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:

<table>
<thead>
<tr>
<th>Tearful/Sad</th>
<th>Neutral</th>
<th>Happy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2 3</td>
<td>4 5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hopeless</th>
<th>Neutral</th>
<th>Hopeful</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2 3</td>
<td>4 5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Irritable</th>
<th>Neutral</th>
<th>Cheerful</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2 3</td>
<td>4 5</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Difficulty Sleeping</th>
<th>Neutral</th>
<th>Restful Sleep</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>----------------</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Disoriented/ Confused</td>
<td>Neutral</td>
<td>Alert/ Focused</td>
</tr>
<tr>
<td>Isolated/ Little interest in others</td>
<td>Neutral</td>
<td>Socializes/ Interest in Others</td>
</tr>
<tr>
<td>Little physical activity</td>
<td>Neutral</td>
<td>Frequent physical activity (include walking &amp; wheeling)</td>
</tr>
<tr>
<td>Health worse</td>
<td>Health Stable</td>
<td>Health Improved</td>
</tr>
</tbody>
</table>

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Appendix B

Dinner Rating Scale

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.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very unpleasant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unpleasant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neutral</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pleasant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Pleasant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>