

77- WLC- BNE
St. Louis Cen

WARD LIVING CONDITION SURVEY

Brands/Karlins 1977

NAME OF FACILITY: _____

WARD: _____ BUILDING: _____

NUMBER AND TYPE OF PATIENTS: _____

CITY: _____ STATE: _____ DATE: _____

LIVING AREA	YES	NO	COMMENTS
1. Is the appearance of the ward warm & pleasant?			
a. color			
b. comfortable furnishings			
c. plants, pictures, decorative items, etc.			
2. Is the furniture placement conducive to socializing?			
3. Is there adequate ventilation?			
4. Are the wards noisy? (sound level)			
5. Is there an odor?			

LIVING AREA	YES	NO	COMMENTS
6. Is the lighting adequate to permit night reading and other evening activities?			
7. Are the following items placed where they can be easily seen by the patients?			
a. calendar			
b. clock			
c. mirror			
d. bulletin board			
8. Is the room temperature comfortable?			
9. Is the temperature uniform for the entire building?			
10. Is there a place for privacy - or getting away from the group?			
11. Is a phone accessible for patient use?			
12. Is there an area for visiting with guests in privacy?			

LIVING AREA	YES	NO	COMMENTS
13. Is the building and equipment in good repair?			
14. Are drinking fountains available and accessible to patients?			
15. Are snack areas available to patients?			

PERSONAL DECISION MAKING	YES	NO	COMMENTS
1. Do patients select their own clothing each day?			
2. Do patients have a choice as to when they may bathe?			
3. Are patients involved in the selection of new clothing?			
4. Do patients have a choice of mealtime companions?			
5. Do patients have a choice of eating within a certain period of time when the cafeteria is open?			
6. Do patients have freedom to visit other wards or buildings?			
7. Do patients have choices regarding their use of leisure time?			

PERSONAL DECISION MAKING	YES	NO	COMMENTS
8. Do patients have a choice of their bedtime hour?			
9. Are patients allowed to "sleep in" later on any day?			
10. Is the patient's room accessible to him/her during the day?			

GENERAL IMPRESSIONS	YES	NO	COMMENTS
1. Grooming - do the patients appear clean?			
2. Do the patients clothing fit fairly well?			
3. Does there appear to be much idleness?			
4. Do patients appear alert?			
5. Are there handrails, ramps, etc., for the physically handicapped?			
6. What is the condition and extent of use of seclusion rooms?			
7. Does there appear to be a pleasant relationship between staff and patients? (explain)			

GENERAL IMPRESSIONS	YES	NO	COMMENTS
8. Do staff appear to be interested in their work and the patients? (explain)			

PATIENTS RIGHTS	YES	NO	COMMENTS
1. Is staff informed about patients rights?			
2. Are patients informed of their rights?			

SLEEPING AREA	YES	NO	COMMENTS
1. Are sleeping areas individualized? (pictures of choice on walls, photographs, radios, personal possessions)			
2. Is there space for: (available for patients)			
a. personal clothing			
b. personal possessions (foot lockers, dressers, etc.)			
c. locking up personal possessions			
3. Is the sleeping space adequate to allow for some degree of privacy?			

SLEEPING AREA	YES	NO	COMMENTS
4. Are there adequate mirrors in bathrooms and/or sleeping areas for patients for shave, apply make-up, comb hair, etc.			
5. Is there a full length mirror in the area?			
6. Can windows be opened for ventilation?			
7. Are window screens in good repair?			
8. Are washers and dryers available to patients who wish to launder their own garments?			

BATHING AND TOILET AREAS	YES	NO	COMMENTS
1. Do patients bathe in privacy?			
2. Are the floors slippery?			
3. Can water temperature be controlled by patients?			
4. Are there partitions between toilets?			
5. Is toilet paper readily available?			

BATHING AND TOILET AREAS	YES	NO	COMMENTS
6. Are the bathrooms clean?			
7. Are bathing hours and frequency regulated?			
8. Are patients permitted to keep their own toilet articles?			
9. Are there bathtubs?			
10. Is there special equipment for the physically handicapped?			

PRACTICES	YES	NO	COMMENTS
1. What time do patients get up in the morning?			
2. How are they awakened?			
3. Do they all get up at the same time?			
4. What time is breakfast?			
5. Are snacks available in the building?			

PRACTICES	YES	NO	COMMENTS
6. Are visiting hours and days restricted?			
7. Are patients informed of rules and regulations? How?			

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