q24.**
☐**Yes (1)** **If yes, continue to Q23B.**

Q23B. How important is it to you use tobacco products?

Importance	Check all that Apply
☐ Very important (1) ☐ Somewhat important (2) ☐ Important, but can't do, no choice (5) ☐ Not very important (3) ☐ Not important at all (4) ☐ Non response (9)	*23b. If yes, which tobacco products do you use?* ☐ Cigarettes ☐ Cigars ☐ Pipe ☐ Chewing tobacco ☐ Other:_____ *23c. Where do you like to use tobacco products?* _____ *23d. When do you like to use tobacco products?* _____ **Notes:**

Q24. How important is it for you to have regular contact with family?

Importance	Check all that Apply
☐ Very important (1) ☐ Somewhat important (2) ☐ Important, but can't do, no ☐ Not very important (3) ☐ Not important at all (4) ☐ Non response (9)	*24a. What family do you enjoy regular contact with?* *Name/Relationship:* _____ *How often:* _____ *Name/Relationship:* _____ *How often:* _____ *Name/Relationship:* _____ *How often:* _____

24b. With which people would you enjoy regular contact?

☐ Spouse ☐ Children ☐ Significant other
☐ Grandchildren ☐ Brother ☐ Sister

24c. Are there family with whom you prefer not to have contact? ☐Yes ☐No
Name/Relationship:_____
Name/Relationship:_____

24d. Which ways do you like to keep in regular contact with family?

☐ Visits in person ☐ Talking on the phone ☐ Email
☐ Sending and getting cards/letters
☐ Being intimate with your spouse or other ☐ Other:_____

Notes:

Q25. How important is it to you to have regular contact with friends?

Importance	Check all that Apply
☐ **Very important (1)** ☐ **Somewhat important (2)** ☐ **Important, but can't do, no choice (5)**	*25a. With what friends do you enjoy regular contact?* *Name/Relationship:* _____ *How often:* _____ *Name/Relationship:* _____ *How often:* _____
☐ **Not very important (3)** ☐ **Not important at all (4)** ☐ **Non response (9)**	*25b. With which friends do you enjoy regular contact?* ☐ Other residents ☐ Friends ☐ Other:_____ *25c. Which ways do you like to keep in regular contact with them?* ☐ Visits in person ☐ Talking on the phone ☐ Email ☐ Sending and getting cards/letters ☐ Other:_____ **Notes:**

Q26. How important is it to you to choose who you would like involved in discussions about your care?
(modified MDS 3.0, F0400F)

Importance	Check all that Apply
☐ **Very important (1)** ☐ **Somewhat important (2)** ☐ **Important, but can't do, no choice (5)** ☐ **Not very important (3)** ☐ **Not important at all (4)** ☐ **Non response (9)**	*26a. Once every 3 months there is a meeting of staff to help plan your care. Would you like to attend the meeting?* ☐Yes ☐No *26b. Which people would you like involved in discussions about your care?* ☐ Spouse ☐ Children ☐ Brother ☐ Daily caregiver ☐ Social worker ☐ Significant other ☐ Grandchildren ☐ Sister ☐ Nurse ☐ Doctor ☐ Friends:_____ ☐ Other:_____ *26c. Which areas of your care do you like to discuss?* ☐ Care plan/treatment plan ☐ Activities you are involved in ☐ General health ☐ Test results ☐ Care giving needs ☐ Medication changes ☐ Info about your routine ☐ Info about your medical condition ☐ Other:_____ **Notes:**

Q27. How important is it to you to do what helps you feel better when you are upset?

Importance	Check all that Apply
☐ **Very important (1)** ☐ **Somewhat important (2)** ☐ **Important, but can't do, no choice (5)** ☐ **Not very important (3)** ☐ **Not important at all (4)** ☐ **Non response (9)**	*27a. Which things help your feel better when you are upset?* ☐ Reading a card/letter ☐ Read a book ☐ Listen to music ☐ Walk away ☐ Dance ☐ Sports ☐ Watering flowers ☐ Watch TV ☐ Watch comedy ☐ Exercise ☐ Take a walk ☐ Coffee ☐ Eat something ☐ Cry ☐ Take deep breaths ☐ Smoke ☐ Pray/meditate ☐ Be by yourself ☐ Relax ☐ Focus on how to solve the problem ☐ Think about happier times ☐ Not thinking about what upset you ☐ Other:_____ **Notes:**

Q28. How important is it to you to talk to a mental health professional if you are sad or worried?

Importance	Check all that Apply
□ Very important (1) **□ Somewhat important (2)** **□ Important, but can't do, no choice (5)** **□ Not very important (3)** **□ Not important at all (4)** **□ Non response (9)**	*28a. Which professionals do you prefer talking to when you are sad or worried?* □ Nurse □ Religious counselor □ Nursing aid □ Social worker □ Counselor/therapist □ Psychologist □ Psychiatrist □ Physician/MD □ Other:_____ *28b. Do you prefer medication rather than talking to someone when you are upset?* □ Yes □ No **Notes:**

Q29. How important is it to you to have the staff show that they care about you?

Importance	Check all that Apply
□ Very important (1) **□ Somewhat important (2)** **□ Important, but can't do, no choice (5)** **□ Not very important (3)** **□ Not important at all (4)** **□ Non response (9)**	*29a. Which ways would you like staff to show that they care about you?* □ Shaking your hand □ Holding your hand □ Giving a hug □ Saying something nice □ Joking with you □ Smiling □ Visiting, talking with you □ Asking about how you are doing □ Using a nice tone of voice □ Patting you on the shoulder □ Taking care of what you need □ Getting a back or hand massage □ Answering call bell in a timely matter □ Other:_____ **Notes:**

Q30. How important is it for you to have staff show you respect?

Importance	Check all that Apply
□ Very important (1) **□ Somewhat important (2)** **□ Important, but can't do, no choice (5)** **□ Not very important (3)** **□ Not important at all (4)** **□ Non response (9)**	*30a. In which ways do you like the staff to show you respect?* □ Greeting you, saying hello □ Calling you by commissioned rank □ Calling you Mr/Ms/Mrs/Miss/Dr □ Knocking before entering your room □ Helping you, asking what you need □ Responding quickly to requests □ Not talking down to you □ Honoring your feelings □ Thanking you □ Listening to you □ Being pleasant □ Other:_____ **Notes:**

Q31. How important is it for you to be able to use the phone in private? *(MDS 3.0, F0400g)*

Importance	Check all that Apply
☐ Very important (1) ☐ Somewhat important (2) ☐ Important, but can't do, no choice (5) ☐ Not very important (3) ☐ Not important at all (4) ☐ Non response (9)	*31a. Where do you like to use the phone in private?* ☐ Bedroom ☐ Secured space with the door shut ☐ Other:_____ **Notes:**

Q32. How important is it to you to have privacy?

Importance	Check all that Apply
☐ Very important (1) ☐ Somewhat important (2) ☐ Important, but can't do, no choice (5) ☐ Not very important (3) ☐ Not important at all (4) ☐ Non response (9)	*32a. Which of these activities do you like to keep private?* ☐ Using the toilet, urinal/bedpan ☐ Getting dressed/ changing clothes ☐ Attending to my medical needs ☐ Other:_____ *32b. Which information do you like to keep private?* ☐ Your family ☐ Your medical condition/care ☐ Your finances ☐ Other:_____ **Notes:**

Q33. How important is it to you to lock things up to keep them safe? *(modified MDS 3.0, F0400H)*

Importance	Check all that Apply
☐ Very important (1) ☐ Somewhat important (2) ☐ Important, but can't do, no choice (5) ☐ Not very important (3) ☐ Not important at all (4) ☐ Non response (9)	*33a. What things do you like to keep locked up?* ☐ Jewelry ☐ Money ☐ Electronics ☐ Other:_____ __ *33b. Which places do you like to lock things to keep them safe?* ☐ A locked drawer ☐ Locked closet/armoire ☐ A safe ☐ A safety deposit box ☐ Other:_____ **Notes:**

Q34. How important is it to you to be involved in choosing your roommate?

Importance	Check all that Apply
□ **Very important (1)** □ **Somewhat important (2)** □ **Important, but can't do, no choice (5)** □ **Not very important (3)** □ **Not important at all (4)** □ **Non response (9)**	*34a. Which of the following is important to you when choosing a roommate?* □ Age □ How long they have lived here □ Keeps area clean □ Does not wear perfume □ Keeps lighting level low □ TV habits: □ Amount □ Volume □ Time □ Other:_____ □ Hearing ability □ Hygiene (body odors, gas, etc.) □ Not a smoker □ Quiet/keeps noise level low □ Level of disability □ Personality/character traits: □ Quiet □ Social □ Active □ Polite □ Not racially prejudiced **Notes:**

Q35. How important is it to you to choose what you eat?

Importance	Check all that Apply
□ **Very important (1)** □ **Somewhat important (2)** □ **Important, but can't do, no choice (5)** □ **Not very important (3)** □ **Not important at all (4)** □ **Non response (9)**	*35a. What are your favorite foods for:* *Breakfast:*_____ *Lunch:*_____ *Supper:*_____ *Favorite drinks:*_____ *Condiments:*_____ *Foods I dislike:*_____ *35b. Do you have certain ethnic or cultural food preferences?* □ Yes □ No **Notes:**

Q36. How important is it for you to choose when you eat?

Importance	Check all that Apply
□ **Very important (1)** □ **Somewhat important (2)** □ **Important, but can't do, no choice (5)** □ **Not very important (3)** □ **Not important at all (4)** □ **Non response (9)**	*36a. When do you prefer to eat:* *Breakfast:*_____ *Lunch:*_____ *Dinner:*_____ □ Whenever I am hungry *36b. How much time do you usually like to spend eating a meal?* _____ _____ **Notes:**

Q37. How important is it to you to choose where to eat?

Importance	Check all that Apply
□ Very important (1) **□ Somewhat important (2)** **□ Important, but can't do, no choice (5)**	*37a. Where do you like to eat while you are here/in a nursing home?* □ In your room □ In the dining room □ In the Bistro/café □ In the cafeteria □ At restaurants (How often:_____) □ Other:_____ **Notes:**
□ Not very important (3) **□ Not important at all (4)** **□ Non response (9)**	

Q38. How important is it to you to have snacks available between meals?

Importance	Check all that Apply
□ Very important (1) **□ Somewhat important (2)** **□ Important, but can't do, no choice (5)**	*38a. Which of the following foods do you like to snack on?* □ Salty items (Chips, pretzels, crackers) □ Fruits □ Vegetables □ Sweets: Candy □ Sweets: Chocolate □ Sweets: Ice cream □ Beverages □ Other:_____ *38b. When do you like to snack?* □ Morning □ Afternoon □ Evening/night □ Whenever I want **Notes:**
□ Not very important (3) **□ Not important at all (4)** **□ Non response (9)**	

Q39. How important is it for you to eat at restaurants?

Importance	Check all that Apply
□ Very important (1) **□ Somewhat important (2)** **□ Important, but can't do, no choice (5)**	*39a. Which kind of restaurants do you like?* □ Upscale restaurants □ Fast food restaurants □ Diners □ Italian □ Pizza place □ Japanese □ Hoagie/sub/sandwich shop □ Other:_____ (Write name of favorite restaurant:_____) **Notes:**
□ Not very important (3) **□ Not important at all (4)** **□ Non response (9)**	

Q40. How important is it to you to order take-out food?

Importance	Check all that Apply
☐ Very important (1) ☐ Somewhat important (2) ☐ Important, but can't do, no choice (5) ☐ Not very important (3) ☐ Not important at all (4) ☐ Non response (9)	*40a. Which kind of take-out food do you like to order?* ☐ Pizza ☐ Chinese ☐ Wings ☐ Hamburgers ☐ Fish fry ☐ BBQ chicken ☐ Italian ☐ Japanese ☐ Other:_____ **Notes:**

Q41. How important is it to you to spend time by yourself?

Importance	Check all that Apply
☐ Very important (1) ☐ Somewhat important (2) ☐ Important, but can't do, no choice (5) ☐ Not very important (3) ☐ Not important at all (4) ☐ Non response (9)	*41a. In which ways do you like to spend time by yourself?* ☐ Reading ☐ Lying down ☐ Looking out the window ☐ Thinking ☐ Meditating ☐ Praying ☐ Watching a movie ☐ Listening to music ☐ Napping ☐ Crossword puzzle/games ☐ Other:_____ *41b. In which places do you like to spend time by yourself?* ☐ Bedroom ☐ Outside ☐ Other:_____ **Notes:**

Q42. How important is it to you to spend one-on-one time with someone?

Importance	Check all that Apply
☐ Very important (1) ☐ Somewhat important (2) ☐ Important, but can't do, no choice (5) ☐ Not very important (3) ☐ Not important at all (4) ☐ Non response (9)	*42a. Which people do you like to spend one-on-one time with?* ☐Spouse ☐Significant other ☐Children ☐Grandchildren ☐Brother ☐Sister ☐Staff ☐Roommate ☐Other residents ☐Friends ☐Other:_____ *42b. What do you like to do with someone one-on-one?* ☐Catching up ☐Discussing care ☐Discussing faculty ☐Playing games ☐Other:_____ **Notes:**

Q43. How important is it to do things with groups of people? *(MDS 3.0, F0500E)*

Importance	Check all that Apply
☐ **Very important (1)** ☐ **Somewhat important (2)** ☐ **Important, but can't do, no choice (5)** ☐ **Not very important (3)** ☐ **Not important at all (4)** ☐ **Non response (9)**	*43a. What do you like to do with groups of people?* _____ _____ *43b. Which type of person do you enjoy in a group?* ☐Friends ☐Other residents ☐Roommate ☐Family members ☐Other:_____ *43c. How many people do you like when doing things in a group?* ☐Very large group/crowd ☐Large group ☐Medium group ☐Small group ☐Other:_____ **Notes:**

Q44. How important is it to you to meet new people?

Importance	Check all that Apply
☐ **Very important (1)** ☐ **Somewhat important (2)** ☐ **Important, but can't do, no choice (5)** ☐ **Not very important (3)** ☐ **Not important at all (4)** ☐ **Non response (9)**	*44a. In which ways do you like to meet new people?* ☐Social event ☐Discussion group ☐Enjoyed activity ☐Over coffee ☐Through staff ☐Through another resident ☐Other:_____ **Notes:**

Q45. How important is it to you to be a member of a club?

Importance	Check all that Apply
☐ **Very important (1)** ☐ **Somewhat important (2)** ☐ **Important, but can't do, no choice (5)**	*45a. Which kind of club(s) did you enjoy in the past?* ☐Book club ☐Glee club ☐Crochet/knitting club ☐Card club ☐Computer club ☐Outdoors club ☐Church club ☐Religious club ☐Political club ☐Elks ☐VFW ☐American Legion ☐Red Hat Society ☐Other:_____

☐ **Not very important (3)**
☐ **Not important at all (4)**
☐ **Non response (9)**

45b. What kind of clubs do you enjoy now?

☐Book club ☐Glee club ☐Crochet/knitting club
☐Card club ☐Computer club ☐Outdoors club
☐Church club ☐Religious club ☐Political club
☐Elks ☐VFW ☐American Legion
☐Red Hat Society ☐Other:_____

Notes:

Q46. How important is it to be around children?

Importance	Check all that Apply
☐ **Very important (1)** ☐ **Somewhat important (2)** ☐ **Important, but can't do, no choice (5)**	*46a. What children do you enjoy doing activities with?* ☐Grandchildren ☐Great Grandchildren ☐School groups ☐Other residents' visitors ☐Other:_____ *46b. What activities involving children do you enjoy?* ☐Watching them play ☐Playing with them ☐Listening to them ☐Talking with them ☐Teaching them ☐Other:_____ **Notes:**
☐ **Not very important (3)** ☐ **Not important at all (4)** ☐ **Non response (9)**	

Q47. How important is it to you to volunteer your time?

Importance	Check all that Apply
☐ **Very important (1)** ☐ **Somewhat important (2)** ☐ **Important, but can't do, no choice (5)**	*47a. Have you volunteered your time in the past?* ☐Yes ☐No *47b. If yes, which ways have you volunteered your time in the past?* ☐Reading with/teaching children ☐Fund raising ☐Coaching a sports team ☐Shopping for other people ☐Church volunteer activities ☐Helping people learn the computer ☐School volunteer activities ☐Make things for the sick or needy ☐Help with giving money or gifts to the sick and needy ☐Other:_____ *47c. How do you like to volunteer your time now?* ☐Reading with/teaching children ☐Helping around the nursing home ☐Coaching a sports team ☐Shopping for other residents ☐Helping the sick or needy ☐Helping people learn the computer ☐Fund raising ☐Other:_____ **Notes:**
☐ **Not very important (3)** ☐ **Not important at all (4)** ☐ **Non response (9)**	

Q48. How important is it to participate in religious services or practices? *(MDS 3.0, Section F, F0500H)*

Importance	Check all that Apply
☐ **Very important (1)** ☐ **Somewhat important (2)** ☐ **Important, but can't do, no choice (5)** ☐ **Not very important (3)** ☐ **Not important at all (4)** ☐ **Non response (9)**	*48a. What is your religious background?*_____ _____ *48b. Do you belong to a religious organization?* ☐Yes ☐No *48c. If yes, which organization do you belong to?* ☐Synagogue ☐Church ☐Mosque ☐Other:_____ *48d. If so, what is the name?* _____ *48e. Which religious services or practices do you like?* ☐Read/study the Torah/Bible/Koran/other ☐Attend religious services ☐Visits from clergy, pastor, priest, or rabbi ☐Pray/meditate ☐Listen to services on a tape/radio ☐Watch service on TV ☐Observe dietary requirements ☐Kosher foods ☐No meat on Fridays ☐Other:_____ ☐Observe holy days (Which ones? _____) ☐(if Christian) Receive sacraments (Which ones?_____) **Notes:**

Q49. How important is it to you to participate in your cultural traditions?

Importance	Check all that Apply
☐ **Very important (1)** ☐ **Somewhat important (2)** ☐ **Important, but can't do, no choice (5)** ☐ **Not very important (3)** ☐ **Not important at all (4)** ☐ **Non response (9)**	*49a. In which cultural traditions do you like to participate?* ☐Eating traditional food ☐Celebrations ☐Holidays ☐Religious traditions ☐Festivals ☐Military traditions ☐Wearing traditional dress ☐Other:_____ **Notes:**

Q50. How important is it to you to reminisce about the past?

Importance	Check all that Apply
☐ **Very important (1)** ☐ **Somewhat important (2)** ☐ **Important, but can't do, no choice (5)** ☐ **Not very important (3)** ☐ **Not important at all (4)** ☐ **Non response (9)**	*50a. Which topics do you like to reminisce about?* ☐Family ☐Pets ☐Friends ☐Old TV shows ☐Hobbies ☐Work ☐Travel ☐Old radio shows ☐Fashions ☐Music ☐School ☐Entertainers from the past ☐Where you came from ☐Sports you participated in ☐Sports teams:_____ ☐Other:_____ *50b. With which people would you like to reminisce?* ☐Spouse ☐Significant other ☐Children ☐Grandchildren ☐Brother ☐Sister ☐Staff ☐Other residents ☐Friends:_____ ☐Other:_____ *50c. Do you like to reminisce with a group of people?* ☐Yes ☐No **Notes:**

Q51. How important is it to you to give gifts?

Importance	Check all that Apply
☐ **Very important (1)** ☐ **Somewhat important (2)** ☐ **Important, but can't do, no choice (5)** ☐ **Not very important (3)** ☐ **Not important at all (4)** ☐ **Non response (9)**	*51a. To which people would you like to give gifts?* ☐Spouse ☐Significant other ☐Children ☐Grandchildren ☐Brother ☐Sister ☐Other residents ☐Friends:_____ ☐Other:_____ *51b. Which kind of gifts do you like to give?* ☐Money ☐Personal gifts ☐Gratitude ☐Flowers ☐Other:_____ *51c. Is it important to you to give gifts on holidays or special occasions?* ☐Yes ☐No *If yes, on which holidays or special occasions would you enjoy giving gifts?* ☐Birthdays ☐Mother's Day ☐Christmas ☐Weddings ☐Easter ☐Valentine's Day ☐Halloween ☐Graduations ☐Hanukkah ☐Anniversaries ☐Father's Day ☐Other:_____ **Notes:**

Q52. How important is it to you to go shopping?

Importance	Check all that Apply
☐ **Very important (1)** ☐ **Somewhat important (2)** ☐ **Important, but can't do, no choice (5)** ☐ **Not very important (3)** ☐ **Not important at all (4)** ☐ **Non response (9)**	*52a. At which stores do you like to shop?* ☐Grocery store ☐Clothing store ☐Hardware store ☐Dollar store ☐Department store ☐Discount store ☐Superstore ☐Mall ☐Other:_____ Write names of favorite stores if given: _____ _____ **Notes:**

Q53. How important is it to you to do things away from here?

Importance	Check all that Apply
☐ **Very important (1)** ☐ **Somewhat important (2)** ☐ **Important, but can't do, no choice (5)** ☐ **Not very important (3)** ☐ **Not important at all (4)** ☐ **Non response (9)**	*53a. Which kinds of things would you like to do away from here?* ☐Visit family ☐Visit old neighbors ☐Go to a movie ☐Go to the store ☐Visit friends ☐Go to a restaurant ☐Go for a ride ☐Go to the theater ☐Sightsee ☐Go to a sporting event ☐Go shopping ☐Go to a concert ☐Other:_____ *53b. How long do you like to spend away from here?* ☐For an hour or two ☐For a day ☐Overnight ☐Other:_____ *53c. Whom do you like to be with if you were away from here?* ☐Nurse ☐Recreation therapist ☐Family:_____ ☐Friends:_____ ☐Residents: _____ ☐Other:_____ **Notes:**

Q54. How important is it to you to attend entertainment events?

Importance	Check all that Apply
☐ **Very important (1)** ☐ **Somewhat important (2)** ☐ **Important, but can't do, no choice (5)** ☐ **Not very important (3)** ☐ **Not important at all (4)** ☐ **Non response (9)**	*54a. Which entertainment events did you enjoy in the past?* ☐Drama stage plays ☐Parades ☐Dance performances ☐Casinos ☐Musicals/musical plays/Operas ☐Movies ☐Concerts:_____ ☐Ethnic music:_____ ☐Museums:_____ ☐Sporting event:_____ ☐Other:_____ **Notes:**

Q55. How important is it to you to go outside to get fresh air when the weather is good?

(MDS 3.0, Section F, F0500G)

Importance	Check all that Apply
☐ **Very important (1)** ☐ **Somewhat important (2)** ☐ **Important, but can't do, no** ☐ **Not very important (3)** ☐ **Not important at all (4)** ☐ **Non response (9)**	*55a. In which type of weather do you like to go outside?* ☐Sunny ☐Rainy ☐Snowy ☐Hot ☐Cloudy/Overcast ☐Warm ☐Cool ☐Cold ☐Other:_____ *55b. Which things do you like to do outside when the weather is good?* ☐Sit ☐Tanning ☐Talk/visit ☐Work/outdoor tasks ☐Nap ☐Garden ☐Smoke ☐Watch the birds/wildlife ☐Play ☐Eat/drink ☐Walk ☐Other:_____ *55c. How many times do you like to go outside in a week?* ☐Daily ☐2-3 times a week ☐4-5 times a week ☐Once a week ☐Other:_____ **Notes:**

Q56. How important is it to you to take care of the place you live?

Importance	Check all that Apply
☐ **Very important (1)** ☐ **Somewhat important (2)** ☐ **Important, but can't do, no choice (5)** ☐ **Not very important (3)** ☐ **Not important at all (4)** ☐ **Non response (9)**	*56a. Which tasks do you like to do to care for the place you live?* ☐Dusting ☐Tending plants ☐Making bed ☐Ironing ☐Dishwashing ☐Sweeping, vacuuming ☐Picking up ☐Folding laundry ☐Organizing things (closets, or drawers) ☐Fixing things ☐Decorating ☐Handling finances (balance checkbook, pay bills) ☐Other:_____ **Notes:**

Q57. How important is it to you to do outdoor tasks?

Importance	Check all that Apply
☐ **Very important (1)** ☐ **Somewhat important (2)** ☐ **Important, but can't do, no choice (5)** ☐ **Not very important (3)** ☐ **Not important at all (4)** ☐ **Non response (9)**	*57a. Which tasks do you like to do to care for the place you live?* ☐Weeding ☐Trimming trees ☐Planting flowers/vegetables ☐Sweeping ☐Cutting lawn ☐Painting the house/fence ☐Fixing things ☐Shoveling snow ☐Other:_____ **Notes:**

Q58. How important is it to you to be around animals such as pets? *(MDS 3.0, Section F, F0500C)*

Importance	Check all that Apply
☐ **Very important (1)** ☐ **Somewhat important (2)** ☐ **Important, but can't do, no choice (5)** ☐ **Not very important (3)** ☐ **Not important at all (4)** ☐ **Non response (9)**	*58a. Which kind of animals do you like to be around?* ☐Dogs ☐Fish ☐Horses ☐Hamsters/guinea pigs ☐Cats ☐Birds ☐Reptiles ☐Other_____ *58b. Which type of contact do you enjoy with animals?* ☐Holding in your lap ☐Feeding ☐Playing with ☐Riding ☐Petting ☐Watching ☐Other:_____ *58c. Are you allergic to animals?* ☐Yes ☐No If yes, what kind? _____ **Notes:**

Q59. How important is it to you to keep up with the news?*(modified MDS 3.0, F0500D)*

Importance	Check all that Apply
☐ **Very important (1)** ☐ **Somewhat important (2)** ☐ **Important, but can't do, no choice (5)** ☐ **Not very important (3)** ☐ **Not important at all (4)** ☐ **Non response (9)**	*59a. Which ways do you like to keep up with the news?* ☐Watch TV ☐Group discussions ☐Read magazines ☐Read newspaper ☐Listen to the radio ☐Use the computer ☐Discussions with another person ☐Other:_____ **Notes:**

Q60. How important is it to you to learn about topics that interest you?

Importance	Check all that Apply
☐ **Very important (1)** ☐ **Somewhat important (2)** ☐ **Important, but can't do, no choice (5)** ☐ **Not very important (3)** ☐ **Not important at all (4)** ☐ **Non response (9)**	*60a. Which topics would you like to learn more about?* ☐News/current events ☐Technology ☐History ☐Sports ☐Places travel ☐Science ☐Religion ☐Medical conditions:_____ ☐Eye problems ☐Hearing problems ☐Other:_____ *60b. Which ways would you like to learn about topics that interest you?* ☐Read ☐Talk with professional ☐Attend a talk ☐Computer ☐Video ☐Discussion group ☐Other:_____ **Notes:**

Q61A. Do you have difficulties reading due to eyesight?

☐**No (0)** If no, skip to Q61C.
☐**Yes (1)** If yes, continue to Q61B.

Q61B. (If yes) I'd like to know if these activities would be important to you if you could do them with assistance or find a way to do it. **How important is it to you to have reading options for low vision available to you?** *(modified MDS 3.0, F0500A)*

Importance	Check all that Apply
☐ **Very important (1)** ☐ **Somewhat important (2)** ☐ **Important, but can't do, no choice (5)** ☐ **Not very important (3)** ☐ **Not important at all (4)** ☐ **Non response (9)**	*61d. Which reading options would you like available?* ☐Large print materials ☐Audio books/books on tape ☐Have someone read to you ☐Other:_____ *61e. Which materials do you like to read?* ☐Newspapers:_____ ☐Magazines:_____ ☐Books:_____ ☐Other:_____ ☐Fiction ☐Nonfiction ☐Romance ☐Science ☐Mysteries ☐Science fiction ☐Biography ☐Poetry ☐Other:_____ *61f. Would you like to be a member of a book club?* ☐Yes ☐No *61g. Would you like to read on an electronic tablet, e-reader, or notebook?* ☐Yes ☐No **Notes:** ***Go to question Q62.***

Q61C. (If no) How important is it to you to have reading materials available to you? *(modified MDS 3.0, F0500A)*

Importance	Check all that Apply
☐ **Very important (1)** ☐ **Somewhat important (2)** ☐ **Important, but can't do, no choice (5)** ☐ **Not very important (3)** ☐ **Not important at all (4)** ☐ **Non response (9)**	*61e. Which materials do you like to read?* ☐Newspapers:_____ ☐Magazines:_____ ☐Books:_____ ☐Other:_____ ☐Fiction ☐Nonfiction ☐Romance ☐Science ☐Mysteries ☐Science fiction ☐Biography ☐Poetry ☐Other:_____ *61f. Would you like to be a member of a book club?* ☐Yes ☐No *61g. Would you like to read on an electronic tablet, e-reader, or notebook?* ☐Yes ☐No **Notes:**

Q62. How important is it to you to exercise?

Importance	Check all that Apply
☐ **Very important (1)** ☐ **Somewhat important (2)** ☐ **Important, but can't do, no choice (5)** ☐ **Not very important (3)** ☐ **Not important at all (4)** ☐ **Non response (9)**	*62a. Which types of exercise do you like?* ☐Walking ☐Biking/cycle ☐Sit ups ☐Sporting games ☐Swimming ☐Yoga/Tai Chi ☐Lifting weights ☐Go to rehab ☐Running ☐Push-ups ☐Stretching ☐Go to exercise class ☐Other:_____ **Notes:**

Q63. How important are sports to you?

Importance	Check all that Apply
☐ **Very important (1)** ☐ **Somewhat important (2)** ☐ **Important, but can't do, no choice (5)** ☐ **Not very important (3)** ☐ **Not important at all (4)** ☐ **Non response (9)**	*63a. Which types of sports have you enjoyed in the past?* ☐Walking ☐Biking ☐Bowling ☐Football ☐Swimming ☐Yoga/Tai Chi ☐Track ☐Basketball ☐Running ☐Weight lifting ☐Boxing ☐Tennis ☐Hunting ☐Fishing ☐Baseball ☐ Hockey ☐Golf ☐Skiing ☐Other:_____ *63b. Which types of sports would you like now?* ☐Walking ☐Biking ☐Bowling ☐Football ☐Swimming ☐Yoga/Tai Chi ☐Track ☐Basketball ☐Running ☐Weight lifting ☐Boxing ☐Tennis ☐Hunting ☐Fishing ☐Baseball ☐ Hockey ☐Golf ☐Skiing ☐Other:_____ *63c. Which ways do you like to participate in sports?* ☐ Playing sports ☐Talking about sports ☐Watching sports **Notes:**

Q64. How important is it to you to play games?

Importance	Check all that Apply
☐ **Very important (1)** ☐ **Somewhat important (2)** ☐ **Important, but can't do, no choice (5)** ☐ **Not very important (3)** ☐ **Not important at all (4)** ☐ **Non response (9)**	*64a. Which types of games do you like to play?* ☐Board games ☐Chess ☐Checkers ☐Monopoly ☐Other:_____ ☐Card games ☐Go fish ☐Solitaire ☐Bridge ☐Euchre ☐Hearts ☐Poker ☐Canasta ☐Pinochle ☐Other:_____ ☐Word games ☐Trivia ☐Crosswords ☐Scrabble ☐Jumbles ☐Word search ☐Other:_____ ☐Dice games ☐Bunco ☐Backgammon ☐Yahtzee ☐Other:_____ ☐Bingo ☐ Rummikub ☐Sudoku ☐Gambling, games of chance ☐Dominoes ☐Jigsaw puzzle ☐Video games (e.g. Wii) ☐Sporting games:_____ ☐Other:_____ *64b. With which people do you like to play games?* ☐Other residents ☐Roommate ☐Staff ☐Friends:_____ ☐Family:_____ ☐Other:_____ **Notes:**

Q65. How important is it to you to take care of plants?

Importance	Check all that Apply
☐ **Very important (1)** ☐ **Somewhat important (2)** ☐ **Important, but can't do, no choice (5)** ☐ **Not very important (3)** ☐ **Not important at all (4)** ☐ **Non response (9)**	*65a. In which ways do you like to care for plants?* ☐Selecting seeds ☐Growing flowers ☐Growing vegetables ☐Hoeing ☐Picking flowers ☐Arranging flowers ☐Caging ☐Watering plants ☐Learning about plants ☐Planting ☐Working the soil ☐Taking off old blooms ☐Harvesting ☐Repotting plants ☐Watching plants grow from seed ☐Other:_____ **Notes:**

Q66. How important is it to you to be involved in cooking?

Importance	Check all that Apply
□ **Very important (1)** □ **Somewhat important (2)** □ **Important, but can't do, no choice (5)**	*66a. Which ways do you like to be involved in cooking?* □Setting the table □ Frying or sautéing □Cutting □Baking □Gathering items □Grilling or barbequing □Attending cooking class □Garnishing/presenting food □Making/sharing favorite recipes/foods □Other:_____ **Notes:**
□ **Not very important (3)** □ **Not important at all (4)** □ **Non response (9)**	

Q67. How important is it to you to watch or listen to TV?

Importance	Check all that Apply
□ **Very important (1)** □ **Somewhat important (2)** □ **Important, but can't do, no choice (5)**	*67a. Which type of TV programs do you like to watch?* □News □Documentaries □Cartoons □Cooking channel □Nature □Mysteries □Reality TV □Military channel □Dramas □Game shows □Westerns □Comedies □Movies □Soap operas □Weather □Sports:_____ □Other:_____ Write names of favorite programs, if given:_____ _____ _____ **Notes:**
□ **Not very important (3)** □ **Not important at all (4)** □ **Non response (9)**	

Q68. How important is it to you to watch movies with other people?

Importance	Check all that Apply
□ **Very important (1)** □ **Somewhat important (2)** □ **Important, but can't do, no**	*68a. Which type of movies do you like to watch with other people?* □Drama □Action/adventure □Romance □Comedy □Old classic □Western □War/military □Mystery □Horror □New releases □Other:_____ *68b. Which places do you like to watch movies with other people?* □Movie theaters □TV room □Other:_____ *68c. Which people do you like to watch movies with?* □Roommate □Other residents □Children □Grandchildren □Brother □Sister □Spouse/significant other □Friends:_____ □Other:_____ **Notes:**
□ **Not very important (3)** □ **Not important at all (4)** □ **Non response (9)**	

Q69. How important is it to you to listen to music you like? *(MDS 3.0, Section F, F0500B)*

Importance	Check all that Apply
☐ **Very important (1)** ☐ **Somewhat important (2)** ☐ **Important, but can't do, no choice (5)** ☐ **Not very important (3)** ☐ **Not important at all (4)** ☐ **Non response (9)**	*69a. Which kinds of music do you like?* ☐Jazz ☐Hip hop ☐Country western ☐Blues ☐Classical ☐Religious ☐Show tunes ☐Opera ☐Folk ☐Rock ☐Heavy metal ☐Top 40 ☐Big band ☐Other:_____ *69b. Do you have a favorite era of music?* ☐Yes ☐No If yes:_____ *69c. Do you have favorite musicians/musical groups?* ☐Yes ☐No If yes:_____ *69d. Which ways do you like to listen to music?* ☐Radio ☐CD player ☐Tape/cassette player ☐iPod, iPhone, iPad ☐Live music ☐Computer ☐Other:_____ **Notes:**

Q70. How important is it to you to use the computer?

Importance	Check all that Apply
☐ **Very important (1)** ☐ **Somewhat important (2)** ☐ **Important, but can't do, no choice (5)** ☐ **Not very important (3)** ☐ **Not important at all (4)** ☐ **Non response (9)**	*70a. Which activities would you like to do on the computer?* ☐Shop ☐Watch movies ☐Check the weather ☐Play games ☐Read ☐Watch TV shows ☐Listen to music ☐Skype ☐Email ☐Watch the news ☐Research, learn about something ☐Socialize:_____ ☐Other:_____ *70b. Would you like to learn about using the computer?* ☐Yes ☐No If yes, what would you like to learn?_____ **Notes:**

Q71. How important is it to you to do your favorite hobbies?

Importance	Check all that Apply
☐ **Very important (1)** ☐ **Somewhat important (2)** ☐ **Important, but can't do, no choice (5)** ☐ **Not very important (3)** ☐ **Not important at all (4)** ☐ **Non response (9)**	*71a. Which kinds of hobbies do you like?* ☐Collecting:_____ ☐Models:_____ ☐Play an instrument:_____ ☐Arts & crafts:_____ ☐Picnicking ☐Singing ☐Dancing ☐Crocheting/knitting ☐Fishing ☐Hiking ☐Acting ☐Drawing/sketching ☐Writing ☐Photography ☐Painting ☐Beading/jewelry making ☐Reading ☐Ceramics/clay ☐Sewing ☐Wood or metalworking ☐Fixing things/building things ☐Other:_____ **Notes:**

Q72. How important is it to you to do your favorite activities? *(MDS 3.0, F0500F)*

Importance	Check all that Apply
☐ **Very important (1)** ☐ **Somewhat important (2)** ☐ **Important, but can't do, no choice (5)** ☐ **Not very important (3)** ☐ **Not important at all (4)** ☐ **Non response (9)**	*72a. What are you favorite activities?* _____ _____ _____ *72b. With whom would you like to do your favorite activities?* ☐Roommate ☐Other residents ☐Children ☐Grandchildren ☐Brother ☐Sister ☐Spouse/significant other ☐Friends:_____ ☐Other:_____ **Notes:**

1=Very Important

2=Somewhat Important

3=Not Very Important

4=Not Important at All

5=Important, But Can't Do, No Choice