

New & Quarterly Nursing Resident Interview Questions

*Complete prior to initial care plan meeting & 1st quarterly ARD note. Continue if resident has expressed issues. Address any concern/issue in your chart notes and/or care plan.

Res. Name:

Date:

NM initials:

Pain

- 1) Do you have any discomfort such as pain, heaviness, burning, or hurting? No Yes
- 2) Do you ask for pain medicine? No Yes
- 3) When you take pain medicine does it stop the pain? No Yes

Comments:

Hydration & Nutrition

- 1) Do you receive the fluids you want between meals? No Yes
- 2) Do you get snacks when you want them? No Yes

Comments:

Oral Health

- 1) Do you have mouth pain, any chewing or eating? No Yes
- 2) Does staff help you as necessary to clean your teeth? No Yes N/A, do not need assistance

Comments:

Participation in Care Plan

- 1) Do you help dress yourself as much as you want to? No Yes
- 2) Do you help wash your face and hands as much as you want to? No Yes
- 3) Do you choose when to get up, No Yes
go to bed No Yes
and when to have a bath? No Yes

Comments:

Sufficient Staff

- 1) Do you get the care and assistance you need without having to wait a long time? No Yes
- 2) Does staff treat you with respect and dignity? No Yes
- 3) Do you get help quickly enough when you need to go to the bathroom? No Yes
- 4) Do you feel safe here with us? No Yes

Comments:

Satisfaction

- 1) Do you do things during the day that you enjoy, such as activities? No Yes
- 2) Are you comfortable living here? No Yes
- 3) Is there anything we can do for you? No Yes

Comments:

Other concerns expressed:

Keep these forms in a NBHD folder for reference if needed during survey

Revised 6/10