

Name, First name (of the resident): _____, _____

Date of birth: _____

Home (Name/City) _____

RUD-FOCA

Resource Utilization in Dementia – Formal Care

Date/Signature of the examiner (reference nurse): _____

Questions:

1. Does the resident require help in one of the following or comparable activities?

- | | |
|--------------------|-----------|
| • Using the toilet | • Hygiene |
| • Eating | • Bathing |
| • Dressing | • Walking |

yes no

If no: proceed to question 2.

If yes: Please answer the following questions.

1.1. On how many days in the past four weeks did you or another (formal) caregiver assist the resident in these activities?

on _____ days (28 = daily; 4=once a week etc, orientation help in schedule)

1.2. On these days, how many minutes did you or another (formal) caregiver spend on average per day to assist the resident with these activities?

_____ minutes (per 24 hours) (see Schedule, ADL/day)

2. Does the resident require help in one of the following or comparable activities?

- Taking medications
- Telephone calls
- Small purchases/going to the hairdresser/barber
- Performing administrative activities (e.g. filling out forms, opening letters, etc.)
- Accompanying outside the home

yes no

If no: Please proceed to question 3.

If yes: Please answer the following questions.

2.1. On how many days in the past four weeks did you or another (formal) caregiver assist the resident with these activities?

on _____ days (28 = daily; 4=once a week, etc, orientation help in schedule)

2.2. On these days, how many minutes did you or another (formal) caregiver spend on average per day to assist the resident with these activities?

_____ minutes (per 24 hours) (see Schedule, IADL/day)

3. Did you or other caregivers spend individual person-related time assisting the resident within the past four weeks (which is not included under questions 1 or 2), for example to

- Avoid a dangerous situation, such as roaming tendency which could lead to self-endangering behavior
- Offer orientation help, such as the way to the resident's own room
- stop behavior that limited the autonomy of another person, such as bothering/annoying another resident?

yes no

If no: Please proceed to question 4.

If yes: Please answer the following questions.

3.1. On how many days in the past four weeks did you or another (formal) caregiver assist the resident with these activities?

on _____ days (28 = daily; 4=once a week, etc, orientation help in schedule)

3.2. On these days, how many minutes did you or another (formal) caregiver spend on average per day to assist the resident with these activities?

_____ minutes (per 24 hours) (see Schedule, Spv./day)

4. Are there family members, friends or acquaintances who assist the resident in one or more of the areas in questions 1 to 3?

yes no

If no: You have completed the questionnaire.

If yes: Please answer the following questions

4.1. In area 1 (using the toilet, eating,...) is the resident assisted by family members, friends or acquaintances?

yes no (*If no:* Please proceed to question 4.2.)

If yes, on how many days in the past four weeks:

on _____ days (28 = daily; 4=once a week, etc)

On these days, how many minutes per day on average?

_____ minutes (per 24 hours)

4.2. In area 2 (accompanying outside the home, taking medications,...) is the resident assisted by family members, friends or acquaintances?

yes no (*If no:* Please proceed to question 4.3.)

If yes, on how many days in the past four weeks:

on _____ days (28 = daily; 4=once a week, etc)

On these days, how many minutes per day on average?

_____ minutes (per 24 hours)

4.3. In area 3 (individual person-related expenditure, not included in 1 and 2) is the resident assisted by family members, friends or acquaintances?

yes no (*If no:* you have completed the questionnaire.)

If yes, on how many days in the past four weeks:

on _____ days (28 = daily; 4=once a week, etc)

On these days, how many minutes per day on average?

_____ minutes (per 24 hours)