

# CBC Resident Interview Guideline

Facility Name: \_\_\_\_\_ Provider #: \_\_\_\_\_ Surveyor: \_\_\_\_\_

Resident Name: \_\_\_\_\_ Confidential #: \_\_\_\_\_ Dates & Times: \_\_\_\_\_

## Physical Environment

- What do you like about your apartment/room?
- What would you do in case of fire?
- What do you do if the housekeeping is not done the way you like?
- What happens when something breaks or quits working?
- What is the rest of the building like?
- Is it generally quiet or noisy here?
- Do you have a locked box for valuables?

## How things work here:

- How do you get privacy when you want it?
- How is the food?
- Would you like to change anything about the meals?
- What choices do you have if you don't like what is served?
- What time are meals served?
  
- How do you find out what is happening?
- What do you do on the weekends?
- What activities do you participate in?
- Something you would like to do that is not available here?
  
- Who usually helps you with things?
- How do they treat you?
- If there was something wrong who would you tell about it?
- Can you get up in the morning and go to bed in the evening when you want?
- How do you get your medicines?
- How do you get help when you need it?
- How do you get to the doctor's office, dentist, bank, shopping?
- Do you receive your mail unopened?

## Money management

- Does the facility manage your money?
- Do you get statements?
- When can you get money from your account when you want it?

## General Satisfaction

- Would you recommend living here to a friend?
- Is there anything else you would like to talk about?

