



Long Term Care Staff Training Assessment

You are being asked to take part in this Staff Training Assessment (STA) as part of your facility's Nurses Improving Care for Healthsystem Elders (NICHE) Program. Please read this introduction carefully before agreeing to take part in this survey.

What the survey is about: This training assessment provides important information about inter-professional team members' knowledge and attitudes about caring for adults age 65 and older. The survey provides information to identify and target clinical practice improvement priorities to advance clinical nursing excellence for older adults seeking care at your facility.

What we will ask you to do: If you agree to participate, you will be asked to complete the following survey. The survey will include questions about your knowledge of common nursing problems experienced by older adults, and your opinions about the quality of care provided to older adults on the nursing unit where you spend most of your time. The survey will take about ten minutes to complete.

Risks and benefits: It is possible that some of the questions about the nursing care provided to older adults at your facility may make you uncomfortable.

There are no direct benefits to you.

Compensation: Participants who complete the survey will receive a \$15.00 Amazon gift card.

Your answers will be confidential: The records of this study will be kept private. In any sort of report we make public we will not include any information that will make it possible to identify you. Research records will be kept in a locked file; only the researchers will have access to the records.

Taking part is voluntary: Taking part in this survey is completely voluntary. You may skip any questions that you do not want to answer. If you decide not to take part or to skip some of the questions, it will not affect your current or future relationship with your employer or your participation in the NICHE program. If you decide to take part, you are free to withdraw at any time.

If you have questions: The researcher conducting this study is Mattia Gilmartin PhD, RN. If you have questions about this study, you may contact Mattia Gilmartin at mjg14@nyu.edu or by phone at 212-992-9753. If you have any questions or concerns regarding your rights as a participant in this study, you may contact the Committee on Activities Involving Human Subjects, New York University, 665 Broadway, Suite 804, New York, NY 10012 at 212-998-4808 or ask.humansubjects@nyu.edu.

Statement of Consent: By clicking the "I agree" button at the bottom of this page, you are affirming that you have read the above information, and consent to take part in the survey.

[SRI Note: Respondent is required to supply an answer to the consent question.]

[consent] I agree to participate in this survey.

☐ Yes ☐ No

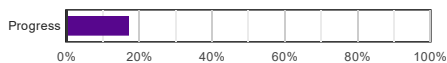
This consent form will be kept by the researcher for at least three years beyond the end of the study and was approved by the New York University Institutional Review Board (IRB) on 11/20/2017, Protocol number FY2018-1290.

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This survey collects information regarding your knowledge and views about caring for older adults. The information gained through this survey will be used to create a training program that is tailored to the professional development needs of the nursing staff as part of your facility's membership in Nurses Improving Care for Healthsystem Elders (NICHE).

Read each question carefully and select the answer that most closely reflects your opinion.

Section 1. Tell us about yourself and the unit where you work.

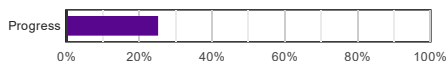
[q1_1] In what position do you spend most of your time?

- ☐ Nursing Assistant/Aide
- ☐ Staff Nurse (LPN/LVN or RN)
- ☐ Unit Nurse Manager
- ☐ Clinical Specialist/Nurse Practitioner
- ☐ Staff/Nurse Educator
- ☐ Administrator
- ☐ Physician
- ☐ Physician Assistant
- ☐ Medical Director
- ☐ Pharmacist
- ☐ Social Worker
- ☐ Occupational Therapist
- ☐ Physical Therapist
- ☐ Respiratory Therapist
- ☐ Recreation Therapist
- ☐ Dietitian
- ☐ Minimum Data Set (MDS) Coordinator
- ☐ Transport Team Member
- ☐ Spiritual Care Provider/Clergy
- ☐ Volunteer
- ☐ Other [q1_1_spec] - Please specify:

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[q1_2] Which license do you hold?

- ☐ Licensed Practical Nurse/Licensed Vocational Nurse
- ☐ Registered Nurse
- ☐ Advanced Practice Registered Nurse
- ☐ I am not a nurse.

[SRI Note: If question q1_2 answers "Registered Nurse" or "Advanced Practice Registered Nurse", show questions q1_2_1a and q1_2_1b.]

[q1_2_1a] Registered nurses, select the highest degree earned.

- ☐ Diploma
- ☐ Associate degree
- ☐ Bachelor's degree in nursing
- ☐ Bachelor's degree in non-nursing field [q1_2_1a4_spec] - Please specify:
- ☐ Master's degree in nursing
- ☐ Master's degree in non-nursing field [q1_2_1a6_spec] - Please specify:
- ☐ Doctorate (e.g. PhD, DNP, EdD, DNSc)
- ☐ Not RN - Not applicable

[q1_2_1b] Was your first (basic) RN nursing program in the country where you are currently working?

- ☐ Yes
- ☐ No

[SRI Note: If question q1_2 answers "Licensed Practical Nurse/Licensed Vocational Nurse" or "I am not a Nurse", show question q1_2_2a.]

[q1_2_2a] Please select your highest education level.

- ☐ High School
- ☐ GED
- ☐ AD
- ☐ BS, BA
- ☐ MS, MA
- ☐ PhD, EdD, SciD
- ☐ Other professional degree (MD, JD, etc.)

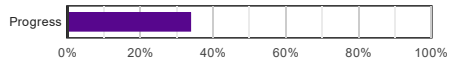
[q1_3] Have you earned a national certification in older adult nursing?

- ☐ Yes
- ☐ No

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[q1_4] How many years of experience do you have in your current profession?

- ☐ 0 - 2 years
- ☐ 3 - 5 years
- ☐ 6 - 10 years
- ☐ 11 - 15 years
- ☐ 16 - 20 years
- ☐ 20 - 25 years
- ☐ 26 or more years

[q1_5] How many years have you been working at this facility?

- ☐ 0 - 2 years
- ☐ 3 - 5 years
- ☐ 6 - 10 years
- ☐ 11 - 15 years
- ☐ 16 - 20 years
- ☐ 20 - 25 years
- ☐ 26 or more years

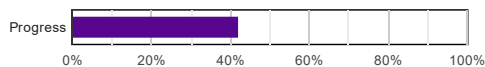
[q1_6] Unit where you spend most of your time:

- ☐ General Long-Term Care/Nursing Home Unit
- ☐ Specialty Dementia Nursing Home Unit
- ☐ Subacute Rehabilitation/Transitional Care Unit
- ☐ General Assisted Living Unit
- ☐ Specialty Dementia Assisted Living Unit
- ☐ Hospice Unit
- ☐ Program for All-Inclusive Care for the Elderly (PACE) Facility
- ☐ Other [q1_6_spec] - Please specify:

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Section 2. For this section, think about how each statement applies to the way work is organized and care is delivered in the unit where you spend most of your time.

How much do you agree with each of the following statements?

<i>At my facility...</i>	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
[q2_1a] The time required to manage common problems experienced by older adults is factored into staff assignments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_1b] Training is readily available to staff members who want to learn more about the care of older adults.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_1c] Staff members are provided with time away from their regular work tasks to participate in quality improvement activities such as implementing new care practices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_1d] The nurse administrators (e.g., unit managers, supervisors, senior leaders) take an active interest in improving care for older adults.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_1e] Care of older adults is a priority in my unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_1f] It is acceptable to disagree with my supervisor regarding approaches to resident care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_1g] In my unit, older adult residents are always treated with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_1h] Residents receive person-centered care in my unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_1i] Residents receive the medical care they need in my unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_1j] Staff members in my unit are familiar with how aging affects responses to treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_1k] Residents and family members are actively engaged as part of the care team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

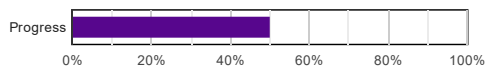
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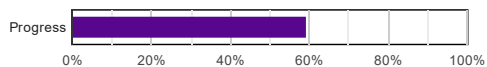


How much do you agree that the following stand in the way of the care of older adults at your facility?

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
[q2_2a] Lack of staff knowledge about the care of older adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_2b] Lack of access to useful written policies and procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_2c] Differences of opinion among staff members regarding resident care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_2d] Lack of specialized services for residents (e.g., oral care, wound care, podiatry)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_2e] Lack of necessary equipment (e.g., raised toilet seats, special mattresses)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_2f] Not including staff in care decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_2g] Communication difficulties with residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_2h] Communication difficulties with residents' families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_2i] Communication difficulties between staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_2j] Not including residents and families in care decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_2k] Confusion over who is the appropriate decision maker for the resident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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If you have questions or require technical assistance with this survey, please [email](#) the Survey Research Institute or call 1-888-367-8404.



How often are the following specialty services available to residents on your unit?

	Daily	Weekly	Monthly	Less Than Monthly	Hardly Ever	Not Available
[q2_3a] Geriatric clinical nurse specialist or geriatric nurse practitioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_3b] Geriatrician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_3c] Geriatric social worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_3d] Geriatric psychologist/psychiatrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_3e] Registered dietitian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_3f] Palliative care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_3g] Hospice care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

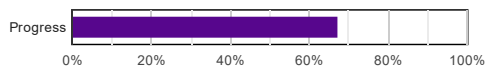
During the last 12 months, how often have you personally used information from the following resources?

	Never	Once	More than one time, but less than once a month	Once per month	More than once per month
[q2_4a] Clinical rounds or in-service education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_4b] Geriatric texts or journals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_4c] Continuing education programs (including webinars)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_4d] Regional/national geriatric conferences, workshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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During the last 12 months, how often have you personally participated in the following quality improvement activities?

	Never	Once	More than one time, but less than once a month	Once per month	More than once per month
[q2_5a] A: Identified good care from scientific evidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_5b] B: Measured current performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_5c] C: Examined gaps in current practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_5d] D: Systematically applied tools and methods to improve performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_5e] Repeated steps A through D above until desired performance is achieved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_5f] Measured resulting changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_5g] Monitored sustainability of changes in practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_5h] Participated in a quality improvement project(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[q2_5i] Worked as a team to improve processes or systems of care related to errors that were reported back to your unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

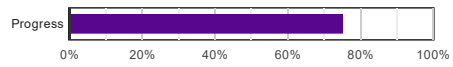
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[q2_6] Are you a licensed nurse?

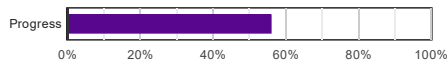
☐ Yes ☐ No

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Section 3. Consider each resident care scenario and select the best action to address the nursing care problem. You may select more than one answer for each scenario.

Which of the following is an appropriate measure to reduce agitation and resistance to care in residents with dementia?

- ☐ [q3_1a] Providing a highly stimulating environment
- ☐ [q3_1b] Returning at a later time to the task causing agitation
- ☐ [q3_1c] Varying caregivers frequently
- ☐ [q3_1d] Administering antipsychotic medications

Mr. A has moderate dementia, only sleeps during the day, and is awake at night. Which of the following interventions may help him regain a normal sleep-wake cycle?

- ☐ [q3_2a] Decrease physical activity during the day
- ☐ [q3_2b] Limit daytime napping to 1.5 hours
- ☐ [q3_2c] Give sleep medication at night
- ☐ [q3_2d] Reduce daytime stimuli

Ms. J is an 83-year-old female with moderate/severe dementia, and osteoarthritis, who pushes the CNA away when the CNA tries to move her right arm during range-of-motion exercises. She is otherwise cooperative with her exercises. Which of the following is the most likely cause of her agitation

- ☐ [q3_3a] Pain
- ☐ [q3_3b] Stubbornness
- ☐ [q3_3c] Depression
- ☐ [q3_3d] Bipolar disease

When developing a plan of care for a resident with dementia, which of the following would be a priority for the inter-professional team?

- ☐ [q3_4a] Ensuring that the usual routines of the nursing home are followed
- ☐ [q3_4b] Providing activities enjoyed by most people in the nursing home
- ☐ [q3_4c] Incorporating resident preferences around activities of daily living
- ☐ [q3_4d] Providing many choices with activities such as dressing

Mr. K is a newly admitted resident with an inserted urinary catheter. Which of the following is the most appropriate reason to use the inserted urinary catheter?

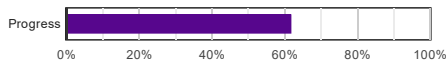
- ☐ [q3_5a] Family request to manage Mr. K's urinary incontinence
- ☐ [q3_5b] Neurogenic bladder responsive to timed double voiding
- ☐ [q3_5c] Stage 4 pressure injury on the scapula
- ☐ [q3_5d] Obstructive urinary disease

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Which of the following may indicate pneumonia or other respiratory infection?

- ☐ [q3_6a] Croaking or rattling sounds
- ☐ [q3_6b] Decreased heart and respiration rates
- ☐ [q3_6c] Dry non-productive cough
- ☐ [q3_6d] Increased appetite

Ms. F has a clostridium difficile infection (bacterial bowel infection often with diarrhea) and suffers from bowel and bladder incontinence. Which of the following precautions should the team use when caring for Ms. F?

- ☐ [q3_7a] Limiting contact
- ☐ [q3_7b] Standard precautions
- ☐ [q3_7c] Caution against airborne infection
- ☐ [q3_7d] Avoiding droplets

Mr. E is a newly admitted resident with type II diabetes mellitus and a below-the-knee amputation performed last week. On the second day caring for him, you sense something is different. Which of the following would be signs that Mr. E is developing sepsis?

- ☐ [q3_8a] Low heart rate
- ☐ [q3_8b] High blood pressure
- ☐ [q3_8c] Confusion
- ☐ [q3_8d] Dry, warm skin

Mrs. P is 89 years old, and her diagnoses include dementia, diabetes, and osteoarthritis. She has urinary incontinence at times, and requires assistance with her daily living activities, including using the toilet. What action is most appropriate to prevent urinary tract infection for Mrs. P?

- ☐ [q3_9a] Suggest that the provider prescribe antibiotics to prevent an infection
- ☐ [q3_9b] Encourage avoidance of acidic beverages
- ☐ [q3_9c] Provide tub baths rather than showers
- ☐ [q3_9d] Implement a routine toilet schedule

Ms. W is a 74-year-old female admitted to the skilled nursing facility for rehabilitation seven days ago, following a left hip fracture and surgical repair. She is usually alert and oriented and has progressed well in her rehabilitation. Today, she is very lethargic, confused, and unable to focus on her therapy. Which of the following should the nurse consider as a cause of Ms. W's mental changes

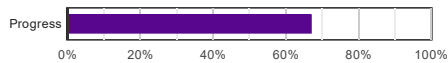
- ☐ [q3_10a] Dementia
- ☐ [q3_10b] Delirium
- ☐ [q3_10c] Depression
- ☐ [q3_10d] Lack of sleep

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Mr. X has dementia and is having more difficulty feeding himself recently. He has lost 3% of his weight in the last 3 months. Which of the following is an effective action to safely help him gain or maintain weight?

- ☐ [q3_11a] Provide Mr. X with meals in bed to conserve energy
- ☐ [q3_11b] Use hand-over-hand support to help Mr. X to feed himself
- ☐ [q3_11c] Provide television during meals to ensure a stimulating dining environment
- ☐ [q3_11d] Recommend an appetite stimulant to the physician

Which of the following increases the risk of dehydration in residents in long-term care facilities?

- ☐ [q3_12a] Independently feeds self
- ☐ [q3_12b] Laxative use
- ☐ [q3_12c] Constipation
- ☐ [q3_12d] Normal body weight

Which of the following are effective actions to encourage sleep for long-term care residents? (Select all that apply.)

- ☐ [q3_13a] Open curtains during the day
- ☐ [q3_13b] Limit napping to a single 1.5 hour nap daily
- ☐ [q3_13c] Administer a sleep inducing medication
- ☐ [q3_13d] Increase physical activity

When caring for an older adult with darker skin tones, which of these actions is used to check for a pressure injury? (Select all that apply.)

- ☐ [q3_14a] Look for changes in skin color and temperature
- ☐ [q3_14b] Look for changes in skin texture
- ☐ [q3_14c] Examine by touch for edema in a suspected area
- ☐ [q3_14d] Look for reddened skin that does not turn pale when pressure is applied

Ms. Y is an 82-year-old with a stage II pressure injury on her lower back that developed during a recent hospitalization. Which of the following will encourage wound healing? (Select all that apply.)

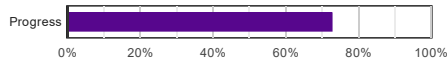
- ☐ [q3_15a] Ensure adequate caloric intake
- ☐ [q3_15b] Use a donut shaped cushion on Ms. Y's chair to relieve pressure
- ☐ [q3_15c] Elevate the head of Ms. Y's bed at least 60 degrees while she lies in bed
- ☐ [q3_15d] Turn Ms. Y every 2 hours while in bed

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Which of the following are common causes of back pain in older adults? (Select all that apply.)

- ☐ [q3_16a] Compression fracture
- ☐ [q3_16b] Osteoarthritis
- ☐ [q3_16c] Sciatic nerve pain
- ☐ [q3_16d] Spinal compression

Which of the following may contribute to resident falls?

- ☐ [q3_17a] Rubber-soled footwear such as sneakers
- ☐ [q3_17b] Worsening of a condition such as heart failure
- ☐ [q3_17c] Wearing glasses and hearing aids
- ☐ [q3_17d] Participating in daily exercise programs

Mrs. Q has dementia and a history of falling. She can move from one place to another and walks independently but needs directions. Which of the following is an appropriate fall prevention measure for Mrs. Q?

- ☐ [q3_18a] Provide Mrs. Q with a floor length robe when out of bed
- ☐ [q3_18b] Encourage Mrs. Q to wear cotton socks to bed
- ☐ [q3_18c] Place Mrs. Q's glasses on her bedside table within her reach
- ☐ [q3_18d] Remind Mrs. Q to be careful not to fall

A 78-year-old female complains that she loses urine because she cannot get to the bathroom in time. This is a symptom of which type of urinary incontinence?

- ☐ [q3_19a] Infection
- ☐ [q3_19b] Overflow
- ☐ [q3_19c] Stress
- ☐ [q3_19d] Urge

Which of the following is a useful evidence-based scale to screen for depression in older adults?

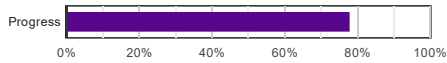
- ☐ [q3_20a] Alcohol Use Disorders Identification Test (AUDIT questionnaire)
- ☐ [q3_20b] CAGE questionnaire
- ☐ [q3_20c] Patient Health Questionnaire-9 (PHQ-9)
- ☐ [q3_20d] Mini Cog Assessment

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Which of the following is true about depression in older adults?

- ☐ [q3_21a] It affects men and women equally
- ☐ [q3_21b] It is not a normal part of aging
- ☐ [q3_21c] It is over-diagnosed in the older population
- ☐ [q3_21d] The symptoms are similar to depression in young adults

Which of the following tools is used to monitor bathing, dressing, toilet use, moving from one place to another, continence, and feeding?

- ☐ [q3_22a] Braden Scale
- ☐ [q3_22b] Katz Index of Activities of Daily Living
- ☐ [q3_22c] The Get Up and Go test
- ☐ [q3_22d] Mini-Mental Status Examination

Which of the following features in the care environment would help maintain and enhance the functioning of an older adult with cognitive impairment?

- ☐ [q3_23a] Chairs with arm rests
- ☐ [q3_23b] Doors with knobs rather than levers
- ☐ [q3_23c] Long hallways without furniture
- ☐ [q3_23d] Common rooms that appear similar to each other

Which of the following is the most appropriate tool with which to screen an older adult for delirium?

- ☐ [q3_24a] Brief Interview for Mental Status (BIMS)
- ☐ [q3_24b] The Clock-Drawing Test
- ☐ [q3_24c] Mini-Mental State Examination Confusion Assessment Method (CAM)

Mrs. Y is oriented as to person and place, but she is very forgetful. She recently was diagnosed with pneumonia, and the physician ordered antibiotics to treat the pneumonia. Which of the following is an appropriate nursing action for Mrs. Y?

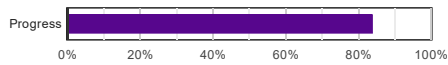
- ☐ [q3_25a] Provide air humidification
- ☐ [q3_25b] Encourage Mrs. Y to lie flat in bed
- ☐ [q3_25c] Remind Mrs. Y to use an incentive spirometer once a day
- ☐ [q3_25d] Limit oral intake of fluids to avoid excess fluid

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Which of the following place nursing home residents with heart failure at risk for a worsening of their condition?

- ☐ [q3_26a] Decreased dietary intake of sodium
- ☐ [q3_26b] Infections such as pneumonia
- ☐ [q3_26c] Limiting fluid intake
- ☐ [q3_26d] Blood pressure medications

Which of the following is a normal change in oral health in older adults?

- ☐ [q3_27a] Shrinkage of oral membranes
- ☐ [q3_27b] Decrease in dental plaque
- ☐ [q3_27c] Increase in saliva production
- ☐ [q3_27d] Increased thickness of tooth enamel

Which of the following should the nurse teach older adults and caregivers about foot care for diabetes patients?

- ☐ [q3_28a] Daily foot inspections
- ☐ [q3_28b] Daily foot soaks in warm, soapy water
- ☐ [q3_28c] Trimming corns and calluses regularly
- ☐ [q3_28d] Trimming toenails close to nail beds

Which of the following is a symptom of Type 2 diabetes mellitus?

- ☐ [q3_29a] Decreased urine output
- ☐ [q3_29b] Weight loss
- ☐ [q3_29c] Increased energy
- ☐ [q3_29d] Increased thirst

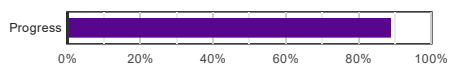
Which of the following causes severe pain?

- ☐ [q3_30a] Diabetic neuropathy
- ☐ [q3_30b] Osteoarthritis
- ☐ [q3_30c] Stroke
- ☐ [q3_30d] Facial nerve pain

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Section 4. Finally, tell us about your professional background and experience.

[q4_1] How do you rate the job your facility is doing to educate staff in caring for older adults?

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very Good
- ☐ Excellent

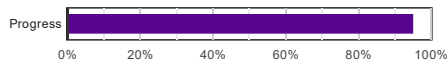
[q4_2] To what extent do you agree with the following statement? I am satisfied with my current job.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

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[q4_3] Which of the following choices best describes your typical work schedule?

- ☐ Day
- ☐ Evening
- ☐ Night
- ☐ Rotating schedule
- ☐ Other [q4_3_spec] - Please specify:

[q4_4] In a typical week, how many hours do you work in your job at this facility/organization? (If you don't work any hours in a typical week, enter 0.)

hours

[SRI Note: Question q4_4 accepts a number from 0 to 80.]

[q4_5] During the most recent shift you worked, how many residents did you care for? (If you did not care for any residents during your last shift, enter 0.)

residents

[SRI Note: Question q4_5 accepts a number from 0 to 250.]

[q4_6] In a typical week, how many hours of mandatory overtime (paid or unpaid) do you work in your job at this facility/organization? (If you do not work any mandatory overtime in a typical week, enter 0.)

hours

[SRI Note: Question q4_6 accepts a number from 0 to 80.]

[q4_7] In a typical week, how many hours of voluntary overtime (paid or unpaid) do you work in your job at this facility/organization? (If you do not work any voluntary overtime in a typical week, enter 0.)

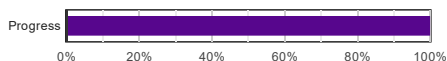
hours

[SRI Note: Question q4_7 accepts a number from 0 to 80.]

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[q4_8] With what gender do you identify?

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ Prefer not to report

[q4_9] In what year were you born?

[q4_9nr] ☐ Prefer not to report

[SRI Note: Question q4_9 accepts a year from 1944 to 2001.]

[q4_10] What is your ethnic background?

- ☐ Hispanic or Latino/Latina
- ☐ Not Hispanic or Latino/Latina

Do you consider yourself...(Select all that apply.)

- ☐ [q4_11_1] American Indian or Alaskan Native
- ☐ [q4_11_2] Asian
- ☐ [q4_11_3] Black or African-American
- ☐ [q4_11_4] Native Hawaiian/Other Pacific Islander
- ☐ [q4_11_5] White
- ☐ [q4_11_6] Other [q4_11_6_spec] - Please specify:
- ☐ [q4_11_7] Prefer not to respond

[SRI Note: Checkbox q4_11_7 is mutually exclusive with the other checkboxes.]

[q4_12] Is English the first language you learned to speak?

- ☐ Yes
- ☐ No

[q4_13] Is the facility where you work inside or outside the United States?

- ☐ Inside the U.S. (including Puerto Rico, U.S. Virgin Islands)
- ☐ Outside the U.S. [q4_13oUS] - Please specify:

[SRI Note: If question q4_13 answers "Inside the U.S.", show question q4_13US.]

[q4_13US] In what state or territory is the facility where you work?

[SRI Note: Question q4_13US selects the 50 U.S. states, the District of Columbia, Puerto Rico, U.S. Virgin Islands, or Other.]

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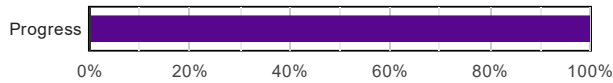
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[SRI Note: If consent question (first page) answers "No", skip to this page.]

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