

**PARK AVENUE EXTENDED CARE FACILITY**

**CNA - RESIDENT INTERVIEW**

**RESIDENT** \_\_\_\_\_

**Room** \_\_\_\_\_

**CNA** \_\_\_\_\_

**Date** \_\_\_\_\_

**How would you like the staff to address you?**

\_\_\_\_\_

**What time do you usually wake up?**

\_\_\_\_\_

**What time do you usually go to bed?**

\_\_\_\_\_

**Do you shower in the morning or the evening?**

\_\_\_\_\_

**What would make your stay at Park Avenue most comfortable?**

\_\_\_\_\_