

RESIDENTIAL ENVIRONMENT SURVEY*
1973Department 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

$$\frac{1}{1}$$

$$\frac{2}{3}$$
 Facility: _____

$$\frac{4}{5}$$
 Area: _____

$$\frac{6}{7}$$
 Year: _____

* Includes conditions of living and human rights. Previous versions, for staff raters, known as Ward Living Conditions Questionnaire.

(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: _____

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

(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)

20 Weekly

21 Semi Monthly

22 Monthly

23 Quarterly

24 Semi Annually

25 Annually

(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)

31 Residents

32 Staff

33 Residents and staff jointly

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

34 Residents

35 Staff

36 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

39 Residents

40 Staff

41 Residents and staff jointly

- b) Is the choice of programs determined by

42 Residents

43 Staff

44 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 _____

48 49 11. How many toilet bowls are on the area?

50 51 a) How many have seats?

52 53 b) How many have dividers?

54 55 c) How many have doors?

56 57 12. How many showers?

58 59 13. How many bathtubs?

(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?

- (67) Yes No NA 20. Are snacks, other than coffee, available and free on your area?
- (68) Yes No NA 21. Is coffee available and free on your area?
- (69) Yes No NA 22. Is there cool drinking water readily available on your area?
- (70) Yes No NA 23. Are there pictures in dayrooms, halls, bedrooms and dormitories?
- (71) Yes No NA a) May residents put up pictures of their own choice?

END OF CARD 1
CARD 2

2
1

- (15) Yes No NA 24. Do residents have a place to keep personal possessions?
- (16) Yes No NA a) Do these places have a lock to which the resident has a key?
- (17) Yes No NA 25. Do all windows on your area have curtains?
- (18) Yes No NA 26. Is there a stove or a hot plate available for use by residents on your area?
- (19) Yes No NA 27. Is there a refrigerator on the area?
- (20) Yes No NA 28. Are there irons and ironing boards available to residents on the area?
- (21) Yes No NA 29. Is there a clothes washer available to residents who live on the area?
- (22) Yes No NA 30. Is there a clothes dryer or place to dry clothes available to residents who live on the area?
- (23) Yes No NA 31. Is there a free phone on the area?
- (24) Yes No NA a) Are residents allowed to use it?
- (25) Yes No NA b) If so, do all residents know this?
- (26) Yes No NA 32. Is there a pay phone on the area?
- (27) Yes No NA a) Are residents allowed to use it?
- (28) Yes No NA b) If so, do all residents know this?
- (29) Yes No NA 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)?
- (30) Yes No NA 34. Do residents on your area have ready access to material necessary for letter writing (stationery, pens or pencils, stamps)?

- Yes No NA 35. Is residents' mail read by staff before it is sent out?
- (32) Yes No NA 36. Is residents' incoming mail searched and/or read before they receive it?
- (33) Yes No NA 37. Was your physical examination conducted in privacy?
- (34) Yes No NA 38. Do residents have ready access to their own toiletries (lipstick, shaving lotion, toothpaste, etc.)?
- (35) Yes No NA 39. Is there a full length mirror on the area (other than in the bathroom)?
- (36) Yes No NA 40. Is there a current daily newspaper available on the area?
- (37) Yes No NA 41. Are there current magazines available on the area?
- (38) Yes No NA 42. Is there social mixing of men and women (boys and girls)?
- (39) Yes No NA 43. Is someone on the staff available for helping residents who may have questions or problems about sex?
- (40) Yes No NA 44. Are there ornaments, decorations, etc. hung from the walls or ceilings for bedridden residents?
- (41) Yes No NA 45. Is the temperature in living and sleeping areas reasonably comfortable in extreme weather, both winter and summer?
- (42) Yes No NA a) Can doors and windows be opened during hot weather for ventilation?
- (43) Yes No NA 46. Are there comfortable chairs and sofas in the dayroom?
- (44) Yes No NA 47. Have there been injuries to residents on your area this past month?
Comment on causes: _____

- (45) Yes No NA 48. Are relatives routinely invited and encouraged to participate in the ongoing planning for residents?
- (46) Yes No NA 49. Are residents routinely provided information and explanations regarding rules and regulations that they are expected to follow?
How? _____

- (47) Yes No NA 50. Do residents on your area know about the local Humane Practices Committee?

- (48) Yes No NA a) Have residents referred matters to the local Humane Practices Committee during the past year?
- (49) Yes No NA b) If so, was anything changed?
- (50) Yes No NA 51. Do residents on your area know about the hospital Review Board?
- (51) Yes No NA 52. Is there a patient/resident council on your area?
- (52) Yes No NA 53. Are programs and services to meet the needs of the deaf, blind, or physically handicapped available to residents who live on the area?
- (53) Yes No NA 54. Do residents choose their own hair styles?
- (54) Yes No NA 55. Do residents have an opportunity to participate in religious activities of their own choosing?
- (55) Yes No NA 56. 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.)?
- (56) Yes No NA 57. Do residents wear clothing which is specifically their own (not distributed to other residents)?
- (57) Yes No NA 58. If state clothing is used, is it well fitting and pleasing in appearance?
- (58) Yes No NA 59. Are residents given or taught responsibility for maintaining their own clothing?
- (59) Yes No NA 60. Do residents have a personal storage place for clothing?
- 60 61 61. How many rooms in your area are used for seclusion?
- 62 63 62. 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)?
63. What would you estimate was the maximum period of time a resident from your area was in continuous seclusion during the past month? _____
- _____
- _____
64. How often does someone on the staff talk with or check on a person in seclusion?
- _____
- (64) Yes No NA 65. Is the resident in seclusion told why he is being secluded?
- (65) Yes No NA 66. 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:

67 through their request

68 by routine bathroom time schedule

69 both

END OF CARD 2
CARD 3

3
1

(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? _____
