RESIDENTIAL ENVIRONMENT SURVEY*
1973

Department of Public Welfare
State of Minnesota

This questionnaire has two kinds of items, (1) those which describe the patients/residents and staff on your area and (2) those which describe specific characteristics of the area itself and its program, treatment or management. Please answer all questions which apply to your area.

Throughout the questionnaire, the term "area" refers to ward, cottage, or living unit; "facility" refers to campus or group of buildings in which the area is located (e.g., MVSAC, or Minnesota Security Hospital, or St. Peter State Hospital); and "resident" refers to a person residing in a facility.

Except where otherwise indicated, your answers should reflect the situation as of the date you fill out the questionnaire. You will note that some items call for additional written information. If you wish to comment on any other items please write in the spaces provided, or on the back of the sheet.

Not all items will apply equally to all residents because of the extent of their disabilities. If an item does not apply to you or the other residents on your area, answer "NA" (not applicable). If you do not know the answer to an item, leave it blank.

Each blank is numbered in some way (under the blank, or before the "Yes", "No", or "NA"). These numbers are for tabulating purposes and should be ignored by the rater.

For those questions which ask for specific numbers, there is a blank for each digit. Be sure the last digit in any two or three digit number is in the right-hand blank. For example; if there are three available blanks (____) for your answer, and your answer is four write "0 0 4"; if your answer is 12, write "0 1_2"; and if your answer is 163, write "1 6 3". For all "Yes" or "No" questions, circle the one best answer.

Use soft black pencil (not ink or red pencil).

CARD 1

1

1

2 3 Facility:___________________________________

4 5 Area:_____________________________________

6 7 Year:_____________________________________
(15) Yes No NA 1. Do volunteers work on your area?

(16) Yes No NA  
	a) Do you feel that their services are meaningful?

b) General comments regarding Volunteers: __________________________
   __________________________
   __________________________
   __________________________

2. About how many residents on your area attended group meetings or worked this past week?
   17 18

(19) Yes No NA 3. Are you provided with a fairly complete schedule (plan) of activities, conferences and other events intended to improve your skills, develop interests or help you with your problems?

   a) On the average, how often is this plan reviewed to see if it is still appropriate and helpful? (check one)

     Weekly
     20

     Semi Monthly
     21

     Monthly
     22

     Quarterly
     23

     Semi Annually
     24

     Annually
     25

(26) Yes No NA  b) Do you help to set up your program or treatment plan?

(27) Yes No NA  c) Most of the time, are residents informed of their own program plan and its purposes?

(28) Yes No NA 4. Does the area have a bulletin board easily seen by all?

(29) Yes No NA 5. Is there a clock easily seen by all?

(30) Yes No NA 6. Is there a radio for your use on the area?
a) Are the normal listening hours (up to bedtime) determined by (check one)

- Residents
- Staff
- Residents and staff jointly

b) Is the choice of programs determined by (check one)

- Residents
- Staff
- Residents and staff jointly

(37) Yes No NA 7. Is there a record player readily accessible to you and others on your area?

(38) Yes No NA 8. Is there a television set on your area?

a) Are the normal viewing hours (up to bedtime) determined by

- Residents
- Staff
- Residents and staff jointly

b) Is the choice of programs determined by

- Residents
- Staff
- Residents and staff jointly

(45) Yes No NA 9. Are mirrors readily available where you and others can apply makeup, shave, etc.?

(46) Yes No NA 10. Are there games, or play equipment on hand?
(47) Yes No NA  
a) Are most of them appropriate to your interest, skill and enjoyment?  
Comment

11. How many toilet bowls are on the area?  
48 49  
a) How many have seats?  
50 51

b) How many have dividers?  
52 53

c) How many have doors?  
54 55

12. How many showers?  
56 57

13. How many bathtubs?  
58 59

(60) Yes No NA 14. Is there privacy in bathing?  
Comment

(61) Yes No NA 15. Is there nonskid flooring in bathroom and shower areas?  

(62) Yes No NA  
a) If not, have there been accidents due to slipperiness?  

(63) Yes No NA 16. Are more bathing facilities needed?  
If so, what is needed?  

17. How late are residents on your area allowed to stay up?  

(64) Yes No NA  
a) Are all residents on your area required to go to bed at the same time?  

(65) Yes No NA 18. Are all residents on your area required to get up in the morning by the same time?  
If so, by what time?  

(66) Yes No NA 19. Is there any day or two during the week when residents may sleep late?
20. Are snacks, other than coffee, available and free on your area?

21. Is coffee available and free on your area?

22. Is there cool drinking water readily available on your area?

23. Are there pictures in dayrooms, halls, bedrooms and dormitories?

24. Do residents have a place to keep personal possessions?

25. Do all windows on your area have curtains?

26. Is there a stove or a hot plate available for use by residents on your area?

27. Is there a refrigerator on the area?

28. Are there irons and ironing boards available to residents on the area?

29. Is there a clothes washer available to residents who live on the area?

30. Is there a clothes dryer or place to dry clothes available to residents who live on the area?

31. Is there a free phone on the area?

32. Are residents allowed to use it?

33. Are residents (or staff on their behalf) allowed to use the hospital WATS line for long distance calls within the State (at reasonable hours)?

34. Do residents on your area have ready access to material necessary for letter writing (stationery, pens or pencils, stamps)?
35. Is residents' mail read by staff before it is sent out?

36. Is residents' incoming mail searched and/or read before they receive it?

37. Was your physical examination conducted in privacy?

38. Do residents have ready access to their own toiletries (lipstick, shaving lotion, toothpaste, etc.)?

39. Is there a full length mirror on the area (other than in the bathroom)?

40. Is there a current daily newspaper available on the area?

41. Are there current magazines available on the area?

42. Is there social mixing of men and women (boys and girls)?

43. Is someone on the staff available for helping residents who may have questions or problems about sex?

44. Are there ornaments, decorations, etc. hung from the walls or ceilings for bedridden residents?

45. Is the temperature in living and sleeping areas reasonably comfortable in extreme weather, both winter and summer?

46. Can doors and windows be opened during hot weather for ventilation?

47. Are there comfortable chairs and sofas in the dayroom?

48. Have there been injuries to residents on your area this past month? Comment on causes:

49. Are relatives routinely invited and encouraged to participate in the ongoing planning for residents?

50. Are residents routinely provided information and explanations regarding rules and regulations that they are expected to follow? How?

51. Do residents on your area know about the local Humane Practices Committee?
a) Have residents referred matters to the local Humane Practices Committee during the past year?

b) If so, was anything changed?

Do residents on your area know about the hospital Review Board?

Is there a patient/resident council on your area?

Are programs and services to meet the needs of the deaf, blind, or physically handicapped available to residents who live on the area?

Do residents choose their own hair styles?

Do residents have an opportunity to participate in religious activities of their own choosing?

Are residents informed about significant events or occurrences on the area and in the facility (staff changes, transfers or closing of units, policy changes, etc.)?

Do residents wear clothing which is specifically their own (not distributed to other residents)?

If state clothing is used, is it well fitting and pleasing in appearance?

Are residents given or taught responsibility for maintaining their own clothing?

Do residents have a personal storage place for clothing?

How many rooms in your area are used for seclusion?

In the past month, for reasons other than illness, about how many instances of seclusion were there involving residents from your area (in residents' rooms, area seclusion rooms, or elsewhere)?

What would you estimate was the maximum period of time a resident from your area was in continuous seclusion during the past month?

How often does someone on the staff talk with or check on a person in seclusion?

Is the resident in seclusion told why he is being secluded?

Is the resident given an opportunity to explain his actions before the decision to use seclusion?
(66) Yes No NA 67. Is there a toilet(s) in your seclusion room(s)?
   a) If not, are residents' toilet needs met:
      through their request
      by routine bathroom time schedule
      both

END OF CARD 2
CARD 3

(15) Yes No NA 68. Are residents allowed to take naps in their own beds during their free time?

(16) Yes No NA 69. Are residents who eat at a central dining room or cafeteria allowed to choose the time they eat -- within the hours that meals are served?

(17) Yes No NA 70. Is any meal or part of it ever withheld for punishment?

(18) Yes No NA 71. Are residents who are capable allowed to go to the canteen by themselves?

(19) Yes No NA 72. Is privacy provided for residents and their visitors?

(20) Yes No NA 73. May residents on your area move freely about the facility without supervision?

(21) Yes No NA 74. Are residents on your area permitted to visit other residents in other areas within the facility?

(22) Yes No NA 75. For residents who require supervision, is there an enclosed area outside which permits them to be out-of-doors?

(23) Yes No NA
   a) Does it offer shade and appropriate equipment?

(24) Yes No NA 76. Is freedom of the grounds a privilege which is sometimes withheld?

(25) Yes No NA
   a) If so, are the reasons discussed with the residents?

(26) Yes No NA 77. Are capable residents permitted to go by themselves on trips (picnics, walks, visits, etc.) outside of the facility?

(27) Yes No NA 78. Are residents occasionally taken on trips outside of the facility either individually or in groups?
(28) Yes No NA  79. Are residents usually asked about what activities they would like to engage in or how they want to spend their free time each day?

(29) Yes No NA  80. Do residents have the opportunity to start activities themselves?

(30) Yes No NA  81. Are residents encouraged to make changes in the ward which they think will increase its attractiveness or convenience?

(31) Yes No NA  82. When a resident is transferred from one area of the facility to another, or from one facility to another, are the reasons for making the change always explained to him in advance?

(32) Yes No NA  a) Are the feelings and wishes of residents taken into consideration in making decisions about transferring them?

(33) Yes No NA  83. Do staff members on your area spend most of their time in direct contact with residents?

(34) Yes No NA  84. When a resident is admitted, is he allowed to keep a certain amount of his money with him (with the rest put in safekeeping)?

(35) Yes No NA  85. Are you told how much money you may keep with you?

(36) Yes No NA  86. Are residents taught how to use money, how to protect it and to know its value?

(37) Yes No NA  87. Are residents on your area allowed to shop in town?

(38) Yes No NA  88. Do residents without funds on your area receive an allowance from the institution?

(39) Yes No NA  89. Can residents work in the community for pay?

(40) Yes No NA  90. Can residents work for pay within the facility?

91. When may residents have visitors? __________________________________________________

92. What are your suggestions to improve conditions on your area? ________________________

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