

SET OF GPP QUESTIONS TO ASK RESIDENTS ORGANIZED BY THE MOVING FORWARD COALITION

This set of questions was organized by the Moving Forward Coalition. These questions reference items from [the GPP identification and assessment tool](#), in the Guide. The questions also align with the 8 GPP domains in the Guide. The following questions are suggestions for your consideration. Each nursing home may want to customize what is asked depending on the population of nursing home residents and existing assessments

1. **What is the name you would like to be called?**
2. **What are the most important things for you to be in control of, or in charge of, either in your daily routine or more generally in your life?**
3. **How important is it to you to be involved in choosing your roommate?**

Very important
Somewhat important
Not very important
Not important at all
Important but can't do
No response

If “very important” or “somewhat important”: Which of the following is important to you when choosing a roommate?

General Characteristics:

Age
How long they have lived here

Usual Habits:

Keeps area clean
Keeps lighting level low
Quiet/keep noise level low



Functional ability:

Level of disability

Hearing ability

Olfactory:

Does not wear perfume

Hygiene (body odors, gas, etc.)

Not a smoker

Personality traits:

Quiet

Active

Polite

Social

TV habits: amount, time, volume

Other:

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

Very important

Somewhat important

Not very important

Not important at all

Important but can't do

No response

If "very important" or "somewhat important": Which kinds of things do you like to do away from here?

Visit family

Visit friends

Visit old neighbors

Go shopping/to the store

Go to a restaurant

Go to a movie

Go to a concert

Go to the theater

Go to a sporting event

Sightsee

Go for a car ride

Other:

If “very important” or “somewhat important”: How long do you like to spend away from here?

For an hour or two

For a day, overnight

Other:

If “very important” or “somewhat important”: Whom do you like to be with if you are away from here?

Family: _____

Friends: _____

Residents: _____

Recreation therapist: _____

Nurse: _____

Other:

5. Which people do you like involved in discussions about your care?

Spouse: _____

Significant other: _____

Children: _____

Brother: _____

Sister: _____

Grandchildren: _____

Friends: _____

Nurse: _____

Doctor: _____

Social worker: _____

Daily caregiver: _____

Other (free text) _____

6. Who are the people who know you best?

7. How important is it to you to go outside to get fresh air?

Very important
Somewhat important
Not very important
Not important at all
Important but can't do
No response

If “very important” or “somewhat important”: In which type of weather do you like to go outside?

Sunny
Cloudy/overcast
Rainy
Snowy
Hot warm
Cool
Cold

Other:

If “very important” or “somewhat important”: What do you like to do outside when the weather is nice?

Garden
Play
Walk
Work/outdoor tasks
Water/drink
Nap
Sit
Smoke
Talk/visit
Tanning
Watch the birds/wildlife

Other:

If “very important” or “somewhat important”: 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:

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

- Very important
- Somewhat important
- Not very important
- Not important at all
- Important but can't do
- No response

If “very important” or “somewhat important”: How do you like furniture and other items arranged in your room?

If “very important” or “somewhat important”: What things do you like to decorate your room with?

- Personal keepsakes
- Photos
- Holiday decorations
- Picture/art
- Décor
- Curtains

Other:

If “very important” or “somewhat important”: What items do you like to keep by your bed?

- Clock
- Telephone
- Tissues
- Water
- Eyeglasses
- Lamp/light

Other:

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

- Very important
- Somewhat important
- Not very important
- Not important at all
- Important but can't do
- No response

If "very important" or "somewhat important": How do you like to set up your bed for comfort?

If "very important" or "somewhat important": Which things are important to you in setting up your bed for comfort?

Pillow

Number: _____

Position: _____

Blankets

Number: _____

Loosen blanket

Tuck blanket

Room

Adjust bed height/settings

Change the room temperature

Nightlight on

Doors

Open bedroom door

Shut bedroom door

Windows

Open windows

Close windows

Open curtains

Close curtains

Other:

10. How important is the gender of your daily caregiver?

- Very important
- Somewhat important
- Not very important
- Not important at all
- Important but can't do
- No response

If “very important” or “somewhat important”: Which gender caregiver do you like for personal care?

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

- Very important
- Somewhat important
- Not very important
- Not important at all
- Important but can't do
- No response

If “very important” or “somewhat important”: In which ways do you like staff to show you respect?

- Saying hello
- Calling you Mr/Ms/Mrs/Miss/Dr
- Calling you by your commissioned rank
- 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:

12. How important is it to you to do things with groups of people?

- Very important
- Somewhat important
- Not very important
- Not important at all
- Important but can't do
- No response

If “very important” or “somewhat important”: What do you like to do with groups of people?

If “very important” or “somewhat important”: Who do you enjoy in your group?

- Friends
- Other residents
- Roommate
- Family members

Other:

13. Who are the people you want to stay most connected with?

14. What is the best way for you to stay connected to them?

15. How important to you is it to be able to use the phone in private?

- Very important
- Somewhat important
- Not very important
- Not important at all
- Important but can't do
- No response

If “very important” or “somewhat important”: Where do you like to use the phone in private?

- Bedroom
- Secured space with the door shut

Other:

16. **What daily routines are important to you?**

17. **What do you like to eat and drink?**

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

- Very important
- Somewhat important
- Not very important
- Not important at all
- Important but can't do
- No response

If “very important” or “somewhat important”: Which of the following foods do you like to snack on?

- Fruits
- Vegetable
- Chips
- Pretzels
- Crackers
- Candy
- Chocolate
- Ice cream

If “very important” or “somewhat important”: When do you like to snack?

- Morning
- Afternoon
- Evening/night
- Whenever I want

19. **What helps you sleep?**

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

- Very important
- Somewhat important
- Not very important
- Not important at all
- Important but can't do
- No response

If “very important” or “somewhat important”: When do you usually like to take a nap?

- Morning
- Afternoon
- Evening/night
- Whenever I want

21. What are your favorite activities?

22. What are your preferences for bathing?

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

- Very important
- Somewhat important
- Not very important
- Not important at all
- Important but can't do
- No response

If “very important” or “somewhat important”: Which of these activities do you like to keep private?

- Using the toilet/bedpan
- Getting dressed/changing clothes
- Attending to my medical needs

Other:

If “very important” or “somewhat important”: Which information do you like to keep private?

- Your family
- Your medical condition/care
- Your finances

Other:

24. **What helps you feel secure or safe?**

25. **What are your three most important concerns?**

26. **What are your three most important goals?**

27. **Is there anything else you want to share about how we can support your well-being?**

28. **Tell us three things about your life that are important for us to know (that are not medical conditions):**

29. **What would make you feel more comfortable here, physically, emotionally?**