

A large, white, serif capital letter 'R' is positioned on the left side of the top section. It is set against a dark green background that features a faint, abstract pattern of horizontal lines and shapes, possibly representing architectural elements or data.

# RESEARCH REPORT

LIFE LEASE SUPPORTIVE  
HOUSING:  
COMBINING THE BEST ASPECTS OF  
HOUSING AND COMPLEX CARE:  
VOLUME 2 APPENDICES E-K

**EXTERNAL  
RESEARCH  
PROGRAM**



HOME TO CANADIANS  
Canada

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# **LIFE LEASE SUPPORTIVE HOUSING: COMBINING THE BEST ASPECTS OF HOUSING AND COMPLEX CARE**

## **Final Report Volume 2 Appendices E-K February 2005**

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**A Study Funded by Canada Mortgage & Housing Corporation**

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## **Appendix E**

### **Initial Interview Questions For Client – Companion**

# INITIAL INTERVIEW QUESTIONS FOR - **CLIENT – COMPANION**

Laurier House - Strathcona Evaluation

## **People present at interview**

	<b>Code</b>	<b>Respondent</b>	<b>a) Name</b>	<b>b) Gender</b>
1)	✓	<b>Client</b>	_____	____ male ____ female
2)	X	Companion	_____	____ male ____ female
3)	F1	Family	_____	____ male ____ female
4)	F2	Family	_____	____ male ____ female
5)	O1	Other c) (specify relationship)	_____	____ male ____ female
6)	O2	Other c) (specify relationship)	_____	____ male ____ female
7)	P	Advising Professional c) (specify)	_____	____ male ____ female

### 8) **Interviewed at**

	a)	b)
_____ (1) Home		_____ Address
_____ (2) CCC		_____ Specify which continuing care centre
_____ (3) Phone		_____
_____ (4) Other		_____ Specify

### 9) **Considering**

\_\_\_\_\_ (1) LH only

\_\_\_\_\_ (2) SCC only

\_\_\_\_\_ (3) LH & SCC

\_\_\_\_\_ (4) Other \_\_\_\_\_

Specify Site(s)

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

## Current Housing and Living Arrangements

10) What is your current address?

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11) For how many years have you lived in your current home?

\_\_\_\_\_ year(s)

12) How many years have you lived in this part of the city?

\_\_\_\_\_ year(s)

13) In the year before you moved here, where did you live?

\_\_\_\_\_ (1) area surrounding this town/city

\_\_\_\_\_ (2) another town in this region

\_\_\_\_\_ (3) elsewhere in this province

\_\_\_\_\_ (4) elsewhere in Canada

\_\_\_\_\_ (5) other (*specify*)

14) a) What type of home do you now live in?

\_\_\_\_\_ (1) single-family detached house

\_\_\_\_\_ (2) semi-detached, duplex, row house, townhouse

\_\_\_\_\_ (3) suite or room within a house

\_\_\_\_\_ (4) apartment building or multi-unit complex

\_\_\_\_\_ (5) mobile home

\_\_\_\_\_ (6) other (*specify*)

b) Does your building have an elevator?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

15) Do you own or rent the home you now live in (or other arrangements)?

- \_\_\_\_\_ (1) own property and dwelling
- \_\_\_\_\_ (2) own dwelling and lease land
- \_\_\_\_\_ (3) own condominium or strata title
- \_\_\_\_\_ (4) my family owns home
- \_\_\_\_\_ (5) share in a co-operative
- \_\_\_\_\_ (6) rent

16) a) Do you own a home?

- \_\_\_\_\_ (1) yes
- \_\_\_\_\_ (2) no

b) Who lives in it now?

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17) What is your current marital status?

- \_\_\_\_\_ (1) married or common-law
  - \_\_\_\_\_ (2) separated or divorced
  - \_\_\_\_\_ (3) widowed
  - \_\_\_\_\_ (4) never married
- 

18) a) How many people live in your home including yourself?

i) Client in Community	ii) Client in Continuing Care
_____ person (s)	_____ 4-bed ward
	_____ semi-private
	_____ private

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b) Who lives with you in your home/dwelling unit?

- \_\_\_\_\_ (1) no one, I live alone
- \_\_\_\_\_ (2) my spouse
- \_\_\_\_\_ (3) my children
- \_\_\_\_\_ (3) my grandchildren
- \_\_\_\_\_ (4) my brother(s)/sister(s)
- \_\_\_\_\_ (5) my parent(s)
- \_\_\_\_\_ (6) my friend(s)
- \_\_\_\_\_ (7) my landlord
- \_\_\_\_\_ (8) my boarder/lodger/tenant
- \_\_\_\_\_ (9) my housekeeper/helper
- \_\_\_\_\_ (10) other (*specify*)
- \_\_\_\_\_

c) There is a new continuing care centre being built where a person can live with a companion. If you had this opportunity, would there be someone you would like to live with in such a centre?

- \_\_\_\_\_ (1) yes  $\Rightarrow$  ask d)
- \_\_\_\_\_ (2) no  $\Rightarrow$  skip to e)

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d) Who would it be?

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e) Where will the other people who are now living with you in your home live once you move?

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- 19) There may be things about your home that create problems for you: for example, too many stairs or steps, kitchen cupboards that are too high, the bathroom located far from the bedroom, or inadequate or inaccessible storage space. Respond to the following questions by indicating whether or not you are experiencing difficulties that are associated with various parts of your home.

a) Do you have any problems using the stairs or steps?

i) Client for Self	ii) Companion for Self	iii) Companion about Client
____(1) yes ( <i>describe</i> )	____(1) yes ( <i>describe</i> )	____(1) yes ( <i>describe</i> )
____(2) no	____(2) no	____(2) no
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

b) Do you have any problems using the kitchen?

i) Client for Self	ii) Companion for Self	iii) Companion about Client
____(1) yes ( <i>describe</i> )	____(1) yes ( <i>describe</i> )	____(1) yes ( <i>describe</i> )
____(2) no	____(2) no	____(2) no
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

c) Do you have any problems using the bathroom(s)?

i) Client for Self	ii) Companion for Self	iii) Companion about Client
___(1) yes ( <i>describe</i> )	___(1) yes ( <i>describe</i> )	___(1) yes ( <i>describe</i> )
___(2) no	___(2) no	___(2) no
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

d) Do you have any problems using the bedroom(s)?

i) Client for Self	ii) Companion for Self	iii) Companion about Client
___(1) yes ( <i>describe</i> )	___(1) yes ( <i>describe</i> )	___(1) yes ( <i>describe</i> )
___(2) no	___(2) no	___(2) no
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

e) Do you have any problems using storage spaces?

i) Client for Self	ii) Companion for Self	iii) Companion about Client
___(1) yes ( <i>describe</i> )	___(1) yes ( <i>describe</i> )	___(1) yes ( <i>describe</i> )
___(2) no	___(2) no	___(2) no
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

f) Do you have any problems using the entrance to your home?

[illegible]

g) Do you have any other problems with the design of your home?

[illegible]

20) Some older homeowners modify their home to make it more accessible, that is, to make it easier perhaps to reach things, or to make it easier to enter doors. They may add a ramp or stair-lift, turn a den on the main floor into a bedroom, or install grab bars in the bathroom.

a) Have you modified your home in any way to make it more accessible?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

b) What modifications have you made?

\_\_\_\_\_ (1) installed grab bars in bathrooms

\_\_\_\_\_ (2) modified bathtub, installed shower

\_\_\_\_\_ (3) added hand railings to stairs

\_\_\_\_\_ (4) added ramp or stair-lift

\_\_\_\_\_ (5) relocated bedrooms to main floor

\_\_\_\_\_ (6) modified kitchen cupboards and counters

\_\_\_\_\_ (7) other (*specify*)

\_\_\_\_\_

c) Have you considered modifying your home to make it more accessible?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

d) Have you considered any of these?

\_\_\_\_\_ (1) installing grab bars in bathrooms

\_\_\_\_\_ (2) modifying bathtub, installing shower

\_\_\_\_\_ (3) adding hand railings to stairs

\_\_\_\_\_ (4) adding ramp or stair-lift

\_\_\_\_\_ (5) relocating bedrooms to main floor

\_\_\_\_\_ (6) installing a bathroom on the main floor

\_\_\_\_\_ (7) other (*specify*)

\_\_\_\_\_

e) i) Have you ever moved your household for any reason related to health or your mobility?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

ii) Comments: \_\_\_\_\_

## Future Housing Plans and Needs

21) Are you planning to move?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

\_\_\_\_\_ (3) undecided

\_\_\_\_\_ (4) other \_\_\_\_\_

22) Why are you planning to move?

	Client for Self	Companion for Self	Companion about Client
(a) physical difficulty maintaining home or garden			
(b) home too large			
(c) design barriers (for example, too many stairs in current home etc.)			
(d) decline in health of self or spouse			
(e) death of spouse			
(f) insufficient local health care services			
(g) insufficient leisure/recreational facilities and services here			
(h) cost of living too high here			
(i) isolated from family and friends here			
(j) problems with transportation			
(k) other ( <i>specify</i> )			

## Priorities for a New Location

23) **When considering a new home, how important are the following things to you? Please indicate on a scale of 1 to 10, where 10 is very important and 1 is not important how important it is for you to have...**

a)            A kitchenette

least important                      most important

1    2    3    4    5    6    7    8    9    10

b) \_\_\_\_\_ Enough space to bring a number of pieces of your own furniture with you

1    2    3    4    5    6    7    8    9    10

c) \_\_\_\_\_ A room to reserve for family get-togethers and parties

1    2    3    4    5    6    7    8    9    10

d) \_\_\_\_\_A suite for your overnight guests to stay

1      2      3      4      5      6      7      8      9      10

e) \_\_\_\_\_ A place where a companion can live with you

1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10

f)          A balcony

1      2      3      4      5      6      7      8      9      10

g) \_\_\_\_\_Storage space

1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10

h) \_\_\_\_\_A parking stall

1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10

i) Privacy

1      2      3      4      5      6      7      8      9      10

j) \_\_\_\_\_ A lockable room/suite

1      2      3      4      5      6      7      8      9      10

k) \_\_\_\_\_ Your own private bathroom

least important  
1 2 3 4 5 6 7 8 9 10  
most important

l) \_\_\_\_\_ A private mailbox

1 2 3 4 5 6 7 8 9 10

m) \_\_\_\_\_ A place that you own

1 2 3 4 5 6 7 8 9 10

n) \_\_\_\_\_ The option to have a small household pet

1 2 3 4 5 6 7 8 9 10

o) \_\_\_\_\_ The option to repaint or redecorate

1 2 3 4 5 6 7 8 9 10

p) \_\_\_\_\_ The provision of personal care equivalent to that available in a nursing home. Personal care includes things like help with housekeeping and assistance with grooming, bathing, and getting dressed.

1 2 3 4 5 6 7 8 9 10

q) \_\_\_\_\_ The provision of health care equivalent to that available in a nursing home. Health care includes services offered by nurses and therapists. These are services like occupational therapy, physical therapy, assistance with medications, and foot care.

1 2 3 4 5 6 7 8 9 10

r) \_\_\_\_\_ A place in the building to smoke

1 2 3 4 5 6 7 8 9 10

s) \_\_\_\_\_ A place in Sherwood Park

1 2 3 4 5 6 7 8 9 10

24) On a scale of 1 to 10 how important is it to you that Alberta Health fund the health care services you receive?

least important  
1 2 3 4 5 6 7 8 9 10  
most important

- 25) How comfortable are you with the responsibilities normally associated with owning a home?

	Client for Self	Companion for Self	Companion about Client
(1) very uncomfortable			
(2) a little uncomfortable			
(3) generally comfortable			
(4) very comfortable			

State  
reason why  
or why not

- 26) a) Have you considered the Strathcona Care Centre? Why or Why not?

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Ask if only  
considering

- b) Have you considered Laurier House?

SCC

State  
reason –  
why or  
why not

i) Client for Self	ii) Companion for Self	iii) Companion about Client
_____ (1) yes	_____ (1) yes	_____ (1) yes
_____ (2) maybe	_____ (2) maybe	_____ (2) maybe
_____ (3) no	_____ (2) no	_____ (2) no
_____	_____	_____
_____	_____	_____
_____	_____	_____

- c) To what other places have you considered moving?

State  
reason

i) Client for Self	ii) Companion for Self	iii) Companion about Client
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- d) What features do they have that attract you?

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27) a) Which of the places you mentioned would be your first choice?

State  
reason

i) Client for Self	ii) Companion for Self

b) What are the main reasons it would be your first choice?

State  
reason

i) Client for Self	ii) Companion for Self

28) What do you expect it to be like for you there (your 1<sup>st</sup> choice)?

i) Client for Self	ii) Companion for Self	iii) Companion about Client

29) What other things do you think will **change** for you once you are living there?

Note each  
thing  
mentioned

[illegible]

## Life Lease

**Laurier House is different than other nursing homes because it offers life lease suites.**

30) a) Have you ever heard about life leases?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

b) If yes, (i) how did you hear about them and (ii) from whom? \_\_\_\_\_

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31) How confident would you be in explaining these features of life leases to someone? On a scale of 1 to 10, where **10** means that you would be completely confident, and **1** means you would be not at all confident, please rate your confidence in explaining these features.

a) \_\_\_\_\_ The lease contract, that allows you to live in the suite and use the common areas like a home for the period of the lease

Not confident  
1   2   3   4   5   6   7   8   9   10  
Completely confident

b) \_\_\_\_\_ The resale of the suite by the organization that sold the suite if you no longer need it

1   2   3   4   5   6   7   8   9   10

c) \_\_\_\_\_ The lump sum payment, paid when the lease is signed, is similar to the lump sum paid when purchasing a condominium or a house

1   2   3   4   5   6   7   8   9   10

d) \_\_\_\_\_ The monthly fee, which is based on the size of the suite, and covers utilities and service costs like meals and housekeeping

1   2   3   4   5   6   7   8   9   10

e) \_\_\_\_\_ Lease termination – the lump sum payment is returned less a small fee to cover the leasing organization's costs

1   2   3   4   5   6   7   8   9   10

f) \_\_\_\_\_ Need for personal liability insurance and insurance on your furnishings

1   2   3   4   5   6   7   8   9   10

g) \_\_\_\_\_ Resident council, which can change the rules by which all lessees must abide

1   2   3   4   5   6   7   8   9   10

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32) Do you see any of these features of a life lease as an obstacle for you? I will repeat them...

a) The lease contract

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

b) The resale of the suite by the leasing organization

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

c) The lump sum payment

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

d) The monthly fee, which covers utilities and the cost of services

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

e) Lease termination – the lump sum payment is returned less a small fee to cover the leasing organization's costs

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

f) Need to buy insurance

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

g) Resident council

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

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33) Is a life lease something you would seriously consider?

\_\_\_\_\_ (1) yes \_\_\_\_\_

\_\_\_\_\_ (2) no \_\_\_\_\_

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34) If you were considering a life lease, would you need to sell your home to afford the lump sum payment?

\_\_\_\_\_ (1) yes \_\_\_\_\_

\_\_\_\_\_ (2) no \_\_\_\_\_

\_\_\_\_\_ (3) N/A (does not own a home) \_\_\_\_\_

\_\_\_\_\_ (4) other (*specify*) \_\_\_\_\_

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35) If you have concerns about life leases, or some of the features of life leases, what are those concerns?

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36) Do you expect that you will live for the remainder of your life at the place where you move next?

\_\_\_\_\_ (1) yes \_\_\_\_\_

\_\_\_\_\_ (2) no \_\_\_\_\_

\_\_\_\_\_ (3) other (*specify*) \_\_\_\_\_

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37) All nursing homes charge a standard room and board fee. Effective June 1, 2002 the monthly fee at Laurier house will be \$130 or \$198/month more than at a regular nursing home. Are the higher fees at Laurier House a concern for you?

\_\_\_\_\_ (1) yes \_\_\_\_\_

\_\_\_\_\_ (2) no \_\_\_\_\_

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### Current dissatisfactions

38) a) What things make you dissatisfied about where you live now?

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b) I am interested in how satisfied, or dissatisfied, you are with where you live now. Would you say you are:

	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			

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39) a) How satisfied or dissatisfied is your **family** with where you live now?

	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			

- b) What are your **family** members' specific dissatisfactions with where you live now?

i) Client for Self	ii) Companion for Self	iii) Companion about Client

- c) Who, if anyone, is helping you make your decision about moving?

i) Client for Self

- d) I would like to speak to them. Would you give me their contact information?


e) How important to you are your **family members' attitudes** about where you move?

Check their response and give details in space provided

i) Client for Self	ii) Companion for Self	iii) Companion about Client
____ (1) Very important	____ (1) Very important	____ (1) Very important
____ (2) Somewhat important	____ (2) Somewhat important	____ (2) Somewhat important
____ (3) Not important	____ (3) Not important	____ (3) Not important
_____	_____	_____
_____	_____	_____
_____	_____	_____

40) a) Are any of the following professionals advising you on your decision to move?

- \_\_\_\_ (1) Physician
- \_\_\_\_ (2) Home Care Coordinator
- \_\_\_\_ (3) CAPS Case Coordinator
- \_\_\_\_ (4) Social worker
- \_\_\_\_ (5) Private hire nurse
- \_\_\_\_ (6) Other (*specify*) \_\_\_\_\_

b) What advice have they given you?

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## Personal Care and Daily Living Activities

41)

i) Client for Self	ii) Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no

a) Are you receiving help with **cooking**?

		Client for Self	Compan ion for Self
<b>(1) YES</b>			
Who helps you?	(1) My family		
	(2) friend/neighbour		
	(3) an agency		
	(4) someone else		
Do you pay for the service?	(1) yes		
	(2) no		

<b>(2) NO</b>			
Do you need help with cooking?	(1) yes		
	(2) no		
If yes, would you pay for this service?	(1) yes		
	(2) no		
	(3) maybe		

b) Are **hot meals** being **delivered** to your door (*e.g., meals-on-wheels*)?

		Client for Self	Compani on for Self
<b>(1) YES</b>			
Who delivers them?	(1) My family		
	(2) friend/neighbour		
	(3) an agency		
	(4) someone else		
Do you pay for the service?	(1) yes		
	(2) no		
<b>(2) NO</b>			
Do you need to have hot meals delivered?	(1) yes		
	(2) no		
If yes, would you pay for this service?	(1) yes		
	(2) no		
	(3) maybe		

c) Are you receiving help with **heavy cleaning** (*e.g., washing windows, floors, vacuuming*)?

		Client for Self	Compani on for Self
<b>(1) YES</b>			
Who helps you?	(1) My family		
	(2) friend/neighbour		
	(3) an agency		
	(4) someone else		
Do you pay for the service?	(1) yes		
	(2) no		
<b>(2) NO</b>			
Do you need help with heavy cleaning?	(1) yes		
	(2) no		
If yes, would you pay for this service?	(1) yes		
	(2) no		
	(3) maybe		

d) Are you receiving help with **laundry**?

		Client for Self	Compani on for Self
<b>(1) YES</b>			
Who helps you?	(1) My family		
	(2) friend/neighbour		
	(3) an agency		
	(4) someone else		
Do you pay for the service?	(1) yes		
	(2) no		
<b>(2) NO</b>			
Do you need help with laundry?	(1) yes		
	(2) no		
If yes, would you pay for this service?	(1) yes		
	(2) no		
	(3) maybe		

e) Do you have someone to run **errands** for you?

		Client for Self	Compani on for Self
<b>(1) YES</b>			
Who runs errands for you?	(1) My family		
	(2) friend/neighbour		
	(3) an agency		
	(4) someone else		
Do you pay for the Service?	(1) yes		
	(2) no		
<b>(2) NO</b>			
Do you need someone to run errands for you?	(1) yes		
	(2) no		
If yes, would you pay for this service?	(1) yes		
	(2) no		
	(3) maybe		

f) Does someone **visit** you regularly?

		Client for Self	Compani on for Self
<b>(1) YES</b>			
Who visits you regularly?	(1) My family		
	(2) friend/neighbour		
	(3) an agency		
	(4) someone else		
Do you pay for the service?	(1) yes		
	(2) no		

<b>(2) NO</b>			
Do you need someone to visit you regularly?	(1) yes		
	(2) no		
If yes, would you pay for this service?	(1) yes		
	(2) no		
	(3) maybe		

g) Are you receiving help with **repairs around the house**?

		Client for Self	Compani on for Self
<b>(1) YES</b>			
Who helps you?	(1) My family		
	(2) friend/neighbour		
	(3) an agency		
	(4) someone else		
Do you pay for the service?	(1) yes		
	(2) no		

<b>(2) NO</b>			
Do you need help with household repairs?	(1) yes		
	(2) no		
If yes, would you pay for this service?	(1) yes		
	(2) no		
	(3) maybe		

h) Are you receiving help with **yard work and outside maintenance**?

		Client for Self	Compani on for Self
<b>(1) YES</b>			
Who helps you?	(1) My family		
	(2) friend/neighbour		
	(3) an agency		
	(4) someone else		
Do you pay for the service?	(1) yes		
	(2) no		
<b>(2) NO</b>			
Do you need help with Yard work /maintenance?	(1) yes		
	(2) no		
If yes, would you pay for this service?	(1) yes		
	(2) no		
	(3) maybe		

i) Are you receiving help with **snow removal**?

		Client for Self	Compani on for Self
<b>(1) YES</b>			
Who helps you?	(1) My family		
	(2) friend/neighbour		
	(3) an agency		
	(4) someone else		
Do you pay for the service?	(1) yes		
	(2) no		
<b>(2) NO</b>			
Do you need help with snow removal?	(1) yes		
	(2) no		
If yes, would you pay for this service?	(1) yes		
	(2) no		
	(3) maybe		

- 42) a) Do you receive help with personal care, such things as help with bathing, dressing, or skin care?

Client for Self	Companion for Self	Companion about Client
_____ (1) yes _____ (2) no	_____ (1) yes _____ (2) no	_____ (1) yes _____ (2) no

- b) Alberta Resident Classification if available: *(circle only one)*

**A      B      C      D      E      F      G**

- c) Are you receiving **nursing care in your home** (e.g., help with medications, health monitoring)?

		Client for Self	Companion for Self
<b>(1) YES</b>			
Who helps you?	(1) My family		
	(2) friend/neighbour		
	(3) an agency		
	(4) someone else		
Do you pay for the service?	(1) yes		
	(2) no		
<b>(2) NO</b>			
Do you need nursing care in your home?	(1) yes		
	(2) no		
If yes, would you pay for this service?	(1) yes		
	(2) no		
	(3) maybe		

d) Are you receiving help in **taking a bath or shower**?

		Client for Self	Compani on for Self
<b>(1) YES</b>			
Who helps you?	(1) My family		
	(2) friend/neighbour		
	(3) an agency		
	(4) someone else		
Do you pay for the service?	(1) yes		
	(2) no		
<b>(2) NO</b>			
Do you need help taking a bath or shower?	(1) yes		
	(2) no		
If yes, would you pay for this service?	(1) yes		
	(2) no		
	(3) maybe		

e) Are you receiving help with **getting up** in the morning and **dressing**?

		Client for Self	Compani on for Self
<b>(1) YES</b>			
Who helps you?	(1) My family		
	(2) friend/neighbour		
	(3) an agency		
	(4) someone else		
Do you pay for the service?	(1) yes		
	(2) no		
<b>(2) NO</b>			
Do you need help getting up and dressing?	(1) yes		
	(2) no		
If yes, would you pay for this service?	(1) yes		
	(2) no		
	(3) maybe		

f) Are you receiving help with anything else? (e.g., getting to and from the bathroom, getting up and down from a chair) (specify)

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		Client for Self	Compani on for Self
<b>(1) YES</b>			
Who helps you?	(1) My family		
	(2) friend/neighbour		
	(3) an agency		
	(4) someone else		
Do you pay for the service?	(1) yes		
	(2) no		
<b>(2) NO</b>			

g) Is getting more help with some of these things (the above support services) important to you?

Client for Self	Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no



43) How do you get to the following places in:

a) Good weather?

	(1) <i>Walk</i>		(2) <i>Drive myself</i>		(3) <i>Spouse drives</i>		(4) <i>Others drive</i>		(5) <i>Taxi</i>		(6) <i>Regular bus</i>		(7) <i>Seniors' /handi-capped bus</i>		(8) <i>N/A</i>	
	✓	X	✓	X	✓	X	✓	X	✓	X	✓	X	✓	X	✓	X
<b>a</b> doctor																
<b>b</b> post office																
<b>c</b> drug store																
<b>d</b> grocery store																
<b>e</b> seniors' centre																
<b>f</b> bank																
<b>g</b> church																

b) Is it the same for bad weather? (winter conditions)

Client for Self	Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no ( <i>specify</i> )	_____ (2) no ( <i>specify</i> )
_____	_____
_____	_____
_____	_____
_____	_____

Do not ask  
if client is  
in a CCC

- 44) Some agencies and non-profit organizations offer a service for an emergency response system for seniors. They often provide a push button that you wear around your neck or wrist, which you can press in case of an emergency to call for help.

Do you have an emergency response system service now?

i) Client for Self	ii) Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no

Ask only if  
appropriate

- 45) Some communities have an adult day-care centre for seniors who need or want more health-related services than are provided by a senior's centre. Do you currently attend an adult day-care centre?

i) Client for Self	ii) Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no

- 46) Is the additional cost for any of these services, such as emergency response systems or help with bathing or other personal care, a problem for you?

i) Client for Self	ii) Companion for Self
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- 47) Besides those services that you told me about (e.g., laundry, personal care, and transportation), are there any other services that would make your life happier or more comfortable, or enable you to remain in your current home?

*services*

*Client for Self* (1) \_\_\_\_\_  
 (2) \_\_\_\_\_  
 (3) \_\_\_\_\_

*services*

*Companion for Self* (1) \_\_\_\_\_  
 (2) \_\_\_\_\_  
 (3) \_\_\_\_\_

*services*

*Companion about Client* (1) \_\_\_\_\_  
 (2) \_\_\_\_\_  
 (3) \_\_\_\_\_

- 48) a) How satisfied or dissatisfied are you with the services and assistance you are getting now? (*e.g., household maintenance, shopping, housekeeping, laundry, cooking, etc.*)

	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			

i) Client for Self	ii) Companion for Self
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

49) Have you been assessed for admission to a nursing home?

i) Client for Self	ii) Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no
If yes, when? _____	If yes, when? _____
_____	_____

### Demographic Information

50) In what year were you born? \_\_\_\_\_

Which month? \_\_\_\_\_

How old is your spouse? \_\_\_\_\_ years

51) What kind of work have you done most of your adult life?

	Client for Self	Companion for self
(1) <b>housewife</b>		
(2) <b>professionals</b> (e.g., architect, engineer, teacher, nurse, chemist, dietician)		
(3) <b>managerial</b>		
(4) <b>clerical</b> (e.g., secretary, clerk, receptionist, typist, personnel assistant, bank teller)		
(5) <b>sales</b> (e.g., cashier, insurance salesperson, grain merchant, real estate agent)		
(6) <b>personal service</b> (e.g., waitress, barber, domestic work, caterer)		

(7) <b>protective service</b> (e.g., police officer, armed forces, fire-fighter, customs officer)		
(8) <b>skilled – white collar</b> (e.g., computer operator, cartographer, library assistant, photographer, insurance claims adjuster, bookkeeper)		
(9) <b>skilled –blue collar</b> (e.g., carpenter, ship builder, sheet metal, mechanic, electrician, plumber, stone mason)		
(10) <b>semi-skilled or unskilled labour</b> (e.g., janitor, general labourer, bus driver, letter carrier, gas station attendant)		
(11) <b>primary sector</b> (e.g., farmer, fisherman, miner, logger)		

---

52) What was the highest level of formal education you completed?

	Client for Self	Companion for Self
(1) no formal education		
(2) elementary school		
(3) some high school		
(4) high school graduate		
(5) technical school		
(6) some college or university		
(7) college or university degree		

- 53) Turning now to some questions about your sources of income, could you please tell me whether you, your spouse, or both receive income from any of the following sources?

<i>Income Source</i>	<i>(1) I receive</i>	<i>(2) My spouse receives</i>
<b>a</b> Old Age Security Pension		
<b>b</b> Federal Guaranteed Income Supplement		
<b>c</b> Canada or Quebec Pension Plan		
<b>d</b> other government sources, including provincial income supplements, Veteran's Pension, Spouse's or Widow's Allowance		
<b>e</b> retirement pensions, superannuation, or annuities		
<b>f</b> employment		
<b>g</b> savings and investments		
<b>h</b> unemployment insurance/welfare payments		
<b>i</b> other		

- 54) What do you estimate your home would sell for if you were to sell it now?

- \_\_\_\_\_ (1) less than \$50,000
- \_\_\_\_\_ (2) \$50,000 - \$99,999
- \_\_\_\_\_ (3) \$100,000 - \$149,999
- \_\_\_\_\_ (4) \$150,000 - \$199,999
- \_\_\_\_\_ (5) \$200,000 - \$249,999
- \_\_\_\_\_ (6) \$250,000 - \$299,999
- \_\_\_\_\_ (7) \$300,000 - \$349,999
- \_\_\_\_\_ (8) \$350,000 - \$399,999
- \_\_\_\_\_ (9) \$400,000 - \$449,999
- \_\_\_\_\_ (10) \$450,000 - \$499,999
- \_\_\_\_\_ (11) \$500,000 - \$549,999
- \_\_\_\_\_ (12) \$550,000 - \$599,999
- \_\_\_\_\_ (13) \$600,000 or more

- 
- 
- 55) Do you have any difficulty finding enough money to pay for your housing-related costs, that is, property taxes, home maintenance costs, utility costs, mortgage payments, or condominium fees?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

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- 56) About what proportion of your household income is spent on your total shelter costs (utilities, rent, mortgage, property taxes, maintenance, and condominium fees)?

\_\_\_\_\_ (1) less than 30%

\_\_\_\_\_ (2) 30% – 39%

\_\_\_\_\_ (3) 40% or more

---

- 57) How would you rate your overall health at the present time?

	Client for Self	Companion for Self	Companion about Client
(1) excellent			
(2) good			
(3) fair			
(4) poor			
(5) very poor			

---

- 58) A year from now do you expect your health to be:

	Client for Self	Companion for Self	Companion about Client
(1) better than it is now?			
(2) much the same?			
(3) not as good?			

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59) Do you have any questions, or is there anything you would like to add?

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## **Appendix F**

### **Initial Interview Questions For Family**

# INITIAL INTERVIEW QUESTIONS FOR - FAMILY MEMBER

## Laurier House - Strathcona Evaluation

### People

<b>Code</b>	<i>Respondent</i>	<i>a) Name</i>	<i>b) Gender</i>
1) ✓	<b>Client</b>		<input type="checkbox"/> male <input type="checkbox"/> female
2) X	Companion		<input type="checkbox"/> male <input type="checkbox"/> female
3) F1	Family		<input type="checkbox"/> male <input type="checkbox"/> female
4) F2	Family		<input type="checkbox"/> male <input type="checkbox"/> female

### 5) Interviewed at

_____ (1) Home	_____
	Address
_____ (2) Client's Home	_____
	Address
_____ (2) Client's CCC	_____
	Specify which continuing care centre
_____ (3) Phone	_____
_____ (4) Other	_____
	Specify

### 6) Client Considering

_____ (1) LH only	
_____ (2) SCC only	
_____ (3) LH & SCC	
_____ (4) Other	_____
	Specify Site(s)

### 7) Present at Interview

_____ (1) Alone	
_____ (2) With Others	_____
	Specify

## Future Housing Plans and Needs

- 8) I understand that your family member is considering moving to either LH or SCC. Is this also your understanding?

NEW

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

- 9) a) Is your family member currently living with a companion (e.g., a spouse, relative or friend)?

NEW

\_\_\_\_\_ (1) yes ⇒ skip to Question 10

\_\_\_\_\_ (2) no ⇒ (b)

Only ask b if  
answered no  
to a

- b) Is there a companion with whom he/she would like to live, who would like to live with him/her?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

Check  
which one

- 10) Which place is your family member considering?

NEW

\_\_\_\_\_ (1) Laurier House

\_\_\_\_\_ (2) Strathcona Care Centre

\_\_\_\_\_ (3) Both

If  
volunteered  
- omit

- 11) Are you helping your family member make the decision about moving?

NEW

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

If Q#11  
answer is No

- 12) a) Is Strathcona Care Centre one of your top choices?

NEW

\_\_\_\_\_ (1) yes \_\_\_\_\_

\_\_\_\_\_ (2) no \_\_\_\_\_

\_\_\_\_\_ (3) other (*specify*) \_\_\_\_\_

Ask “Would  
SCC be one  
of your top  
choices” not  
“Is SCC...

- b) Why or why not?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If Q#11  
answer is No

Ask “**Would**  
LH be one  
of your top  
choices” not  
“Is LH...

13) a) Is Laurier House one of your top choices?

**NEW**

\_\_\_\_\_ (1) yes \_\_\_\_\_  
\_\_\_\_\_ (2) no \_\_\_\_\_  
\_\_\_\_\_ (3) other (*specify*) \_\_\_\_\_

b) Why or why not?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note each  
place  
mentioned

Specific  
places or  
what kinds  
of places

14) a) What other places would you consider for your family member?

**NEW**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) What features do they have that attract you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note each  
place  
mentioned

15) a) To which place do you think your relative should move?

**NEW**

\_\_\_\_\_  
\_\_\_\_\_

b) Why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Probe to see  
if others are  
involved

16) a) Who else is helping your family member make their decision about moving?

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b) Where do they think your family member should move?

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c) How can we contact them?

List these  
possible  
answers

Check ALL  
applicable  
reasons

17) Why do you think your family member is planning to move?

- \_\_\_\_\_ (1) physical difficulty maintaining home or garden
- \_\_\_\_\_ (2) home too large
- \_\_\_\_\_ (3) design barriers (for example, too many stairs in current home)
- \_\_\_\_\_ (4) decline in health of self or spouse
- \_\_\_\_\_ (5) death of spouse
- \_\_\_\_\_ (6) insufficient local health care services
- \_\_\_\_\_ (7) insufficient leisure/recreational facilities and services at  
present location
- \_\_\_\_\_ (8) cost of living too high at present location
- \_\_\_\_\_ (9) isolated from family and friends at present location
- \_\_\_\_\_ (10) problems with transportation
- \_\_\_\_\_ (11) other (*specify*) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

*Revised*  
**CMHC-**  
**45**

## Current dissatisfactions

- 18) a) Are there things about where your family member lives now that you are dissatisfied with?

*NEW*

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- b) How satisfied or dissatisfied are you with where your family member lives now? Would you say you are:

*NEW*

- \_\_\_\_\_ (1) very dissatisfied  
\_\_\_\_\_ (2) a little dissatisfied  
\_\_\_\_\_ (3) generally satisfied  
\_\_\_\_\_ (4) very satisfied

Note EACH family member mentioned and be sure you indicate which ones are more, most, less, least dissatisfied

- c) Are other family members dissatisfied with where your family member lives now?

*NEW*

- \_\_\_\_\_ (1) yes  
\_\_\_\_\_ (2) no

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---

Only ask if answered yes to c

- d) What are their dissatisfactions?

*NEW*

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- 19) What things do you think will change for **your family member** if he/she moves to LH/SCC?

*NEW*

[illegible]

NEW

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NEW

- 
- \_\_\_\_\_ (1) Grocery shopping
  - \_\_\_\_\_ (2) Cooking in his/her kitchen
  - \_\_\_\_\_ (3) Delivery of meals
  - \_\_\_\_\_ (4) Heavy cleaning (e.g., washing windows, cleaning floors, vacuuming)
  - \_\_\_\_\_ (5) Laundry
  - \_\_\_\_\_ (6) Errands
  - \_\_\_\_\_ (7) Repairs around the house
  - \_\_\_\_\_ (8) Yardwork and outside maintenance
  - \_\_\_\_\_ (9) Snow removal
  - \_\_\_\_\_ (10) Nursing care (e.g., help with medications, health monitoring)
  - \_\_\_\_\_ (11) Getting him/her up in the morning and dressing
  - \_\_\_\_\_ (12) Transportation (e.g., short trips to doctor, church, seniors centre)
  - \_\_\_\_\_ (13) other (*specify*) \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

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22) Getting more help with the above support services could ease your load.  
Is this important to you?

NEW

- \_\_\_\_\_ (1) yes
- \_\_\_\_\_ (2) no
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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Check ALL  
applicable  
things

23) Which of these things do you think you will be helping your family member with after they move?

NEW

- \_\_\_\_\_ (1) Grocery shopping



- 
- \_\_\_\_\_ (2) Cooking in his/her kitchen
- \_\_\_\_\_ (3) Delivery of meals
- \_\_\_\_\_ (4) Heavy cleaning (e.g., washing windows, cleaning floors,  
vacuuming)
- \_\_\_\_\_ (5) Laundry
- \_\_\_\_\_ (6) Errands
- \_\_\_\_\_ (7) Repairs around the house
- \_\_\_\_\_ (8) Yardwork and outside maintenance
- \_\_\_\_\_ (9) Snow removal
- \_\_\_\_\_ (10) Nursing care (e.g., help with medications, health  
monitoring)
- \_\_\_\_\_ (11) Getting him/her up in the morning and dressing
- \_\_\_\_\_ (12) Transportation (e.g., short trips to doctor, church, seniors  
centre)
- \_\_\_\_\_ (13) Other (*specify*) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Priorities for a New Location

NEW

24) When considering a new home for your family member, how important do you believe it is for your relative to have the following things? Please indicate on a scale of 1 to 10, where 10 is very important and 1 is not important how important it is for your relative to have...

a)    A kitchenette

Write down

least important								most important		
1	2	3	4	5	6	7	8	9	10	

any  
additional  
comments

b)        Enough space to bring a number of pieces of their own furniture with them

1    2    3    4    5    6    7    8    9    10

c)    A room to reserve for family get-togethers and parties

1    2    3    4    5    6    7    8    9    10

d) \_\_\_A suite for their overnight guests to stay

1    2    3    4    5    6    7    8    9    10

e) \_\_\_A place where a companion can live with him/her

1    2    3    4    5    6    7    8    9    10

f)        A balcony

1    2    3    4    5    6    7    8    9    10

g)         Storage space

1    2    3    4    5    6    7    8    9    10

h)      A parking stall

1    2    3    4    5    6    7    8    9    10

i) Privacy

1    2    3    4    5    6    7    8    9    10

j) A lockable room/suite

1    2    3    4    5    6    7    8    9    10



## Life lease

**Laurier House is different than other nursing homes because it offers life lease suites.**

NEW

26) a) Have you ever heard about life leases?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

b) If yes, how did you hear about them and from whom? \_\_\_\_\_

\_\_\_\_\_

Only ask if  
answered  
YES in  
previous

NEW

27) How confident would you be in explaining these features of life leases to someone? On a scale of 1 to 10, where **10** means that you would be completely confident, and **1** means you would be not at all confident, please rate your confidence in explaining these features.

question,  
otherwise  
EXPLAIN  
them

a) \_\_\_ The lease contract, that allows your family member to live in the suite and use the common areas like a home for the period of the lease

Not confident Completely confident  
1 2 3 4 5 6 7 8 9 10

b) \_\_\_ The resale of the suite by the organization that sold the suite if your family member no longer needs it

1 2 3 4 5 6 7 8 9 10

c) \_\_\_ The lump sum payment, paid when the lease is signed, is similar to the lump sum paid when purchasing a condominium or a house

1 2 3 4 5 6 7 8 9 10

d) \_\_\_ The monthly fee, which is based on the size of the suite, and covers utilities and service costs like meals and housekeeping

1 2 3 4 5 6 7 8 9 10

e) \_\_\_ Lease termination – the lump sum payment is returned less a small fee to cover the leasing organization's costs

1 2 3 4 5 6 7 8 9 10

f) \_\_\_ Need for personal liability insurance and insurance on furnishings

1 2 3 4 5 6 7 8 9 10

g) \_\_\_ Resident council, which can change the rules by which all lessees must abide

1 2 3 4 5 6 7 8 9 10

28) Do you see any of these features of a life lease as an obstacle for your family member? I will repeat them...

✓ If yes

X If no

- a) \_\_\_ The lease contract
- b) \_\_\_ The resale of the suite by the leasing organization
- c) \_\_\_ The lump sum payment
- d) \_\_\_ The monthly fee, which covers utilities and the cost of services
- e) \_\_\_ Lease termination – the lump sum payment is returned less a small fee to cover the leasing organization's costs
- f) \_\_\_ Need to buy insurance
- g) \_\_\_ Resident council

Do not ask  
for reasons  
but write  
them down  
if they offer  
any

29) Is a life lease something you would seriously consider for your family member?

\_\_\_\_\_ (1) yes \_\_\_\_\_

\_\_\_\_\_ (2) no \_\_\_\_\_

30) If your family member was considering a life lease, do you believe your he/she would need to sell his/her home to afford the lump sum payment?

\_\_\_\_\_ (1) yes \_\_\_\_\_

\_\_\_\_\_ (2) no \_\_\_\_\_

\_\_\_\_\_ (3) N/A (does not own a home) \_\_\_\_\_

\_\_\_\_\_ (4) other (*specify*) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Client may  
have to move  
if his/her  
health status  
were to  
change  
dramatically

31) If you have concerns about life leases, or some of the features of life leases, what are those concerns?

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Family  
member's  
companion  
might not be  
able to live  
for the  
remainder of  
his or her life  
at LH

32) Do you expect that your family member will live for the remainder of his or her life at the place where he or she moves next?

\_\_\_\_\_ (1) yes \_\_\_\_\_

\_\_\_\_\_ (2) no \_\_\_\_\_

\_\_\_\_\_ (3) other (*specify*) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

At Laurier  
House the  
monthly fee  
for a 1-  
bedroom suite  
is \$1140 and  
\$1208 for a 2-  
bedroom  
suite, whereas  
they are about  
\$1010/month  
(31 day  
month) for a  
private room  
in a regular  
nursing home.

33) All nursing homes charge a standard room and board fee. Effective June 1, 2002 the monthly fee at Laurier house will be \$130 or \$198/month more than at a regular nursing home. Are the higher fees at Laurier House a concern for your relative?

\_\_\_\_\_ (1) yes \_\_\_\_\_

\_\_\_\_\_ (2) no \_\_\_\_\_

Note : Fees are higher at Laurier House because the suites are larger than a room in a nursing home – more room to heat, clean & maintain

# Personal Care and Daily Living Activities

34) Does your relative have any problems doing chores around the house (e.g., washing floors, vacuuming, doing the laundry)?

Revised  
CMHC-  
40

- \_\_\_\_\_ (1) no problem  
 \_\_\_\_\_ (2) minor problem  
 \_\_\_\_\_ (3) fairly serious problem  
 \_\_\_\_\_ (4) very serious problem

35) a) Does your family member get as much help as they need with household tasks?

NEW

- \_\_\_\_\_ (1) yes  
 \_\_\_\_\_ (2) no

b) Are they receiving help **shopping for grocery items**?

<b>(1) YES</b>		
Who helps them?	(1) family	
	(2) friend/neighbour	
	(3) an agency	
	(4) someone else	
Do they pay for the service?	(1) yes	
	(2) no	

<b>(2) NO</b>		
Do they need help shopping for grocery items?	(1) yes	
	(2) no	

c) Are they receiving help with **cooking**?

<b>(1) YES</b>		
Who helps them?	(1) family	
	(2) friend/neighbour	
	(3) an agency	
	(4) someone else	
Do they pay for the service?	(1) yes	
	(2) no	

<b>(2) NO</b>		
Do they need help with cooking?	(1) yes	
	(2) no	

d) Are **hot meals** being **delivered** to their door (*e.g., meals-on-wheels*)?

<b>(1) YES</b>		
Who delivers them?	(1) family	
	(2) friend/neighbour	
	(3) an agency	
	(4) someone else	
Do they pay for the service?	(1) yes	
	(2) no	

<b>(2) NO</b>		
Do they need hot meals delivered to their door?	(1) yes	
	(2) no	

e) Are they receiving help with **heavy cleaning** (*e.g., washing windows, cleaning floors, vacuuming*)?

<b>(1) YES</b>		
Who helps them?	(1) family	
	(2) friend/neighbour	
	(3) an agency	
	(4) someone else	
Do they pay for the service?	(1) yes	
	(2) no	

<b>(2) NO</b>		
Do they need help with heavy cleaning?	(1) yes	
	(2) no	

f) Are they receiving help with **laundry**?

<b>(1) YES</b>		
Who helps them?	(1) family	
	(2) friend/neighbour	
	(3) an agency	
	(4) someone else	
Do they pay for the service?	(1) yes	
	(2) no	

<b>(2) NO</b>		
Do they need help with laundry?	(1) yes	
	(2) no	



g) Do they have someone to run **errands** for them?

<b>(1) YES</b>		
Who runs errands for them?	(1) family	
	(2) friend/neighbour	
	(3) an agency	
	(4) someone else	
Do they pay for the service?	(1) yes	
	(2) no	

<b>(2) NO</b>		
Do they need someone to run errands for them?	(1) yes	
	(2) no	

h) Does someone **visit** them regularly?

<b>(1) YES</b>		
Who visits them regularly?	(1) family	
	(2) friend/neighbour	
	(3) an agency	
	(4) someone else	
Do they pay for the service?	(1) yes	
	(2) no	

<b>(2) NO</b>		
Do they need someone to visit them regularly?	(1) yes	
	(2) no	

i) Are they receiving help with **repairs around the house**?

<b>(1) YES</b>		
Who helps them?	(1) family	
	(2) friend/neighbour	
	(3) an agency	
	(4) someone else	
Do they pay for the service?	(1) yes	
	(2) no	

<b>(2) NO</b>		
Do they need help with repairs around the house?	(1) yes	
	(2) no	

j) Are they receiving help with **yardwork and outside maintenance**?

<b>(1) YES</b>		
Who helps them?	(1) family	
	(2) friend/neighbour	
	(3) an agency	
	(4) someone else	
Do they pay for the service?	(1) yes	
	(2) no	
<b>(2) NO</b>		
Do they need help with yard-work./outside maintenance?	(1) yes	
	(2) no	

k) Are they receiving help with **snow removal**?

<b>(1) YES</b>		
Who helps them?	(1) family	
	(2) friend/neighbour	
	(3) an agency	
	(4) someone else	
Do they pay for the service?	(1) yes	
	(2) no	
<b>(2) NO</b>		
Do they need help with snow removal?	(1) yes	
	(2) no	

### 36) Personal Care

a) Are they receiving **nursing care in their home** (e.g., help with medications, health monitoring)?

-/

<b>(1) YES</b>		
Who helps them?	(1) family	
	(2) friend/neighbour	
	(3) an agency	
	(4) someone else	
Do they pay for the service?	(1) yes	
	(2) no	
<b>(2) NO</b>		
Do they need nursing care in their home?	(1) yes	
	(2) no	

b) Are they receiving help with **taking a bath or shower**?

<b>(1) YES</b>		
Who helps them?	(1) family	
	(2) friend/neighbour	
	(3) an agency	
	(4) someone else	
Do they pay for the service?	(1) yes	
	(2) no	
<b>(2) NO</b>		
Do they need help with taking a bath or shower?	(1) yes	
	(2) no	

c) Are they receiving help with getting up in the morning and dressing?

<b>(1) YES</b>		
Who helps them?	(1) family	
	(2) friend/neighbour	
	(3) an agency	
	(4) someone else	
Do they pay for the service?	(1) yes	
	(2) no	
<b>(2) NO</b>		
Do they need help getting up in the morning and dressing?	(1) yes	
	(2) no	

d) Are they receiving help with anything else? (e.g., getting to and from the bathroom, getting up and down from a chair) (*specify*)

**New**

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<b>(1) YES</b>		
Who helps them?	(1) family	
	(2) friend/neighbour	
	(3) an agency	
	(4) someone else	
Do they pay for the service?	(1) yes	
	(2) no	
<b>(2) NO</b>		

37) Some communities have an adult day-care centre for seniors who need or want more health-related services than are provided by a senior's centre.

**Does your family member currently attend an adult day-care centre?**

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

38) Is the cost of any of these services a problem for your family member?

**NEW**

Note each  
thing that is  
mentioned.

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39) How satisfied or dissatisfied are you with the services and assistance your family member is currently receiving? (*e.g., household maintenance, shopping, housekeeping, laundry, cooking, etc.*)

**NEW**

Note each  
problem,  
and probe  
to see if  
there are  
others.

\_\_\_\_\_ (1) very dissatisfied

\_\_\_\_\_ (2) a little dissatisfied

\_\_\_\_\_ (3) generally satisfied

\_\_\_\_\_ (4) very satisfied

If there are problems, what are they? \_\_\_\_\_

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40) How would you rate your family member's overall health at the present time?

*Revised  
CMHC-  
59*

\_\_\_\_\_ (1) excellent

\_\_\_\_\_ (2) good

\_\_\_\_\_ (3) fair

\_\_\_\_\_ (4) poor

\_\_\_\_\_ (5) very poor

---

41) A year from now do you expect their health to be:

*NEW*

\_\_\_\_\_ (1) better than it is now?

\_\_\_\_\_ (2) much the same?

\_\_\_\_\_ (3) not as good?

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Only ask if  
client has a  
spouse

42) How would you rate his/her spouse's overall health at the present time?

*Revised  
CMHC-  
60*

\_\_\_\_\_ (1) excellent

\_\_\_\_\_ (2) good

\_\_\_\_\_ (3) fair

\_\_\_\_\_ (4) poor

\_\_\_\_\_ (5) very poor

---

## Respondent Demographic Information

Although very few of these questions have been about you, it would be helpful if you answer a couple of questions about yourself.

Only ask if  
you don't  
already  
know

43) What is your home address?

NEW

<hr/>		
	Street	
<hr/>	<hr/>	<hr/>
City	Postal code	

Check  
ONLY  
ONE

44) What kind of work have you done most of your adult life?

Revised  
CMHC-  
57

- ☐ (1) **housewife**
- ☐ (2) **professional** (e.g., architect, engineer, teacher, nurse, chemist, dietician)
- ☐ (3) **managerial**
- ☐ (4) **clerical** (e.g., secretary, clerk, receptionist, typist, personnel assistant, bank teller)
- ☐ (5) **sales** (e.g., cashier, insurance salesperson, grain merchant, real estate agent)
- ☐ (6) **personal service** (e.g., waitress, barber, domestic work, caterer)
- ☐ (7) **protective service** (e.g., police officer, armed forces, fire-fighter, customs officer)
- ☐ (8) **skilled – white collar** (e.g., computer operator, cartographer, library assistant, photographer, insurance claims adjuster, bookkeeper)
- ☐ (9) **skilled –blue collar** (e.g., carpenter, ship builder, sheet metal, mechanic, electrician, plumber, stone mason)
- ☐ (10) **semi-skilled or unskilled labour** (e.g., janitor, general labourer, bus driver, letter carrier, gas station attendant)
- ☐ (11) **primary sector** (e.g., farmer, fisherman, miner, logger)

Check  
ONLY  
ONE

45) What was the highest level of formal education you completed?

Revised  
CMHC-  
58

- ☐ (1) no formal education
- ☐ (2) elementary school
- ☐ (3) some high school
- ☐ (4) high school graduate
- ☐ (5) technical school
- ☐ (6) some college or university
- ☐ (7) college or university degree

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46) Do you have any questions, or is there anything you would like to add?

*NEW*

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## **Appendix G**

### **Second Interview Questions For Client – Companion**



# SECOND INTERVIEW QUESTIONS FOR - **CLIENT – COMPANION**

## Laurier House - Strathcona Evaluation

### People present at interview

	<i>Code</i>	<i>Respondent</i>	<i>a) Name</i>	<i>b) Gender</i>
1)	✓	<b>Client</b>	_____	_____ male _____ female
2)	X	<b>Companion</b>	_____	_____ male _____ female
3)	F1	Family	_____	_____ male _____ female
4)	F2	Family	_____	_____ male _____ female
5)	O1	Other c) ( <i>specify relationship</i> )	_____	_____ male _____ female
6)	O2	Other c) ( <i>specify relationship</i> )	_____	_____ male _____ female
7)	P	Advising Professional c) ( <i>specify</i> )	_____	_____ male _____ female

### 8) Interviewed at

	a)	b)
_____ (1) Home	_____	_____
_____ (2) CCC	Address _____	_____
_____ (3) Phone	Specify which continuing care centre _____	_____
_____ (4) Other	Specify _____	_____

### 9) Choice

_____ (1) LH	
_____ (2) SCC	
_____ (3) Decided not to move	
_____ (4) Other	Specify Site(s) _____

## Current Housing and Living Arrangements

18b

10) a) Who lives with you now?

\_\_\_\_\_ (1) no one, I live alone

\_\_\_\_\_ (2) my spouse

\_\_\_\_\_ (3) my children

\_\_\_\_\_ (3) my grandchildren

\_\_\_\_\_ (4) my brother(s)/sister(s)

\_\_\_\_\_ (5) my parent(s)

\_\_\_\_\_ (6) my friend(s)

\_\_\_\_\_ (9) my housekeeper/helper

\_\_\_\_\_ (10) other (*specify*) \_\_\_\_\_

Check ALL  
that apply

b) Was there anyone who lived in your home that doesn't live with you now? Where do they live?

NEW

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11) **At the first interview we discussed some items we thought might influence your decision. Now that the move has happened, we are interested in learning what features actually influenced your decision**

23

a) A kitchenette \_\_\_\_\_ (1) yes \_\_\_\_\_ (2) no

b) Enough space to bring a number of pieces of your own furniture with you \_\_\_\_\_ (1) yes \_\_\_\_\_ (2) no

c) A room to reserve for family get-togethers and parties  
\_\_\_\_\_ (1) yes \_\_\_\_\_ (2) no

d) A suite for your overnight guests to stay \_\_\_\_\_ (1) yes \_\_\_\_\_ (2) no

e) A place where a companion can live with you \_\_\_\_\_ (1) yes \_\_\_\_\_ (2) no

f) A private balcony/patio \_\_\_\_\_ (1) yes \_\_\_\_\_ (2) no

g) Storage space \_\_\_\_\_ (1) yes \_\_\_\_\_ (2) no

h) A parking stall \_\_\_\_\_ (1) yes \_\_\_\_\_ (2) no

any  
additional  
comments

- i) Privacy \_\_\_\_\_ (1) yes \_\_\_\_\_ (2) no
- j) A lockable room/suite \_\_\_\_\_ (1) yes \_\_\_\_\_ (2) no
- k) Your own private bathroom \_\_\_\_\_ (1) yes \_\_\_\_\_ (2) no
- l) A private mailbox \_\_\_\_\_ (1) yes \_\_\_\_\_ (2) no
- m) A place of your own \_\_\_\_\_ (1) yes \_\_\_\_\_ (2) no
- n) The option to have a small household pet \_\_\_\_\_ (1) yes \_\_\_\_\_ (2) no
- o) The option to repaint or redecorate \_\_\_\_\_ (1) yes \_\_\_\_\_ (2) no
- p) The provision of personal care equivalent to that available in a nursing home. Personal care includes things like help with housekeeping and assistance with grooming, bathing, and getting dressed. \_\_\_\_\_ (1) yes \_\_\_\_\_ (2) no
- q) The provision of health care equivalent to that available in a nursing home. Health care includes services offered by nurses and therapists. These are services like occupational therapy, physical therapy, assistance with medications, and foot care. \_\_\_\_\_ (1) yes \_\_\_\_\_ (2) no
- r) A place in the building to smoke \_\_\_\_\_ (1) yes \_\_\_\_\_ (2) no
- s) A place in Sherwood Park \_\_\_\_\_ (1) yes \_\_\_\_\_ (2) no
- t) The funding of health care services by Alberta Health \_\_\_\_\_ (1) yes \_\_\_\_\_ (2) no
- u) The life lease concept as a whole \_\_\_\_\_ (1) yes \_\_\_\_\_ (2) no

24

24

- 
- 12) a) Are there other features you couldn't obtain at [*Laurier House// this new place// these new services*] that you wanted?  
 \_\_\_\_\_ (1) yes \_\_\_\_\_ (2) no

- b) If yes, What are they?

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13) a) Did any of the following people advise you on your decision to move?

40a

- \_\_\_\_\_ (1) Physician
- \_\_\_\_\_ (2) Home Care Coordinator
- \_\_\_\_\_ (3) CAPS Case Coordinator
- \_\_\_\_\_ (4) Social worker
- \_\_\_\_\_ (5) Private hire nurse
- \_\_\_\_\_ (6) Other (*specify*) \_\_\_\_\_

b) What advice did they give you?

40b

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14) To what places did you consider moving?

i) Client for Self	ii) Companion for Self
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Note each  
Specific  
places or  
kinds of  
places  
mentioned

15) a) Of all of the places you were considering, which was your first choice?

i) Client for Self	ii) Companion for Self
_____	_____
_____	_____
_____	_____
_____	_____

b) Why?

27b

[illegible]

State reason  
Probe: What  
features  
does it have  
that attracted  
you?

16) a) Which was your second choice?

i) Client for Self	ii) Companion for Self

State reason  
Probe: What  
features  
does it have  
that attracted  
you?

b) Why?

[illegible]

If yes,  
indicate  
what it was

13

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**NEW**

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**NEW**

[illegible]

**NEW**

[illegible]

## Current dissatisfactions

**NEW**

[illegible]

NEW

[illegible]

NEW

[illegible]

## 23) Did some things change for the worse?

If yes,  
indicate  
which things

i) Client for Self	ii) Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## 24) Is there anything you are missing about where you lived before?

If yes,  
indicate  
their  
comments

i) Client for Self	ii) Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## 25) Do you have any further comments about this?

If yes,  
indicate  
their  
comments

i) Client for Self	ii) Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Probe: Was  
the move  
difficult?  
Was it easy

26) How would you describe the effect that **the move** to [*Laurier House// this new place// these new services*] has had on **you**?



i) Client for Self	ii) Companion for Self	iii) Companion about Client
___ (1) positive	___ (1) positive	___ (1) positive
___ (2) negative	___ (2) negative	___ (2) negative
___ (3) no effect	___ (3) no effect	___ (3) no effect
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If 1 or 2  
please  
specify

27) a) So far, has [*Laurier House// this new place// these new services*] met your expectations

NEW

i) Client for Self	ii) Companion for Self
___ (1) yes	___ (1) yes
___ (2) no	___ (2) no
_____	_____
_____	_____
_____	_____
_____	_____

b) Has [*Laurier House// this new place// these new services*] met the expectations of your family members

18c

i) Client for Self	ii) Companion for Self
___ (1) yes	___ (1) yes
___ (2) no	___ (2) no
_____	_____
_____	_____
_____	_____
_____	_____

28) a) Overall, how satisfied or dissatisfied are you with *[Laurier House// this new place// these new services]*? Would you say you are:

18b

	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			

b) Are there any things in particular about *[Laurier House// this new place// these new services]* that you are satisfied with?

18a

i) Client for Self	ii) Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

c) Are there any things in particular about *[Laurier House// this new place// these new services]* that you are dissatisfied with?

18a

i) Client for Self	ii) Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- 29) a) Overall, how satisfied, or dissatisfied, is your family with [*Laurier House// this new place// these new services*]?

	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			

- b) What are the things about [*Laurier House// this new place// these new services*] that your family members are satisfied with?

Note EACH family member mentioned and be sure you indicate which ones are more, most, less, and least dissatisfied

[illegible]

- c) What are the things about [*Laurier House// this new place// these new services*] that your family members are dissatisfied with?

Note EACH family member mentioned and be sure you indicate which ones are more, most, less, and least dissatisfied

[illegible]

Note each  
thing  
mentioned

Get as much information as possible and details by asking leading questions

“You mentioned... Can you tell me more about that?”

Client for Self	Companion for Self	Companion about Client
_____ (1) yes	_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no	_____ (2) no
_____ (3) other	_____ (3) other	_____ (3) other
<i>(specify)</i> _____	<i>(specify)</i> _____	<i>(specify)</i> _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Personal Care and Daily Living Activities

- 32) a) Do you receive help with personal care, such things as help with bathing, dressing, or skin care?

42a

Client for Self	Companion for Self	Companion about Client
_____ (1) yes	_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no	_____ (2) no

If client is in a CCC, determine if possible (ask staff)

- b) Alberta Resident Classification if available: *(circle only one)*

42b

**A   B   C   D   E   F   G**

- 33) a) How satisfied or dissatisfied are you with the services and assistance you are getting now?

48a

**(i) household maintenance**

	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			
(5) not applicable			

**(ii) shopping**

	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			
(5) not applicable			

**(iii) housekeeping**

	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			
(5) not applicable			

<b><i>(iv) laundry</i></b>	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			
(5) not applicable			

<b><i>(v) cooking</i></b>	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			
(5) not applicable			

<b><i>(vi) errands</i></b>	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			
(5) not applicable			

<b><i>(vii) nursing care</i></b>	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			
(5) not applicable			

b) What about the services and assistance you are getting now, are you satisfied with?

48b

Note each thing, and probe to see if there are others.

i) Client for Self	ii) Companion for Self	iii) Companion about Client
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

c) What about the services and assistance you are getting now are you dissatisfied with these?

48b

Note each problem, and probe to see if there are others.

i) Client for Self	ii) Companion for Self	iii) Companion about Client
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

34) a) Do you find staff members easy to talk to?

**NEW**

i) Client for Self	ii) Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no
_____	_____
_____	_____
_____	_____

b) Do you think they have enough training for their jobs?

NEW

i) Client for Self	ii) Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no
_____	_____
_____	_____
_____	_____
_____	_____

Only ask LH residents

35) Do your friends understand that **Laurier House** provides you with all the services available in a nursing home?

i) Client for Self	ii) Companion for Self
_____	_____

_____ (1) yes _____ (2) no _____ _____ _____ _____ _____	_____ (1) yes _____ (2) no _____ _____ _____ _____ _____
--	--

Only ask LH residents

36) Are there things about the **suite** that make it difficult for you to do things?

Note each problem, and probe to see if there are others.

i) Client for Self	ii) Companion for Self	iii) Companion about Client
_____ (1) yes	_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no	_____ (2) no
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Only ask companion

37) Have you been assessed for admission to a nursing home?

**NEW**

i) Companion for Self _____ (1) yes _____ (2) no <b>If yes, when?</b> _____ _____ _____
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**NEW**

[illegible]

# Life Lease

39) Who, if anyone, helped you make your decision about the life lease?

NEW

Get their  
contact  
information

iii) Client for Self _____ (1) spouse _____ (2) friends _____ (3) family _____ (4) no one _____ (5) other _____ _____ _____	iii) Companion about Client _____ (1) spouse _____ (2) friends _____ (3) family _____ (4) no one _____ (5) other _____ _____ _____
---	--

Only ask LH  
residents

40) Was the life lease a major factor in your decision to buy a suite at Laurier House?

i) Client for Self _____ (1) yes _____ (2) no _____ _____ _____ _____ _____	ii) Companion for Self _____ (1) yes _____ (2) no _____ _____ _____ _____ _____
--	--

41) What was the main reason you **chose/did not choose** a life lease?

NEW

i) Client for Self _____ _____ _____ _____	ii) Companion for Self _____ _____ _____ _____
--	--

Only ask  
LH  
residents

42) Did you have to sell your previous home to afford the lump sum payment?

30

Only ask if  
they owned  
a home at  
the time of  
the 1<sup>st</sup>  
interview

\_\_\_\_\_ (1) yes \_\_\_\_\_  
 \_\_\_\_\_ (2) no \_\_\_\_\_  
 \_\_\_\_\_ (3) N/A (does not own a home) \_\_\_\_\_  
 \_\_\_\_\_ (4) other (*specify*) \_\_\_\_\_

43) Do you have any concerns about life leases, or some of the features of life leases?

31

i) Client for Self	ii) Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Client may have to move if his/her health status were to change dramatically

Family member's companion might not be able to live for the remainder of his or her life at LH

44) What do you like best about the life lease concept?

31

i) Client for Self	ii) Companion for Self
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

45) What are the shortfalls with a life lease?

31

i) Client for Self	ii) Companion for Self
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

46) a) Are there things about life leases that you are very satisfied with?

**NEW**

i) Client for Self	ii) Companion for Self
_____	_____

Only ask  
LH  
residents

<div><div><div></div><div>(1) yes</div></div><div><div></div><div>(2) no</div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div><div></div><div>(1) yes</div></div><div><div></div><div>(2) no</div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
--	--

b) Are there things about life leases that you are very dissatisfied with?

NEW

Only ask  
LH  
residents

i) Client for Self	ii) Companion for Self
<div><div><div></div><div>(1) yes</div></div><div><div></div><div>(2) no</div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div><div></div><div>(1) yes</div></div><div><div></div><div>(2) no</div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>

Only ask  
LH  
residents

c) How satisfied or dissatisfied are you with the life lease? Would you say you are:

NEW

	Client for Self	Companion for Self
(1) very dissatisfied		
(2) a little dissatisfied		
(3) generally satisfied		
(4) very satisfied		

**NEW**

[illegible]

NEW

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39a

	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			

b) Do your family members have concerns with the life lease?

**NEW**

i) Client for Self	ii) Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no

c) If yes, what are their concerns?

i) Client for Self	ii) Companion for Self
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Note EACH family member mentioned and be sure you indicate which ones are more, dissatisfied

d) How important to you was the opinion of your **family members** when making your decision about the life lease?

**NEW**

i) Client for Self	ii) Companion for Self	iii) Companion about Client
_____ (1) Very important	_____ (1) Very important	_____ (1) Very important
_____ (2) Somewhat important	_____ (2) Somewhat important	_____ (2) Somewhat important
_____ (3) Not important	_____ (3) Not important	_____ (3) Not important
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check their response and give details in space provided

49) **Do/would** you feel that your investment in the life lease is secure? Why or why not?

**NEW**

i) Client for Self	ii) Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

50) Would you advise others to purchase a life lease? Why or why not?

**NEW**

i) Client for Self	ii) Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Only ask  
LH  
residents

51) Was there someone else who paid more attention to the details of the life lease, or did you deal with it yourself?

**NEW**

_____
_____
_____
_____
_____

**NEW**

i) Client for Self	ii) Companion for Self
_____ (1) yes _____ (2) no  _____ _____ _____ _____ _____ _____ _____	_____ (1) yes _____ (2) no  _____ _____ _____ _____ _____ _____ _____

NEW

[illegible]

NEW

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54) Are there any suggestions you have to improve the life lease?

NEW

i) Client for Self	ii) Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no
_____	_____
_____	_____

55) At the first interview we discussed how confident you would be explaining the features of life leases. We would like to know how confident you would be explaining these features of life leases to someone. On a scale of 1 to 10, where **10** means that you would be completely confident, and **1** means you would be not at all confident, please rate your confidence in explaining these features.

31

a) \_\_\_\_\_ The lease contract, that allows you to live in the suite and use the common areas like a home for the period of the lease

Not confident                      Completely confident  
1   2   3   4   5   6   7   8   9   10

b) \_\_\_\_\_ The resale of the suite by the organization that sold the suite if you no longer need it

1   2   3   4   5   6   7   8   9   10

c) \_\_\_\_\_ The lump sum payment, paid when the lease is signed, is similar to the lump sum paid when purchasing a condominium or a house

1   2   3   4   5   6   7   8   9   10

d) \_\_\_\_\_ The monthly fee, which is based on the size of the suite, and covers utilities and service costs like meals and housekeeping

1   2   3   4   5   6   7   8   9   10

e) \_\_\_\_\_ Lease termination – the lump sum payment is returned less a small fee to cover the leasing organization's costs

1   2   3   4   5   6   7   8   9   10

f) \_\_\_\_\_ Need for personal liability insurance and insurance on your furnishings

1   2   3   4   5   6   7   8   9   10

g) \_\_\_\_\_ Resident council, which can change the rules by which all lessees must abide

1   2   3   4   5   6   7   8   9   10

56) How would you describe a life lease to one of your friends?

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57) Were any of the following features of a life lease a concern for you? If so, why?

32

a) The lease contract

\_\_\_\_\_ (1) yes \_\_\_\_\_

---

\_\_\_\_\_ (2) no

b) The lump sum payment

\_\_\_\_\_ (1) yes \_\_\_\_\_

---

\_\_\_\_\_ (2) no

c) The monthly fee, which covers utilities and the cost of services

\_\_\_\_\_ (1) yes \_\_\_\_\_

---

\_\_\_\_\_ (2) no

d) Need to buy insurance

\_\_\_\_\_ (1) yes \_\_\_\_\_

---

\_\_\_\_\_ (2) no

e) Resident council

\_\_\_\_\_ (1) yes \_\_\_\_\_

---

\_\_\_\_\_ (2) no

## Demographic Information

58) How would you rate your overall health at the present time?

57

	Client for Self	Companion for Self	Companion about Client
(1) excellent			
(2) good			
(3) fair			
(4) poor			
(5) very poor			

59) A year from now do you expect your health to be:

58

	Client for Self	Companion for Self	Companion about Client
(1) better than it is now?			
(2) much the same?			
(3) not as good?			

60) Do you have any questions, or is there anything you would like to add?

59

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## **Appendix H**

### **Second Interview Questions For Family**

## SECOND INTERVIEW QUESTIONS FOR - **FAMILY MEMBER**

### Laurier House - Strathcona Evaluation

#### People

	<b>Code</b>	<i>Respondent</i>	<i>a) Name</i>	<i>b) Gender</i>	<i>c) Relationship</i>
<b>60)</b>	✓	<b>Client</b>		____ male ____ female	
<b>61)</b>	X	Companion		____ male ____ female	
<b>62)</b>	F1	Family		____ male ____ female	
<b>63)</b>	F2	Family		____ male ____ female	

#### **64) Interviewed at**

_____ (1) Home	_____
	Address
_____ (2) Client's Home	_____
	Address
_____ (2) Client's CCC	_____
	Specify which continuing care centre
_____ (3) Phone	_____
_____ (4) Other	_____
	Specify

#### **65) Choice**

_____ (1) LH	
_____ (2) SCC	
_____ (3) Decided not to move	
_____ (4) Other	_____
	Specify Site(s)

#### **66) Present at Interview**

_____ (1) Alone	
_____ (2) With Others	_____
	Specify

## Future Housing Plans and Needs

Only ask if  
resident  
purchased a  
suite  
LAURIER  
HOUSE, if  
someone  
else, get  
contact info

67) When your family member purchased the suite, who dealt with the details of the life lease

\_\_\_\_\_ (1) you \_\_\_\_\_

\_\_\_\_\_ (2) someone else → contact info: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

68) What was your involvement in the decision to purchase [*a suite at Laurier House// this new place// these new services*]?

\_\_\_\_\_  
\_\_\_\_\_

Note each  
specific  
place or kind  
of place  
mentioned

69) a) What places did you consider for your family member?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If an answer  
to the  
previous  
question is  
LH, ask this  
question

b) Was Laurier House one of your top choices?

\_\_\_\_\_ (1) yes \_\_\_\_\_

\_\_\_\_\_ (2) no \_\_\_\_\_

\_\_\_\_\_ (3) other (*specify*) \_\_\_\_\_

c) Why or why not?

\_\_\_\_\_  
\_\_\_\_\_

Note each  
place  
mentioned

70) a) i) To which place do you think your relative should have moved?

\_\_\_\_\_

ii) Why?

\_\_\_\_\_  
\_\_\_\_\_

b) What about other family members or friends? Where did they think your relative should have moved?

\_\_\_\_\_  
\_\_\_\_\_

## Current dissatisfactions

71) a) So far, has [*Laurier House// this new place// these new services*] met your expectations?

- \_\_\_\_\_ (1) yes, totally  
\_\_\_\_\_ (2) yes, for the most part  
\_\_\_\_\_ (3) no, not at all

b) Why or why not?

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72) a) How satisfied or dissatisfied are you with [*Laurier House// this new place// these new services*]?

- \_\_\_\_\_ (1) very dissatisfied  
\_\_\_\_\_ (2) a little dissatisfied  
\_\_\_\_\_ (3) generally satisfied  
\_\_\_\_\_ (4) very satisfied

If answer to  
(a) is 1 or 2,  
ask (b),  
otherwise  
skip

b) i) Are there things about [*Laurier House// this new place// these new services*] that you are dissatisfied with?

- \_\_\_\_\_ (1) yes  
\_\_\_\_\_ (2) no

ii) Comments

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c) Has [*Laurier House// this new place// these new services*] met the expectations of other family members?

- \_\_\_\_\_ (1) Yes, totally  
\_\_\_\_\_ (2) Yes, for the most part  
\_\_\_\_\_ (3) No, not at all

d) i) Are there things about [*Laurier House// this new place// these new services*] that other family members are dissatisfied with?

Note EACH  
family  
member

mentioned  
and be sure  
you indicate

\_\_\_\_\_ (1) yes  
\_\_\_\_\_ (2) no

which ones  
are more,  
most, less,  
and least  
dissatisfied

ii) What are they?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Probe: Was  
the move  
difficult?

73) How would you describe the effect that **the move** to [*Laurier House// this new place// these new services*] has had on **your family member**?

\_\_\_\_\_ (1) Positive (please specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (2) Negative (please specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (3) No effect  
\_\_\_\_\_ (4) Other (please specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Probe: Was  
the move  
difficult?

74) How would you describe the effect that **the move** to [*Laurier House// this new place// these new services*] has had on **you**?

\_\_\_\_\_ (1) Positive (please specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (2) Negative (please specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (3) No effect  
\_\_\_\_\_ (4) Other (please specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Check ALL  
applicable  
things

75) With which of the following things are you **currently** helping your family member in any way?

- \_\_\_\_\_ (1) Grocery shopping  
\_\_\_\_\_ (2) Cooking in his/her kitchen  
\_\_\_\_\_ (3) Delivery of meals  
\_\_\_\_\_ (4) Heavy cleaning (e.g., washing windows, cleaning floors, vacuuming)  
\_\_\_\_\_ (5) Laundry  
\_\_\_\_\_ (6) Errands  
\_\_\_\_\_ (7) Repairs around the house  
\_\_\_\_\_ (8) Yardwork and outside maintenance  
\_\_\_\_\_ (9) Snow removal  
\_\_\_\_\_ (10) Nursing care (e.g., help with medications, health monitoring)  
\_\_\_\_\_ (11) Getting him/her up in the morning and dressing  
\_\_\_\_\_ (12) Transportation (e.g., short trips to doctor, church, seniors centre)  
\_\_\_\_\_ (14) Finances  
\_\_\_\_\_ (13) other (*specify*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

76) If you did any caregiving tasks before, which of those caregiving tasks that you were doing before are you .....

a) Still doing?

b) No longer doing?

c) Never did

(1) Grocery shopping

(2) Cooking in his/her kitchen			
(3) Delivery of meals			
(4) Heavy cleaning (e.g., washing windows, cleaning floors, vacuuming)			
(5) Laundry			
(6) Errands			
(7) Repairs around the house			
(8) Yardwork and outside maintenance			
(9) Snow removal			
(10) Nursing care (e.g., help with medications, health monitoring)			
(11) Getting him/her up in the morning and dressing			
(12) Transportation (e.g., short trips to doctor, church, seniors centre)			
(14) Finances			
(13) Other ( <i>specify</i> )			
_____			
_____			
_____			

## Priorities for a New Location

Write down  
any  
additional  
comments

77 **At the first interview we discussed some items we thought might influence your relative's decision. Now that the move has happened, we are interested in learning what features actually influenced the decision.**

a) A kitchenette	YES	NO
b) Enough space to bring a number of pieces of their own furniture with them	YES	NO
c) A room to reserve for family get-togethers and parties	YES	NO
d) A suite for their overnight guests to stay	YES	NO
e) A place where a companion can live with him/her	YES	NO
f) A personal balcony/patio	YES	NO
g) Storage space	YES	NO
h) A parking stall	YES	NO
i) Privacy	YES	NO
j) A lockable room/suite	YES	NO
k) His/her own private bathroom	YES	NO
l) A private mailbox	YES	NO
m) A place that they own	YES	NO
n) The option to have a small household pet	YES	NO
o) The option to repaint or redecorate	YES	NO
p) The provision of personal care equivalent to that available in a nursing home. Personal care includes things like help with housekeeping and assistance with grooming, bathing, and getting dressed.	YES	NO
q) The provision of health care equivalent to that available in a nursing home. Health care includes services offered by nurses and therapists. These are services like occupational therapy, physical therapy, assistance with medications, and foot care.	YES	NO
r) A place in the building to smoke	YES	NO
s) A place in Sherwood Park	YES	NO
t) The life lease concept as a whole	YES	NO

---

78 Can you tell me what the three most important factors that influenced your decision were? These factors can be anything, not only items that appeared on the previous list.

- 1) \_\_\_\_\_  
\_\_\_\_\_  
2) \_\_\_\_\_  
\_\_\_\_\_  
3) \_\_\_\_\_  
\_\_\_\_\_
- 

79 On a scale of 1 to 10 how important is it to you that Alberta Health fund the health care services your family member receives?

\_\_\_\_\_

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

---

80 a) i) Are there other features you could not obtain at [*Laurier House// this new place// these new services*] that you wanted?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

ii) If yes, What are they?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Only ask if  
21a is YES

## Life lease

**Laurier House is different than other nursing homes because it offers life lease suites.**

Only ask if  
answered  
YES in  
previous

- 81) At the first interview we discussed how confident you would be explaining the features of life leases. We are interested in how comfortable you would be in explaining the following features of life leases to someone? On a scale of 1 to 10, where **10** means that you would be completely confident, and **1** means you would be not at all confident, please rate your confidence in explaining the following features.

question,  
otherwise  
EXPLAIN  
them

- a) \_\_\_\_\_ The lease contract, that allows your family member to live in the suite and use the common areas like a home for the period of the lease

Not confident  
1 2 3 4 5 6 7 8 9 10  
Completely confident

- b) \_\_\_\_\_ The lump sum payment, paid when the lease is signed, is similar to the lump sum paid when purchasing a condominium or a house

1 2 3 4 5 6 7 8 9 10

- c) \_\_\_\_\_ The monthly fee, which is based on the size of the suite, and covers utilities and service costs like meals and housekeeping

1 2 3 4 5 6 7 8 9 10

- d) \_\_\_\_\_ The resale of the suite by the organization that sold the suite if your family member no longer needs it

1 2 3 4 5 6 7 8 9 10

- e) \_\_\_\_\_ Lease termination – the lump sum payment is returned less a small fee to cover the leasing organization's costs

1 2 3 4 5 6 7 8 9 10

- f) \_\_\_\_\_ Need for personal liability insurance and insurance on furnishings

1 2 3 4 5 6 7 8 9 10

- g) \_\_\_\_\_ Resident council, which can change the rules by which all lessees must abide

1 2 3 4 5 6 7 8 9 10

- h) \_\_\_\_\_ The life lease concept as a whole

1 2 3 4 5 6 7 8 9 10

---

82) Are any of the following features of a life lease a concern for **you**?

✓ If yes

a) \_\_\_\_ The lease contract

X If no

b) \_\_\_\_ The resale of the suite by the leasing organization

c) \_\_\_\_ The lump sum payment

d) \_\_\_\_ The monthly fee, which covers utilities and the cost of services

e) \_\_\_\_ Lease termination – the lump sum payment is returned less a small fee to cover the leasing organization's costs

f) \_\_\_\_ Need to buy insurance

g) \_\_\_\_ Resident council

h) \_\_\_\_ The life lease concept as a whole

---

83) Did any of the following features prompt you to advise your family member against buying? I will repeat them for you...

✓ If yes

a) \_\_\_\_ The lease contract

X If no

b) \_\_\_\_ The resale of the suite by the leasing organization

c) \_\_\_\_ The lump sum payment

d) \_\_\_\_ The monthly fee, which covers utilities and the cost of services

e) \_\_\_\_ Lease termination – the lump sum payment is returned less a small fee to cover the leasing organization's costs

f) \_\_\_\_ Need to buy insurance

g) \_\_\_\_ Resident council

h) \_\_\_\_ The life lease concept as a whole

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84) What do you personally think of the life lease concept?

\_\_\_\_\_ (1) Good idea \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (2) Not a good idea \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (3) Doesn't matter \_\_\_\_\_

\_\_\_\_\_

---

Only ask LH

85) **What was the main reason your family member chose a life lease?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

86) a) Did your family member own a home before moving to [*Laurier House//this new place*]?

\_\_\_\_\_ (1) yes \_\_\_\_\_

\_\_\_\_\_ (2) no \_\_\_\_\_

Only ask if  
yes to (a)

b) Did your family member have to sell his/her previous home to afford the lump sum payment?

\_\_\_\_\_ (1) yes \_\_\_\_\_

\_\_\_\_\_ (2) no \_\_\_\_\_

\_\_\_\_\_ (3) other (*specify*) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c) How satisfied or dissatisfied are you with the life lease? Would you say you are:

\_\_\_\_\_ (1) very dissatisfied

\_\_\_\_\_ (2) a little dissatisfied

\_\_\_\_\_ (3) generally satisfied

\_\_\_\_\_ (4) very satisfied

---

87) Do you have any concerns about the Laurier House life lease, or some of the features of the life lease?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

---

Only ask if  
answered yes  
to previous  
question

88) What are the shortfalls with the life lease at Laurier House?

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89) What do you like best about the life lease concept at Laurier House?

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90) a) Do other family members have concerns with the life lease?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

Only ask if  
YES to (a)

b) What are their concerns?

Note EACH  
family  
member  
mentioned  
and be sure  
you indicate  
which ones  
are more,  
dissatisfied

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---

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91) Do you expect that your family member will live at [*Laurier House// this new place// these new services*] for the remainder of his or her life?

\_\_\_\_\_ (1) yes\_\_\_\_\_

\_\_\_\_\_ (2) no\_\_\_\_\_

\_\_\_\_\_ (3) other (*specify*)\_\_\_\_\_

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## Personal Care and Daily Living Activities

- 92) a) i) Does your family member pay for any extra services that are not included at [*Laurier House// this new place// these new services*]?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

- ii) If yes, what are they?

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Note each  
thing that is  
mentioned.

- b) i) Do **you** have any issues with this?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

- ii) If yes, what are they?

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Note each  
thing that is  
mentioned.

- c) i) Is the cost of any of these extra services a problem for your family member?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

- ii) Comments

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Only ask if  
yes to (b)

93) a) How satisfied or dissatisfied are you with the services and assistance your family member is currently receiving from *[Laurier House// this new place// these new services]* staff? (e.g., household maintenance, shopping, housekeeping, laundry, cooking, etc.)

Include reasons for dissatisfaction and satisfaction in the comments section

	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
Household Maintenance				
Shopping				
Housekeeping				
Laundry				
Cooking				
Errands				
Nursing care				

Note each problem, and probe to see if there are others.

b) If there are problems, what are they?

## General Health

94) How would you rate your family member's overall health at the present time?

\_\_\_\_\_ (1) excellent

\_\_\_\_\_ (2) good

\_\_\_\_\_ (3) fair

\_\_\_\_\_ (4) poor

\_\_\_\_\_ (5) very poor

---

95) A year from now do you expect their health to be:

\_\_\_\_\_ (1) better than it is now?

\_\_\_\_\_ (2) much the same?

\_\_\_\_\_ (3) not as good?

---

Only ask if  
client has a  
spouse

96) How would you rate his/her spouse's overall health at the present time?

\_\_\_\_\_ (1) excellent

\_\_\_\_\_ (2) good

\_\_\_\_\_ (3) fair

\_\_\_\_\_ (4) poor

\_\_\_\_\_ (5) very poor

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97) Do you have any questions, or is there anything you would like to add?

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## **Appendix I**

### **Third Interview Questions For Client – Companion**

# THIRD INTERVIEW QUESTIONS FOR - CLIENT – COMPANION

Laurier House - Strathcona Evaluation

## People present at interview

	<b>Cod e</b>	<i>Respondent</i>	<i>a) Name</i>	<i>b) Gender</i>
1)	✓	<b>Client</b>	_____	_____ male _____ female
2)	X	Companion	_____	_____ male _____ female
3)	F1	Family	_____	_____ male _____ female
4)	F2	Family	_____	_____ male _____ female
5)	O1	Other c) ( <i>specify relationship</i> )	_____	_____ male _____ female
6)	O2	Other c) ( <i>specify relationship</i> )	_____	_____ male _____ female
7)	P	Advising Professional c) ( <i>specify</i> )	_____	_____ male _____ female

## 8) Interviewed at

a) _____ (1) Home (family) _____ (2) Client's Home _____ (3) Client's CCC _____ (4) Phone _____ (5) Other	b) _____ Address _____ Address _____ Specify which continuing care centre _____ _____ _____ Specify
--	---

## 9) Choice Made

Fill in  
before  
starting  
questions

_____ (1) LH _____ (2) SCC _____ (3) Decided not to move _____ (4) Other	_____ Specify Site(s)
---	--------------------------

Address \_\_\_\_\_

## Current Housing and Living Arrangements

10) a) How long have you been living here?

\_\_\_\_\_

b) Who lives with you now?

\_\_\_\_\_ (1) no one, I live alone

\_\_\_\_\_ (2) my spouse

\_\_\_\_\_ (3) my children

\_\_\_\_\_ (3) my grandchildren

\_\_\_\_\_ (4) my brother(s)/sister(s)

\_\_\_\_\_ (5) my parent(s)

\_\_\_\_\_ (6) my friend(s)

\_\_\_\_\_ (9) my housekeeper/helper

\_\_\_\_\_ (10) other (*specify*) \_\_\_\_\_

18b

Check ALL  
that apply

If person  
living with  
client is a  
roommate in  
a CCC note  
that

11) a) Have you been assessed for admission to a nursing home?

NEW

i) Client for Self

ii) Companion for Self

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

\_\_\_\_\_ (2) no

b) If yes, when?

NEW

i) Client for Self

ii) Companion for Self

\_\_\_\_\_

\_\_\_\_\_

12) a) Have any major life events occurred since the first interview that was about a year ago (i.e., since moving or choosing to stay in place)?

i) Client for Self

ii) Companion for Self

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

\_\_\_\_\_ (2) no

b) If yes, what were they?

i) Client for Self

ii) Companion for Self

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Only ask  
companion  
and clients  
living at  
home

Only ask  
those NOT  
living at

home

If answer is  
NO, go to  
Q#16 next

13) a) Were you living at home before coming here?

i) Client for Self	ii) Companion for Self	iii) Companion about Client
___ (1) Yes	___ (1) Yes	___ (1) Yes
___ (2) No	___ (2) No	___ (2) No

b) Do you feel relieved that you do not have to worry about maintaining a home any longer?

i) Client for Self	ii) Companion for Self	iii) Companion about Client
___ (1) Yes	___ (1) Yes	___ (1) Yes
___ (2) No	___ (2) No	___ (2) No

ONLY ask  
those who

DID move  
from their  
own home

c) Why, or why not?

i) Client for Self	ii) Companion for Self	iii) Companion about Client
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14) Compared to a year ago, how stressed do you feel by things you do to maintain your home?

i) Client for Self	ii) Companion for Self	iii) Companion about Client
___ (1) More stressed	___ (1) More stressed	___ (1) More stressed
___ (2) Equally stressed	___ (2) Equally stressed	___ (2) Equally stressed
___ (3) Less stressed	___ (3) Less stressed	___ (3) Less stressed



15) a) Did you move to receive new services?

i) Client for Self	ii) Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no

b) What were they?

i) Client for Self	ii) Companion for Self
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

16) a) Has moving to [*Laurier House// this new place*] had a positive or negative effect on your lifestyle?

Client for Self	Companion for Self	Companion about Client
_____ (1) positive	_____ (1) positive	_____ (1) positive
_____ (2) negative	_____ (2) negative	_____ (2) negative

b) In what ways?

Client for Self	Companion for Self	Companion about Client
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

17) a) Has not moving been the right decision for you?

i) Client for Self	ii) Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no

b) Why?

i) Client for Self	ii) Companion for Self
_____	_____
_____	_____
_____	_____
_____	_____

ONLY ask  
those who  
DID NOT  
move

18) a) Overall, how satisfied or dissatisfied are you with this place?

	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			

b) Are there any things in particular about this place that you are satisfied with?

i) Client for Self	ii) Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no

Only ask if  
yes to b)

c) Please explain what satisfies you.

i) Client for Self	ii) Companion for Self
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Prompt list:  
Space,  
privacy,  
staff,  
location,  
having a  
kitchen,  
independenc  
e, can live  
with spouse

d) Are there any things in particular about this place that you are dissatisfied with?

i) Client for Self	ii) Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no

Only ask if  
yes to d)

e) Please explain your dissatisfaction.

i) Client for Self	ii) Companion for Self
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Prompt list:  
Location,  
neighbours,  
some meals

19) a) Overall, how satisfied, or dissatisfied, is your family with this place?

	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			

b) Are there particular things about this place that your family members are satisfied with?

i) Client for Self	ii) Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no

Only ask if  
yes to b

c) What are those things?

i) Client for Self	ii) Companion for Self
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Note EACH  
family  
member and  
be sure you  
indicate  
which ones  
are more,  
most, less,  
and least  
satisfied

d) Are there particular things about this place that your family members are dissatisfied with?

18a

i) Client for Self	ii) Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no

Only ask if  
yes to d

e) What are those things?

i) Client for Self	ii) Companion for Self
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Note EACH  
family  
member  
mentioned  
and be sure  
you indicate  
which ones  
are more,  
most, less,  
and least  
dissatisfied

20) a) Do you expect that you will live at [*Laurier House// this new place// or chose to stay in place*] for the remainder of your life?

36

Client for Self	Companion for Self	Companion about Client
_____ (1) yes	_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no	_____ (2) no
_____ (4) do not know	_____ (4) do not know	_____ (4) do not know
_____ (3) other	_____ (3) other	_____ (3) other
(specify) _____	(specify) _____	(specify) _____

b) Please explain

New

i) Client for Self	ii) Companion for Self	iii) Companion about Client
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

21) What are the features or services at this place that you most value?

NE  
W

Client for Self	Companion for Self	Companion about Client
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DO NOT  
ask if the  
answer to  
a) is YES

22) a) Are you receiving help with **repairs and maintenance** [*in your suite//in your home*]?

41i

Client for Self	Companion for Self	Companion about Client
_____ (1) yes	_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no	_____ (2) no

b) Who helps you with repairs?

	Client for Self	Companion for Self	Companion about Client
(1) My family			
(2) friend/neighbour			
(3) an agency			
(4) someone else			
(5) companion			
(6) LHS Staff			

c) How satisfied or dissatisfied are you with the help you are receiving?

	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			

23) a) Are you receiving help with **shopping**?

41b

Client for Self	Companion for Self	Companion about Client
_____ (1) yes	_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no	_____ (2) no

b) Who helps you shop?

	Client for Self	Companion for Self	Companion about Client
(1) My family			
(2) friend/neighbour			
(3) an agency			
(4) someone else			
(5) companion			
(6) LHS/CCC Staff			

c) How satisfied or dissatisfied are you with the help you are receiving?

	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			

DO NOT  
ask if in a  
CCC other  
than LHS

If NO go to  
next  
question

If LHS or  
Home Care,  
ask client to  
explain how

24) a) Are you receiving help with **cooking**?

41c

Client for Self	Companion for Self	Companion about Client
_____ (1) yes	_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no	_____ (2) no

b) Who helps you cook?

	Client for Self	Companion for Self	Companion about Client
(1) My family			
(2) friend/neighbour			
(3) an agency			
(4) someone else			
(5) companion			
(6) LHS Staff			

c) How satisfied or dissatisfied are you with the help you are receiving?

	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			

DO NOT  
ask if in a  
CCC other  
than LHS

If NO go to  
next  
question

25) a) Are you receiving help with **heavy cleaning** (*e.g., washing windows, floors, vacuuming*)?

41e

Client for Self	Companion for Self	Companion about Client
_____ (1) yes	_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no	_____ (2) no

b) Who helps you with heavy cleaning?

	Client for Self	Companion for Self	Companion about Client
(1) My family			
(2) friend/neighbour			
(3) an agency			
(4) someone else			
(5) companion			
(6) LHS Staff			

c) How satisfied or dissatisfied are you with the help you are receiving?

	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			

(4) very satisfied			
--------------------	--	--	--

26) a) Are you receiving help with **laundry**?

41f

If NO go to  
next  
question

Client for Self	Companion for Self	Companion about Client
_____ (1) yes	_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no	_____ (2) no

b) Who helps you with laundry?

	Client for Self	Companion for Self	Companion about Client
(1) My family			
(2) friend/neighbour			
(3) an agency			
(4) someone else			
(5) companion			
(6) LHS/CCC Staff			

c) How satisfied or dissatisfied are you with the help you are receiving?

	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			

27) a) Do you have someone to run **errands** for you?

41g

If NO go to  
next  
question

Client for Self	Companion for Self	Companion about Client
_____ (1) yes	_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no	_____ (2) no

b) Who runs errands for you?

	Client for Self	Companion for Self	Companion about Client
(1) My family			
(2) friend/neighbour			
(3) an agency			
(4) someone else			
(5) companion			
(6) LHS/CCC Staff			

c) How satisfied or dissatisfied are you with the help you are receiving?

	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			

(4) very satisfied			
--------------------	--	--	--

28) a) Does someone **visit** you regularly?

41h

Client for Self	Companion for Self	Companion about Client
_____ (1) yes	_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no	_____ (2) no

If NO go to  
next  
question

b) Who visits you?

	Client for Self	Companion for Self	Companion about Client
(1) My family			
(2) friend/neighbour			
(3) an agency			
(4) someone else			
(5) companion			
(6) LHS/CCC Staff			

c) Are the visits satisfying for you?

	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfying			
(2) a little dissatisfying			
(3) generally satisfying			
(4) very satisfying			

DO NOT  
ask if in a  
CCC other  
than LHS

29) a) Are there **OTHER** household services and assistance that you are receiving now?

48b

Client for Self	Companion for Self	Companion about Client
_____ (1) yes ( <i>specify</i> )	_____ (1) yes ( <i>specify</i> )	_____ (1) yes ( <i>specify</i> )
_____ (2) no	_____ (2) no	_____ (2) no

If NO go to  
Q# 31



Prompt list:  
Volunteer  
services  
from church  
or neighbour  
(visitations,  
pet walker),  
or seniors'  
services  
(A.R.M.S for  
snow  
removal)

Record paid  
services  
under Q #31

Specified service #1	Specified service #1	Specified service #1
Specified service #2	Specified service #2	Specified service #2

Only ask if  
Q#30 a is  
YES

b) Who helps you *[Repeat Specified service #1]*?

	Client for Self	Companion for Self	Companion about Client
(1) My family			
(2) friend/neighbour			
(3) an agency			
(4) someone else			
(5) companion			
(6) LHS Staff			

c) How satisfied or dissatisfied are you with the help you are receiving with  
*[Repeat Specified service #1]*

	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			

Only ask if  
there is a  
specified  
service #2 in  
Q# 30

d) Who helps you *[Repeat Specified service #2]*?

	Client for Self	Companion for Self	Companion about Client
(1) My family			
(2) friend/neighbour			
(3) an agency			
(4) someone else			
(5) companion			

(6) LHS Staff			
---------------	--	--	--

Only ask if  
there is a  
specified

e) How satisfied or dissatisfied are you with the help you are receiving with  
[Repeat Specified service #2]

	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			

30) a) Do you pay for any extra services that are not included at [*Laurier House// this new place// these new services*]?

38

Prompt list:  
Paid  
companion

i) Client for Self	ii) Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no

Only ask if  
YES to a)

b) What are they?

Note each thing mentioned, to verify they are actually extras

[illegible]

Only ask if  
YES to a)

c) Is the cost of any of extra services a problem for you?

NE  
W

	Client for Self	Companion for Self	Companion about Client
(1) it has been a major problem			
(2) it has been a small problem			
(3) no problem			

## Personal Care and Daily Living Activities

- 31) a) Has [*moving to Laurier House// this new place// or choosing to stay in place*] had a positive or negative effect on your health?

NE  
W

Client for Self	Companion for Self	Companion about Client
_____ (1) positive	_____ (1) positive	_____ (1) positive
_____ (2) negative	_____ (2) negative	_____ (2) negative

- b) In what ways?

Client for Self	Companion for Self	Companion about Client
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 32) a) Do you get as much help as you need with your care?

NEW

Client for Self	Companion for Self	Companion about Client
_____ (1) yes	_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no	_____ (2) no

- b) How satisfied or dissatisfied are you with your care?

	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			

(3) generally satisfied			
(4) very satisfied			

c) Who helps you with your care?

	Client for Self	Companion for Self	Companion about Client
(1) My family			
(2) friend/neighbour			
(3) an agency			
(4) someone else			
(5) companion			
(6) LHS/CCC Staff			

Do not ask companion for self, if they do not receive care

33) a) Do you have enough say about **WHEN** your care is given?

**New**

Client for Self	Companion for Self	Companion about Client
_____ (1) yes	_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no	_____ (2) no

b) Please explain:

i) Client for Self	ii) Companion for Self	iii) Companion about Client
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Only ask companion for self, if they receive care

34) a) Do you have enough say in **HOW** you are cared for?

**New**

Client for Self	Companion for Self	Companion about Client
_____ (1) yes	_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no	_____ (2) no

b) Please explain:

i) Client for Self	ii) Companion for Self	iii) Companion about Client
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

35) Do you feel that you have enough choices about your care services, like when you are bathed, are woken, or helped with something in particular?

**NE  
W**

Client for Self	Companion for Self	Companion about Client
-----------------	--------------------	------------------------

_____ (1) yes	_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no	_____ (2) no

a) Please explain:

i) Client for Self	ii) Companion for Self	iii) Companion about Client
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

36) a) Is your **privacy** respected [*at this place// by those providing you with services*]? **NE**  
**W**

Client for Self	Companion for Self	Companion about Client
_____ (1) yes	_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no	_____ (2) no

b) Please explain:

i) Client for Self	ii) Companion for Self	iii) Companion about Client
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

37) a) Are you treated as a unique individual here? **New**

Client for Self	Companion for Self	Companion about Client
_____ (1) yes	_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no	_____ (2) no

b) Please explain:

i) Client for Self	ii) Companion for Self	iii) Companion about Client
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

38) Do you feel you are respected [*at this place// by those providing you with services*]? **NE**  
**W**

Client for Self	Companion for Self	Companion about Client
-----------------	--------------------	------------------------

_____ (1) yes	_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no	_____ (2) no

a) Please explain:

i) Client for Self	ii) Companion for Self	iii) Companion about Client
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

39) Do you think staff preserves your independence?

NEW  
W

Client for Self	Companion for Self	Companion about Client
_____ (1) yes	_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no	_____ (2) no

a) Please explain:

i) Client for Self	ii) Companion for Self	iii) Companion about Client
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

40) a) Do you find staff members easy to talk to?

NEW

i) Client for Self	ii) Companion for Self
_____ (1) yes	_____ (1) yes
_____ (3) most but not all	_____ (3) most but not all
_____ (4) only a few	_____ (4) only a few
_____ (2) no	_____ (2) no

b) Please explain:

_____	_____
_____	_____
_____	_____
_____	_____

41) a) Do you think staff members have enough training for their jobs?

NEW

i) Client for Self	ii) Companion for Self
--------------------	------------------------

\_\_\_\_\_ (1) yes  
 \_\_\_\_\_ (3) most but not all  
 \_\_\_\_\_ (4) only a few  
 \_\_\_\_\_ (2) no

\_\_\_\_\_ (1) yes  
 \_\_\_\_\_ (3) most but not all  
 \_\_\_\_\_ (4) only a few  
 \_\_\_\_\_ (2) no

b) Please explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Only ask  
 companion  
 for self if  
 they receive  
 care.

42) a) Is there one particular staff (or service) person who regularly helps you throughout the day, everyday?

Client for Self	Companion for Self	Companion about Client
_____ (1) yes	_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no	_____ (2) no

If yes, go to  
 Q44

b) If not, how many people help you with your care each day?

NEW

i) Client for Self	ii) Companion for Self
_____	_____

c) Please explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

d) Does that change from day to day (a different person or persons each day)?

NEW

i) Client for Self	ii) Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no

e) Does that change from week to week (a different person each week)?

NEW

i) Client for Self	ii) Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no

After #43 f)  
 go to #47

f) Please explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Only ask if  
Q#43 is YES

43) Does that particular staff (or service) person help you with housekeeping?

NE  
W

i) Client for Self	ii) Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no

Only ask if  
Q#43 is YES

44) Does that staff (or service) person help you bathe or shower?

NE  
W

i) Client for Self	ii) Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no

Only ask if  
Q#43 is YES

45) Does that staff (or service) person help you with all your care?

i) Client for Self	ii) Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no

46) a) Do other staff or service persons come regularly for specific tasks?

i) Client for Self	ii) Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no

Only ask if  
YES to a)

b) What tasks, and who performs them?

i) Client for Self	ii) Companion for Self
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

47) a) Are there services or options that could improve your life that you are not able to obtain where you are living now?

i) Client for Self	ii) Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no

b) What are they?

i) Client for Self	ii) Companion for Self
--------------------	------------------------




48) a) Overall, how satisfied or dissatisfied are you with **the activities here?**

	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			

b) What are some things you either like or dislike about **the activities here?**

18a

Exercise  
Physio  
News &  
Views  
Fieldtrips  
Physical  
Activities  
(Bocceball,  
horseshoes,  
ring toss  
Social  
Activity-  
baking,  
cards, bingo  
Entertain-  
ment  
(singers,  
dancers,  
movie)  
church

i) Client for Self	ii) Companion for Self
LIKES: _____	LIKES: _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
DISLIKES: _____	DISLIKES: _____
_____	_____
_____	_____
_____	_____
_____	_____

49) Do you participate in the following activities here?

AT LHS this  
is Mon-Fri  
9:45 – 10:15

a) <b>Morning Exercise</b>	Client for Self	Companion for Self	Companion about Client
(1) yes			
(i) How many times per month?			
(2) no			
b) <b>News discussion groups</b> (News and Views)	Client for Self	Companion for Self	Companion about Client
(1) yes			
(i) How many times per month?			
(2) no			
c) <b>Physiotherapy exercises</b>	Client for Self	Companion for Self	Companion about Client

AT LHS this  
is called

Physio Corner

Mon-Fri

10:30 –  
11:00

AT LHS this  
occurs

Mon-Fri

at various

times

At LHS this  
usually  
occur at  
12:45

At LHS this  
is Saturday  
Movie

(1) yes			
(i) How many times per month?			
(2) no			
<b>d) Physio walking program</b>	Client for Self	Companion for Self	Companion about Client
(1) yes			
(i) How many times per month?			
(2) no			
<b>e) Outings/Out-trips/Fieldtrips</b>	Client for Self	Companion for Self	Companion about Client
(1) yes			
(i) How many times per month?			
(2) no			
<b>f) Interactive Physical Activities</b> (e.g., Bocceball, horseshoes, ring toss, bean bag toss, bowling, mini golf, shuffleboard, lawn darts)	Client for Self	Companion for Self	Companion about Client
(1) yes			
(i) How many times per month?			
(2) no			
<b>g) Interactive Social Activity</b> (e.g., baking, BINGO, manicures)	Client for Self	Companion for Self	Companion about Client
(1) yes			
(i) How many times per month?			
(2) no			
<b>h) Bridge Club, Cribbage Club</b>	Client for Self	Companion for Self	Companion about Client
(1) yes			
(i) How many times per month?			
(2) no			
<b>i) Entertainment</b> (e.g., singers, dancers, music)	Client for Self	Companion for Self	Companion about Client
(1) yes			
(i) How many times per month?			
(2) no			
<b>j) Evening Movie</b>	Client for Self	Companion for Self	Companion about Client
(1) yes			

Afternoon

1:00

At LHS  
Includes  
physio corner

activities  
after 12:45

Prompt list:  
bible study,  
pub night

(i) How many times per month?			
(2) no			
<b>k) Interdenominational or church service</b>	Client for Self	Companion for Self	Companion about Client
(1) yes			
(i) How many times per month?			
(2) no			
<b>l) Other (specify) _____</b>	Client for Self	Companion for Self	Companion about Client
(1) yes			
(i) How many times per month?			
(2) no			

50) How do you get to the following places in:

a) Good weather?

43a

Check one  
per line for  
most  
frequent

✓ = client  
X = companion

	(1) Walk		(2) Drive myself		(3) Spouse drives		(4) Others drive		(5) Taxi		(6) Regular bus		(7) Seniors'/h andi- capped bus		(8) N/A	
	✓	X	✓	X	✓	X	✓	X	✓	X	✓	X	✓	X	✓	X
<b>a</b> doctor																
<b>b</b> post office																
<b>c</b> drug store																
<b>d</b> grocery store																
<b>e</b> seniors' centre																
<b>f</b> bank																
<b>g</b> church																

a

a

b

c

d

e

f

g

b) Is it the same for bad weather (winter conditions)?

43b

Check one  
per line for  
most  
frequent

✓ = client  
X = companion

	(1) Walk		(2) Drive myself		(3) Spouse drives		(4) Others drive		(5) Taxi		(6) Regular bus		(7) Seniors'/h andi- capped bus		(8) N/A	
	✓	X	✓	X	✓	X	✓	X	✓	X	✓	X	✓	X	✓	X

a

<b>a</b> doctor															
<b>b</b> post office															
<b>c</b> drug store															
<b>d</b> grocery store															
<b>e</b> seniors' centre															
<b>f</b> bank															
<b>g</b> church															

a  
b  
c  
d  
e  
f  
g

Specify if  
client  
moved into  
LHL  
instead of  
LHS.

The remainder of the questions in this section and the section “LIFE LEASE” are for **Laurier House residents ONLY**.

**If client is not a LH resident, go to “GENERAL HEALTH” on page 39 (second-last page )**

## Laurier House Specific Questions for Residents

51) a) Overall, how satisfied or dissatisfied are you with **the building**?

18b

Prompt list:  
General  
appearance,  
lighting,  
entrance,  
temperature  
regulation,  
noise levels

	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			

b) What are some things you either like or dislike about **the building**?

18a

Prompt list:  
Same as  
above,  
location,  
connection  
to other  
buildings  
(ACC, SCC),  
elevator too  
busy,  
building  
design.

i) Client for Self	ii) Companion for Self
LIKES: _____	LIKES: _____
_____	_____
_____	_____
DISLIKES: _____	DISLIKES: _____
_____	_____
_____	_____

52) a) Overall, how satisfied or dissatisfied are you with **your suite**?

18b

	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			

b) Have you made any changes in your suite? (Examples: add doors on kitchen cupboards, moving the refrigerator to the pantry, removing the pantry door and shelves, changing the toilet seat style, removing doors to bedroom/bathroom, and building additional shelves for the kitchenette/bathroom.)

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

If yes, what are they?

---



---



---



---

Note each  
thing that is  
mentioned

c) What are some things you either like or dislike about **your suite**?

18a

i) Client for Self	ii) Companion for Self
LIKES: _____	LIKES: _____
_____	_____
_____	_____
_____	_____
DISLIKES: _____	DISLIKES: _____
_____	_____
_____	_____
_____	_____
_____	_____

Prompt list:  
Suite size  
(space for  
particular  
items), suite  
entrance  
(window),  
window  
(height/  
locks/view),  
noise  
control,  
temperature  
control,

53) Are there things about the **suite** that make it difficult for you to do things?

i) Client for Self	ii) Companion for Self	iii) Companion about Client

Prompt list:  
difficulty  
opening  
doors/windows, using  
storage  
space,  
  
manoeuvring  
wheelchair/walker/scooter

<div><div>(1) yes</div><div>(2) no</div><div></div><div></div><div></div><div></div></div>	<div><div>(1) yes</div><div>(2) no</div><div></div><div></div><div></div><div></div></div>	<div><div>(1) yes</div><div>(2) no</div><div></div><div></div><div></div><div></div></div>
--	--	--

54) a) Do you **cook** in your suite?

NE  
W

i) Client for Self	ii) Companion for Self
<div><div>(1) yes</div><div>(2) no</div></div>	<div><div>(1) yes</div><div>(2) no</div></div>

Only ask if  
YES to a)

b) What things do you **cook**?

i) Client for Self	ii) Companion for Self
<div><div>(1) Breakfasts</div><div>(2) Lunches</div><div>(3) Snack items</div><div>(4) Other</div><div>(specify)</div></div>	<div><div>(1) Breakfasts</div><div>(2) Lunches</div><div>(3) Snack items</div><div>(4) Other</div><div>(specify)</div></div>

55) a) Does your **family cook** in your suite?

i) Client for Self	ii) Companion for Self
<div><div>(1) yes</div><div>(2) no</div></div>	<div><div>(1) yes</div><div>(2) no</div></div>

If NO go to  
#57

Only ask if  
YES to a)

b) What sorts of things?

i) Client for Self	ii) Companion for Self
<div><div>(1) Breakfast foods</div><div>(2) Lunch items</div><div>(3) Snack items</div><div>(4) Other</div><div>(specify)</div></div>	<div><div>(1) Breakfast foods</div><div>(2) Lunch items</div><div>(3) Snack items</div><div>(4) Other</div><div>(specify)</div></div>

56) a) How frequently do you or your guests use **your kitchenette**?

i) Client for Self	ii) Companion for Self
<div>times per month</div>	<div>times per month</div>

b) Overall, how satisfied or dissatisfied are you with **your kitchenette**?

18b

Client for Self	Companion for Self	Companion about Client
--------------------	-----------------------	---------------------------

(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			

c) What are some things you either like or dislike about **your kitchenette**?

18a

Prompt list:  
Size of  
fridge/stove,  
access to  
sink and  
taps,  
lighting,  
counter  
space,  
storage  
space,  
cupboard  
space.

i) Client for Self	ii) Companion for Self
LIKES: _____	LIKES: _____
_____	_____
_____	_____
_____	_____
_____	_____
DISLIKES: _____	DISLIKES: _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

57) a) Overall, how satisfied or dissatisfied are you with **your bedroom**?

18b

	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			

b) What are some things you either like or dislike about **your bedroom**?

Prompt list  
Closet space,  
space within  
the room (to  
place  
furniture/two  
beds).

i) Client for Self	ii) Companion for Self
LIKES: _____	LIKES: _____
_____	_____
_____	_____
_____	_____
DISLIKES: _____	DISLIKES: _____
_____	_____
_____	_____
_____	_____

58) a) Overall, how satisfied or dissatisfied are you with **your bathroom**?

18b

	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			

b) What are some things you either like or dislike about **your bathroom**?

i) Client for Self	ii) Companion for Self
LIKES: _____	LIKES: _____
_____	_____
_____	_____
_____	_____
DISLIKES: _____	DISLIKES: _____
_____	_____
_____	_____
_____	_____

Prompt list:  
Space to  
manoeuvre,  
temperature,  
toilet height,  
shower (easy  
to use/  
drainage  
problems),

storage for  
towels/  
grooming  
products,  
lighting,  
toilet paper  
dispensers.

Only ask if  
they have a  
balcony or  
patio

59) a) How frequently do you or your guests use **your balcony/patio** in the suite during the summer months (this could be from May 1<sup>st</sup> to September 30<sup>th</sup>)?

i) Client for Self	ii) Companion for Self
_____ times per month	_____ times per month

b) Overall, how satisfied or dissatisfied are you with **your balcony/patio**?

18b

	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			

c) What are some things you either like or dislike about **your balcony/patio**?

18a

i) Client for Self	ii) Companion for Self



Prompt list:  
Railings,  
finish on  
deck,  
drainage  
problems  
(with doors  
or steps).  
Did you add  
patio  
furniture or  
planters?

LIKES: _____ _____ _____	LIKES: _____ _____ _____
DISLIKES: _____ _____ _____	DISLIKES: _____ _____ _____

60) a) Overall, how satisfied or dissatisfied are you with **the dining room**?

	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			

b) What are some things you either like or dislike about **the dining room**?

18a

i) Client for Self	ii) Companion for Self
LIKES: _____ _____ _____	LIKES: _____ _____ _____
DISLIKES: _____ _____ _____	DISLIKES: _____ _____ _____

Prompt list:  
appearance,  
menu, noise,  
service,  
arranged  
seating, temp  
controls

space to  
manoeuvre  
wheelchair,  
walker, etc.  
around  
tables/chairs

61) a) How many times have you used **the guest suite**?

i) Client for Self	ii) Companion for Self
_____	_____

b) Overall, how satisfied or dissatisfied are you with **the guest suite**?

18a

	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			
(5) n/a			

c) What are some things you either like or dislike about **the guest suite**?

18a

i) Client for Self	ii) Companion for Self
--------------------	------------------------

Prompt list:  
booking  
suite  
(availability)  
size of suite,  
  
temperature  
controls,  
noise levels,  
furnishings

LIKES: _____ _____ _____	LIKES: _____ _____ _____
DISLIKES: _____ _____	DISLIKES: _____ _____

62) a) How many times have you used the **party room/family dining room**?

i) Client for Self _____	ii) Companion for Self _____
-----------------------------	---------------------------------

b) Overall, how satisfied or dissatisfied are you with the **party room**?

18a

	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			
(5) n/a			

c) What are some things you either like or dislike about **the party room**?

18a

i) Client for Self LIKES: _____ _____ _____ _____ DISLIKES: _____ _____ _____	ii) Companion for Self LIKES: _____ _____ _____ _____ DISLIKES: _____ _____ _____
--	--

Prompt list:  
General  
appearance,  
too small,  
too large, no  
place to keep  
food hot or  
cold while  
serving, size  
of buffet,  
distance  
from kitchen  
(transporting  
food).

63) a) How frequently do you use the **smoking room**?

i) Client for Self _____	ii) Companion for Self _____
-----------------------------	---------------------------------

b) Overall, how satisfied or dissatisfied are you that there is a designated **smoking room**?

	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			

(5) n/a			
---------	--	--	--

- c) What are some things you either like or dislike about **the smoking room**?

18a

Prompt list:  
General  
appearance  
too smoky,  
air  
circulation,  
temperature,  
location in  
the building,  
furniture.

i) Client for Self	ii) Companion for Self
LIKES: _____	LIKES: _____
_____	_____
DISLIKES: _____	DISLIKES: _____
_____	_____

- 64) a) How frequently do you use the **outside walkway and/or courtyard** in the summer months (this could be from May 1<sup>st</sup> to September 30<sup>th</sup>)?

i) Client for Self	ii) Companion for Self
_____ times per month	_____ times per month

- b) Overall, how satisfied or dissatisfied are you with **the outside walkway and/or courtyard**?

	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			

- c) What are some things you either like or dislike about **the outside walkway and/or courtyard**?

18a

Prompt list:  
location (too  
sunny /  
shaded),  
walkway  
length,  
number of  
benches.

i) Client for Self	ii) Companion for Self
LIKES: _____	LIKES: _____
_____	_____
DISLIKES: _____	DISLIKES: _____
_____	_____

**BREAK HERE** (Make tea for the client, etc)

Luis

## Life Lease

This entire section is for **RESIDENTS OF LAURIER HOUSE ONLY**.  
If not a resident of Laurier House – move to next section “GENERAL HEALTH”  
on page 39 (second-last page )

- 65) How familiar are you with the life-lease concept.

NEW  
from  
Luis

	Client for Self	Companion for Self	Companion about Client
(1) not familiar at all			

(2) a little familiar			
(3) generally familiar			
(5) very familiar			

NEW  
from  
Luis

- 66) The concept of the life lease is a contract between the resident and The CAPITAL CARE Group. It lays out the responsibilities of the resident and owner, very much like forms used when buying a house or a condominium. In this plan, you lease your suite by giving The CAPITAL CARE Group a lump sum of money, which will be returned less a small percentage for the reserve fund according to the terms of the life lease agreement, when the suite is vacated.

Which of these features do you think are **key** to the life lease concept?

a) The lease contract The idea of holding a lease for the suite rather than owning it outright	(1) yes	(2) no
b) The resale of the suite by the leasing organization	(1) yes	(2) no
c) The lump sum payment	(1) yes	(2) no
d) The monthly fee, which covers utilities and the cost of services	(1) yes	(2) no
e) Lease termination – the lump sum payment is returned less a small fee to cover the leasing organization's costs	(1) yes	(2) no
f) Need to buy insurance	(1) yes	(2) no
g) Resident council	(1) yes	(2) no

NEW  
from  
Luis

- 67) I will repeat these features again and ask you a few questions about each.

- a) The lease contract, that allows you to live in the suite and use the common areas like a home for the period of the lease
- i) Are you at all familiar with the lease contract?
- \_\_\_\_\_ (1) yes
- \_\_\_\_\_ (2) no
- ii) On a scale of 1 to 10 how comfortable are you explaining the lease

If NO go to  
next feature

contract to someone else?

Not confident				Completely confident					
1	2	3	4	5	6	7	8	9	10

iii) Is the lease contract a concern for you?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

iv) If yes, why?

---

---

---

b) The lump sum payment, paid when the lease is signed, is similar to the lump sum paid when purchasing a condominium or a house.

i) Are you at all familiar with the lump sum payment feature?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

ii) On a scale of 1 to 10 how comfortable are you explaining the lump sum payment to someone else?

Not confident				Completely confident					
1	2	3	4	5	6	7	8	9	10

iii) Is the lump sum payment a concern for you?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

iv) If yes, why?

---

---

---

c) The monthly fee, which is based on the size of the suite, and covers utilities and service costs like meals and housekeeping.

i) Are you at all familiar with the monthly fee feature?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

ii) On a scale of 1 to 10 how comfortable are you explaining the monthly fee to someone else?

Not confident

Completely confident

If NO go to  
next feature

If NO go to  
next feature

1 2 3 4 5 6 7 8 9 10

iii) Is the monthly fee a concern for you?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

iv) If yes, why?

---

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---

d) The resale of the suite by the organization that sold you the suite, if you no longer need it

i) Are you at all familiar with the feature of the resale of the suite?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

ii) On a scale of 1 to 10 how comfortable are you explaining, to someone else, the resale of the suite by the organization?

Not confident

Completely confident

1 2 3 4 5 6 7 8 9 10

iii) Is the resale of the suite by the organization a concern for you?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

iv) If yes, why?

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e) Lease termination – the lump sum payment is returned less a small fee to cover the leasing organization's costs when a person leaves

i) Are you at all familiar with the feature of lease termination?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

If NO go to  
next feature

If NO go to  
next feature

- ii) On a scale of 1 to 10 how comfortable are you explaining lease termination to someone else?

Not confident  
1 2 3 4 5 6 7 8 9 10  
Completely confident

- iii) Is the lease termination a concern for you?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

- iv) If yes, why?

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f) Need for personal liability insurance and insurance on furnishings

- i) Are you at all familiar with the need for personal liability insurance?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

- ii) On a scale of 1 to 10 how comfortable are you explaining the need for insurance to someone else?

Not confident  
1 2 3 4 5 6 7 8 9 10  
Completely confident

- iii) Is the need for insurance a concern for you?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

- iv) If yes, why?

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g) Resident council, which can change the rules by which all lessees must abide

- i) Are you at all familiar with resident council?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

If NO go to  
next feature

If NO go to  
next feature

- ii) On a scale of 1 to 10 how comfortable are you explaining resident council to someone else?

Not confident  
1 2 3 4 5 6 7 8 9 10  
Completely confident

- iii) Is resident council a concern for you?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

- iv) If yes, why?

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h) The life lease concept as a whole

- i) On a scale of 1 to 10 how comfortable are you explaining life lease concept as a whole to someone else?

Not confident  
1 2 3 4 5 6 7 8 9 10  
Completely confident

- ii) Is the life lease concept as a whole a concern for you?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

- iii) If yes, why?

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68) What do you like best about the life lease concept?

i) Client for Self

ii) Companion for Self



TCCG,  
“resells”  
suite,  
spouse/companion can  
live with  
you, can  
keep pet, can  
repaint,  
Guaranteed  
to get a set  
amount for  
suite when  
move out.


69) How satisfied or dissatisfied are you with the life lease?

NEW

	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			

70) a) How satisfied or dissatisfied is your **family** with life leases?

39a

	Client for Self	Companion for Self	Companion about Client
(1) very dissatisfied			
(2) a little dissatisfied			
(3) generally satisfied			
(4) very satisfied			

b) Do your family members have concerns with the life lease in general?

NEW

i) Client for Self	ii) Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no

Only ask if  
YES to b)

c) What are their concerns?

NEW

i) Client for Self	ii) Companion for Self

Prompt list:  
lease  
contract  
lump sum  
payment  
monthly fee  
Need to buy  
insurance  
Resident  
council

71) a) Does your family have concerns about any particular features of your life lease?

NE  
W

i) Client for Self	ii) Companion for Self
_____ (1) yes _____ (2) no	_____ (1) yes _____ (2) no

Only ask if  
YES to a)

b) Which features and what are their concerns?

NE  
W

i) Client for Self	ii) Companion for Self
Features/Concerns: _____ _____ _____ _____ _____ _____	Features/Concerns: _____ _____ _____ _____ _____ _____

Note EACH  
family  
member  
mentioned  
and be sure  
you indicate  
which ones  
are more,  
dissatisfied

72) Are there any suggestions you have to improve the life lease? Please tell me what they are.

NEW

i) Client for Self	ii) Companion for Self
_____ (1) yes _____ (2) no _____ _____ _____ _____	_____ (1) yes _____ (2) no _____ _____ _____ _____

73) Would you advise others to purchase a life lease? Explain:

NEW

i) Client for Self	ii) Companion for Self
--------------------	------------------------

_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

74) How would you describe a life lease to one of your friends?

NEW

_____
_____
_____
_____

75) Do your friends understand that **Laurier House** provides you with all the services available in a nursing home?

NEW

i) Client for Self	ii) Companion for Self
_____ (1) yes (or almost all)	_____ (1) yes (or almost all)
_____ (2) no (or hardly any )	_____ (2) no (or hardly any )
_____ (3) unsure	_____ (3) unsure
_____ (4) some do & some don't	_____ (4) some do & some don't
_____	_____
_____	_____

76) a) Was there anything about the life lease that was surprising to you?

i) Client for Self	ii) Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no

Ask only if  
answered

b) What was surprising and why?

yes to a)

i) Client for Self	ii) Companion for Self
Feature/why:	Feature/why:
_____	_____
_____	_____
_____	_____
_____	_____

Ask only if  
answered  
yes to a)

c) How important, **to you**, was this feature?

	Client For Self	Companion for Self
(1) very important		
(2) a little important		
(3) important		
(4) slightly important		
(5) not very important		

77) Do you like the idea of owning the space where you receive care? Explain:

NEW

i) Client for Self	ii) Companion for Self
_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

78) Would you prefer to rent the space rather than own it? Explain:

NEW

i) Client for Self	ii) Companion for Self
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_____ (1) yes	_____ (1) yes
_____ (2) no	_____ (2) no
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

79) Overall, how would you rate Laurier House as a place to live?

57

	Client For Self	Companion for Self
(1) excellent		
(2) very good		
(3) average		
(4) not so good		
(5) not good at all		

## General Health & Information

80) Overall, how would you rate your health at the present time?

57

	Client for Self	Companion for Self	Companion about Client
(1) excellent			
(2) good			
(3) fair			
(4) poor			
(5) very poor			

81) A year from now, do you expect your health to be:

58

	Client for Self	Companion for Self	Companion about Client
(1) better than it is now?			
(2) much the same?			
(3) not as good?			

82) About what proportion of your household income is spent on your total shelter costs (utilities, rent, mortgage, property taxes, maintenance, and condominium fees)?

\_\_\_\_\_ (1) less than 30%

\_\_\_\_\_ (2) 30% – 39%

\_\_\_\_\_ (3) 40% or more

Only ask  
LHS  
residents

83) Your answer to the next question will help us understand whether the price system at Laurier House is good or not. Can we ask if you are having any problem managing the financial component of living here?

NEW

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

	Client For Self	Companion for Self
(1) it has been a major problem		
(4) it has been a moderate problem		
(2) it has been a small problem		
(3) no problem		

84) Do you have any questions, or is there anything you would like to add?

59

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Only ask  
those who  
did NOT  
receive a  
1<sup>st</sup> or 2<sup>nd</sup>

85) a) Who, if anyone, helped you make your decision about moving to Laurier House?

i) Client for Self

iii) Companion about Client


b) I would like to speak to them. Would you give me their contact information?

NEW


**Thank you very much for taking the time to answer these questions. Your participation in this study will help us to better understand the reasons that contribute to people’s decisions about moving to obtain more services, and will help those who plan such centres as Laurier House Strathcona. I will leave my card with you and if you think of any further comments or have any questions please feel free to call me.**

Items with right column annotations (CMHC-#) are from or based on:  
Canada Mortgage and Housing Corporation. (1998). Planning housing and support services for seniors. Ottawa, ON: Author.

## **Appendix J**

### **Third Interview Questions For Family**



# THIRD INTERVIEW QUESTIONS FOR - **FAMILY MEMBER**

## Laurier House - Strathcona Evaluation

### People

	<b>Code</b>	<i>Respondent</i>	<i>a) Name</i>	<i>b) Gender</i>	<i>c) Relationship</i>
<b>98)</b>	<b>✓</b>	<b>Client</b>		____ male ____ female	
<b>99)</b>	<b>X</b>	Companion		____ male ____ female	
<b>100)</b>	<b>F1</b>	Family		____ male ____ female	
<b>101)</b>	<b>F2</b>	Family		____ male ____ female	

### **102) Interviewed at**

_____ (1) Home	_____ Address
_____ (2) Client's Home	_____ Address
_____ (3) Client's Continuing Care Centre	_____ Specify which continuing care centre
_____ (4) Phone	_____
_____ (5) Other	_____ Specify

### **103) Choice**

_____ (1) LH	
_____ (2) SCC	
_____ (3) Decided not to move	
_____ (4) Other	_____

## Interviewee's Current Situation

Recently started helping, means since relative moved to LH, CCC, or decided to remain in place.

- 1) I am going to list a number of tasks with which some families help an elderly relative. I want you to say “yes” to each one if it is a task which you are **currently** helping your family member with in any way. Then tell me whether you recently started helping with it [i.e., since the move// decision to remain in place] or if this is something you have been helping with for more than a year. If your answer is “no” indicating that you don’t **currently** help, then I will ask whether you stopped helping recently [*since the move// decision to remain in place*], or whether you did not help with that before our last interview.

Do not ask a) if CCC other than LHS

Do not ask b) if CCC other than LHS

Do not ask c) if CCC other than LHS

Do not ask d) if CCC other than LHS

Do not ask e) if CCC other than LHS

Do not ask f) if CCC other than LHS

	(1) Yes, started doing ( <i>since the move</i> )	(2) Yes, always did	(3) No, but I did (before the move)	(4) No, not even a year ago
a) Grocery shopping				
b) Cooking in his/her kitchen				
c) Heavy cleaning (e.g., washing windows, cleaning floors, vacuuming)				
d) Repairs around the house				
e) Yardwork and outside maintenance				
f) Snow removal				
g) Delivery of meals				
h) Laundry				
i) Errands				
j) Nursing care (e.g., help with medications, health monitoring)				
k) Getting him/her up in the morning and dressing				
l) Transportation (e.g., short trips to doctor, church, seniors centre)				
m) Finances				
n) Other ( <i>specify</i> )				

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2) What things have changed for the better for **you** as a result of your family member *[living at Laurier House// this new place// having the current services or arrangements]*?

Prompt list  
Closer  
location  
(easier to  
visit), able to  
visit rather  
than give  
care, can  
spend more  
time with  
own family,  
less stress,  
peace of  
mind.

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3) If anything has changed for the worse for **you** as a result of your family member *[living at Laurier House// this new place// having the current services or arrangements]* what things are those?

Prompt list  
Location  
further  
(harder to  
visit), expect  
ed to do  
more tasks  
(transportati  
on, errands,  
grocery  
shopping,  
visiting etc.)

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**TAPE**

4) What are current features or services for your family member that you most value?

Prompt list  
24-hr care,  
medication  
monitoring,  
meal service,  
Client/comp  
anion can  
live together.

Features: 

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Services: 

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## Client's Current Situation

5) Overall, how satisfied or dissatisfied are you with [*Laurier House// this new place// the current services or arrangements*] for your relative?

- \_\_\_\_\_ (1) very dissatisfied  
\_\_\_\_\_ (2) a little dissatisfied  
\_\_\_\_\_ (3) generally satisfied  
\_\_\_\_\_ (4) very satisfied

TAPE

6) a) i) Are there particular things about [*Laurier House// this new place// the current services or arrangements*] that you are satisfied with?

- \_\_\_\_\_ (1) yes  
\_\_\_\_\_ (2) no

ii) Please explain:

Prompt:  
Space,  
privacy,  
staff,  
location,  
having a  
kitchen.

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TAPE

b) i) Are there particular things about [*Laurier House// this new place// the current services or arrangements*] that you are dissatisfied with?

- \_\_\_\_\_ (1) yes  
\_\_\_\_\_ (2) no

ii) Please explain:

Prompt list:  
Location  
Neighbours  
Some meals.

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7) How would you describe the impact, in general, that [*Laurier House// this new place// the current services or arrangements*] has had on **your family**

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**member's [spouse or companion] as a result of the [move/ change]?**

Focus is on companion at LH, but ask if the companion-spouse remained in the community

\_\_\_\_\_ (1) Positive things (please specify): \_\_\_\_\_

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\_\_\_\_\_ (2) Negative things (please specify): \_\_\_\_\_

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The interviewer should use as much space as necessary, crossing out categories not mentioned.

\_\_\_\_\_ (3) No effect (changes that appear neutral): \_\_\_\_\_

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\_\_\_\_\_ (4) Other things(please specify): \_\_\_\_\_

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**8) What things have changed for the better for your family member who needed more nursing care as a result of [living at Laurier House// this new place// the current services or arrangements]?**

Clarify:  
It may be confusing when both parents have moved into LH, with positive changes for one and negative changes for the other.

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**(Anything else mentioned about the companion):** \_\_\_\_\_

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**9) Did some things change for the worse for your family member who needed more nursing care as a result of [living at Laurier House// this new place// the current services or arrangements]?**

Clarify:  
It may be  
confusing  
when both  
parents have  
moved into  
LH, with  
positive  
changes for  
one and  
negative  
changes for  
the other.

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(Anything else mentioned about the companion): 

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- 10) a) i) So far, has [*Laurier House// this new place// the current services or arrangements*] met your expectations?

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 (1) yes

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 (2) no

- ii) Please explain (what were your expectations):

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- b) i) Has [*Laurier House// this new place// the current services or arrangements*] met the expectations of other family members?

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 (1) yes

---

 (2) no

- ii) Please explain:

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- 11) a) Are there services or options that could improve your relative's life that he/she does not have where he/she is living now?

---

 (1) yes

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 (2) no

- b) Please explain:

Prompt list:  
Services:  
meals  
delivered to  
room

Services: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Options:  
Spouse live  
with relative

Options: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 
- 12) a) Does [*Laurier House// this new place// the current services or arrangements*] preserve your family member's dignity?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

- b) Describe how:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 
- 13) a) Do you think the privacy of your family member is respected?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

- b) Describe how:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 
- 14) a) Do you think your family member has the opportunity to make choices?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

- b) Describe how:

\_\_\_\_\_

\_\_\_\_\_

- 
- 15) a) Do you think staff recognize and respect your family members' individuality?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

- b) Describe how:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prompt:  
unique  
needs of a  
person,  
personality  
quirks,

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16) a) Do you think staff help maintain your family members' independence?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

b) Describe how

Prompt:  
encourage  
them to keep  
exercising,  
taking care  
of their own  
ADLs (that  
they can  
perform)

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17) a) Are there any ways in [*Laurier House// this new place// the current services or arrangements*], that the care provided, could be improved?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

b) Describe how:

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Include  
reasons for  
dissatisfac-  
tion and  
satisfaction  
in the  
comments  
section

18) a) How satisfied or dissatisfied are you with the services your family member is currently receiving from [*Laurier House// this new place// these services or arrangements*] staff?

**i) Household Maintenance**

Comments

\_\_\_\_\_ (1) very dissatisfied

\_\_\_\_\_ (2) a little dissatisfied

\_\_\_\_\_ (3) generally satisfied

\_\_\_\_\_ (4) very satisfied

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**ii) Housekeeping**

Comments



_____ (1) very dissatisfied	_____
_____ (2) a little dissatisfied	_____
_____ (3) generally satisfied	_____
_____ (4) very satisfied	_____

**iii) Laundry**

Comments

_____ (1) very dissatisfied	_____
_____ (2) a little dissatisfied	_____
_____ (3) generally satisfied	_____
_____ (4) very satisfied	_____

**iv) Food services**

Comments

_____ (1) very dissatisfied	_____
_____ (2) a little dissatisfied	_____
_____ (3) generally satisfied	_____
_____ (4) very satisfied	_____

**v) Nursing care** (e.g., help with medications, health monitoring)

Comments

_____ (1) very dissatisfied	_____
_____ (2) a little dissatisfied	_____
_____ (3) generally satisfied	_____
_____ (4) very satisfied	_____

**b) If there are problems, what are they?**

Note each problem, and probe to see if there are others.

_____
_____
_____

Family of clients who remained at home

**19) a) Overall, how satisfied or dissatisfied are you with the activities your relative has available here?**

Ask family if client has opportunity for these activities.

_____ (1) very dissatisfied
_____ (2) a little dissatisfied
_____ (3) generally satisfied
_____ (4) very satisfied

Prompt list:  
Exercise  
Physio News  
& Views  
Fieldtrips  
Physical  
Activities  
(Bocceball,  
horseshoes,  
ring toss  
Social  
Activity-  
baking,  
cards, bingo.  
(singers,  
dancers,  
movie)  
Church

b) What are some things you either like or dislike about **the activities here?**

LIKES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DISLIKES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20) Does your relative participate in the following activities here?

<b>a) Morning Exercise</b>	<b>YES</b>	<b>NO</b>
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<b>b) News discussion groups</b> (News and Views)	<b>YES</b>	<b>NO</b>
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<b>c) Physiotherapy exercises</b> (Physio Corner)	<b>YES</b>	<b>NO</b>
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<b>d) Physio walking program</b>	<b>YES</b>	<b>NO</b>
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<b>e) Outings/Out-trips/Fieldtrips</b>	<b>YES</b>	<b>NO</b>
--	------------	-----------

<b>f) Interactive Physical Activities</b> (e.g., Bocce ball, horseshoes, ring toss, bean bag toss, bowling, mini golf, shuffleboard, lawn darts)	<b>YES</b>	<b>NO</b>
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<b>g) Interactive Social Activity</b> (e.g., baking, BINGO, manicures)	<b>YES</b>	<b>NO</b>
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<b>h) Bridge Club, Cribbage Club</b>	<b>YES</b>	<b>NO</b>
--------------------------------------	------------	-----------

<b>i) Entertainment</b> (e.g., singers, dancers, music)	<b>YES</b>	<b>NO</b>
---	------------	-----------

<b>j) Evening Movie</b> (At LHS this is Saturday Movie Night)	<b>YES</b>	<b>NO</b>
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<b>k) Interdenominational or church service</b>	<b>YES</b>	<b>NO</b>
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<b>l) Other (specify)</b> _____	<b>YES</b>	<b>NO</b>
---------------------------------	------------	-----------

At LHS  
these events  
usually  
occur at  
12:45

bible study,  
pub night

Specify if  
client moved  
into LHL  
instead of  
LHS.

The remainder of the questions **in this section** and the section “**LIFE LEASE**” are for **Laurier House residents ONLY**.

If client is not a resident of LH – go to page 25 “**GENERAL HEALTH**” (last page)

21) a) Overall, how satisfied or dissatisfied are you with **the building in general**?

Prompt list:  
General  
appearance,  
lighting,  
entrance,  
temperature  
regulation,  
noise levels.

- \_\_\_\_\_ (1) very dissatisfied  
\_\_\_\_\_ (2) a little dissatisfied  
\_\_\_\_\_ (3) generally satisfied  
\_\_\_\_\_ (4) very satisfied

b) Are there any things in particular about **the building itself** [*not the suite*] that you like or dislike?

Prompt list:  
Same as  
above,  
location,  
Connection  
to other  
buildings  
(ACC,  
SCC),  
Elevator too  
busy,  
building  
design  
?

LIKES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DISLIKES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22) a) Overall, how satisfied or dissatisfied are you with **your relative's suite**?

\_\_\_\_\_ (1) very dissatisfied  
\_\_\_\_\_ (2) a little dissatisfied  
\_\_\_\_\_ (3) generally satisfied  
\_\_\_\_\_ (4) very satisfied

b) i) Have you made any changes in their suite? (Examples: add doors on kitchen cupboards, moving the refrigerator to the pantry, removing the pantry door and shelves, changing the toilet seat style, removing doors to bedroom/bathroom, and building additional shelves for the kitchenette/ bathroom.)

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

ii) If yes, what are they?

Note each  
thing that is  
mentioned

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c) What are some things you either like or dislike about **your relative's suite**?

Prompt list:  
Suite size,  
  
Space for  
particular  
items,  
  
Suite  
entrance  
(window),  
  
window  
(height/  
locks/view),

LIKES: \_\_\_\_\_

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DISLIKES: \_\_\_\_\_

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d) Are there things about **your relative's suite** that make it difficult for him/her to do things?

Prompt list:  
  
Difficulty  
opening  
doors &  
/windows,  
  
using  
storage  
space  
  
manoeuvring  
wheelchair,  
walker,  
scooter

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23) a) Do you cook in **your relative's suite**?

If NO go to  
next  
question

\_\_\_\_\_ (1) yes  
\_\_\_\_\_ (2) no

Only ask if  
YES to a)

b) What sorts of things?

\_\_\_\_\_ (1) Breakfast foods  
\_\_\_\_\_ (2) Lunch items  
\_\_\_\_\_ (3) Snack items  
\_\_\_\_\_ (4) Other  
(specify) \_\_\_\_\_

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24) a) Overall, how satisfied or dissatisfied are you with **your relative's kitchenette**?

\_\_\_\_\_ (1) very dissatisfied  
\_\_\_\_\_ (2) a little dissatisfied  
\_\_\_\_\_ (3) generally satisfied  
\_\_\_\_\_ (4) very satisfied

b) Are there any things in particular about **your relative's kitchenette** that you like or dislike?

Prompt list:

Size of  
fridge, stove,

Access to  
sink and taps

Lighting,

Counter  
space

Storage  
space,

Cupboard  
space.

LIKES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DISLIKES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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25) a) Overall, how satisfied or dissatisfied are you with **your relative's bedroom**?

- \_\_\_\_\_ (1) very dissatisfied  
\_\_\_\_\_ (2) a little dissatisfied  
\_\_\_\_\_ (3) generally satisfied  
\_\_\_\_\_ (4) very satisfied

b) Are there any things in particular about **your relative's bedroom** that you like or dislike?

Prompt list  
Closet space,  
space within  
the room (to  
place  
furniture/two  
beds).

LIKES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DISLIKES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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26) a) Overall, how satisfied or dissatisfied are you with **your relative's bathroom**?

- \_\_\_\_\_ (1) very dissatisfied  
\_\_\_\_\_ (2) a little dissatisfied  
\_\_\_\_\_ (3) generally satisfied  
\_\_\_\_\_ (4) very satisfied

b) Are there any things in particular about **your relative's bathroom** that you like or dislike?

Prompt list:  
Space to  
manoeuvre,  
temperature,  
toilet height,  
shower (easy  
to use/  
drainage  
problems),  
storage for  
towels/  
grooming  
products,  
lighting,  
toilet paper  
dispensers.

LIKES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DISLIKES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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27) a) Overall, how satisfied or dissatisfied are you with **your relative's balcony/patio**?

Only ask if  
clients has a  
balcony or  
patio

- \_\_\_\_\_ (1) very dissatisfied  
\_\_\_\_\_ (2) a little dissatisfied  
\_\_\_\_\_ (3) generally satisfied  
\_\_\_\_\_ (4) very satisfied

b) Are there any things in particular about **your relative's balcony/patio** that you like or dislike?

Prompt list:  
Railings,  
finish on  
deck,  
drainage  
problems  
(with doors  
or steps).  
Did you add  
patio  
furniture or  
planters?

LIKES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DISLIKES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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28) a) Overall, how satisfied or dissatisfied are you with **the dining room**?

- \_\_\_\_\_ (1) very dissatisfied  
\_\_\_\_\_ (2) a little dissatisfied  
\_\_\_\_\_ (3) generally satisfied  
\_\_\_\_\_ (4) very satisfied

b) Are there any things in particular about **the dining room** that you like or dislike?

Prompt list:  
General  
appearance,  
noise level,  
service,  
menus,  
arranged  
seating,  
space to  
manoeuvre  
around  
tables/ chairs  
with  
wheelchair/  
walker/  
scooter,  
temperature  
controls

LIKES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DISLIKES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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29) a) Overall, how satisfied or dissatisfied are you with **the guest suite**?

\_\_\_\_\_ (1) very dissatisfied

\_\_\_\_\_ (2) a little dissatisfied

\_\_\_\_\_ (3) generally satisfied

\_\_\_\_\_ (4) very satisfied

b) Are there any things in particular about **the guest suite** that you like or dislike?

Prompt list:  
booking  
suite  
(availability)  
, size of  
suite,  
temperature  
controls,  
noise levels,  
furnishings.

LIKES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DISLIKES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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30) a) Overall, how satisfied or dissatisfied are you with the **party room/family dining room**?

\_\_\_\_\_ (1) very dissatisfied

\_\_\_\_\_ (2) a little dissatisfied

\_\_\_\_\_ (3) generally satisfied

\_\_\_\_\_ (4) very satisfied

b) Are there any things in particular about the **party room/family dining room** that you like or dislike?

Prompt list:  
General  
appearance,  
too small,  
too large, no  
place to keep  
food hot or  
cold while  
serving, size  
of buffet,  
distance/  
from kitchen  
(transporting  
food).

LIKES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DISLIKES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



If NO go to  
next  
question

31) a) Do you use the designated **smoking room**?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

b) If yes, how frequently do you use the **smoking room**?

\_\_\_\_\_

32) a) Overall, how satisfied or dissatisfied are you that there is a designated **smoking room**?

\_\_\_\_\_ (1) very dissatisfied

\_\_\_\_\_ (2) a little dissatisfied

\_\_\_\_\_ (3) generally satisfied

\_\_\_\_\_ (4) very satisfied

b) Are there any things in particular about the **smoking room** that you like or dislike?

Prompt list:  
General  
appearance  
too smoky,  
air  
circulation,  
temperature  
regulation,  
location in  
the building,  
furniture.

**LIKES:** \_\_\_\_\_

\_\_\_\_\_

**DISLIKES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

33) a) Overall, how satisfied or dissatisfied are you with **the outside walkway/courtyard**?

\_\_\_\_\_ (1) very dissatisfied

\_\_\_\_\_ (2) a little dissatisfied

\_\_\_\_\_ (3) generally satisfied

\_\_\_\_\_ (4) very satisfied

b) Are there any things in particular about **the outside walkway/courtyard** that you like or dislike?

Prompt list:  
location (too  
sunny /  
shaded),

walkway  
length,

number of  
benches.

**LIKES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DISLIKES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Life Lease

This entire section is for family members of RESIDENTS OF LAURIER HOUSE ONLY – If client is not a resident of Laurier House – go to page 27 “GENERAL HEALTH” (last page)

34) How familiar are you with the life-lease concept?

- \_\_\_\_\_ (1) not familiar at all
- \_\_\_\_\_ (2) a little familiar
- \_\_\_\_\_ (3) generally familiar
- \_\_\_\_\_ (5) very familiar

35) The concept of the life lease is a contract between the resident and The CAPITAL CARE Group. It lays out the responsibilities of the resident and owner, very much like forms used when buying a house or a condominium. In this plan, you lease your suite by giving The CAPITAL CARE Group a lump sum of money, which will be returned less a small percentage for the reserve fund according to the terms of the life lease agreement, when the suite is vacated.]

Which of these features do you think are **key** to the life lease concept?

a) The lease contract	(1) yes	(2) no
b) The resale of the suite by the leasing organization	(1) yes	(2) no
c) The lump sum payment	(1) yes	(2) no
d) The monthly fee, which covers utilities and the cost of services	(1) yes	(2) no
e) Lease termination – the lump sum payment is returned less a small fee to cover the leasing organization’s costs	(1) yes	(2) no
f) Need to buy insurance	(1) yes	(2) no
g) Resident council	(1) yes	(2) no

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36) I will repeat these features again and ask you a few questions about each.

a) The lease contract, that allows your family member to live in the suite and use the common areas like a home for the period of the lease

i) Are you at all familiar with the lease contract?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

ii) On a scale of 1 to 10 how comfortable are you explaining the lease contract to someone else?

Not confident

Completely confident

1 2 3 4 5 6 7 8 9 10

iii) Is the lease contract a concern for you?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

iv) If yes, why?

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If NO go to  
next feature

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b) The lump sum payment, paid when the lease is signed, is similar to the lump sum paid when purchasing a condominium or a house

i) Are you at all familiar with the lump sum payment feature?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

ii) On a scale of 1 to 10 how comfortable are you explaining the lump sum payment to someone else?

Not confident

Completely confident

1 2 3 4 5 6 7 8 9 10

iii) Is the lump sum payment a concern for you?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

iv) If yes, why?

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If NO go to  
next  
feature

c) The monthly fee, which is based on the size of the suite, and covers utilities and service costs like meals and housekeeping

i) Are you at all familiar with the monthly fee feature?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

ii) On a scale of 1 to 10 how comfortable are you explaining the monthly fee to someone else?

Not confident

Completely confident

1 2 3 4 5 6 7 8 9 10

iii) Is the monthly fee a concern for you?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

iv) If yes, why?

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d) The resale of the suite by the organization that sold the suite if your family member no longer needs it

i) Are you at all familiar with the feature of the resale of the suite?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

ii) On a scale of 1 to 10 how comfortable are you explaining, to someone else, the resale of the suite by the organization?

Not confident

Completely confident

1 2 3 4 5 6 7 8 9 10

iii) Is the resale of the suite by the organization a concern for you?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

iv) If yes, why?

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If NO go to  
next  
feature

If NO go to  
next  
feature

e) Lease termination – the lump sum payment is returned less a small fee to cover the leasing organization's costs when a person leaves

i) Are you at all familiar with the feature of lease termination?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

ii) On a scale of 1 to 10 how comfortable are you explaining lease termination to someone else?

Not confident

Completely confident

1 2 3 4 5 6 7 8 9 10

iii) Is the lease termination a concern for you?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

iv) If yes, why?

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If NO go to  
next  
feature

f) Need for personal liability insurance and insurance on furnishings

i) Are you at all familiar with the need for personal liability insurance?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

ii) On a scale of 1 to 10 how comfortable are you explaining the need for insurance to someone else?

Not confident

Completely confident

1 2 3 4 5 6 7 8 9 10

iii) Is the need for insurance a concern for you?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

iv) If yes, why?

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If NO go to  
next  
feature

If NO go to  
next  
feature

g) Resident council, which can change the rules by which all lessees must abide

i) Are you at all familiar with resident council?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

ii) On a scale of 1 to 10 how comfortable are you explaining resident council to someone else?

Not confident

Completely confident

1 2 3 4 5 6 7 8 9 10

iii) Is resident council a concern for you?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

iv) If yes, why?

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h) The life lease concept as a whole

i) On a scale of 1 to 10 how comfortable are you explaining life lease concept as a whole to someone else?

Not confident

Completely confident

1 2 3 4 5 6 7 8 9 10

ii) Is the life lease concept as a whole a concern for you?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

iii) If yes, why?

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**TAPE**

Prompt list:  
TCCG  
resells  
suite, can  
have  
spouse/  
companion  
live with  
them, can  
have pet,  
Can paint,  
Guaranteed  
to get a set  
amount for  
suite when  
they move  
out.

37) What do you like best about the life lease concept?

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38) How satisfied or dissatisfied are you with the life lease?

- \_\_\_\_\_ (1) very dissatisfied  
\_\_\_\_\_ (2) a little dissatisfied  
\_\_\_\_\_ (3) generally satisfied  
\_\_\_\_\_ (4) very satisfied

39) a) Do other family members have concerns with the life lease?

- \_\_\_\_\_ (1) yes  
\_\_\_\_\_ (2) no

b) If yes, what are their concerns?

Note  
EACH  
family  
member  
mentioned,  
be sure to  
indicate  
which are  
more,  
dissatisfied

General concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Features: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

40) a) In retrospect, was buying a life lease the right decision for your family member?

- \_\_\_\_\_ (1) yes  
\_\_\_\_\_ (2) no

b) Why or why not?

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41) Overall what do you think of the Life Lease concept compared to buying a condominium or house?

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42) a) Would you recommend a **life lease** to others?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

b) Explain?

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43) a) Do you have any suggestions to improve the Life Lease?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

b) If yes, what are they?

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44) a) Do you feel that your family member's investment in the life lease is secure?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

b) Why or why not?

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- 45) a) i) Does your family member pay for any extra services that are not included at [*Laurier House// this new place// the current services or arrangements*]?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

If yes,

Note each  
thing that is  
mentioned

i) What are they?	ii) Who provides	iii) How much does it cost?

- b) i) Do **you** have any issues with this?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

ii) If yes, what are they?

Note each  
thing that is  
mentioned.

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Only ask if  
yes to (b)

- c) i) Is the cost of any of these extra services a problem for your family member?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

ii) Comments:

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46) a) Do you expect that your family member(s) will live at *[Laurier House// this new place// the current services or arrangements]* for the remainder of his or her life?

If yes, go to Q54

About the Client

\_\_\_\_\_ (1) yes  
\_\_\_\_\_ (2) no  
\_\_\_\_\_ (4) do not know  
\_\_\_\_\_ (3) other (*specify*)  
\_\_\_\_\_

About the Companion

\_\_\_\_\_ (1) yes  
\_\_\_\_\_ (2) no  
\_\_\_\_\_ (4) do not know  
\_\_\_\_\_ (3) other (*specify*)  
\_\_\_\_\_

Only ask if a) is NOT YES

b) Please explain why:

About the Client

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About the Companion

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Prompt:  
Plan to move to CCC/ another CCC, companion will move if Client dies/ health deteriorates more.

## General Health

47) How would you rate your family member's overall health at the present time?

About the Client

\_\_\_\_\_ (1) excellent  
\_\_\_\_\_ (2) good  
\_\_\_\_\_ (3) fair  
\_\_\_\_\_ (4) poor  
\_\_\_\_\_ (5) very poor

About the Companion

\_\_\_\_\_ (1) excellent  
\_\_\_\_\_ (2) good  
\_\_\_\_\_ (3) fair  
\_\_\_\_\_ (4) poor  
\_\_\_\_\_ (5) very poor

48) A year from now do you expect their health to be:

About the Client

\_\_\_\_\_ (1) better than it is now?  
\_\_\_\_\_ (2) much the same?  
\_\_\_\_\_ (3) not as good?

About the Companion

\_\_\_\_\_ (1) better than it is now?  
\_\_\_\_\_ (2) much the same?  
\_\_\_\_\_ (3) not as good?

## Respondent Demographic Information

49) Do you have any questions, or is there anything you would like to add?

Note each  
thing that is  
mentioned.

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Items with right column annotations (CMHC-#) are from or based on:  
Canada Mortgage and Housing Corporation. (1998). Planning housing and support services for seniors. Ottawa,  
ON: Author.

## **Appendix K**

### **Interview Questions for Professionals**

# INTERVIEW QUESTIONS FOR - PROFESSIONALS

Laurier House - Strathcona Evaluation

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## Person

1) a) Name \_\_\_\_\_ b) Gender \_\_\_\_\_ male  
\_\_\_\_\_ female

2) Address (for thank you cards) \_\_\_\_\_  
\_\_\_\_\_

### 3) Interviewed at

\_\_\_\_\_ (1) Work \_\_\_\_\_  
Address  
\_\_\_\_\_ (2) Phone \_\_\_\_\_  
\_\_\_\_\_ (3) Other \_\_\_\_\_  
Specify

### 4) Type of Professional

\_\_\_\_\_ (1) Physician  
\_\_\_\_\_ (2) Home Care Co-ordinator  
\_\_\_\_\_ (3) CAPS Case Co-ordinator  
\_\_\_\_\_ (4) Social worker  
\_\_\_\_\_ (5) Private hire nurse  
\_\_\_\_\_ (6) Lawyer  
\_\_\_\_\_ (7) Other (*specify*) \_\_\_\_\_

My name is \_\_\_\_\_ I am a research assistant with *The CAPITAL CARE Group* in Edmonton. I received your name from \_\_\_\_\_. I am working on a nationally funded research project looking at the reasons people chose options such as a life lease May I have a few minutes of your time to discuss this study with you?

\_\_\_\_\_ Yes

\_\_\_\_\_ No - May I call you again at a time more convenient for you?

\_\_\_\_\_ Yes (when?) \_\_\_\_\_

\_\_\_\_\_ No (*If refuses indicate why here*) \_\_\_\_\_  
\_\_\_\_\_

The purpose of our study is to look at the reasons why people choose a life lease option such as Laurier House, or why they would rather choose a more traditional nursing home. As part of this study I am interested in how professionals like yourself advise clients on their decision to move into long term care. Your participation in this study will also help us to better understand the reasons that contribute to people's decisions about moving to obtain more services, and will help those who plan such centres as Laurier House Strathcona.

**I hope you can give me 15 minutes of your time to answer some questions. Would it be possible to ask you some questions now?**

\_\_\_\_\_ Yes (go to question #5)

\_\_\_\_\_ No - May I call you again at a time more convenient for you?

\_\_\_\_\_ Yes (when?) \_\_\_\_\_

\_\_\_\_\_ No – May I ask why you are not interested in participating?

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5) a) What types of clients do you regularly serve?

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b) Do you ever advise your clients regarding housing options?

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

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ask if 6) a) What role do you typically play in advising clients regarding housing options?  
5b

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b) Is the type of tenure (i.e. purchase, lease, rent) of a building a consideration when advising clients who are looking at housing options?

\_\_\_\_\_ (1) yes  
\_\_\_\_\_ (2) no

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7) a) Have you ever heard about life leases?

\_\_\_\_\_ (1) yes  
\_\_\_\_\_ (2) no

b) If yes, how did you hear about them?

- i) \_\_\_\_\_ Verbal description (specify from whom)\_\_\_\_\_
  - ii) \_\_\_\_\_ Newspaper article (specify paper)\_\_\_\_\_
  - iii) \_\_\_\_\_ Magazine Article (specify mag.)\_\_\_\_\_
  - iv) \_\_\_\_\_ Radio broadcast (specify station)\_\_\_\_\_
  - v) \_\_\_\_\_ Brochure on specific housing location (specify)\_\_\_\_\_
  - vi) \_\_\_\_\_ Website (specify)\_\_\_\_\_
  - vii) \_\_\_\_\_ Other (specify) \_\_\_\_\_
- 

c) How would you define a Life Lease?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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8) a) Have you ever heard about Laurier House?

\_\_\_\_\_ (1) yes  
\_\_\_\_\_ (2) no

b) If yes, how did you hear about them?

i) \_\_\_\_ Verbal description (specify from whom)\_\_\_\_\_

ii) \_\_\_\_ Newspaper article (specify paper)\_\_\_\_\_

iii) \_\_\_\_ Magazine Article (specify mag.)\_\_\_\_\_

iv) \_\_\_\_ Radio broadcast (specify station)\_\_\_\_\_

v) \_\_\_\_ Brochure on specific housing location (specify)\_\_\_\_\_

vi) \_\_\_\_ Website (specify)\_\_\_\_\_

vii) \_\_\_\_ Other (specify) \_\_\_\_\_

9) What are the key reasons why you would recommend a place like Laurier House to your clients?

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10) Have you ever recommended Laurier House to any one of your clients?

\_\_\_\_ (1) YES ⇨ a) Approximately how many?

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⇩

b) What characteristics did those clients have that prompted you to recommend Laurier House?

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c) What have the clients' responses been to this recommendation?

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d) How many of the clients, to whom you recommended Laurier House, have put their names on the wait list or moved into Laurier House?

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\_\_\_\_(2) NO ⇒

e) Is there a particular reason you have never recommended Laurier House to a client?

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f) What characteristics would a client have in order for you to recommend Laurier House?

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11) a) Have you ever had a client who had heard of Laurier House prior to meeting with you?

\_\_\_\_ (1) yes

\_\_\_\_ (2) no

b) If yes, approximately how many/what percent of your clients?

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c) If yes, how did they hear about Laurier House and from whom?

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12) What do you know about the differences between Laurier House and standard nursing homes in terms of:

a) Cost \_\_\_\_\_

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b) Types of services \_\_\_\_\_

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c) Design \_\_\_\_\_

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13) a) Are there any characteristics that a client could have that would prompt you NOT to recommend Laurier House? (i.e. AD, ALS, financial reasons)

\_\_\_\_\_ (1) yes

\_\_\_\_\_ (2) no

b) If yes, what are they?

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14) Are you aware that Laurier House offers the following features/services?

- ☐ (1) personal care equivalent to that in a nursing home
  - ☐ (2) nursing care equivalent to that in a nursing home
  - ☐ (3) clients can live with a companion of their choice
  - ☐ (4) if yes to 3, that both residents of a suite can be clients (require Continuing Care)
  - ☐ (5) clients have the option of having their own pet
  - ☐ (6) clients can decorate their suite as they wish
  - ☐ (7) clients have the option of making some of their own meals or taking all meals in the main dining room
  - ☐ (8) clients have the option of doing their own laundry in the laundry room at Laurier House Strathcona or having staff do the laundry
  - ☐ (9) there is a guest suite available for out of town visitors
  - ☐ (10) there is a 'party room' and 'family dining room' available for residents wishing to entertain larger groups
  - ☐ (11) there is a smoking room within the building
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15) Earlier you said you had heard about life leases, how confident would you be in explaining these features of life leases to a client? On a scale of 1 to 10, where **10** means that you would be completely confident, and **1** means you would be not at all confident, please rate your confidence in explaining these features

- a. \_\_\_\_\_ The lease contract, that allows someone to live in the suite and use the common areas like a home for the period of the lease  
1    2    3    4    5    6    7    8    9    10
- b. \_\_\_\_\_ The resale of the suite by the organization that sold the suite if someone no longer needs it  
1    2    3    4    5    6    7    8    9    10
- c. \_\_\_\_\_ The lump sum payment, paid when the lease is signed, which is similar to the lump sum paid when purchasing a condominium or a house  
1    2    3    4    5    6    7    8    9    10
- d. \_\_\_\_\_ The monthly fee, which is based on the size of the suite, and covers utilities and service costs like meals and housekeeping  
1    2    3    4    5    6    7    8    9    10
- e. \_\_\_\_\_ Lease termination – where the lump sum payment is returned less a small fee to cover the leasing organization's costs  
1    2    3    4    5    6    7    8    9    10
- f. \_\_\_\_\_ Need for personal liability insurance and insurance on furnishings  
1    2    3    4    5    6    7    8    9    10
- g. \_\_\_\_\_ Resident council, which can change the rules by which all lessees must abide  
1    2    3    4    5    6    7    8    9    10
- h. \_\_\_\_\_ The life lease concept in general  
1    2    3    4    5    6    7    8    9    10

16) What do you personally think of the life lease concept?

- \_\_\_\_\_ (1) Good idea \_\_\_\_\_
- \_\_\_\_\_ (2) Not a good idea \_\_\_\_\_
- \_\_\_\_\_ (3) Doesn't matter \_\_\_\_\_

17) In your opinion what are the benefits of the life lease concept?

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18) In your opinion what are the shortfalls of the life lease concept?

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19) Do you currently have copies of the following brochures or Hand Outs?

- \_\_\_\_\_ (1) **Laurier House – The Care And Comfort of Home**
- \_\_\_\_\_ (2) **Laurier House or Laurier House Strathcona Campus Hand Out** (2 pages with headings: Concept, Resident Eligibility, Care Service Provided and Suite Amenities, Leasing Information, Current Monthly Fee for Residents, Monthly Fee for companions, Extra Services, and Facility Amenities)
- \_\_\_\_\_ (3) **Laurier House Admission Process Hand Out** (2 pages with headings: Does the person need Continuing Care, What if the person is a resident in a continuing care centre, Can the person's needs be met at Laurier House, Time to meet with the Manager, and Is a suite Available)
- \_\_\_\_\_ (4) Other brochures or Handouts that contain LH or LHS information (*please specify what they are*)
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ask if  
o at  
  
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20) a) Do you regularly present (this) these brochures to clients looking for Long Term Care Facilities?

- \_\_\_\_\_ (1) yes
- \_\_\_\_\_ (2) no

b) If no, when and to whom do you present this(these) brochure(s)?

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