

5. Between Meal Intake Assessment Form

Not at all Useful Very Useful Didn't Use
1 2 3 4 5 6

6. Mealtime Feeding Assistance Evaluation Form

Not at all Useful Very Useful Didn't Use
1 2 3 4 5 6

7. Between-Meal Snack Evaluation Form

Not at all Useful Very Useful Didn't Use
1 2 3 4 5 6

8. Quality Improvement Observation Form: Meals

Not at all Useful Very Useful Didn't Use
1 2 3 4 5 6

9. Quality Improvement Observation Forms: Snacks

Not at all Useful Very Useful Didn't Use
1 2 3 4 5 6

10. Weight Assessment Form

Not at all Useful Very Useful Didn't Use
1 2 3 4 5 6

Coaching Calls:

11. Please rate the helpfulness of the between-teleconference coaching calls:

Not at all Helpful Very Helpful
1 2 3 4 5

Project Outcomes:

12. Did you and/or your staff identify more residents at risk of unintentional weight loss as a result of participating in this course?

- Yes
- No
- Don't know

13. Did you and/or your staff provide more *mealtime assistance* to residents at risk of unintentional weight loss as a result of participating in this course?

- Yes
- No
- Don't know

14. Did you and/or your staff provide more *between-meal snacks* to residents at risk of unintentional weight loss as a result of participating in this course?

- Yes
- No
- Don't know

21a. Did your nursing home undergo a visit from surveyors at some point during the Eat, Drink & Be Merry course (Feb.-August, 2010)?

- Yes
- No—Skip to 22
- Don't know—Skip to 22

21b. If yes, in your opinion, did your nursing home's participation in the Eat, Drink & Be Merry course help or hurt you with the survey?

- Our participation helped our survey results
- Our participation hurt our survey results
- Our participation had no effect on our survey results
- Don't know; can't evaluate

Training Needs:

22. Are there other topics on which you and your staff would like additional training? Please check all that apply.

- Pressure sore prevention and management
- Falls prevention
- Pain assessment and management
- Delirium assessment and management
- Incontinence Management
- Preventing hospitalizations
- End of life care
- Other; please specify: _____

23. Is there anything we didn't ask about that you would like to share with us or that you think we should know?

Please tell a little about yourself:

24. What is your position?

- Director of Nursing or Assistant Director of Nursing
- Other nursing staff member; please specify your title: _____
- Certified nurse aide
- Medical director
- Facility administrator
- Other staff member; please specify: _____

25. What is the name of your nursing home? _____

Thank you for your feedback. We sincerely appreciate your time.