1 FAMILY MEMBER SURVEY

FAMILY COUNCIL DEVELOPMENT PROJECT
INFORMATION SURVEY

RESPONDENT PERSONAL INFORMATION

1. Name: __________________________ Phone Number: (___) ___________ Fax: (___) ___________
   E-Mail: _______________ Nursing Home: _______________ City or Nursing Home location: _______________

2. □ Current family member of a nursing home resident
   □ Former family member of a nursing home resident
   □ Friend of a nursing home resident
   □ Concerned community member

3. Are you currently involved with a family council?
   a. ? Yes  b. ? No

4. How long have you been involved with a family council?
   a. ? 0-6 mos.  b. ? 6 mos.–1 yr.  c. ? 1-3 years  d. ? 3+ years

5. How long has your family council existed?
   a. ? 0-6 mos.  b. ? 6 mos.–1 yr.  c. ? 1-3 years  d. ? 3+ years

6. Has your family council ever received financial support for family education and outreach activities?
   a. ? Yes  b. ? No  If yes, please describe:

7. If you have been a family council member in the past, can you state the reason you are no longer active?

FAMILY COUNCIL FORMATION

1. Please check and briefly describe the methods you have used to contact families and encourage participation of
   family members in family councils, including any special techniques or outcomes. If you have examples or written
   materials, please send them to us. If you have attempted any of the methods listed below unsuccessfully, please
   use the space provided to describe why.

   □ a. Posted notices at the nursing home.
   □ b. Included a notice in the facility’s newsletter to families.
   □ c. Personally invited family members to attend meetings, either by phone or face to face.
   □ d. Posted notices on cars outside of the nursing home.
   □ e. Mailed a letter soliciting participation to mailing list of families of residents at the nursing home.
   □ f. Conducted educational programs in the community.
   □ g. Publicized the family council in local newspapers, periodicals, television or radio.
   □ h. Focused on membership by forming a membership committee or designating a membership chairperson.
   □ i. Other:

2. Please rank from most effective to least effective (1= most successful) the outreach methods that you have used.

   □ a. Posted notices at the nursing home.
   □ b. Included a notice in the facility’s newsletter to families.
   □ c. Personally invited family members to attend meetings, either by phone or face to face.
   □ d. Posted notices on cars outside of the nursing home.
   □ e. Used small reminder cards to pass out to family members upon meeting during visits at the nursing home.
   □ f. Mailed a letter soliciting participation to mailing list of families of residents at the nursing home.
   □ g. Conducted educational programs in the community.
   □ h. Ran advertisements in local newspapers or periodicals.
3. In the nursing home where your family council operates/operated, is the resident population ethnically and/or racially diverse?  
   ? Yes  
   ? No

4. If so, do/did all the ethnic and racial groups participate proportionally in your family council? Do you know why or why not?

5. Think about the family members you know who are actively involved. Then please check the appropriate box to help us develop a general profile.

<table>
<thead>
<tr>
<th>Family Member Profile</th>
<th>A. Most Likely to Get Involved</th>
<th>B. Likely to Get Involved</th>
<th>C. Least Likely to Get Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Age 60+ (approx.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Age 40-60 (approx.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Under age 40 (approx.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Homemaker/Unemployed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Employed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Retired</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. More than one family member involved in are</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Family member of a resident with care paid for by Medicare</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Family member of a resident with care paid for by Medicaid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Family member of a resident with care paid for with personal funds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Married</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. Single</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. Lives in facility proximity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n. Enjoyed positive nursing home experience</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o. Encountered problems with a nursing home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>p. Suffered neglect or abuse of a loved one in a nursing home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>q. Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Have you received assistance with your family council activities from an ombudsman?  
   ? Yes  
   ? No

7. If so, did you contact the ombudsman for information or assistance or did the ombudsman approach family members at your facility with information about forming a family council?  
   □ Family members contacted the ombudsman  
   □ The ombudsman approached family members

8. If yes to question #6, what kind of assistance did the ombudsman provide?  
   □ Provided the family council with instructional materials on how to form a family council and how to run meetings  
   □ Informed the family council about federal laws related to family council rights and resident rights  
   □ Educated the family council about the federal and state laws and regulations which apply to nursing homes  
   □ Attended meetings of the family council to provide advice and support  
   □ Other:  

9. From your perspective, what are the most important actions an ombudsman can take to support and foster family council development?

10. Have you received assistance with your family council activities from facility personnel?  
    ? Yes  
    ? No
11. If so, what assistance did the facility provide?

☐ Provided educational materials on family council formation to interested family members
☐ Provided information on family council rights to interested family members
☐ Provided technical support with preparing family council materials
☐ Assigned a staff member to act as a liaison with the family council
☐ Planned and ran meetings
☐ Other:

12. From your perspective, what are the most important actions facility personnel can take to support and foster family council development?

13. From your perspective, what are the most important actions the survey agency can take to support family council development?

14. Please describe any special ideas for reaching and promoting family involvement in family councils.

**Obstacles to Family Council Development**

15. What do you consider to be the top two or three greatest obstacles to obtaining and maintaining family council involvement with family members?

☐ a. Difficulty getting the names of family members
☐ b. Resistance from nursing home personnel
☐ c. Family members lack information and education
☐ d. Competing facility activities such as family support groups or other facility-run family meetings
☐ e. Family members lack interest
☐ f. Family members lack financial resources
☐ g. Family members fear retaliation
☐ h. Family members lack support or information from the ombudsman program
☐ i. Family members lack support from the survey agency
☐ j. Family members lack sufficient time in their schedules
☐ k. Other:

*Comments or examples? (use separate sheet if necessary)*

16. Please check the top three most common reasons family members give for not becoming involved or staying active in a family council?

☐ a. Lack of time
☐ b. Lack of appropriate meeting place
☐ c. Lack of financial resources
☐ d. Lack of knowledge or information
☐ e. Fear of retaliation
☐ f. Personal illness or poor health
☐ g. Feeling that it won’t do any good
☐ h. Live far away or in a different state
☐ i. Other:

**Other Obstacles to Family Council Development**

17. Have you encountered resistance to the creation of a family-run family council from facility personnel?

☐ Yes ☐ No
18. If so, what kind?

19. Please describe any practices by facility personnel you believe create the most significant obstacles to family council development?

20. Please describe any practices by ombudsmen you believe create obstacles to family council development?

21. Please describe any practices by the survey agency you believe create obstacles to family council development?

22. What strategies have you used to overcome obstacles to sustaining a family council or soliciting family participation?

**FAMILY COUNCIL ACTIVITIES AND STRUCTURE**

23. Please describe any successful accomplishments made by family councils with which you have worked - especially those which have helped maintain or improve the day-to-day life and care of residents.

24. What strategies have you used to promote leadership in family councils?

25. What leadership models have you used or observed for family councils?
   - Traditional (president, vice-president, secretary, treasurer)
   - Co-chairs
   - Leadership committee
   - Rotating leadership (monthly, quarterly, biannually)
   - Other:

26. Which models have been the most effective?
   - Traditional (president, vice-president, secretary, treasurer)
   - Co-chairs
   - Leadership committee
   - Rotating leadership
   - Other:

27. What success or experience have you had with linking family councils from different facilities for support and networking?

28. Have you presented the facility with recommendations made by the family council?  ?  Yes  ?  No

29. Have they responded to or acted upon the recommendations?  ?  Yes  ?  No

30. If yes, please describe their actions. If not, why not?

31. Do you send copies of the recommendations your family council makes to the ombudsman or survey agency?  ?  Yes  ?  No

32. What methods have you used in negotiations between the family council and facility personnel?

33. Which negotiation methods have been most effective?

34. We will be conducting phone interviews (45 minutes or less) between February 11 and March 1, 2000. Can you (or another council member) participate?  ?  Yes  ?  No

35. If yes, please give the person(s), telephone number(s) and best day & time to call.
36. Can you recommend other individuals who may be willing to complete this survey?
Name(s):__________________________ Phone Number(s): ________________________

37. Please list any resource materials you have found particularly useful.

38. Additional comments? Please use a separate sheet of paper if necessary.