Appendices
Appendix A: Physical Features Checklist

1) Name of Facility ____________________

2) Year Kitchen was Built ________

3) Size of Kitchen ________________ sf

4) Number of Residents on Unit
   _____ Male ______ Female

5) Location of Kitchen
   _____ Off the unit _____ On the unit

6) List Adjacent Rooms (or annotate plan)

____________________________
____________________________

7) Accessibility
   _____ Door routinely locked _____ Unlocked door, monitored by staff
   _____ Unlocked door all times _____ No door, monitored by staff
   _____ Other ____________________

8) Signage
   _____ No ______ Yes (Describe ________________________________)

9) Type of Appliances
   _____ Sink _____ Washer
   _____ Full refrigerator _____ Dryer
   _____ Mini refrigerator _____ Coffee maker
   _____ Cooktop _____ Toaster
   _____ Oven _____ Bread machine
   _____ Microwave _____ Other ________

10) Safety Features
    _____ Automatic shut-off stove _____ Hidden switches for appliances (specify ___)
    _____ Fire extinguisher _____ Sprinkler system
    _____ Smoke alarm _____ Covered electrical outlets
    _____ Locked cabinets _____ Other ________

11) Storage
    _____ Pantry _____ Cabinets below counter
    _____ Closet _____ Cabinets above counter
    _____ Display cabinets _____ Display shelves

12) Type of Work Space
    _____ Kitchen table _____ Counter - standard height
    _____ Island - standard height _____ Low counter
    _____ No workspace

If kitchen is part of a space used for dining, complete # 13-17. Otherwise, skip to #18.

13) Type of Furniture (Specify number of each).
    _____ Dining tables _____ Server
    _____ Chairs _____ Baker's rack
    _____ China cabinet _____ Other ________

14) Type of Dining Tables
    _____ Metal legs, laminate top _____ Laminate legs and top
    _____ Wood legs, laminate top _____ Wood legs and top
15) **Shape of Dining Tables**
   - Square
   - Round
   - Other ________
   - Rectangle
   - U-shaped

16) **Type of Dining Chairs**
   - Low back, arm supports
   - High back, arm supports
   - Low back, no arm supports
   - High back, no arm supports

17) **Style of Dining Chairs**
    - Frame Type
      - Metal
      - Plastic
      - Wood
    - Covering Type
      - Vinyl
      - Fabric
      - Laminated Fabric

18) **Flooring Material**
    - Carpet
    - Hard floor (vinyl, terrazzo, ceramic tiles)
    - Other ________

19) **Walls**
    - Concrete block or brick
    - Drywall with wallpaper
    - Drywall without molding
    - Other ________
    - Drywall, painted
    - Acoustical panels
    - Combination of materials lower/upper walls

20) **Ceiling**
    - Drop-in acoustical tiles, dark or contrasting metal framing visible
    - Drop-in tiles, metal framing not very visible
    - Sprayed surface (usually pebbled)
    - Drywall without molding
    - Drywall with molding
    - Other ________

21) **Lighting**
    - Ceiling fluorescent (within acoustical ceiling grid)
    - Surface-mounted fluorescent lights on ceiling
    - Surface-mounted incandescent lights on ceiling
    - Cove lighting (fluorescent along walls, pointing up or down)
    - Chandelier or hanging fixture (including fans with lights)
    - "Can" lighting (small round fixtures recessed in ceiling)
    - Lamps (floor and table)
    - Wall sconce
    - Track lighting
    - Other ________

22) **Glare**
    - Little or no glare
    - Glare in many areas

23) **Type of Window (specify number)**
    - Casement
    - Slider
    - Bay
    - No window
    - Double hung
    - Picture
    - Clerestory
    - Other ________

24) **Window Treatments**
    - Horizontal blinds
    - Curtains/drapes
    - Shades
    - Vertical blinds
    - Valance or decorative fabric around window
    - No treatment

25) **Decoration on Walls**
    - Artwork
    - Activities Calendar
    - Quilt
    - Other
Appendix B: Staff Interview Questions

Staff position ___________________________ Facility Name _____________________

Activities Programming

1) Please describe how the kitchen is used in terms of types of activities. How many residents are involved in each activity? How often does each activity occur? To what extent do residents participate in each activity?

2) Which activity, held in the therapeutic kitchen, is most successful for residents with dementia? Why?

3) Which activity, held in the therapeutic kitchen, is least successful for residents with dementia? Why?

4) Are there any male-specific activities in the kitchen area?

5) Are there any activities that are specific to different ethnic or religious groups?

6) Who develops and organizes the activities?

Food Service

7) Are any meals prepared in the kitchen? Which meals? If meals are not prepared in the kitchen, how are they brought to the unit? Are any meals heated in the kitchen? Which meals? How are they heated?

8) If the kitchen includes a space for dining, to what extent are tables pre-set before a meal begins? (bibs, silverware, napkins, placemats, glasses, salt/pepper, table cloths)

9) To what extent do residents participate in meal set-up?

10) How are meals served?

11) To what extent do residents participate in meal preparation?

12) To what extent do residents participate in meal clean-up?

13) Are necessary supplies for set-up and clean-up readily available?

14) To what extent are residents given potentially hazardous supplies? (knives)

15) Do residents have access to beverages between meals? How often? Do residents have access to hot drinks between meals (coffee, tea)? Do residents have access to fruits and snacks between meals? How often?

Staff Use

16) To what extent do staff use the kitchen for work-related activities? (paperwork)

17) To what extent do staff use the kitchen as a break space? (lunch, coffee)
Satisfaction

18) How satisfied are you with the kitchen as it is now?

19) If you could redesign the kitchen, what changes would you make?

20) How satisfied do you think residents are with the kitchen?
Appendix C: Questionnaire

1. Does your facility have a kitchen for activities (e.g. baking) for residents with dementia?
   □ yes, 1 kitchen  □ yes, more than 1 kitchen  □ no (please return survey)

2. Which best describes your kitchen? (Check all that apply). (If your facility has more than 1 kitchen, select one that residents with dementia can use).
   □ part of activities room  □ separate room with a door  □ open space that can not be closed off
   □ part of dining area  □ hallway near kitchen  □ open space that can be closed off

3. Which best describes the configuration of your kitchen?
   □ counter against one wall  □ L-shaped  □ other _____________
   □ counter against one wall and island  □ U-shaped

4. What features are part of your kitchen? (Check all that apply).
   □ full refrigerator  □ toaster  □ kitchen table
   □ mini refrigerator  □ bread machine  □ desk or work area
   □ sink  □ coffee maker  □ all cabinets/drawers locked
   □ hand washing sink  □ washer  □ some cabinets/drawers locked
   □ cooktop  □ dryer  □ all cabinets/drawers labeled
   □ oven  □ standard height counter  □ some cabinets/drawers labeled
   □ dishwasher  □ low counter  □ window(s)
   □ microwave  □ island  □ other _____________

5a. Do you think your kitchen looks most like
   □ an old-fashioned country kitchen  □ a residential kitchen that could be in someone’s home
   □ an institutional kitchen  □ other _____________

b. List 1-2 features (e.g. decor) that contribute to this image. ____________________________

6. For all activities that take place in your kitchen, please indicate how many residents and staff on average participate and how often the activity is offered.

<table>
<thead>
<tr>
<th>Activity</th>
<th># Residents</th>
<th># Staff</th>
<th># Times/Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meal set-up (e.g. setting tables)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meal preparation (e.g. seasoning soup)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meal clean-up (e.g. wiping tables)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethnic meals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Holiday dinners</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arts and Crafts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Socializing/sitting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housekeeping (e.g. sweeping floors)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7a. Where are meals prepared? (Check the appropriate column).

<table>
<thead>
<tr>
<th>Meal</th>
<th>Commercial Kitchen</th>
<th>Activity Kitchen</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lunch</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dinner</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. How is food served? (Check the appropriate column).

<table>
<thead>
<tr>
<th>Meal</th>
<th>On Trays</th>
<th>Dishes Off Tray</th>
<th>From Steam Tables</th>
<th>Family Style</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lunch</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dinner</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
8a. Which items are kept in your kitchen and are available to residents? (Check all that apply).
- [ ] fruit
- [ ] snacks
- [ ] cold beverages
- [ ] hot beverages
- [ ] none
- [ ] other ____________

b. Do residents help themselves to these items? (Check one).
- [ ] Yes mostly on their own
- [ ] No residents are not able
- [ ] Yes mostly with staff help
- [ ] No residents are not allowed
- [ ] No residents mostly prefer staff to help
- [ ] other ____________

9. What safety features are part of your kitchen? ____________________________________________________________________________

10a. Regarding the kitchen, would you say most staff feel that it is (Circle one)

1 not at all important
2 3 4 5 very important

b. Regarding the kitchen, would you say most residents feel that it is (Circle one)

1 not at all important
2 3 4 5 very important

c. Regarding the kitchen, would you say most families feel that it is (Circle one)

1 not at all important
2 3 4 5 very important

11a. Regarding your kitchen design, what are the best features? ______________________________________________________________________

b. What are the worst features? __________________________________________________________________________

c. How would you suggest improving or increasing use of the kitchen? ___________________________________________________________________

12. Approximately what year was your kitchen constructed or updated? _____________

13. How would you describe the cognitive status of the majority of residents who use your kitchen?
- [ ] early stage dementia
- [ ] late stage dementia
- [ ] middle stage dementia
- [ ] no dementia

14. Is your kitchen
- [ ] on the unit
- [ ] off the unit

15a. At full capacity, how many residents can use your kitchen for activities? ___________

b. Of those residents, how many have dementia? _____________________________________________________________________

16. Would you say your kitchen is part of (Check one).
- [ ] assisted living, SCU
- [ ] assisted living
- [ ] nursing home, SCU
- [ ] nursing home
- [ ] other ____________

17. Would you say your facility is (Check all that apply).
- [ ] a chain
- [ ] non-profit
- [ ] an independent operator
- [ ] for-profit
- [ ] other ____________

18. What type of setting is your facility located in?
- [ ] urban
- [ ] suburban
- [ ] rural

Thank you for your time. Please return this survey in the enclosed self addressed stamped envelope to:
IDEAS Inc., 8055 Chardon Road, Kirtland, OH 44094.
May 5, 1999

Dear Administrator or Activities Director:

I.D.E.A.S., Inc. (Innovative Designs in Environments for an Aging Society) is a research, education, and consulting firm that specializes in improving environments for people with dementia. We are requesting your assistance with a study, funded by the Extendicare Foundation, Inc., that is entitled “Therapeutic Kitchen Design: An Exploration of How This Space Can Benefit Residents with Dementia.”

Currently, we are collecting information about kitchens that are used for activities for residents with dementia from a wide range of units in the United States. This type of kitchen may, for example, include a sink, microwave, and refrigerator in an activities room or may be part of a dining area and linked to food service. Our ultimate goal for this project is to improve the design and use of activity-based kitchens in nursing homes and assisted living facilities by exploring different types of kitchens and providing guidelines based on research findings. For the purposes of this study, we will not be considering group homes or board and care homes. You will greatly help us by providing your insights about the kitchen in your facility. To assist us with this research, please complete the enclosed, brief survey form and forward it in the self-addressed, stamped envelope by May 20, 1999.

Thank you in advance for participating and helping us to create guidelines that will enhance the design and use of activity-based kitchens for residents with dementia. If you have any questions about this research project, please do not hesitate to call me toll-free at 1-888-414-3327 or to contact me via email at IDEASjpm@aol.com. If you would like us to forward an electronic summary of the research findings at a later date, please provide us with your email address.

Sincerely

John P. Marsden, Ph.D.