### ESF Resident Interview

<table>
<thead>
<tr>
<th>ENHANCED SERVICES FACILITY NAME</th>
<th>LICENSE NUMBER</th>
<th>INSPECTION DATE</th>
<th>LICENSOR’S NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESIDENT’S NAME</th>
<th>RESIDENT NUMBER</th>
<th>ROOM NUMBER</th>
<th>PAY STATUS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ENHANCED SERVICES FACILITY NAME**

**LICENSE NUMBER**

**INSPECTION DATE**

**LICENSOR’S NAME**

**BRIEF REVIEW OF PERSON CENTERED SERVICE PLAN**

---

The questions in Sections B through K below are intended as a guide and should not prevent the interview from asking more questions or obtaining more data if concerns are identified. If you are concerned about the answers, please investigate further.

**SELECT ONE**

- [ ] Resident Interview
- [ ] Representative Interview

**A. The following are required questions and must be asked during the interview. Check “Y” if the answer is yes; check “N” if the answer is no and document the interviewee’s response; or check “D” if the interviewee declined to answer the question.**

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- [ ] Can you make choices about the care and services you receive at the facility?
- [ ] Do you have an opportunity to participate in community activities?
- [ ] Can you choose who visits you and when?
- [ ] Do they pay attention to what you have to say?
- [ ] Can you choose to lock your door?
- [ ] Do you have access to food anytime?
- [ ] Do you receive services in the community?

**B. Care and Service Needs**

- [ ] What kind of help do you get from the staff?
- [ ] How well does staff meet your needs?

- [ ] Other: No concerns

**C. Support of Personal Relationships (if the resident has family or significant others)**

- [ ] Does staff give you time and space to meet/visit with friends and family who come to visit?

- [ ] Other: No concerns

- [ ] Are you able to make personal phone calls without being overheard?
### D. Reasonable House Rules

- Tell me about the rules of the facility.
- What have you been told about how long you can stay up at night or how early or late you can watch TV?

- Other:

- No concerns

### E. Respect of Individuality, Independence, Personal Choice, Dignity

- Does the staff here know about your preferences?
- What kinds of things do you make choices about?
- How does the staff treat you? Speak to you?
- Do you have any concerns about how you are treated?

- Other:

- No concerns

### F. Homelike Environment

- What is your room like?
- Are you comfortable there?
- What personal items were you allowed to bring when you came here?
- Is the temperature here comfortable to you?

- Other:

- No concerns

### G. Response to Concerns

- Do you feel like you can tell someone if you don’t like it here?
- Who would you talk to if you had concerns?
- What do you think they would do about it?

- Other:

- No concerns

### H. Sense of Well-Being and Safety

- Do you feel safe here?
- Does anything make you feel uncomfortable here?

- Other:

- No concerns

### I. Meals / Snacks / Preferences

- How is the food here?
- If you can’t eat something or don’t like something, what kind of replacement does the home offer you?
- How often do you get the foods you like to eat?

- Other:

- No concerns
## J. Activities

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>What activities are offered to you by the facility?</td>
<td>Other:</td>
</tr>
<tr>
<td>What kinds of things did you do for fun and relaxation before you came here?</td>
<td>No concerns</td>
</tr>
<tr>
<td>Are there activities you would like to do that you are not offered?</td>
<td></td>
</tr>
<tr>
<td>Is there anything you wanted to do and the facility helped you do it?</td>
<td>No concerns</td>
</tr>
</tbody>
</table>

## K. Notice

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you handle your own finances or does someone help you with that?</td>
<td>Other:</td>
</tr>
<tr>
<td></td>
<td>No concerns</td>
</tr>
</tbody>
</table>

Provide the resident with the CRU Hotline Information.