

QUIS – Score Sheet -30 minutes

Name of Care Setting _____ Area Observed (lounge, dining room, activity room) _____

Name of Observer _____ Date _____ Full Time Period _____

Timeframes	POSITIVE CONNECTIVE CARE +2	TASK ORIENTATED CARE +1	Neutral 0	PROTECTIVE AND CONTROLLING -1	INSTITUTIONAL CARE CONTROLLING CARE -2
TOTAL					

QUIS –Observation Information Sheet

Ref: The Quality of Interactions Schedule (Dean R, Proudfoot R and Lindesay J 1993)

Form 3 A

Time frames	Comments

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Form 3 A