ASSISTED, INDEPENDENT, AND NURSING FACILITIES

- 1. Are you living in an assisted living, independent living, nursing home or other type of place that offers help with daily activities? This includes places that have different areas you can move to if you need care, offer help with medications or activities such as bathing or dressing, or offer meals for residents. Please mark yes if you live in an assisted living facility, independent living facility, continuing care retirement community, nursing home, group home, personal care home or other type of group care setting.
 - Yes → Please answer Question 14, next page
 - No \rightarrow Please **go to Question 17**, page 8



 Have any (other) residents or staff in the place symptoms or a diagnosis or a positive test for Yes No 	-		
Unsure			
. Have all residents been tested for COVID-19?			
Yes			
No			
. DURING the COVID-19 outbreak, has the place done the following?	e where Yes	you li	Not Usually offered
a. Stopped or limited outside visitors	res		onered
 Required all residents to stay in their units/rooms 			
c. For residents returning from outside, required them to stay in their units/rooms for a specific period of time ("quarantine" or "isolation")			
d. Stopped providing group meals in a common area			
e. Stopped group activities in a common area			
e. Stopped group activities in a common areaf. Stopped facility-provided transportation for non-essential trips			
f. Stopped facility-provided transportation for			
f. Stopped facility-provided transportation for non-essential trips			

