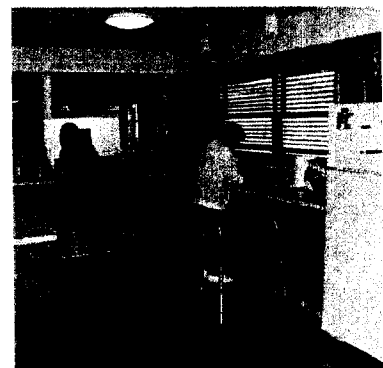


**Appendices**



**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

THERAPEUTIC KITCHENS IN DEMENTIA CARE SETTINGS

15) Shape of Dining Tables

- |                                      |                                    |
|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Square      | <input type="checkbox"/> Rectangle |
| <input type="checkbox"/> Round       | <input type="checkbox"/> U-shaped  |
| <input type="checkbox"/> Other _____ |                                    |

16) Type of Dining Chairs

- |  |   |
|--|---|
| <input type="checkbox"/> Low back, arm supports  | <input type="checkbox"/> Low back, no arm supports  |
| <input type="checkbox"/> High back, arm supports | <input type="checkbox"/> High back, no arm supports |

17) Style of Dining Chairs

- | <u>Frame Type</u>                | <u>Covering Type</u>                      |
|----------------------------------|---|
| <input type="checkbox"/> Metal   | <input type="checkbox"/> Vinyl            |
| <input type="checkbox"/> Plastic | <input type="checkbox"/> Fabric           |
| <input type="checkbox"/> Wood    | <input type="checkbox"/> Laminated Fabric |

18) Flooring Material

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Carpet      | <input type="checkbox"/> Hard floor (vinyl, terrazzo, ceramic tiles) |
| <input type="checkbox"/> Other _____ |  |

19) Walls

- |  |   |
|--|---|
| <input type="checkbox"/> Concrete block or brick | <input type="checkbox"/> Drywall, painted                           |
| <input type="checkbox"/> Drywall with wallpaper  | <input type="checkbox"/> Acoustical panels                          |
| <input type="checkbox"/> Other _____             | <input type="checkbox"/> 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

- |   |  |
|---|--|
| <input type="checkbox"/> Little or no glare | <input type="checkbox"/> Glare in many areas |
|---|--|

23) Type of Window (specify number)

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Casement  | <input type="checkbox"/> Double hung |
| <input type="checkbox"/> Slider    | <input type="checkbox"/> Picture     |
| <input type="checkbox"/> Bay       | <input type="checkbox"/> Clerestory  |
| <input type="checkbox"/> No window | <input type="checkbox"/> Other _____ |

24) Window Treatments

- |  |   |
|--|---|
| <input type="checkbox"/> Horizontal blinds | <input type="checkbox"/> Vertical blinds                            |
| <input type="checkbox"/> Curtains/drapes   | <input type="checkbox"/> Valance or decorative fabric around window |
| <input type="checkbox"/> Shades            | <input type="checkbox"/> No treatment                               |

25) Decoration on Walls

- |  |                                |
|--|--------------------------------|
| <input type="checkbox"/> Artwork             | <input type="checkbox"/> Quilt |
| <input type="checkbox"/> Activities Calendar | <input type="checkbox"/> 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)

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### *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.

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

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

Meal	Commercial Kitchen	Activity Kitchen	Other _____
Breakfast			
Lunch			
Dinner			

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

Meal	On Trays	Dishes Off Tray	From Steam Tables	Family Style
Breakfast				
Lunch				
Dinner				



**Appendix D: Cover Letter**

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 Extencicare 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.