

## Questionnaire for Gentle Bathing In-service

### Section A: Resident Behavior

Name \_\_\_\_\_ Date \_\_\_\_\_

1. Fill in the chart for a resident with dementia you care for who resists, fears or dislikes bathing

Resident Behavior During Bath	Type of Bath	Possible Triggers	Solutions Tried	
			Successful	Unsuccessful

### Section B: Suggestions for Change In

2. If you were snowed in at this facility and had to use the above resident's bathing place: what would you change, if you could, to make it more pleasant for yourself and to assure privacy?

Environment	Type of Bath	Time	Caregiver	Helps or Extras (Music, Favorite Bath Oil, Bath Pillow Etc.)

### Section C: Changes If I Were Bathing Here:

Environment	Type of Bath	Time	Assure Privacy	Helps or Extras

3. Could you carryover any of these changes mentioned in #2 about your own bathing, for the resident above to make the bathing experience more pleasant?