**Interview Notes**

* Working as a caretaker for 12 years in her career
* I like the elderlies and want to make the world a better place
* Yes she would go back if an accident happens if she doesn’t want the patient to suffer
* Typical day --- 8am work, check in to see if anything bad happened, meet up with person, check in with them, take them to exercise class, we exercise together, lunch, read to them, make sure they nap, take them outside for a walk, get off my shift at 5pm and that’s when the night shift takes over
* Hardest part --- the emotional strains because it might be upsetting when theyre down about their condition
* Probably
* Something will happen (?)
* So were been thru a lot of training for people with a lot of issues/emotional strain; creating a bond so they trust you but sometimes they don’t remember you but we have ways of making sure have still trust us
* The fact that they know whats happening to them so its frustrating to them – also depressing
* Maybe something like tracking them, helps jog memory about something, if they \_\_\_\_\_\_\_\_
* Depends on the resident and how severe their condition is
* no complications bc we’re always outside monitoring
* some do carry smart phones/cell phones
* maybe it’d be helpful but I doubt it
* yes, different technologies 🡪 computer is okay but phone not so much
* no we don’t really track them
* we never really had an issue with anyone escaping and they might feel a little \_\_\_\_ bc youre tracking them
* might be helpful if it was someone who has mentioned they wanna get out
* no, no

at the end of the questions, should say if they don’t have any ideas, it’s okay too

no yes/no questions pls unless you have follow up questions

ask more positive questions (triumphs, successes…instead of difficulties)

give them time to think