

## Appendix A

### Elder Well Being Scale

Elder Name: \_\_\_\_\_ Date: \_\_\_\_\_ Shift: \_\_\_\_\_

Rater: \_\_\_\_\_

Please rate each elder when completing daily flow sheet. Circle one for each of the following:

Tearful/Sad		Neutral		Happy	
1	2 3	4	5		

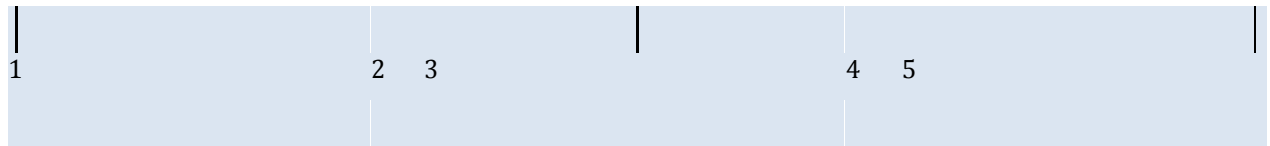
Hopeless		Neutral		Hopeful	
1	2 3	4	5		

Irritable		Neutral		Cheerful	
1	2 3	4	5		

No interest/refusal of activities      Some participation in activities      Enthusiastic/ Active in activities

1	2 3	4	5		
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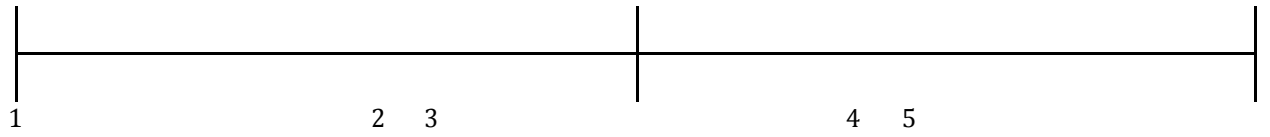
Difficulty Sleeping		Neutral		Restful Sleep	



**Disoriented/ Confused**

**Neutral**

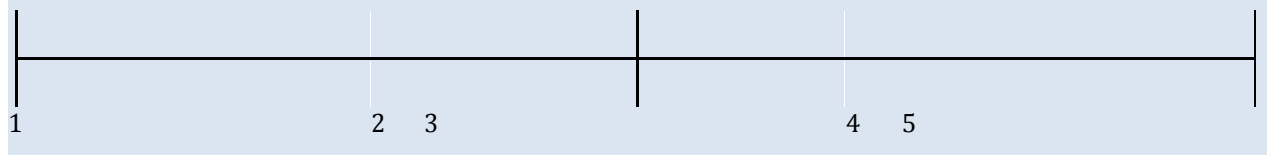
**Alert/ Focused**



**Isolated/ Little interest in  
others**

**Neutral**

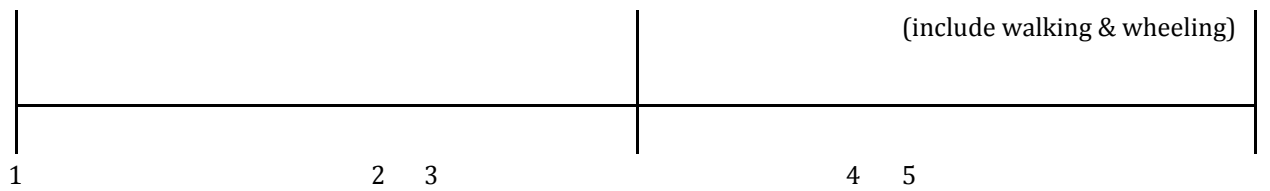
**Socializes/ Interest in Others**



**Little physical activity**

**Neutral**

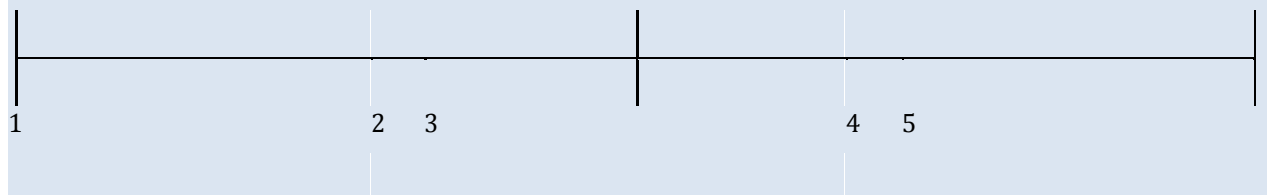
**Frequent physical activity**



**Health worse**

**Health Stable**

**Health Improved**



## Appendix B

### Dinner Rating Scale

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Rater's Name: \_\_\_\_\_ Date: \_\_\_\_\_

How many elders were seated at the table? \_\_\_\_ How many engaged in conversation during the meal? \_\_\_\_

Were there complaints or negative comments about (check all that apply and mark how many):

- ☐ Food Quality: \_\_\_\_
- ☐ Another Elder's Behavior: \_\_\_\_
- ☐ Seat Assignment: \_\_\_\_
- ☐ Other \_\_\_\_\_

Where there any arguments?

- ☐ Yes      How many: \_\_\_\_
- ☐ No

Was there any physical aggression?

- ☐ Yes
- ☐ No

Was there any verbal aggression (insults, name-calling, or threats)?

- ☐ Yes
- ☐ No

Were there any encouraging statements made by elders (compliments or praise)?

- ☐ Yes
- ☐ No

On a scale of 1-5, please rate the overall atmosphere of the dinner.

Very unpleasant	Unpleasant	Neutral	Pleasant	Very Pleasant
1	2	3	4	5

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