

CONDITIONS GOVERNING OCCUPANCY (CONT)

RESIDENT'S NAME: _____

RESIDENTIAL NEEDS QUESTIONNAIRE

This questionnaire is to be completed so as to be able to identify the residents' needs. A temporary service plan will be drawn up within 48 hours of entering this facility. Then a comprehensive care plan 30 days after admission. In this way both the management/staff as well as the resident can be satisfied that services identified in the residential statement are adequate to meet the resident's individual needs. Collection of information is carried both through the completion of this questionnaire, as well as through observation/conversation with the resident.

Please circle YES NO As Applicable

SHOWERING, BATHING & PERSONAL HYGIENE

Does the resident need reminders or encouragement to shower? YES/NO

Please identify the correct column for the following:

Partial Assistance Required			Full Assistance Required		
Operating taps	YES	NO	Operating taps	YES	NO
Washing	YES	NO	Washing	YES	NO
Dressing	YES	NO	Dressing	YES	NO
Shaving	YES	NO	Shaving	YES	NO
Brushing	YES	NO	Brushing	YES	NO
Oral Care	YES	NO	Oral Care	YES	NO

TOILETING

Does the resident require?

- reminders and/or encouragement to toilet independently YES/NO
- assistance in gaining access to the toilet YES/NO
- assistance with the manipulation of clothing fasteners or zippers YES/NO
- assistance with sitting on or getting off the toilet YES/NO
- supervision or assistance with incontinence YES/NO



CONDITIONS GOVERNING OCCUPANCY (CONT)

MEALS

Does the resident require?

- Supervision or encouragement to ensure an adequately nutritious diet is maintained YES/NO
- Food to be cut YES/NO
- A soft diet YES/NO
- Special cutlery to be organised to allow maintenance of independence YES/NO

MOBILITY

Does the resident require?

- Encouragement to mobilize YES/NO
- Direct supervision due to difficulty in walking YES/NO
- Physical assistance with rising from chair or bed YES/NO
- Special mobility aids to allow maintenance of independence YES/NO

SENSORY

- Does the resident wear spectacles? YES/NO
- Does the resident have a hearing aid? YES/NO

EMOTIONAL NEEDS

Does the resident require?

- Staff time on a regular basis to satisfy emotional needs YES/NO
- Ongoing professional emotional support YES/NO

BEHAVIOUR

- Is the residents prone to verbal outbursts of aggression? YES/NO
- Does the resident exhibit any apparent 'abnormal' behaviours that may require special consideration e.g. wandering, withdrawal, depression? YES/NO



CONDITIONS GOVERNING OCCUPANCY (CONT)

MEMORY

Does the resident appear to be oriented to:

- Time YES/NO
- Place YES/NO
- Person YES/NO

Can the resident recall information from their short term memory? YES/NO
 Can the resident recall information from their long term memory? YES/NO

SOCIAL

Please provide brief details with regards to the Resident's

- Past and present interests

- Past occupation

- Friends, relatives (include names)

- Religious/cultural needs



CONDITIONS GOVERNING OCCUPANCY (CONT)

- Likes and Dislikes

ADDITIONAL COMMENTS
