Model of care Questionnaire Residents

Research Questions

*Required

Participants Information

Please read

Thank you for taking part. You would have read the participant information that was given to you in written format, if you have any further questions please feel free to ask.

1. Participants Initials or relative who is completing on behalf *

_____

2. Where are you a resident ? or Where is your family member residing? *

Mark only one oval.

- ◯ Boyne View House
- ◯ St. Mary's Nursing Home

3. Can you read through the Model of Care. Is this relevant to you and your care?

Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Maybe

4. Would you agree with the statements under each heading? *

Mark only one oval.

- ◯ Yes
- ◯ No

5. Is there anything you would like to change? please give details *

_____

6. Having read the Model of Care, does this represent how you would like you care to be delivered? *

Mark only one oval.

- Yes
- No
- Maybe
- Other: _____

7. What is your expectation for you care as a resident? *

_____

_____

_____

_____

_____

8. Are you involved in planning you care? *

Mark only one oval.

- Yes
- No
- Maybe
- Other: _____

9. Would you like to be involved? *

Mark only one oval.

- Yes
- No
- Other: _____

10. Are you given information about your health? *

Mark only one oval.

- Yes
- No
- Maybe
- Other: _____

11. How do you feel you overall health is? *

Mark only one oval.

- Excellent
- Very good
- Good
- Fair
- Poor

12. Has your health improved since you were admitted? *

Mark only one oval.

- Yes
- No
- Maybe
- Other: _____

13. How would you rate your memory? *

Mark only one oval.

	1	2	3	4	5	
Excellent						Poor

14. How would you rate your quality of life living in the nursing home? *

Mark only one oval.

	1	2	3	4	5	
Excellent						Poor

15. How satisfied are you that you can look after your own care? *

Mark only one oval.

	1	2	3	4	5	
Independent						Dependent

16. Are you given option? *

Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Maybe

17. Do you know what medication you are taking? *

Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Maybe
- ◯ Other: _____

18. Would you like more education on how to manage your condition? *

Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Other: _____

19. Do you know who your GP is? *

Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Maybe

20. Do you know who the nursing team is? *

Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Maybe

21. Would you like to see any changes in how the service delivers care? *

22. What support is available to help you be in control of your care? *

23. Who supports you with decision in your health? *

24. Looking at the Model of care - Health only- would you find the statements are relevant to your care? *

Mark only one oval.

- Yes
- No
- Maybe

25. Looking at the Model of Care - Health Only, what stands out? *

26. Looking at the Model of care - Health Only would introducing these changes give you are better quality of life? *

Mark only one oval.

- Yes
- No
- Maybe

27. Looking at the Model of care - Health Only would you agree that these are person centered? *

Mark only one oval.

- Yes
- No
- Maybe

28. Looking at the Model of care - Health Only would these statement support you to feel in control of your health and well-being? *

Mark only one oval.

- Yes
- No
- Maybe

29. Thank you for taking the time to complete, would you like to add any further comments? *