

# **2008 Evaluation of People with Developmental Disabilities Moving from Developmental Centers into the Community**

## **Volume 2: Appendices**

*Submitted by:*



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## 2008 Evaluation of People with Developmental Disabilities Moving from Developmental Centers into the Community

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Additional copies of the report can be obtained by contacting Eileen Castro, Department of Developmental Services, (916) 651-1151

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# **A**

## **The Residential Survey**



SURVEY #: \_\_\_\_\_

# Quality Of Life For Persons With Developmental Disabilities Moving From Developmental Centers Into The Community - 2007-2008

## SECTION ONE: PRIMARY INFORMATION

**NOTE: IF CONSUMER IS IN AN ACUTE CARE HOSPITAL, PSYCHIATRIC HOSPITAL, PRISON OR JAIL, A DEVELOPMENTAL CENTER, AWOL, HOMELESS, OR DEACTIVATED, DO NOT COMPLETE THIS SURVEY, AND REPORT TO CSUS.**

Survey #: \_\_\_\_\_ Interviewer: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

Consumer name: \_\_\_\_\_

UCI: \_\_\_\_\_

Residence name (IF NO NAME, CODE 9): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Residence phone: (\_\_\_\_) \_\_\_\_\_

Agency name (IF NO AGENCY, CODE 9): \_\_\_\_\_

Agency telephone number (IF NO AGENCY, CODE 9): (\_\_\_\_) \_\_\_\_\_

## SECTION TWO: CHANGE OF ADDRESS/TELEPHONE NUMBER

Residence name (IF NO NAME, CODE 9): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Residence phone: (\_\_\_\_) \_\_\_\_\_

Agency name (IF NO AGENCY, CODE 9): \_\_\_\_\_

Agency telephone number (IF NO AGENCY, CODE 9): (\_\_\_\_) \_\_\_\_\_

## SECTION THREE: REGIONAL CENTER INFORMATION

Regional Center: \_\_\_\_\_

Regional Center Coordinator: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Date received: \_\_\_\_\_ Date edited: \_\_\_\_\_ Date entered: \_\_\_\_\_



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**CONTACT RECORD**

**SECTION ONE: RESIDENCE INFORMATION**

Name of person/staff interviewed: \_\_\_\_\_  9 Not appropriate

Phone: (\_\_\_\_) \_\_\_\_\_  9 Not appropriate

Position/relationship to consumer: \_\_\_\_\_  9 Not appropriate

Does the consumer need a communication device as a primary means of communication?  1 Yes  2 No

Does the consumer need an interpreter?  1 Yes (**REPORT LANGUAGE:** \_\_\_\_\_)

2 No

9 Not appropriate

Independent consumer, no staff.

**SECTION TWO: DAY PROGRAM**

Does the consumer receive day program services?  1 Yes  2 No

Name of Day Program: \_\_\_\_\_  9 Not appropriate

Day Program address: \_\_\_\_\_  9 Not appropriate

Day Program city/state/zip: \_\_\_\_\_  9 Not appropriate

Day Program phone: (\_\_\_\_) \_\_\_\_\_  9 Not appropriate

Name of Day Program staff: \_\_\_\_\_  9 Not appropriate

**SECTION THREE: EMPLOYMENT (NON-AGENCY SPONSORED EMPLOYMENT)**

Is the consumer employed?  1 Yes  2 Yes, but consumer wants no contact  3 No

Name of employer: \_\_\_\_\_  9 Not appropriate

Contact person: \_\_\_\_\_  9 Not appropriate

Phone: (\_\_\_\_) \_\_\_\_\_  9 Not appropriate

**SECTION FOUR: CONSUMER'S CLOSEST RELATIVE, GUARDIAN /CONSERVATOR, OR FRIEND (OBTAIN INFORMATION FROM CONSUMER'S RECORDS)**

1 Contact with parents/relatives/friends

2 Does not want to be contacted. (**DO NOT FILL OUT INFORMATION BELOW**)

3 No contact information available

4 In DC

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Primary language: \_\_\_\_\_

**PART I: STAFF CHARACTERISTICS**

- A. IF CONSUMER LIVES WITH A RELATIVE, FRIEND, OR SPOUSE, DO NOT COMPLETE STAFF INTERVIEW UNLESS THE RELATIVE, FRIEND, OR SPOUSE IS A PAID CARETAKER
- B. IF CONSUMER HAS AN ILS OR SLS WORKER, CONDUCT THIS AND OTHER SECTIONS OF THIS INTERVIEW WITH THAT WORKER.
- C. IF CONSUMER IS FULLY INDEPENDENT, HAS NO PAID CARETAKER, DO NOT COMPLETE THIS SECTION OF THE INTERVIEW. CODE ALL QUESTIONS IN THIS SECTION "9" UNLESS OTHERWISE INSTRUCTED.

1. This survey was conducted with:

- 1 Direct care staff in a community living facility (Includes RN, LVN, CNA)
- 2 An ILS or SLS worker
- 3 A relative, friend or spouse licensed to care for the consumer
- 4 QMRP
- 5 Owner/Manager/Administrator
- 7 Duplicate respondent (**ASK ONLY QUESTIONS 2, 10, 20 AND 21, AND CODE ALL OTHERS "9"**)
- 9 Not appropriate, consumer is independent or lives with unlicensed relative, friend, or spouse
- 99 No answer

2. How long have you worked with this consumer? (**CODE "9, 9" IF NO STAFF, CODE "99" IF NO ANSWER**)

- |       |                                       |       |                                       |
|-------|---------------------------------------|-------|---------------------------------------|
| ----- | <input type="checkbox"/> 9 Years      | ----- | <input type="checkbox"/> 9 Months     |
|       | <input type="checkbox"/> 99 No answer |       | <input type="checkbox"/> 99 No answer |

3. How long have you worked with persons with developmental disabilities? (**CODE "9, 9" IF NO STAFF, CODE "99" IF NO ANSWER**)

- |       |                                       |       |                                       |
|-------|---------------------------------------|-------|---------------------------------------|
| ----- | <input type="checkbox"/> 9 Years      | ----- | <input type="checkbox"/> 9 Months     |
|       | <input type="checkbox"/> 99 No answer |       | <input type="checkbox"/> 99 No answer |

4. What is the year of your birth? -----.

- 9 No staff
- 99 No answer

5. What is your primary racial or ethnic background? (**CODE "9,9" IF NO STAFF**)

- |   |  |
|---|--|
| <input type="checkbox"/> 1 Caucasian ( <b>NON-HISPANIC</b> )        | <input type="checkbox"/> 6 Pacific Islander ( <b>INCLUDES FILIPINO</b> )   |
| <input type="checkbox"/> 2 African-American ( <b>NON-HISPANIC</b> ) | <input type="checkbox"/> 7 Middle Eastern  |
| <input type="checkbox"/> 3 Hispanic                                 | <input type="checkbox"/> 8 Other ( <b>SPECIFY:</b> _____ <input type="checkbox"/> 9 Not appropriate)                     |
| <input type="checkbox"/> 4 Native American                          | <input type="checkbox"/> 9 Not appropriate, consumer is independent or lives with unlicensed relative, friend, or spouse |
| <input type="checkbox"/> 5 Asian                                    |  |

6. Gender **(INTERVIEWER: CODE THIS, DO NOT ASK)**

- 1 Male
- 2 Female
- 9 Not appropriate, consumer is independent or lives with unlicensed relative, friend or spouse

7. What is the highest level of education you have had?

- 1 Less than high school (no diploma)
- 2 High school diploma or GED
- 3 Some college
- 4 AA degree
- 5 BA/BS
- 6 Graduate degree (MA, MS, Ph.D., MD)
- 9 Not appropriate, consumer independent, etc.
- 99 No answer

8. In addition to an academic degree **(FOR EXAMPLE, HIGH SCHOOL, COLLEGE)** do you hold any of the following credentials or licenses? **(CHECK ALL THAT APPLY, CODE "9" ONLY IF NO STAFF)**

- |    | <u>Yes</u>                 | <u>No</u>                  | <u>Not</u>                 | <u>No</u>                   |  |
|----|----------------------------|----------------------------|----------------------------|-----------------------------|--|
|    |                            |                            | <u>Appr.</u>               | <u>Answer</u>               |  |
| A. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | <input type="checkbox"/> 99 | QMRP (Qualified Mental Retardation Professional)                           |
| B. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | <input type="checkbox"/> 99 | LVN (Licensed Vocational Nurse)  |
| C. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | <input type="checkbox"/> 99 | RN (Registered Nurse)  |
| D. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | <input type="checkbox"/> 99 | Psych Tech (Psychiatric Technician)  |
| E. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | <input type="checkbox"/> 99 | CNA (Certified Nurse Assistant)  |
| F. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | <input type="checkbox"/> 99 | Administrative   |
| G. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | <input type="checkbox"/> 99 | Other ( <b>SPECIFY:</b> _____ <input type="checkbox"/> 9 Not appropriate ) |

9. On a scale of 1 to 5, where 1 means not liking the job at all, and 5 means liking it a great deal, how do you feel most of the time about this job?

- \_\_\_\_\_  9 (CODE "9" IF NO STAFF)       99 No answer

10. On the same scale, how do you feel most of the time about working with the consumer?

- \_\_\_\_\_  9 (CODE "9" IF NO STAFF)       99 No answer

11. Would you recommend this job to someone else?

- 1 Yes
- 2 Maybe
- 3 No
- 9 Not appropriate, consumer is independent or lives with unlicensed relative, friend or spouse
- 88 Don't know

12. Are you satisfied with your pay?

- 1 Yes
- 2 Maybe
- 3 No **(IF NO, ASK WHY NOT?** \_\_\_\_\_  9 Not appropriate)
- 9 Not appropriate, consumer is independent or lives with unpaid relative, friend, or spouse
- 99 No answer

13. Do you work?

- 1 Full time (40 OR MORE HOURS A WEEK)
- 2 Part-time (LESS THAN 40 HOURS A WEEK)
- 9 Not appropriate, consumer is independent or lives with unpaid relative, friend, or spouse
- 99 No answer

14. How many hours per week do you work with consumers? \_\_\_\_\_ (IF NONE, ENTER "0," "9" IF NO STAFF)

15. How many hours per week do you work on administrative tasks? \_\_\_\_\_ (IF NONE, ENTER "0," "9" IF NO STAFF)

16. What kinds of fringe benefits do you receive?	<u>Yes</u>	<u>No</u>	<u>Not Appropriate</u>	<u>No Answer</u>
A. Paid or partially paid health insurance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	<input type="checkbox"/> 99
B. Paid vacation leave	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	<input type="checkbox"/> 99
C. Paid sick leave	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	<input type="checkbox"/> 99
D. Other paid time off (holidays, comp time)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	<input type="checkbox"/> 99
E. Meals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	<input type="checkbox"/> 99
F. Lodging	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	<input type="checkbox"/> 99
G. Retirement	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	<input type="checkbox"/> 99
H. Cell phone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	<input type="checkbox"/> 99
I. Gas mileage	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	<input type="checkbox"/> 99
J. Other (Specify: _____ <input type="checkbox"/> 9 Not appropriate)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	<input type="checkbox"/> 99

(IF NO "OTHER", CODE "9" AND THEN "2" FOR NO OTHER BENEFITS)

17. Are you satisfied with your benefits?

- 1 Yes
- 2 Maybe
- 3 No (IF NO, ASK WHY NOT? \_\_\_\_\_  9 Not appropriate)
- 4 Does not receive benefits
- 9 Not appropriate, consumer is independent or lives with unpaid relative, friend, or spouse
- 99 No answer

18. Do you think you have received sufficient training to do your job?

- 1 Yes
- 2 Maybe
- 3 No
- 9 Not appropriate, consumer is independent or lives with unpaid relative, friend, or spouse
- 99 No answer

19. Please list any topics in which you would like to receive more training? (CODE "9" IF NO STAFF, "99" IF NO ANSWER)

-----	9	<input type="checkbox"/>	99	<input type="checkbox"/>	-----	9	<input type="checkbox"/>	99	<input type="checkbox"/>
-----	9	<input type="checkbox"/>	99	<input type="checkbox"/>	-----	9	<input type="checkbox"/>	99	<input type="checkbox"/>
-----	9	<input type="checkbox"/>	99	<input type="checkbox"/>	-----	9	<input type="checkbox"/>	99	<input type="checkbox"/>

20. Do you speak the consumer's primary language?

- 1 Yes (SKIP TO Q.22, CODE Q.21 "9")
- 2 No (ASK Q.21)
- 9 Not appropriate, consumer is independent or lives with unpaid relative, friend, or spouse

21. (CODE "9" IF Q. 20 CODED YES "1") Is there anyone else on staff who speaks the consumer's primary language?

- 1 Yes
- 2 No
- 9 Not appropriate, respondent speaks primary language, consumer is independent or lives independently with unpaid relative, friend, or spouse

22. (OBSERVE BUT DO NOT ASK) Score the respondent's ability to speak English on a scale of 1-5, (1 = not very well and 5= very well)

- 1       2       3       4       5       9 Not appropriate, no staff

## PART II: CONSUMER DESCRIPTIVE INFORMATION

1. Year of birth: \_\_\_\_\_

- 88 Don't know

2. Gender:

- 1 Male
- 2 Female

3. Primary race or ethnicity (CHECK ONLY ONE):

- |  |   |
|--|---|
| <input type="checkbox"/> 1 Caucasian (non-Hispanic)        | <input type="checkbox"/> 6 Pacific Islander (INCLUDES FILIPINO)                               |
| <input type="checkbox"/> 2 African-American (non-Hispanic) | <input type="checkbox"/> 7 Middle Eastern   |
| <input type="checkbox"/> 3 Hispanic                        | <input type="checkbox"/> 8 Other (SPECIFY: _____) <input type="checkbox"/> 9 Not appropriate) |
| <input type="checkbox"/> 4 Native American                 | <input type="checkbox"/> 88 Don't know  |
| <input type="checkbox"/> 5 Asian                           |   |

4. Marital status

- |  |  |
|--|--|
| <input type="checkbox"/> 1 Never married               | <input type="checkbox"/> 4 Significant other |
| <input type="checkbox"/> 2 Married now                 | <input type="checkbox"/> 5 Widowed/divorced  |
| <input type="checkbox"/> 3 Married in past, single now | <input type="checkbox"/> 88 Don't know       |

## 2008 Mover Study

5. Level of mental retardation diagnosis. **(THIS INFORMATION MUST BE OBTAINED FROM THE CONSUMERS' RECORDS. IF NOT, CODE 88)**

- |                            |                             |                             |   |
|----------------------------|-----------------------------|-----------------------------|---|
| <input type="checkbox"/> 1 | No mental retardation       | <input type="checkbox"/> 5  | Profound mental retardation                       |
| <input type="checkbox"/> 2 | Mild mental retardation     | <input type="checkbox"/> 6  | Mental retardation present, but no level assigned |
| <input type="checkbox"/> 3 | Moderate mental retardation | <input type="checkbox"/> 9  | Not appropriate, no staff                         |
| <input type="checkbox"/> 4 | Severe mental retardation   | <input type="checkbox"/> 88 | Don't know  |

6. Is this consumer diagnosed with any of the following?

- |   | <u>Yes</u>                 | <u>No</u>                  | <u>Don't know</u>           |                                    |
|---|----------------------------|----------------------------|-----------------------------|------------------------------------|
| A | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 88 | Cerebral palsy                     |
| B | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 88 | Autism/Aspergers                   |
| C | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 88 | Down's Syndrome                    |
| D | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 88 | Traumatic brain injury             |
| E | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 88 | Epilepsy/seizures                  |
| F | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 88 | Prader-Willi Syndrome              |
| G | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 88 | Mental illness                     |
| H | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 88 | Substance abuse                    |
| I | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 88 | Sexual disorder                    |
| J | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 88 | Alzheimer's/chronic brain syndrome |
| K | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 88 | Para or Quadriplegic               |

## PART III: LIVING SITUATION AND HISTORY

1. **(REFER TO THE LIVING SITUATION REFERENCE SHEET FOR THE CODES FOR THIS QUESTION)**

In what type of home is the consumer now living? \_\_\_\_\_

**(DC CODES = 1 - 10, COMMUNITY CODES = 11 - 47, IF CODED 48, WRITE DESCRIPTION)**

2. Date the consumer came to live in this residence.

\_\_\_\_\_  9 Month      \_\_\_\_\_  9 Year

**(CODE BOTH MONTH AND YEAR "9" IF THE CONSUMER IS NOW LIVING IN A DC)**

88 **(CODE BOTH MONTH AND YEAR "88," DON'T KNOW)**

3. **(CODE "9" IF CONSUMER IS IN A DC)** Did the consumer come here directly from a Developmental Center?

1 Yes, consumer came directly from a DC. **(SKIP TO Q.6, CODE Q.4 & Q.5 "9")**

2 No, consumer came from another community residence.

**(ASK Q.4 IF CONSUMER CAME TO THE RESIDENCE DURING THE PAST YEAR. OTHERWISE CODE Q.4 & Q.5 "9")**

9 Consumer is living in a DC. **(SKIP TO Q. 6. CODE Q. 4 & Q. 5 "9")**

88 Don't know **(SKIP TO Q.6, CODE Q.4 & Q.5 "9")**

4. **(ASK ONLY IF THE CONSUMER DID NOT COME TO THIS RESIDENCE DIRECTLY FROM A DEVELOPMENTAL CENTER OR MOVED TO THIS FACILITY DURING THE PAST YEAR)**

Why did the consumer move from their former facility to this one?

- 1 Improved adaptive behaviors or health.
- 2 Improved challenging behaviors
- 3 Declining adaptive behaviors or health
- 4 Declining challenging behaviors
- 5 Better housing/neighborhood
- 6 Closer to loved ones (family/friends/spouse/significant other)
- 7 Previous home closed/moved
- 8 Other (**SPECIFY:**\_\_\_\_\_  9 Not appropriate)
- 9 Not appropriate, consumer is now living in a DC or came directly from a DC, or moved to residence more than one year ago.
- 88 Don't know

5. **(ASK ONLY IF QUESTION 4 IS CODED 1-8, OTHERWISE CODE 9)**

Who requested the move?

- 1 Consumer
- 2 Consumer's relatives, guardian, conservator
- 3 CCF/ICF or other community residence such as nursing home
- 4 Regional Center
- 5 Other (**SPECIFY:**\_\_\_\_\_  9 Not appropriate)
- 9 Not appropriate. Consumer is now living in a DC or came directly from a DC or moved to residence more than one year ago. **(Q.4 coded 9, 88, or 99)**
- 88 Don't know

6. Including the consumer, how many individuals live in this residence at the present time? **(IF THERE ARE VACANCIES, ONLY COUNT THOSE WHO LIVE HERE RIGHT NOW. IF THE CONSUMER IS LIVING IN A FACILITY WITH MULTIPLE WINGS OR SECTIONS, COUNT THE RESIDENTS AND STAFF ON THE CONSUMER'S WING OR SECTION)**

\_\_\_\_\_ Total individuals living in this residence **(INCLUDING THE CONSUMER, BUT NOT PAID STAFF, EVEN IF STAFF "SLEEP OVER" SOME NIGHTS. TO COUNT STAFF, THE RESIDENCE MUST BE THE STAFF'S PRIMARY HOME. IF THE CONSUMER LIVES AT HIS FAMILY/RELATIVE'S OR OWN HOME, COUNT ALL MEMBERS OF THE HOUSEHOLD EVEN IF SOME ARE LICENSED)**

**(THE SUM OF THE FOLLOWING CATEGORIES MUST ADD TO THE TOTAL, CODE ALL "88" IF DON'T KNOW)**

- \_\_\_\_\_ Of those living in this residence, how many are unpaid individuals with disabilities?
- \_\_\_\_\_ Of those living in this residence, how many are unpaid individuals without disabilities?
- \_\_\_\_\_ Of those living in this residence, how many are paid staff? **(ONLY THOSE RECEIVING MEALS/LODGING AS A BENEFIT AND RESPONDENTS WHO ARE OWNERS OF THE RESIDENCE, OR RELATIVES WHO ARE PAID TO CARE FOR THE CONSUMER)**

7. Number of individuals with whom the consumer shares a bedroom.  
\_\_\_\_ Individual(s) (ENTER "0" IF CONSUMER HAS OWN BEDROOM)
8. Number of staff working at this home. (COUNTING ALL SHIFTS. CODE "0" IF NO STAFF)  
\_\_\_\_ Full-time staff (ENTER "0" IF NO FULL-TIME STAFF)  
\_\_\_\_ Part-time staff (ENTER "0" IF NO PART-TIME STAFF)
9. Describe the consumer's ownership or rental situation?
- 1 No ownership/rental interest — agency owns or leases home (CCF, SNF, ICF/DD, etc.)
  - 2 Consumer rents (name is on lease)
  - 3 Family, trustee, or close friend owns or rents the home that the consumer lives in
  - 4 Consumer owns the home (name is on the title)
  - 9 Not appropriate, consumer is in DC
  - 88 Don't know

**PART IV: RELATIONSHIPS**

1. How many people in the consumer's life would you describe as his or her close friends? (CLOSE FRIENDS ARE THOSE WITH WHOM THE CONSUMER COMMUNICATES AND SOCIALIZES OR SHOWS PREFERENCE FOR SHARING EXPERIENCES SUCH AS EATING OR WATCHING TV)  
\_\_\_\_ Close friends (CLOSE FRIENDS INCLUDE PERSONS AT THE RESIDENCE, DAY PROGRAM, WORK, OR OTHER SOCIAL SITUATIONS. ENTER "0" IF CONSUMER HAS NO CLOSE FRIENDS, SKIP TO Q.5, CODE Q.2-4 "0")  
 88 Don't know
- (THE RESPONSES TO QUESTIONS 2, 3 AND 4 SHOULD ADD TO THE NUMBER GIVEN IN QUESTION 1)
2. Excluding staff, how many of the close friends have disabilities? (CODE "0" IF NO CLOSE FRIENDS)  
\_\_\_\_ Disabled friends  
 88 Don't know
3. Excluding staff, how many of the close friends have no disabilities? (CODE "0" IF NO CLOSE FRIENDS)  
\_\_\_\_ Non-disabled friends  
 88 Don't know
4. Including staff but excluding relatives, how many close friends are paid? (E.G., RESIDENTIAL STAFF, DAY PROGRAM STAFF, CASE MANAGERS, NURSES, JOB COACHES, PERSONAL CARE ATTENDANTS, ETC) (CODE "0" IF NO PAID FRIENDS)  
\_\_\_\_ Paid friends  
 88 Don't know



5. Including relatives who are licensed, how many close relatives does the consumer have? **(THIS INCLUDES RELATIVES WITH WHOM THE CONSUMER LIVES OR WHO VISIT, TELEPHONE THE CONSUMER OR STAFF, OR SEND MAIL TO THE CONSUMER AT LEAST ONCE A YEAR)**

\_\_\_\_\_ Close relatives (CODE "0" IF NO CLOSE RELATIVES)

88 Don't know

6. About how many of the following kinds of contacts does the consumer have with close family or friends? **(DO NOT COUNT THE CONSUMER'S CONTACTS WITH PAID STAFF AT THE CONSUMER'S RESIDENCE OR PROGRAMS AT THE DAY CENTERS. COUNT ONLY CONTACTS WITH FRIENDS, RELATIVES, REGIONAL CENTER STAFF, OR CONSERVATORS. CODE ALL "88" IF DON'T KNOW)**

A. \_\_\_\_\_ # of telephone calls    1  week    2  month    3  year    9  (IF NONE, CODE "0", "9")

B. \_\_\_\_\_ # of mail contacts    1  week    2  month    3  year    9  (IF NONE, CODE "0", "9")

C. \_\_\_\_\_ # of in-person visits    1  week    2  month    3  year    9  (IF NONE, CODE "0", "9")

88 Don't know

## PART V: INDIVIDUAL PROGRAM PLAN AND CASE MANAGEMENT

1. Does the consumer have an Individual Program Plan (IPP) in his or her records? **(ASK TO SEE THE IPP IN THE RECORDS)**

1 Yes, and a copy of it is here.

2 Yes, but a copy is not kept at the residence. (SKIP TO Q.9, CODE Q.2-8 "9")

3 Yes, and normally a copy would be here, but is not now (SKIP TO Q.9, CODE Q.2-8 "9")

4 No (SKIP TO Q.9, CODE Q.2-8 "9")

88 Don't know, not permitted to look in records. (SKIP TO Q.9, CODE Q.2-8 "9")

2. Is the IPP current? **(ASK TO SEE THE DATE FOR THE LATEST IPP OR REVISION TO THE IPP - ONE YEAR OR THREE YEAR CYCLE COUNTS)**

1 Yes

2 No

3 Once every two or three years

9 Not appropriate, no IPP at the residence

88 Don't know

3. Was the consumer present for his/her own IPP meeting? **(ASK TO SEE THE RECORDS TO DOCUMENT THE CONSUMER'S PRESENCE)**
- 1 Yes, consumer was present for most or all of the process
  - 2 Yes, consumer was present for a small part of the process
  - 3 No, consumer was invited but chose not to be present **(SKIP TO Q.5, CODE Q.4 "9")**
  - 4 No, not present because of behavioral, communication, or cognitive barriers **(SKIP TO Q.5, CODE Q.4 "9")**
  - 5 No, revision was by telephone **(SKIP TO Q.5, CODE Q.4 "9")**
  - 9 Not appropriate or no IPP at the residence
  - 88 Don't know
4. If capable of deciding which goals are in the IPP, would you say the consumer contributed:
- 1 Somewhat
  - 2 About half
  - 3 The majority
  - 9 Not appropriate, no IPP at the residence
  - 88 Don't know
  - 4 Completely
  - 5 Not capable
  - 6 Capable but did not contribute
5. Did the consumer's friend, relative, guardian, or conservator attend the IPP meeting? **(ASK TO SEE THE RECORDS. IF SOMEONE ATTENDED, THEIR NAME WILL BE ON THE SIGN-IN SHEET)**
- 1 Yes **(ASK Q.6)**
  - 2 No **(SKIP TO Q.7, CODE Q.6 "9")**
  - 9 Not appropriate, no IPP at the residence
  - 88 Don't know
6. **(ASK ONLY IF Q.5 ANSWERED "YES")** If the consumers friend, relative, guardian, or conservator attended the IPP meeting, how much did they contribute?
- 1 Somewhat
  - 2 About half
  - 3 The majority
  - 4 Completely
  - 9 Not appropriate, did not attend IPP
  - 88 Don't know
7. How useful is the IPP?
- 1 Extremely useful, it is the primary source of guidance for day-to-day life
  - 2 Very useful
  - 3 Somewhat useful
  - 4 Not very useful
  - 5 Not at all useful, the IPP is pretty much just a piece of paper, and staff rarely look at it.
  - 9 Not appropriate, no IPP at the residence
  - 88 Don't know

8. In your opinion, is this IPP a person-oriented document? (i.e., Does it address consumer's needs, preferences, and choices?)
- 1 Yes
  - 2 No
  - 9 Not appropriate, no IPP at the residence
  - 88 Don't know
9. Does the residence staff use some other written individual plan in addition to the IPP? (Examples: ISP, treatment plan, IHP, etc.)
- 1 Yes (F MORE THAN ONE, SPECIFY THE MOST USEFUL: \_\_\_\_\_  9 Not appropriate)
  - 2 No (IF NO, SKIP TO Q.12 AND CODE Q.10 & 11 "9", NOT APPROPRIATE)
  - 88 Don't know
10. (ASK IF Q.9 CODED YES) Is this plan part of the IPP? (i.e., Do goals reference or seem related to the IPP?)
- 1 Yes
  - 2 No
  - 9 Not appropriate, no IPP or no other plan (CODE IF Q.9 "NO")
  - 88 Don't know
11. Is this plan more useful than the IPP?
- 1 Yes
  - 2 No
  - 3 About the same
  - 9 Not appropriate, no other plan (CODE IF Q.9 "NO")
  - 88 Don't know

**12. TOP FIVE INDIVIDUAL GOALS**

- **IF NO GOALS, CODE GOALS "0"**
- **IF NO IPP, LIST THE FIVE MOST IMPORTANT GOALS IN THE IHP, ISP, IEP**
- **CODE THEM 1-7, AS APPROPRIATE. IF NOT SURE OF THE CODE, REFER TO IPP REFERENCE SHEET**
- **IF THERE ARE MORE THAN FIVE, LIST THE 5 MOST IMPORTANT**
- **IF THERE ARE FEWER THAN FIVE, LIST ALL AND CODE REST APPROPRIATELY**

- |   |                                     |
|---|-------------------------------------|
| 1 Independent living and self care skills                 | 5 Employment/volunteer work/working |
| 2 Development of sensory, motor, and communication skills | 6 Education                         |
| 3 Reduction of behavior problems                          | 7 Leisure time                      |
| 4 Development of social skills                            |                                     |

<i>Goals Code</i>	<i>Short Description of Goals</i>	<i>Is this goal being worked on now?</i>	<i>Have you seen any progress in the past year?</i>
<input type="checkbox"/> 0		<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Sort of <input type="checkbox"/> 3 Yes <input type="checkbox"/> 9 Not appropriate	<input type="checkbox"/> 1 Much regression <input type="checkbox"/> 2 Some regression <input type="checkbox"/> 3 No change <input type="checkbox"/> 4 Some progress <input type="checkbox"/> 5 Much progress <input type="checkbox"/> 9 Not appropriate
<input type="checkbox"/> 0		<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Sort of <input type="checkbox"/> 3 Yes <input type="checkbox"/> 9 Not appropriate	<input type="checkbox"/> 1 Much regression <input type="checkbox"/> 2 Some regression <input type="checkbox"/> 3 No change <input type="checkbox"/> 4 Some progress <input type="checkbox"/> 5 Much progress <input type="checkbox"/> 9 Not appropriate
<input type="checkbox"/> 0		<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Sort of <input type="checkbox"/> 3 Yes <input type="checkbox"/> 9 Not appropriate	<input type="checkbox"/> 1 Much regression <input type="checkbox"/> 2 Some regression <input type="checkbox"/> 3 No change <input type="checkbox"/> 4 Some progress <input type="checkbox"/> 5 Much progress <input type="checkbox"/> 9 Not appropriate
<input type="checkbox"/> 0		<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Sort of <input type="checkbox"/> 3 Yes <input type="checkbox"/> 9 Not appropriate	<input type="checkbox"/> 1 Much regression <input type="checkbox"/> 2 Some regression <input type="checkbox"/> 3 No change <input type="checkbox"/> 4 Some progress <input type="checkbox"/> 5 Much progress <input type="checkbox"/> 9 Not appropriate
<input type="checkbox"/> 0		<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Sort of <input type="checkbox"/> 3 Yes <input type="checkbox"/> 9 Not appropriate	<input type="checkbox"/> 1 Much regression <input type="checkbox"/> 2 Some regression <input type="checkbox"/> 3 No change <input type="checkbox"/> 4 Some progress <input type="checkbox"/> 5 Much progress <input type="checkbox"/> 9 Not appropriate

13. Do these goals meet the consumers' needs?

- 1 Yes (IF YES, SKIP TO Q.15, CODE Q.14 "9")
- 2 No (IF NO, ASK Q.14)
- 9 No goals in Q.12

14. (ASK IF Q.13 = NO) In your opinion, which of the consumer's goals are not addressed?

- |          |  |
|----------|--|
| A. _____ | <input type="checkbox"/> 9 Not appropriate (Q.13 = NO) |
| B. _____ | <input type="checkbox"/> 9 Not appropriate (Q.13 = NO) |
| C. _____ | <input type="checkbox"/> 9 Not appropriate (Q.13 = NO) |
| D. _____ | <input type="checkbox"/> 9 Not appropriate (Q.13 = NO) |
| E. _____ | <input type="checkbox"/> 9 Not appropriate (Q.13 = NO) |

15. Are any of the goals mentioned in Q.12 above new or amended this year? (IF NO GOALS IN Q.12 CODE "9" AND WRITE "0")

- 1 Yes (IF YES, ASK HOW MANY: \_\_\_\_\_ CODE "0" IF NONE)
- 2 No
- 9 No goals in Q. 12
- 88 Don't know

16. Were any of last year's goals dropped because consumer achieved the goal? (IF NO GOALS IN Q.12 CODE "9" AND WRITE "0")

- 1 Yes (IF YES, ASK HOW MANY: \_\_\_\_\_ , CODE "0" IF NONE)
- 2 No
- 9 No goals in Q. 12
- 88 Don't know

17. Were any of last year's goals dropped because consumer could not achieve the goal? (IF NO GOALS IN Q.12 CODE "9" AND WRITE "0")

- 1 Yes (IF YES, ASK HOW MANY: \_\_\_\_\_ , CODE "0" IF NONE)
- 2 No
- 9 No goals in Q. 12
- 88 Don't know

18. About how many times has the case manager changed during the past year?

\_\_\_\_\_times. (CODE "0" IF NO CASE MANAGER CHANGES)

- 88 Don't know

19. How many times has the case manager visited during year?

\_\_\_\_\_times (CODE "0" IF NONE)

- 88 Don't know, records not available

20. Do you have any issues with the case manager services?

- 1 Yes (ASK WHAT ARE THEY? \_\_\_\_\_  9 Not appropriate)
- 2 No

## PART VI: SKILLS DEMONSTRATED IN DAILY LIFE

These questions address the consumer's level of skill in tasks necessary for daily living. The response options for each question represent increasing skill. Select the level that best matches the behavior most often displayed by the consumer during the past 6 months, not the highest level he or she has ever demonstrated. **(ASK EACH QUESTION AND RECORD THE ANSWER. IF CONSUMER HAS NO STAFF, CODE YOUR OBSERVATION. IF NOT READILY OBSERVABLE, CODE "88")**

1. Using hands
  - 1 Does not use either hand
  - 2 Grasps objects with one hand
  - 3 Grasps objects with both hands
  - 4 Uses fingers of one hand to manipulate objects
  - 5 Uses fingers of both hands to manipulate objects
  - 88 Don't know
  
2. Walking independently
  - 1 Can not walk
  - 2 Walks with support
  - 3 Walks alone at least ten (10) feet, but is unsteady
  - 4 Walks alone at least twenty (20) feet, but is unsteady
  - 5 Walks alone at least twenty (20) feet with good balance
  - 88 Don't know
  
3. Using a wheelchair independently
  - 1 Sits in manual or motorized wheelchair, but can not move it
  - 2 Uses manual or motorized wheelchair, but needs assistance
  - 3 Uses manual or motorized wheelchair independently, but has difficulty steering
  - 4 Uses manual or motorized wheelchair independently and smoothly in some situations
  - 5 Uses manual or motorized wheelchair independently and smoothly in nearly all situations
  - 9 Does not use a wheelchair
  - 88 Don't know
  
4. Taking medication independently
  - 1 Does not take any medication by self without assistance **(NOT ABLE, G-TUBE MIXED WITH FOOD)**
  - 2 Takes own medication with supervision
  - 3 Takes own medication when reminded
  - 4 Usually takes own medication without reminders
  - 5 Always takes own medication without reminders
  - 9 Does not take medication
  - 88 Don't know

5. Eating independently

- 1 Does not feed self; must be fed completely by staff or by G-tube
- 2 Eats with fingers with assistance
- 3 Eats with fingers without assistance
- 4 Eats with at least one utensil, with spillage
- 5 Eats with at least one utensil, without spillage
- 88 Don't know

6. Toileting independently

- 1 Not toilet or habit trained
- 2 Habit trained only (toilets at preset intervals)
- 3 Toilets when prompted
- 4 Toilets without prompting, but needs assistance
- 5 Toilets independently; does not require assistance
- 88 Don't know

7. Bladder and bowel control

- 1 No control of either bladder or bowel
- 2 Wetting and/or soiling occur at least once a week
- 3 Wetting and/or soiling occur more than once a month but less than once a week
- 4 Wetting and/or soiling occur no more than once a month
- 5 Complete control of bladder and bowel
- 88 Don't know

8. Personal care: brushing teeth, washing, bathing/showering, hair care, use of deodorant, and care related to gender and age; e.g., shaving and menses

- 1 Does not perform or assist with any personal care activities
- 2 Assists with some personal care activities by performing helpful movements. **(EXTENDS ARMS, LEGS; CLOSSES EYES, OPENS MOUTH)**
- 3 Performs some personal care activities, but needs assistance
- 4 Performs all personal care activities independently when reminded
- 5 Performs all personal care activities independently without reminders
- 88 Don't know

9. Dressing independently: putting on and removing clothing and shoes, fastening zippers, velcro tabs, and buttons

- 1 Does not dress self
- 2 Assists with dressing by performing helpful movements **(HOLDS ARMS UP, PUSHES FOOT INTO SHOE, CLOSSES BUTTONS, ZIPPERS, VELCRO)**
- 3 Dresses self, but needs assistance
- 4 Dresses self independently, but needs reminders to complete
- 5 Dresses self independently without reminders
- 88 Don't know

10. Safety awareness: follows safety rules and avoids hazardous situations
- 1 Requires constant supervision during waking hours to prevent injury/harm in all settings
  - 2 Requires someone nearby during waking hours to prevent injury/harm in all settings
  - 3 Requires constant supervision to prevent injury/harm in unfamiliar settings only
  - 4 Requires someone nearby to avoid injury/harm in unfamiliar settings only
  - 5 Does not require supervision to prevent injury/harm
  - 88 Don't know
11. Focusing on tasks and activities: visual or other kind of direct attention to tasks requiring cognitive activity and response.
- TV WATCHING NOT INCLUDED**
- 1 Focuses on a preferred task or activity for less than 1 minute
  - 2 Focuses on a preferred task or activity for between 1 and 5 minutes
  - 3 Focuses on a preferred task or activity for between 5 and 15 minutes
  - 4 Focuses on a preferred task or activity for between 15 and 30 minutes
  - 5 Focuses on a preferred task or activity for more than 30 minutes
  - 88 Don't know
12. Verbal communication: uses words as primary means of communication to ask for something or to indicate needs
- 1 Does not use words for primary communication. **(ASK Q.13)**
  - 2 Uses words to communicate, but speech is not easily understood by strangers.  
**(SKIP TO Q.14 AND CODE Q.13 "9")**
  - 3 Uses simple statements of one or two words (e.g. "I go" or "Give me") **(SKIP TO Q.14 AND CODE Q.13 "9")**
  - 4 Uses sentences of three words or more and has a limited vocabulary (30 words or less) **(SKIP TO Q.14 AND CODE Q.13 "9")**
  - 5 Uses sentences of three words or more and has a vocabulary of more than 30 words **(SKIP TO Q.14 AND CODE Q.13 "9")**
  - 88 Don't know **(SKIP TO Q.14 AND CODE Q.13 "9")**
13. **(CODE "9" IF Q.12 CODED 2-88)** Nonverbal communication: communication through means other than words, including the use of specialized devices that allow or facilitate communication
- 1 Does not use signals, gestures, or signs to communicate **(NO DETECTABLE SIGNS OF COMMUNICATION)**
  - 2 Communicates through movement, smiling, making eye contact, etc.
  - 3 Communicates through simple gestures such as pointing, shaking head, or leading by the hand
  - 4 Uses signs/gestures and facial expressions to communicate, but does not understand those of other people
  - 5 Uses and understands signs/gestures and facial expressions in communication
  - 9 Not appropriate
  - 88 Don't know



14. Social interaction

- 1 Does not engage in interaction with others
- 2 Does not initiate interaction with others
- 3 Initiates interactions with others
- 4 Initiates and maintains interactions in familiar situations/settings
- 5 Initiates and maintains interactions in familiar and unfamiliar situations/settings
- 88 Don't know

**PART VII: CHALLENGING BEHAVIORS**

1. Disruptive social behavior: Behavior that has a negative impact in group settings

- 1 Disruptive behavior never occurs
- 2 Disruptive behavior interferes with social participation less than once a month
- 3 Disruptive behavior interferes with social participation at least once a month, but not every week
- 4 Disruptive behavior interferes with social participation at least once a week, but not every day
- 5 Disruptive behavior interferes with social participation almost every day
- 88 Don't know

2. Aggressive social behavior: Behavior that harms or has the potential of harming others

- 1 Physical aggression never occurs
- 2 The consumer has not caused injury within the past 12 months, but physical aggression occurs less than once a month
- 3 The consumer has not caused injury within the past 12 months, but physical aggression occurs once a month or more
- 4 Physical aggression resulting in injury occurred one time within the past 12 months
- 5 Physical aggression resulting in injury occurred more than one time within the past 12 months
- 88 Don't know

3. Self-injurious behavior: Biting, scratching, or causing injury by putting inappropriate objects into ear, mouth, etc.

- 1 Self-injurious behavior never occurs
- 2 Self-injurious behavior occurs, but no apparent injury or injury does not require first aid
- 3 Self-injurious behavior causes injury requiring first aid or medical care at least once a month, but not every week
- 4 Self-injurious behavior causes injury requiring first aid or medical care at least once a week, but not every day
- 5 Self-injurious behavior causes injury requiring first aid or medical care almost every day
- 88 Don't know

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4. Destruction of property: Intentional damage to physical property belonging to self or other; value of object or repair must be \$25 or more.
- 1 Intentional destruction of property never occurs
  - 2 Has caused minor damage (requiring little or no repair of object) once during the past 12 months
  - 3 Has caused minor damage (requiring little or no repair of object) more than once within the past 12 months
  - 4 Has caused major damage (requiring replacement and/or substantial repair of object) once within the past 12 months
  - 5 Has caused major damage (requiring replacement and/or substantial repair of object) more than once within the past 12 months
  - 88 Don't know
5. Running or wandering away: Leaves or could leave premises without authorization and/or supervision in such a way that safety is endangered. **(CONSUMER TRIES TO OR WOULD LEAVE THE RESIDENCE WITHOUT PERMISSION, CONSTRAINT, OR SUPERVISION; MAY OR MAY NOT GET COMPLETELY AWAY)**
- 1 Running/wandering away never occurs
  - 2 Running/wandering away occurs or is attempted less than once a month
  - 3 Running/wandering away occurs or is attempted at least once a month, but not every week
  - 4 Running/wandering away occurs or is attempted at least once a week, but not every day
  - 5 Running/wandering away occurs or is attempted almost every day
  - 88 Don't know
6. Emotional outbursts: Sustained and intense displays of negative emotion
- 1 Emotional outbursts never occur
  - 2 Outbursts occur less than once a week, but do not typically require intervention
  - 3 Outbursts occur less than once a week and usually require intervention
  - 4 Outbursts occur at least once a week, but do not typically require intervention
  - 5 Outbursts occur at least once a week and usually require intervention
  - 88 Don't know

## PART VIII: PHYSICAL AND SOCIAL ENVIRONMENT

### SCHOOL

1. Does the consumer attend a school or receive educational instruction in a public or private academic institution?
- 1 Yes
  - 2 No **(SKIP TO Q.5, CODE Q.2-4 "9")**
  - 88 Don't know. **(SKIP TO Q.5, CODE Q.2-4 "9")**

2. **(CODE “9” IF Q.1 CODED NO OR DON’T KNOW)** What type of school does the consumer attend?
- 1 In-home instruction
  - 2 School with special education students only
  - 3 Integrated school with classes for students with DD
  - 4 Integrated school with fully integrated academic classes
  - 5 College, adult education, trade school
  - 9 Does not attend an educational program **(Q.1 CODED NO OR DON’T KNOW)**
3. **(CODE “9” IF Q.1 CODED NO OR DON’T KNOW)** On a typical day does the consumer have contact with students who do not have disabilities?
- 1 No contact
  - 2 Contact outside of academic classes only
  - 3 Some contact in academic classes, but not all day
  - 4 Contact all day
  - 9 Does not attend an educational program **(Q.1 CODED NO OR DON’T KNOW)**
4. **(CODE “9” IF Q.1 CODED NO OR DON’T KNOW)** On a typical day, how many people does the consumer interact with at school who speak the consumer’s primary language?
- 1 None
  - 2 At least one
  - 3 More than one but not all
  - 4 All
  - 9 Does not attend an educational program **(Q.1 CODED NO OR DON’T KNOW)**

**WORK**

5. Does the consumer have a job independent of direct Regional Center services? **(FOR EXAMPLE, HAS A JOB THAT DOES NOT REQUIRE AN ILS OR SLS WORKER EXCEPT ON AN EMERGENCY OR PERIODIC EVALUATIVE BASIS, NOT EMPLOYED IN A SHELTERED WORKSHOP, OR EMPLOYED BY A VENDOR SUPPORTED AGENCY. REGIONAL CENTER MAY HAVE HELPED FIND THE JOB BUT THE CONSUMER GOES TO WORK INDEPENDENTLY)**
- 1 Yes **(ASK Q.6)**
  - 2 No **(SKIP TO Q.10 AND CODE Q.6-9 “9”)**
  - 88 Don’t know **(SKIP TO Q.10 AND CODE Q.6-9 “9”)**
6. **(ASK ONLY IF Q.5 CODED YES)** Where does the consumer work? \_\_\_\_\_  9 Not appropriate

7. **(ASK ONLY IF Q.5 CODED YES)** In a typical week, how many hours is the consumer paid for work?
- 1 Less than 10 hours
  - 2 10 to 25 hours
  - 3 26 to 39 hours
  - 4 40 hours or more
  - 9 Does not work **(Q.5 CODED "NO OR DON'T KNOW")**
  - 88 Don't know
8. **(ASK ONLY IF Q.5 CODED YES)** In a typical week, how much does the consumer earn per hour of work?
- 1 Consumer is paid less than minimum wage
  - 2 Consumer is paid minimum wage
  - 3 Consumer is paid more than minimum wage
  - 4 Consumer is a salaried employee
  - 9 Does not work **(Q.5 CODED "NO OR DON'T KNOW")**
  - 88 Don't know
9. **(ASK ONLY IF Q.5 CODED YES)** How does the consumer get to work? **(WORK ONLY, NOT SCHOOL OR DAY PROGRAM)**
- 1 Public transportation/walk/ride bike
  - 2 Para-transit
  - 3 Agency car, van, or vehicle
  - 4 Private vehicle (friend or family)
  - 9 Does not work **(Q.5 CODED "NO OR DON'T KNOW")**
  - 88 Don't know

**DAY PROGRAM**

10. Does the consumer attend a day program **(CHECK DEFINITION OF DAY PROGRAM)**?
- 1 Yes
  - 2 No **(CODE "9" ON ALL QUESTIONS IN DAY PROGRAM SECTION)**
- 10.1 Approximately how long does it take the consumer to go from home to the day program? **(IF DON'T KNOW CODE BOTH LINES "88." IF NO DAY PROGRAM OR COMMUNITY-BASED CODE "0, 0.")**
- \_\_\_\_\_hrs \_\_\_\_\_min

**COMMUNITY & SOCIAL LIFE**

11. During the past 6 months, about how often did the consumer typically go into the community to do personal errands?  
(TYPICALLY IS MORE OFTEN THAN NOT)

- 1 Consumer is not able or has no opportunity to do errands. (SKIP TO Q.13, CODE Q.12 "9")
- 2 Consumer refuses to participate (SKIP TO Q.13, CODE Q.12 "9")
- 3 Once a month or less
- 4 More than once a month, but not every week
- 5 At least once a week, but not every day
- 6 Almost every day
- 88 Don't know (SKIP TO Q.13, CODE Q.12 "9")

12. Typically, does the consumer go on errands? (TYPICALLY IS MORE OFTEN THAN NOT)

- 1 Alone, with relative or friends (DOES NOT NEED TO BE SUPERVISED BY STAFF OR FAMILY MEMBER)
- 2 With a staff or supervisory family member/friend
- 3 In a group of staff and disabled persons
- 9 Not appropriate, consumer does not go on errands

13. During the past 6 months, about how often did the consumer typically participate in community outings for social events such as movies, church, dances, etc.? (TYPICALLY IS MORE OFTEN THAN NOT)

- 1 Consumer is not able or has no opportunity to leave the house for entertainment or social events (SKIP TO Q.15 CODE Q.14 "9")
- 2 Consumer refuses to participate (SKIP TO Q.15, CODE Q.14 "9")
- 3 Once a month or less
- 4 More than once a month, but not every week
- 5 At least once a week, but not every day
- 6 Almost every day
- 88 Don't know (SKIP TO Q.15, CODE Q.14 "9")

14. Typically, does the consumer go on outings for social events: (TYPICALLY IS MORE OFTEN THAN NOT)

- 1 Alone or with relatives or friends. (DOES NOT NEED TO BE SUPERVISED BY STAFF OR FAMILY MEMBER)
- 2 With a staff person or supervisory family member/friend
- 3 In a group with staff and disabled persons
- 9 Not appropriate, consumer does not go to social events

15. During the past 6 months, about how often did the consumer typically go to a restaurant? (**TYPICALLY IS MORE OFTEN THAN NOT**)
- 1 Consumer is not able or has no opportunity to leave the house to go to a restaurant to eat. (**SKIP TO Q.17, CODE Q.16 "9"**)
  - 2 Consumer refuses to participate (**SKIP TO Q.17, CODE Q.16 "9"**)
  - 3 Once a month or less
  - 4 More than once a month, but not every week
  - 5 At least once a week, but not every day
  - 6 Almost every day
  - 88 Don't know (**SKIP TO Q.17, CODE Q.16 "9"**)
16. Typically, does the consumer go to a restaurant? (**TYPICALLY IS MORE OFTEN THAN NOT**)
- 1 Alone or with relatives or friends. (**DOES NOT NEED TO BE SUPERVISED BY STAFF OR FAMILY MEMBER**)
  - 2 With a staff person or supervisory family member/friend
  - 3 In a group with staff and disabled persons
  - 9 Not appropriate, consumer does not go to a restaurant
17. During the past 6 months, about how often did the consumer typically participate in community outings for volunteer work? (**TYPICALLY IS MORE OFTEN THAN NOT**)
- 1 Consumer is not able or has no opportunity to do volunteer work. (**SKIP TO Q.19, CODE Q.18 "9"**)
  - 2 Consumer is offered but refuses to do volunteer work. (**SKIP TO Q.19, CODE Q.18 "9"**)
  - 3 Once a month or less
  - 4 More than once a month, but not every week
  - 5 At least once a week, but not every day
  - 6 Almost every day
  - 88 Don't know (**SKIP TO Q.19, CODE Q.18 "9"**)
18. Typically, does the consumer do volunteer work? (**TYPICALLY IS MORE OFTEN THAN NOT**)
- 1 Alone or with relatives or friends. (**DOES NOT NEED TO BE SUPERVISED BY STAFF OR FAMILY MEMBER**)
  - 2 With a staff person or supervisory family member/friend
  - 3 In a group of staff and persons with disabilities
  - 9 Not appropriate, consumer does not volunteer

19. During the past 6 months, did the consumer typically go to a park or playground or other outdoor recreation? (TYPICALLY IS MORE OFTEN THAN NOT)

- 1 Consumer is unable or has no opportunity to go to a park or playground (SKIP TO NEXT SECTION, CODE Q.20 "9")
- 2 Consumer is offered but refuses to go to a park or playground (SKIP TO NEXT SECTION, CODE Q.20 "9")
- 3 Once a month or less
- 4 More than once a month, but not every week
- 5 At least once a week, but not every day
- 6 Almost every day
- 88 Don't know (SKIP TO NEXT SECTION, CODE Q.20 "9")

20. Typically, does the consumer go to a park or playground or other outdoor recreation: (TYPICALLY IS MORE OFTEN THAN NOT)

- 1 Alone or with relatives or friends. (DOES NOT NEED TO BE SUPERVISED BY STAFF OR FAMILY MEMBER)
- 2 With a staff person or supervisory family member/friend
- 3 In a group of staff and persons with disabilities
- 9 Not appropriate, consumer does not go to a park or playground

## PART IX: HEALTH & SAFETY

1. In general, how is the consumer's health?

- 1 Poor
- 2 Fair
- 3 Good
- 4 Excellent
- 88 Don't know

2. Did the consumer see a physician, nurse practitioner, or physician's assistant for medical care (including check-ups) during the past 12 months?

- 1 No
- 2 Yes, but needs were not met
- 3 Yes, but needs were only partially met
- 4 Yes, and needs were fully met
- 5 Consumer refuses medical care
- 88 Don't know

3. Did the consumer see a dentist for dental care (including check-ups) during the past 12 months?

- 1 No
- 2 Yes, but needs were not met
- 3 Yes, but needs were only partially met
- 4 Yes, and needs were fully met
- 5 Consumer refuses dental care
- 88 Don't know

4. During the past 12 months, did the consumer have a medical and/or dental condition for which appropriate care was not being provided, although it should have been?
- 1 Yes, and problems are life threatening
  - 2 Yes, and problems are serious enough to affect well-being
  - 3 Yes, but problems are not serious enough to affect well-being
  - 4 No
  - 88 Don't know
5. Was the consumer the victim of abuse (maltreatment of a physical or emotional nature) in the past 12 months?
- 1 Yes; situation was life threatening
  - 2 Yes; situation was not life threatening, but the abuse violated one or more laws
  - 3 Yes; situation was not life threatening and the abuse did not violate any laws
  - 4 No
  - 88 Don't know
6. How many times during the past year did the consumer go to an emergency room? **(ASK TO SEE THE RECORDS)**  
 \_\_\_\_\_ times for a medical emergency **(CODE "0" IF NONE, "88" IF DON'T KNOW)**  
 \_\_\_\_\_ times for medical non-emergency care **(CODE "0" IF NONE, "88" IF DON'T KNOW)**
7. How many times in the past year has the consumer been admitted to a hospital overnight for reasons of health or injuries?  
 \_\_\_\_\_ Hospital stays **(If "0", CODE REASONS "9" AND SKIP to Q.9, CODE Q.8 "9")**
- 88 Don't know
- |                           |   |
|---------------------------|---|
| A. Reason for stay: _____ | <input type="checkbox"/> 9 <b>(CODE "9" IF NONE)</b>        |
| B. Reason for stay: _____ | <input type="checkbox"/> 9 <b>(CODE "9" IF LESS THAN 2)</b> |
| C. Reason for stay: _____ | <input type="checkbox"/> 9 <b>(CODE "9" IF LESS THAN 3)</b> |
| D. Reason for stay: _____ | <input type="checkbox"/> 9 <b>(CODE "9" IF LESS THAN 4)</b> |
8. **(ASK ONLY IF CONSUMER HAD A HOSPITAL STAY. IF NO HOSPITAL STAY, CODE "9" AND SKIP TO Q.10)**  
 In general, how would you rate the quality of health care received by the consumer at the hospital?
- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> 1 Very poor | <input type="checkbox"/> 5 Excellent                                   |
| <input type="checkbox"/> 2 Poor      | <input type="checkbox"/> 9 Not appropriate, did not have hospital stay |
| <input type="checkbox"/> 3 Fair      | <input type="checkbox"/> 88 Don't know                                 |
| <input type="checkbox"/> 4 Good      |  |



9. Does the consumer have any of the following chronic ailments? **(READ LIST)**

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>	
A.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	High blood pressure
B.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	High cholesterol
C.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	Diabetes
D.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	Cancer/leukemia
E.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	Obesity
F.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	Significantly under weight
G.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	Bowel disorder (includes constipation)
H.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	Thyroid disorder
I.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	Respiratory other than allergies.
J.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	Parkinson's disease
K.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	Multiple sclerosis
L.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	Hearing disorder
M.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	Visual disorder (glaucoma, cataracts, etc.)
N.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	Allergies
O.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	Asthma
P.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	Cardiovascular/stroke
Q.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	Gastrointestinal (GERD, reflux, ulcer)
R.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	Skin disorders (acne, dermatitis, seborrhea, xeroderma)
S.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	Osteoporosis/scoliosis/deformities of the spine
T.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	Anemia
U.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	Arthritis
V.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	Hepatitis
W.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	Hernia
X.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	Other blood-related (except leukemia)

10. Over the past three months, has there been a change of any kind in the daily medications or dosages the consumer takes? **(CODE "9" IF NO MEDICATIONS TAKEN BY CONSUMER DURING THE PAST THREE MONTHS)**

- 1 Yes, increased dosage or more medications
- 2 Yes, decreased dosage or fewer medications
- 3 Some medication or dosages increased, some decreased
- 4 No **(SKIP to Q.12, CODE Q.11 "9")**
- 9 Not appropriate, consumer receives no medications **(SKIP TO Q.13, CODE Q.11 "9")**
- 88 Don't know

11. What is your opinion about the effect these changes in medication have on the consumer? **(CODE "9" IF NO MEDICATIONS TAKEN BY CONSUMER)**

- |  |   |
|--|---|
| <input type="checkbox"/> 1 Symptoms improved     | <input type="checkbox"/> 9 No meds or no change in meds |
| <input type="checkbox"/> 2 No change in symptoms | <input type="checkbox"/> 88 Don't know                  |
| <input type="checkbox"/> 3 Worse symptoms        |   |

12. How easy has it been to find primary medical care (including yearly checkups) for the consumer?

- |  |   |
|--|---|
| <input type="checkbox"/> 1 <u>Very difficult</u> | <input type="checkbox"/> 5 Very easy  |
| <input type="checkbox"/> 2 <u>Difficult</u>      | <input type="checkbox"/> 9 Did not receive primary medical care             |
| <input type="checkbox"/> 3 Average               | <input type="checkbox"/> 88 Don't know <b>(SKIP TO Q.14, CODE Q.13 "9")</b> |
| <input type="checkbox"/> 4 Easy                  |   |

13. Would you say the quality of primary medical care received is:

- |   |   |
|---|---|
| <input type="checkbox"/> 1 <u>Poor</u>  | <input type="checkbox"/> 4 Consumer refuses primary care          |
| <input type="checkbox"/> 2 Average      | <input type="checkbox"/> 9 Not appropriate, does not receive care |
| <input type="checkbox"/> 3 Satisfactory | <input type="checkbox"/> 88 Don't know                            |

14. How easy has it been to find specialist medical care **(NOT INCLUDING PSYCHIATRIC OR MENTAL HEALTH CARE)** for the consumer?

- |  |   |
|--|---|
| <input type="checkbox"/> 1 <u>Very difficult</u> | <input type="checkbox"/> 5 Very easy  |
| <input type="checkbox"/> 2 <u>Difficult</u>      | <input type="checkbox"/> 9 Did not receive specialist medical care          |
| <input type="checkbox"/> 3 Average               | <input type="checkbox"/> 88 Don't know <b>(SKIP TO Q.16, CODE Q.15 "9")</b> |
| <input type="checkbox"/> 4 Easy                  |   |

15. Would you say the quality of the specialist's care received is:

- |   |   |
|---|---|
| <input type="checkbox"/> 1 <u>Poor</u>  | <input type="checkbox"/> 4 Consumer refuses specialist's care       |
| <input type="checkbox"/> 2 Average      | <input type="checkbox"/> 9 Consumer does not need specialist's care |
| <input type="checkbox"/> 3 Satisfactory | <input type="checkbox"/> 88 Don't know                              |

16. How easy has it been to find dental care, including check ups for the consumer?

- |   |  |
|---|--|
| <input type="checkbox"/> 1 <u>Very difficult</u> <b>(ASK Q.16A)</b> | <input type="checkbox"/> 5 Very easy <b>(SKIP TO Q.17)</b>                   |
| <input type="checkbox"/> 2 <u>Difficult</u> <b>(ASK Q.16A)</b>      | <input type="checkbox"/> 9 Did not receive dental care <b>(SKIP TO Q.17)</b> |
| <input type="checkbox"/> 3 Average <b>(SKIP TO Q.17)</b>            | <input type="checkbox"/> 88 Don't know <b>(SKIP TO Q.18, CODE Q.17 "9")</b>  |
| <input type="checkbox"/> 4 Easy <b>(SKIP TO Q.17)</b>               |  |

16a. If very difficult or difficult, is the reason:

- |    | Yes                        | No                         | N/A                        |  |
|----|----------------------------|----------------------------|----------------------------|--|
| A. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | Anesthetic   |
| B. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | MediCal or Medicare not accepted                           |
| C. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | Consumer's behavior  |
| D. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | Dentist does not accept developmentally disabled consumers |
| E. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | Don't know   |
| F. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | Did not see a dentist                                      |

17. Would you say the quality of dental care received is:

- |                            |              |                             |  |
|----------------------------|--------------|-----------------------------|--|
| <input type="checkbox"/> 1 | Poor         | <input type="checkbox"/> 4  | Consumer refuses dental care             |
| <input type="checkbox"/> 2 | Average      | <input type="checkbox"/> 9  | Not appropriate, no dental care received |
| <input type="checkbox"/> 3 | Satisfactory | <input type="checkbox"/> 88 | Don't know                               |

18. **Special Needs (equipment)** Please read the following list to the staff and check the boxes (1) if yes, the consumer uses the equipment, (2) if the consumer does not need the equipment, (3) if the consumer needs the equipment but it is not available or (4) if the consumer needs the equipment and, if available it is not adequate.)

- |    | 1                        | 2                        | 3                        | 4                        |  |
|----|--------------------------|--------------------------|--------------------------|--------------------------|--|
| A. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Apnea Monitor  |
| B. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Braces/splints/crutches/walker   |
| C. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Catheter   |
| D. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Communication board  |
| E. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electric/manual wheelchair   |
| F. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Glasses/magnifiers   |
| G. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Head or body protective devices  |
| H. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hearing aid  |
| I. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | IV equipment   |
| J. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lift (Arjo, Hoyer, etc.)   |
| K. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Nasal/gastric tube (G-tube)  |
| L. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Prosthetic device (including false teeth)                                    |
| M. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Respirator/tracheal suction/pumps  |
| N. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Respiratory assistance equipment (other than respirator)                     |
| O. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Special bed/rails/bed accessories  |
| P. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Special chair (other than wheelchair)/shower chair/special chair accessories |
| Q. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Special eating utensils  |
| R. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Special shoes/support hose   |
| S. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Standers   |
| T. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Telephone/telephone devices  |

19. **Special Health Care Requirement.** Please read the following list and code (1) if yes, the consumer uses the requirement, (2) if the consumer does not need the requirement, (3) if the consumer needs the requirement but it is not available, or (4) if the consumer needs the requirement and, if available it is not adequate.

- |    | 1                        | 2                        | 3                        | 4                        |                           |
|----|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| A. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bee sting kit             |
| B. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Colonostomy care          |
| C. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Decubitus care (bedsores) |
| D. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Diabetes test kit         |
| E. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Enemas                    |
| F. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Oxygen                    |
| G. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Special diet              |
| H. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sterile dressings         |
| I. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tracheostomy care         |

20. Has the consumer gained or lost weight during the past year?

- 1 Significant gain (more than 10%) **(ASK Q.21)**
- 2 Slight gain **(ASK Q.21)**
- 3 No change [**SKIP TO Q.22, CODE Q.21 "9"**]
- 4 Slight loss **(ASK Q.21)**
- 5 Significant loss (more than 10%) **(ASK Q. 21)**
- 6 Weight fluctuates **(ASK Q.21)**
- 88 Don't know **(SKIP TO Q.22, CODE Q.21 "9")**

21. **(ASK ONLY IF CONSUMER HAS HAD A WEIGHT GAIN OR LOSS)** Has this weight gain or loss or weight fluctuation been viewed as a positive or negative change?

- 1 Positive
- 2 Neutral
- 3 Negative
- 9 Not appropriate, no gain or loss
- 88 Don't know

22. In the past year, has the consumer experienced any injuries requiring professional medical attention?

- 1 Yes **(SPECIFY HOW MANY INJURIES: \_\_\_\_\_ CODE "0" IF NONE)**
- 2 No
- 88 Don't know

23. Does the consumer currently have any illegal drug abuse or alcohol problems?

- 1 Yes
- 2 No
- 88 Don't know

**PART X: MENTAL HEALTH AND CRISIS INTERVENTION SERVICES**

1. Has the consumer received mental health services/supports during the past year?

- 1 Yes, medications monitoring only
- 2 Yes, therapy or counseling only
- 3 Both medications monitoring, and therapy or counseling
- 4 Needs mental health services but does not receive them **(SKIP TO Q.4, CODE Q.2 & 3 "9")**
- 5 No, does not need mental health services. **(SKIP TO Q.4, CODE Q.2 & 3 "9")**
- 88 Don't know **(SKIP TO Q.4, CODE Q.2 & 3 "9")**

2. How would you rate the quality of mental health services/support received by the consumer during the past year? **(CODE "9" IF Q.1 CODED 5 OR 88)**

	<i>Very Poor</i>	<i>Poor</i>	<i>Average</i>	<i>Good</i>	<i>Very Good</i>	<i>Not Appropriate</i>	<i>Don't Know</i>
Medication monitoring	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 88
Therapy/counseling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 88

3. How easy has it been to find the following kinds of mental health services for the consumer? **(CODE "9" IF Q.1 CODED "4", "5", OR "88")**

	<i>Very Difficult</i>	<i>Difficult</i>	<i>Average</i>	<i>Easy</i>	<i>Very Easy</i>	<i>Not Appropriate</i>	<i>Don't Know</i>
Medication monitoring	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 88
Therapy/counseling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 88

3a. Does consumer have any mental health issues not addressed?

- 1 Yes **(SPECIFY: \_\_\_\_\_)**  9 Not appropriate
- 2 No

**CRISIS INTERVENTION**

4. During the past year, has there been a behavioral crisis for which physical restraint was used? **(RESTRAINTS USED SO THAT THE CONSUMER DID NOT HARM SELF OR SOMEONE ELSE)**

- 1 Yes **(SPECIFY: \_\_\_\_\_ times in the past year)**
- 2 No **(CODE "0" ABOVE IF NONE)**
- 88 Don't know

5. During the past year, has there been a behavioral crisis for which chemical restraint (**PRN MEDICATIONS FOR BEHAVIOR CONTROL**) was used?
- 1 Yes (**SPECIFY:** \_\_\_\_\_ times in the past year)
- 2 No (**CODE "0" ABOVE IF NONE**)
- 88 Don't know
6. During the past year, was there a crisis episode that resulted in the consumer spending one or more nights in another place?
- 1 Yes (**SPECIFY:** \_\_\_\_\_ times in the past year)
- 2 No (**CODE "0" ABOVE IF NONE**)
- 88 Don't know
7. During the past year, was the consumer involved in a crisis episode which caused harm to the consumer or to others?
- 1 Yes (**SPECIFY:** \_\_\_\_\_ times in the past year)
- 2 No (**CODE "0" ABOVE IF NONE**)
- 88 Don't know
8. During the past year, was the consumer involved in a crisis episode which involved a suicide attempt?
- 1 Yes (**SPECIFY:** \_\_\_\_\_ times in the past year)
- 2 No (**CODE "0" ABOVE IF NONE**)
- 88 Don't know
9. The following is a list of **CRISIS INTERVENTION** services. During **THE PAST YEAR**, how often were each of these interventions used by the consumer, and how would you rate the quality of these crisis intervention services/supports. (**ASK TO SEE THE RECORDS. IF NO CRISIS INTERVENTION, CODE ALL NUMBER OF TIMES AS "0", AND QUALITY OF SERVICES AS "9". IF DK, CODE "88", "9".**)

	How many times? "0" if none, "88" if don't know	Quality Of Services					
		Very Poor	Poor	Fair	Good	Very Good	Not Appropriate
A. Crisis intervention person/team to home	-----	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
B. Supplemental supports to home	-----	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
C. RC crisis facility	-----	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
D. RC after-hours phone call	-----	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E. Emergency room	-----	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F. Psychiatric facility	-----	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
G. Police come to home	-----	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
H. Incarceration	-----	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

**PART XI: LEGAL CONCERNS**

1. In the past year, has the consumer had any involvement with the criminal justice system as a perpetrator of a crime (e.g., arrests, taken into custody by police)?

- 1 Yes (**SPECIFY NUMBER OF TIMES: \_\_\_\_\_**)
- 2 No (**SKIP TO Q4, CODE Q.2 & 3 "9"**)
- 88 Don't know (**SKIP TO Q.4, CODE Q.2 & 3 "9"**)

2. (**ASK ONLY IF Q.1 CODED YES**) Which of the following kinds of situations resulted in the consumer having some involvement with the criminal justice system? (**CODE YES "1" OR NO "2"**)

- |    | <u>Yes</u>                 | <u>No</u>                  | <u>Not</u><br><u>Appr.</u> | <u>No</u><br><u>Answer</u>  |   |
|----|----------------------------|----------------------------|----------------------------|-----------------------------|---|
| A. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | <input type="checkbox"/> 99 | Stealing, theft, or shoplifting   |
| B. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | <input type="checkbox"/> 99 | Assault that could result in serious injury to another                                  |
| C. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | <input type="checkbox"/> 99 | Vandalism, or any serious property destruction (over \$100)                             |
| D. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | <input type="checkbox"/> 99 | Illegal sexual acts (e.g., prostitution, exhibitionism, child molestation, rape, etc.)  |
| E. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | <input type="checkbox"/> 99 | Purchase, sale, or use of alcohol or illegal drugs                                      |
| F. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | <input type="checkbox"/> 99 | Fire setting  |
| G. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | <input type="checkbox"/> 99 | Other illegal acts ( <b>SPECIFY: _____</b> ) <input type="checkbox"/> 9 Not appropriate |

3. (**ASK ONLY IF Q.1 = YES. IF Q.1 = NO, CODE "9,0"**) In the past year, has the consumer been in jail overnight?

- 1 Yes (**SPECIFY NUMBER OF TIMES: \_\_\_\_\_**)
- 9 Not appropriate, no involvement with criminal justice system
- 88 Don't know

4. In the past year, has the consumer been involved with the police as a victim of crime?

- 1 Yes (**SPECIFY NUMBER OF TIMES: \_\_\_\_\_**)
- 2 No (**CODE "0" ABOVE IF NONE, SKIP TO Q.6, CODE Q.5 "9"**)
- 88 Don't know (**SKIP TO Q.6, CODE Q.5 "9"**)

5. (**ASK ONLY IF Q.4 CODED YES**) Which of the following crimes has the consumer been a victim of during the past year? (**CODE YES "1" OR NO "2", (IF Q.4 NO, CODE Q5 "9").**)

- |    | <u>Yes</u>                 | <u>No</u>                  | <u>Not</u><br><u>Appr.</u> | <u>No</u><br><u>Answer</u>  |  |
|----|----------------------------|----------------------------|----------------------------|-----------------------------|--|
| A. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | <input type="checkbox"/> 99 | Assault  |
| B. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | <input type="checkbox"/> 99 | Rape   |
| C. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | <input type="checkbox"/> 99 | Other sexual assault or exploitation                                       |
| D. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | <input type="checkbox"/> 99 | Larceny (theft without force)  |
| E. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | <input type="checkbox"/> 99 | Robbery (theft from person using force)                                    |
| F. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | <input type="checkbox"/> 99 | Burglary (theft from home using force)                                     |
| G. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | <input type="checkbox"/> 99 | Other ( <b>SPECIFY: _____</b> ) <input type="checkbox"/> 9 Not appropriate |

6. During the past year, has a Denial of Rights Report been filed to restrict the consumer's rights?
- 1 Yes (**SPECIFY NUMBER OF TIMES:** \_\_\_\_\_ **CODE "0" IF NONE**)
  - 2 No (**SKIP TO NEXT SECTION, CODE Q.7 "9"**)
  - 88 Don't know
7. If yes, can you tell me why the report was filed?
- 1 Yes (**SPECIFY:** \_\_\_\_\_  9 Not appropriate)
  - 2 No
  - 9 Not appropriate, no Denial of Rights filed
  - 88 Don't know

## **PART XII: HOME PHYSICAL QUALITY ASSESSMENT**

From Moos, Lemke, & Mehren, 1979, MEAP; Modified by Temple University, 1983;  
Revised and Copyright © J.W. Conroy, 1994, 1997; Modified by Berkeley Planning Associates, 1998;  
Modified by California State University, Sacramento, 2002 – 2003

This section is to be completed in private, after a tour of the home. **(IF THE CONSUMER REQUESTS THAT THE VISITOR NOT ENTER HIS OR HER HOME, THE VISITOR IS TO DRIVE BY AND ANSWER Q.1 - 5 IN PART 1, AND Q.9 IN PART 3)**

### **OUTSIDE THE HOME**

1. Compared to the other homes or apartment buildings on the block, this home is:
- 1 Less attractive
  - 2 Average, at least as nice as surrounding buildings
  - 3 More attractive
  - 7 Duplicate home
2. Compared to the homes or apartment buildings on the block, how attractive is the home's front yard?
- 1 Less attractive
  - 2 Average, at least as nice as the surrounding homes
  - 3 More attractive
  - 9 Not appropriate, no front yard
3. How attractive is the home's back yard?
- 1 Unattractive
  - 2 Average
  - 3 Attractive
  - 9 Not appropriate, if no back yard or back landscaping
  - 88 Don't know, did not see back yard



4. What is the condition of the exterior of the building?
- 1 Poor repair
  - 2 Ordinary, at least as the surrounding homes
  - 3 Exceptional, stands out as one of the best homes on the block

- 4.1` What is the condition of the interior of the building? (Walls, stairwell, molding, paint, wallboard)
- 1 Poor repair
  - 2 Ordinary
  - 3 Exceptional
  - 88 Don't know, did not see the interior of the home

5. How does the neighborhood look?
- 1 Unattractive
  - 2 Average
  - 3 Attractive

**INSIDE THE HOME**

6. Rate the consumer's room and the common areas (living room, bathroom, kitchen, etc): **(CIRCLE THE APPROPRIATE CODE. CHECK {88} IF THE CONSUMER REQUESTED THAT THE VISITOR NOT GO INSIDE CONSUMER'S HOME)**

	<i>Consumer's Room</i>				<i>Common Areas</i>			
	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>DK</i>	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>DK</i>
A. Orderliness (lack of clutter)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 88	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 88
B. Cleanliness (lack of dirt)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 88	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 88
C. Condition of furniture	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 88	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 88
D. Windows/lighting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 88	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 88
E. Odors	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 88	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 88

7. Evidence of pests/rodents?
- 1 Yes **(SPECIFY:\_\_\_\_\_)**  9 Not appropriate)
  - 2 No
  - 88 Don't know, did not go inside the consumers' home

**OVERALL**

8. Variation/personalization in decor of the consumers' rooms **(IF INDEPENDENT OR LIVING WITH FAMILY CODE "9")**
- 1 Identical: little or no variation
  - 2 Some variation
  - 3 Distinct variation: decor varies and includes personal objects and cultural preferences
  - 9 Not appropriate **(IF INDEPENDENT OR LIVING WITH FAMILY CODE "9")**
  - 88 Don't know, did not go inside the consumers' room
9. Overall physical pleasantness of the exterior of the home
- 1 Unpleasant/unattractive
  - 2 Plain/ordinary
  - 3 Pleasant and attractive
10. Neighborhood safety impressions
- 1 Unsafe neighborhood
  - 2 Neutral
  - 3 Safe neighborhood

**PART XIII: INTERVIEWER'S SUBJECTIVE IMPRESSIONS**

1. What was the quality of staff-consumer interactions?
- 1 Cold, impersonal
  - 2 Somewhat impersonal
  - 3 Fairly warm and personal
  - 4 Very warm and personal
  - 5 No opinion
  - 7 Duplicate home **(CODE Q.2 - Q.5 "9")**
  - 9 No staff
  - 88 Don't know, did not observe this interaction
2. What was the quality of consumer-consumer interactions?
- 1 Unfriendly
  - 2 Somewhat unfriendly
  - 3 Neutral, little interaction
  - 4 Somewhat friendly
  - 5 Very friendly
  - 6 No opinion
  - 9 Not appropriate, no other consumers in the home
  - 88 Don't know, did not observe this interaction
3. If you had a close relative with a major disability, how would you feel about him or her living in this home?
- 1 Extremely negative
  - 2 Somewhat negative
  - 3 Somewhat positive
  - 4 Extremely positive
  - 5 No opinion

4. Was there anything exceptional about this home, or the people who provide service in it, that you feel it is important to describe? **(CODE ALL APPLICABLE)**

- | Yes                      |   | No                       |   |   |   | Yes                      |   | No                       |   |   |  |
|--------------------------|---|--------------------------|---|---|---|--------------------------|---|--------------------------|---|---|--|
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 |   |   | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 |   |  |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | A | Staff/consumer relationship               | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | F | Home clean/nicely decorated/well furnished |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | B | Respect for the consumer                  | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | G | Excellent backyard environment             |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | C | Staff/consumer relationship               | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | H | Innovative leisure/work activities         |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | D | Good relationship between staff and owner | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | I | Home well run/well organized               |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | E | Family environment                        |                          |   |                          |   |   |  |

5. Was there anything negative about this home, or the people who provide service in it, that you feel it is important to describe? **(CODE ALL APPLICABLE)**

- | Yes                      |   | No                       |   |   |  |
|--------------------------|---|--------------------------|---|---|--|
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 |   |  |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | A | Staff does not speak consumer's primary language |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | B | Staff rude/harsh towards consumer/impersonal     |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | C | Staff not familiar with consumer's records       |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | D | Consumer's health is poor                        |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | E | Consumer needs insurance                         |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | F | Home/yard in poor condition                      |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | G | Home disorganized/records poorly kept            |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | H | Facility large/impersonal                        |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | I | Home not clean/poorly decorated/poor repair      |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | J | Neighborhood unpleasant                          |

## PART XIV: CONSUMER SURVEY

These questions capture the consumer's own feelings about his or her life. The consumer must provide the information in this section without someone else interpreting the response, unless the consumer is unable to answer or respond for him or herself.

**IF THE CONSUMER CANNOT ANSWER FOR HIM OR HERSELF, THE VISITOR MUST INTERVIEW TWO STAFF MEMBERS. THE STAFF MUST BE INTERVIEWED SEPARATELY. RECORD THE FIRST STAFF'S RESPONSES IN ONE BOX AND THE SECOND STAFF'S RESPONSES IN THE SECOND BOX.**

- 1 Consumer answered survey (CODE COLUMN 1 AS STATED, CODE COLUMN 2 "9")
- 2 Two staff answered survey because consumer could not answer, consumer's communication was minimal or could not be understood by interviewer.
- 3 Consumer started survey but did not finish survey (COMPLETE SURVEY WITH "88", DON'T KNOW IN COLUMN 1, "9" IN COLUMN 2)
- 4 Consumer refused to answer (CODE COLUMN 1 "88," COLUMN 2 "9")

**IF CONSUMER ANSWERED RECORD CONSUMER'S ANSWERS IN THE FIRST COLUMN AND CODE THE SECOND COLUMN "9". IF CONSUMER DISCONTINUES THE SURVEY CODE FIRST COLUMN "88" AND SECOND COLUMN "9".**

1. Do you feel safe most of the time?

- 1 Yes
- 2 Ambivalent or mixed response
- 3 No
- 4 No response or response that cannot be understood
- 9 Not appropriate, no staff interviewed
- 88 Don't know

2. Are you happy most of the time?

- 1 Yes
- 2 Ambivalent or mixed response
- 3 No
- 4 No response or response that cannot be understood
- 9 Not appropriate, no staff interviewed
- 88 Don't know

3. Do you ask for what you want?

- 1 Yes
- 2 Ambivalent or mixed response
- 3 No
- 4 No response or response that cannot be understood
- 9 Not appropriate, no staff interviewed
- 88 Don't know

4. Do you feel lonely sometimes?

- 1 Yes
- 2 Ambivalent or mixed response
- 3 No
- 4 No response or response that cannot be understood
- 9 Not appropriate, no staff interviewed
- 88 Don't know

5. Do you like living in your home?

- 1 Yes
- 2 Ambivalent or mixed response
- 3 No
- 4 No response or response that cannot be understood
- 9 Not appropriate, no staff interviewed
- 88 Don't know

6. Do you like the people who help you at home?

- 1 Yes
- 2 Ambivalent or mixed response
- 3 No
- 4 No response or response that cannot be understood
- 9 Not appropriate, no staff interviewed
- 88 Don't know

7. Do you like the others (friends) living in your home?

- 1 Yes
- 2 Ambivalent or mixed response
- 3 No
- 4 No response or response that cannot be understood
- 9 Not appropriate, no staff interviewed, no other friend in home
- 88 Don't know

8. Do you want to keep living at your home?

- 1 Yes
- 2 Ambivalent or mixed response
- 3 No
- 4 No response or response that cannot be understood
- 9 Not appropriate, no staff interviewed
- 88 Don't know

9. Do you like going to your day program (job)?

- 1 Yes
- 2 Ambivalent or mixed response
- 3 No
- 4 No response or response that cannot be understood
- 9 Not appropriate, does not go to a day program or job
- 88 Don't know

10. Do you like the people who help you at your day program (job)?

- 1 Yes
- 2 Ambivalent or mixed response
- 3 No
- 4 No response or response that cannot be understood
- 9 Not appropriate, does not go to a day program or job
- 88 Don't know

11. Do you like your friends at the day program (co-workers on your job)?

- 1 Yes
- 2 Ambivalent or mixed response
- 3 No
- 4 No response or response that cannot be understood
- 9 Not appropriate, does not go to a day program or job, one-on-one
- 88 Don't know

12. Do you want to keep going to your day program (job)?

- 1 Yes
- 2 Ambivalent or mixed response
- 3 No
- 4 No response or response that cannot be understood
- 9 Not appropriate, does not go to a day program or job
- 88 Don't know

13. Do you decide how you get to spend your money?

- 1 Yes
- 2 Ambivalent or mixed response
- 3 No
- 4 No response or response that cannot be understood
- 9 Not appropriate, consumer not able to spend money
- 88 Don't know

14. Can your friends come to visit you at your home?

- 1 Yes
- 2 Ambivalent or mixed response
- 3 No
- 4 No response or response that cannot be understood
- 9 Not appropriate, consumer has no or is unable to make friends
- 88 Don't know

15. Do you get to visit your friends as often as you would like?

- 1 Yes
- 2 Ambivalent or mixed response
- 3 No
- 4 No response or response that cannot be understood
- 9 Not appropriate, consumer has no or is unable to make friends
- 88 Don't know

16. Do you get to pick the things you like to do for fun?

- 1 Yes
- 2 Ambivalent or mixed response
- 3 No
- 4 No response or response that cannot be understood
- 9 Not appropriate, consumer is not able to pick things to do for fun.
- 88 Don't know

17. Does anyone help you get out into the community to do things?

- 1 Yes
- 2 Ambivalent or mixed response
- 3 No
- 4 No response or response that cannot be understood
- 9 Not appropriate, consumer cannot or will not go into the community
- 88 Don't know

18. Are you learning to do things for yourself? (dress yourself, take a bus, go to the park?)

- 1 Yes
- 2 Ambivalent or mixed response
- 3 No
- 4 No response or response that cannot be understood
- 9 Not appropriate, consumer cannot or will not do the suggested things
- 88 Don't know

19. Do you like your case manager?

- 1 Yes
- 2 Ambivalent or mixed response
- 3 No
- 4 No response or response that cannot be understood
- 9 Not appropriate, consumer does not know or recognize case manager
- 88 Don't know

20. Does your case manager help you with your problems?

- 1 Yes
- 2 Ambivalent or mixed response
- 3 No
- 4 No response or response that cannot be understood
- 9 Not appropriate, consumer does not know or recognize case manager
- 88 Don't know

21. Do you have anything else to say? **(ASK CONSUMER FOLLOW-UP QUESTIONS)**

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- 99 No answer **(IF TWO STAFF RESPONDENTS DO NOT ANSWER, CODE "99" TWICE. IF ONE ANSWERS AND THE OTHER DOESN'T, ENTER COMMENT AND CODE ONE "99".)**

## **PART XV: DAY PROGRAMS**

**CHECK Q.10, PAGE 19. IF NO, DO NOT COMPLETE THIS SECTION**

Date of Interview: \_\_\_\_\_

- 9 Not appropriate, consumer has no day program. **(CODE ALL Q "9")**

**OBSERVATION QUESTIONS (OBSERVE ALL CONSUMERS AND CODE FOR THE ENTIRE PROGRAM EVEN IF THE CONSUMER YOU ARE INTERVIEWING IS NOT ATTENDING - DO NOT ASK STAFF)**

1. Do the majority of consumers appear to enjoy the day program? **(ALL DAY PROGRAMS MUST BE VISITED. IF CONSUMER IS IN THE COMMUNITY, MEET STAFF AND CONSUMER THERE)**

- 1 Yes
- 2 No
- 7 Duplicate day program **(SKIP TO Q.7, CODE Q.2 to Q.6 "9")**
- 9 Not appropriate, consumer has no day program.



2. The majority of the day program activities are conducted at one of the following:

- 1 In one large room with tables for consumers
- 2 In cubicles or areas for distinct activities
- 3 In different rooms for different activities
- 4 At different places in the community (**PARKS, MALLS, WORKSITES, ETC**)
- 5 In the consumer's residence
- 6 A workshop/work activities
- 9 Not appropriate, consumer has no day program

3. What kinds of activities did you observe while at the day program? (**OBSERVE ALL CONSUMERS, NOT JUST THE CONSUMER YOU ARE INTERVIEWING - CODE ALL**)

- | Yes                        | No                         | N/A                        |  |
|----------------------------|----------------------------|----------------------------|--|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | A. Music/dance   |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | B. Art projects (painting, sculpting, crafts, woodworking) |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | C. Employment activities                                   |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | D. Academic activities                                     |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | E. Computer  |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | F. Shopping/Eating   |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | G. Exercises, physical activity/sensory stimulation        |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | H. Story time, discussion, sharing                         |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | I. Tabletop activities                                     |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | J. Other: _____ <input type="checkbox"/> 9 Not appropriate |
- (IF "YES", CODE "1" AND ENTER ACTIVITY. IF "NO", CODE "2" AND CODE OTHER "9")**

4. Would you say the level of activities (**ANSWER ONE ONLY**):

- 1 Uses simple techniques, primarily performed by the staff (**I.E., COLORING, PASTING**)
- 2 Show some creativity, challenge (**ENCOURAGES CONSUMER TO PARTICIPATE**)
- 3 Sophisticated, high tech, or highly creative
- 9 Not appropriate, consumer has no day program

5. When you visited the day program, would you say the consumers are:

- 1 Passive, limited participation
- 2 Interested, somewhat active
- 3 Very active
- 9 Not appropriate, consumer has no day program

6. How would you describe the level of staff engagement?

- 1 Staff interacts with consumers
- 2 Some but not much interaction
- 3 Staff does not interact with consumers
- 9 Not appropriate, consumer has no day program

**ASK STAFF ABOUT CONSUMER**

7. On average, how many hours a week does the consumer attend the day program?

\_\_\_\_\_ Hours per week (CODE "9" IF CONSUMER HAS NO DAY PROGRAM)

8. Is the consumer involved in any of the following (CODE "1" IF YES, "2" IF NO, "9" IF NO DAY PROGRAM)

Yes No N/A

A.  1  2  9 Sheltered workshop employment, on- or off-site

B.  1  2  9 Work in non-sheltered workshop off-site

C.  1  2  9 Work in non-sheltered workshop on-site

9. (DO NOT ASK IF Q.8 IS CODED ALL "NO", CODE Q9 "9") If the consumer is paid for any of these work activities, how much does he or she earn?

1 Less than minimum wage

2 Minimum wage

3 More than minimum wage

4 Paid in-kind (INCENTIVES)

5 Piece work

6 Consumer not paid

9 Not appropriate, consumer has no day program, no work at day program.

10. Is the consumer involved in any of the following academic activities at the day program?

Yes No Not Appropriate

A.  1  2  9 Alphabet/numbers, informally or occasionally

B.  1  2  9 Reading/storytelling

C.  1  2  9 Vocational training

D.  1  2  9 Computer training

11. Is the consumer involved in any other non-academic/non-vocational classes?

Yes No Not Appropriate

A.  1  2  9 Cooking

B.  1  2  9 Gardening

C.  1  2  9 Behavior/anger management

D.  1  2  9 Personal grooming

E.  1  2  9 Music/art

F.  1  2  9 Sensory stimulation

G.  1  2  9 Exercise/weight training

H.  1  2  9 Community integration

I.  1  2  9 Social skills (discussion & sharing)

J.  1  2  9 Tabletop activities

K.  1  2  9 Other: \_\_\_\_\_  9 Not appropriate

12. On a scale from 1-5, 1 = little or no cooperation, 5 = high level of cooperation, how would you rate the cooperation between the day program staff and the staff of the consumer's residence?

- 1       2       3       4       5  
 9 Not appropriate, residence/day program staff the same or no day program

**LEVEL 2 ALERT**

**INSTRUCTIONS**

This form is to be used by CSUS visitors to report conditions which may present potential negative impact on the quality of life of an individual, but do not constitute a Level 1 Alert. These conditions may require Regional Center follow-up, therefore, CSUS will provide one copy of this form to the Regional Center providing case management services, and one copy to DDS.

Consumer Name: \_\_\_\_\_

Date of Interview: \_\_\_\_\_ UCI#: \_\_\_\_\_ RC: \_\_\_\_\_

**LEVEL 1 ALERT REPORTED**

**LEVEL 2 ALERTS**

	<u>Location</u>
<input type="checkbox"/> Consumer has no close friends	p8, Q.1
<input type="checkbox"/> Consumer has no IPP	p9, Q.1
<input type="checkbox"/> Consumer's IPP is not at the residence	p9, Q.1
<input type="checkbox"/> IPP is not or not very useful to staff	p10, Q.7
<input type="checkbox"/> Consumer has no day program	p20, Q.10
<input type="checkbox"/> Consumer's health is rated poor.	p23, Q.1
<input type="checkbox"/> Consumer has not seen a medical professional in the past year.	p23, Q.2
<input type="checkbox"/> Consumer has not seen a dental professional in the past year	p23, Q.2
<input type="checkbox"/> In past year, consumer a victim of abuse	p24, Q.25
<input type="checkbox"/> In past year, consumer in ER 3 or more times.	p24, Q.26
<input type="checkbox"/> It is (very) difficult to obtain medical care	p26, Q.12
<input type="checkbox"/> Medical care received rated poor.	p26, Q.13
<input type="checkbox"/> It is (very) difficult to find specialist care	p26, Q.14
<input type="checkbox"/> Specialist care received is rated poor	p26, Q.15
<input type="checkbox"/> It is (very)difficult to find dental care	p26, Q.16
<input type="checkbox"/> Dental care received is rated poor	p27, Q.17
<input type="checkbox"/> Consumer had a significant weight gain or loss	p28, Q.20
<input type="checkbox"/> Consumer's weight gain or loss is negative	p28, Q.21
<input type="checkbox"/> Had 3 or more injuries in the past year	p28, Q.22
<input type="checkbox"/> Physical restraints were used in the past year.	p29, Q.4
<input type="checkbox"/> Chemical restraints were used in the past year	p30, Q.5
<input type="checkbox"/> A crisis caused 1 or more nights away from home	p30, Q.6
<input type="checkbox"/> A crisis caused physical harm to consumer/others	p30, Q.7
<input type="checkbox"/> Consumer was involved in a suicide attempt	p30, Q.8
<input type="checkbox"/> Consumer wants to change residence	p37, Q.8
<input type="checkbox"/> Consumer wants to change day program	p38, Q.12

**NO LEVEL 2 ALERTS FOR THIS CONSUMER.**

Distribution: Original to CSUS, one copy to DDS, one copy to Regional Center.

# Appendix

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# B

## The Advocate Survey



**Key:** Call Back Later = **CB** Completed = **C** Disconnected = **D** Line Busy = **LB**  
 No Answer = **NA** Refused to Answer = **RTA** Voice Mail = **VM** Wrong Number = **W#**

Call – Morning			Call - Afternoon			Call - Evening		
Date	Time	Result	Date	Time	Result	Date	Time	Result

**VIEWS OF FAMILY AND FRIENDS OF INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES WHO MOVED FROM DEVELOPMENTAL CENTERS INTO THE COMMUNITY**

Consumer Name: «FNAME6» «LNAME6»

UCI #: «UCI 6» Survey #: «SURV6»

Parent/Contact Name: «RELFNAM6» «RELLNAM6» Relationship: «RELREL6»

Phone: «RELPHON6» Primary Language: «RELLANG6»

Good morning/afternoon. This is \_\_\_\_\_ calling for «RELFNAM6» «RELLNAM6» regarding «FNAME6» «LNAME6». Do you have a moment to speak on the phone? I'm calling on behalf of the California Department of Developmental Services. We're conducting our annual confidential survey to see how «FNAME6» is doing in his/her community home and how you feel about the services they're providing. Do you have time now or should I call back later?

**ABOUT YOU AND «FNAME6»**

- Are you «FNAME6»'s:
  - 1 Mother
  - 2 Father
  - 3 Mother and Father (responding together)
  - 4 Sister or Brother
  - 5 Other (PLEASE SPECIFY): \_\_\_\_\_
- Are you «FNAME6»'s legal guardian or the legal conservator?
  - 1 Yes, the legal guardian of a minor
  - 2 Yes, the legal conservator of an adult
  - 3 No
- About how many years did «FNAME6» live in Developmental Centers (state hospitals or state institutions)?
 

\_\_\_\_\_ years or  Don't know
- Would you say the general quality of «FNAME6»'s life when living in a Developmental Center (DC) was poor, okay or good?
 

1 Poor       2 OK       3 Good       9 No Answer       88 Don't Know

5. Using the same scale (1 = Poor, 2 = OK and 3 = Good), please rate the following aspects of «FNAME6»'s life. (continued)

	<u>Poor</u>	<u>Okay</u>	<u>Good</u>	<u>No Answer</u>	<u>Don't Know</u>
a. Relationship with family					
When at the DC:	[ ] 1	[ ] 2	[ ] 3	[ ] 9	[ ] 88
Now in the community:	[ ] 1	[ ] 2	[ ] 3	[ ] 9	[ ] 88
b. Relationship with friends					
When at the DC:	[ ] 1	[ ] 2	[ ] 3	[ ] 9	[ ] 88
Now in the community:	[ ] 1	[ ] 2	[ ] 3	[ ] 9	[ ] 88
c. Getting out and around in the community					
When at the DC:	[ ] 1	[ ] 2	[ ] 3	[ ] 9	[ ] 88
Now in the community:	[ ] 1	[ ] 2	[ ] 3	[ ] 9	[ ] 88
d. What «FNAME6» does all day					
When at the DC:	[ ] 1	[ ] 2	[ ] 3	[ ] 9	[ ] 88
Now in the community:	[ ] 1	[ ] 2	[ ] 3	[ ] 9	[ ] 88
e. Safety					
When at the DC:	[ ] 1	[ ] 2	[ ] 3	[ ] 9	[ ] 88
Now in the community:	[ ] 1	[ ] 2	[ ] 3	[ ] 9	[ ] 88
f. Treatment by staff/attendants					
When at the DC:	[ ] 1	[ ] 2	[ ] 3	[ ] 9	[ ] 88
Now in the community:	[ ] 1	[ ] 2	[ ] 3	[ ] 9	[ ] 88
g. Qualifications of staff/attendants					
When at the DC:	[ ] 1	[ ] 2	[ ] 3	[ ] 9	[ ] 88
Now in the community:	[ ] 1	[ ] 2	[ ] 3	[ ] 9	[ ] 88
h. Behavioral supports					
When at the DC:	[ ] 1	[ ] 2	[ ] 3	[ ] 9	[ ] 88
Now in the community:	[ ] 1	[ ] 2	[ ] 3	[ ] 9	[ ] 88
i. Food					
When at the DC:	[ ] 1	[ ] 2	[ ] 3	[ ] 9	[ ] 88
Now in the community:	[ ] 1	[ ] 2	[ ] 3	[ ] 9	[ ] 88
j. Happiness					
When at the DC:	[ ] 1	[ ] 2	[ ] 3	[ ] 9	[ ] 88
Now in the community:	[ ] 1	[ ] 2	[ ] 3	[ ] 9	[ ] 88
k. Health					
When at the DC:	[ ] 1	[ ] 2	[ ] 3	[ ] 9	[ ] 88
Now in the community:	[ ] 1	[ ] 2	[ ] 3	[ ] 9	[ ] 88
l. Medical services					
When at the DC:	[ ] 1	[ ] 2	[ ] 3	[ ] 9	[ ] 88
Now in the community:	[ ] 1	[ ] 2	[ ] 3	[ ] 9	[ ] 88



5. Using the same scale (1 = Poor, 2 = OK and 3 = Good), please rate the following aspects of «FNAME6»'s life

	<u>Poor</u>	<u>Okay</u>	<u>Good</u>	<u>No Answer</u>	<u>Don't Know</u>
m. Dental services					
When at the DC:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	<input type="checkbox"/> 88
Now in the community:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	<input type="checkbox"/> 88
n. Mental health services					
When at the DC:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	<input type="checkbox"/> 88
Now in the community:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	<input type="checkbox"/> 88
o. Crisis services					
When at the DC:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	<input type="checkbox"/> 88
Now in the community:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	<input type="checkbox"/> 88
p. Making choices					
When at the DC:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	<input type="checkbox"/> 88
Now in the community:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	<input type="checkbox"/> 88
q. Privacy					
When at the DC:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	<input type="checkbox"/> 88
Now in the community:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	<input type="checkbox"/> 88
r. Comfort					
When at the DC:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	<input type="checkbox"/> 88
Now in the community:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	<input type="checkbox"/> 88
s. Overall quality of life					
When at the DC:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	<input type="checkbox"/> 88
Now in the community:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	<input type="checkbox"/> 88
t. Interaction with case manager					
When at the DC:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	<input type="checkbox"/> 88
Now in the community:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	<input type="checkbox"/> 88

6. Using the same scale (1 = Poor, 2 = OK and 3 = Good), please rate how you felt when you first heard about the idea for «FNAME6» to move to a home in the community, and how you feel about it today.

	<u>Poor</u>	<u>Okay</u>	<u>Good</u>	<u>No Answer</u>	<u>Don't Know</u>
When at the DC:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	<input type="checkbox"/> 88
Now in the community:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	<input type="checkbox"/> 88

7. How happy do you think «FNAME6» is now with his/her day program or job, or whatever he/she does during the day?

- 1 Very unhappy
- 2 Unhappy
- 3 Neither happy nor unhappy
- 4 Happy
- 5 Very happy
- 9 NA
- 99 Don't know

8. If «FNAME6» does not live with respondent, ask: In the past year:
- About how often were you able to visit/see «FNAME6» ?  
 Times     Lives with consumer     No answer     Don't know
  - About how often did you talk to «FNAME6» on the telephone?  
 Times     Lives with consumer     No answer     Don't know
  - About how often did you write to «FNAME6» (or staff)?  
 Times     Lives with consumer     No answer     Don't know
  - Were you, some member of you family, or a friend able to attend the most recent IPP review?  
 Yes     No     No answer     Don't know
9. If you could, would you have «FNAME6» leave his/her community home and move back to a Developmental Center?  
 0 Not applicable/don't know     3 In-between, not sure  
 1 Yes, definitely     5 No, probably not  
 2 Yes, probably     6 No, definitely not
10. How satisfied are you with «FNAME6»'s «REGCENT6» regional center case manager or service coordinator?  
 0 Not applicable/don't know     3 In-between, neutral  
 1 Very dissatisfied     5 Satisfied  
 2 Dissatisfied     6 Very satisfied
11. In planning services and supports how much attention is given to your opinion?  
 0 Not applicable/don't know     3 Some  
 1 None     5 Significant  
 2 Very little     6 Major
12. Please rate the following characteristics of the residence and the residence staff as Poor, OK or Good.

	<u>Poor</u>	<u>OK</u>	<u>Good</u>	<u>NA</u>	<u>DK</u>
a. Access (Can you reach them easily?)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	<input type="checkbox"/> 88
b. Listening to you and your concerns	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	<input type="checkbox"/> 88
c. Telling you what is going on	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	<input type="checkbox"/> 88
d. Pleasantness (toward you)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	<input type="checkbox"/> 88
e. Caring (toward your relative)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	<input type="checkbox"/> 88
f. Action (getting changes made when needed)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	<input type="checkbox"/> 88
g. Trust (Do you trust the service provider?)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	<input type="checkbox"/> 88
h. All things considered, the overall relationship between you and the residential service provider is:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	<input type="checkbox"/> 88

**POSITIVES AND NEGATIVES**

13. Do you have any additional comments? \_\_\_\_\_

# Appendix

# C

## **The Residential Survey Validation Instrument**



**VALIDATION FORM**

Date validated: \_\_\_\_\_

Survey #: \_\_\_\_\_ Visitor (Interviewer): \_\_\_\_\_

Date of Interview: \_\_\_\_\_ Consumer name: \_\_\_\_\_

Person/Staff Interviewed: \_\_\_\_\_

Phone #: \_\_\_\_\_ Living Situation (LHS 1, pg 6): \_\_\_\_\_

Notes: \_\_\_\_\_

**Complete top section, then call the staff member that was interviewed.**

1. When calling, be sure to introduce yourself. Mention your name, the DDS Movers Study (Coffelt), and CSUS.
2. Mention the name of the visitor that visited them recently.
3. Say that we “validate or check up” on all of our visitors.

**General Questions (check the appropriate response):**

Yes      No

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Did the visitor show proper ID/credentials?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Did the visitor ask to have the records on-site when he/she made the appointment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did the visitor conduct the interview in person?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did the visitor arrive on time?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did the visitor ask you to write out any portion of the survey?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Was the visitor courteous?  |

**Verify the responses to TWO specific questions from the survey. For consumers living independently (defined as LSH1=40, 42, 44, or 48), skip this section.**

<u>Verified</u>	<u>Negated</u>		<u>Response</u>
<input type="checkbox"/>	<input type="checkbox"/>	1. CDI 5 (pg 6); What is the level of mental retardation diagnosis?	_____
<input type="checkbox"/>	<input type="checkbox"/>	2. LSH 1 (pg 6); What type of home is the consumer living in?	_____
<input type="checkbox"/>	<input type="checkbox"/>	3. Other: _____	_____

**Do you have any comments you would like to make about the visitor?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# D

## **Descriptive Statistics for the Total Consumer Population (TCP) and the Advocate Survey**





**Residential Survey**

**Descriptive Statistics for the Total Consumer Population**

<i>Variable</i>	<i>M</i>	<i>SD</i>	<i>Min</i>	<i>Max</i>
Age .....	48.5	11.2	12	89
SDD composite score .....	36.7	12.3	11	60
CB composite score .....	10.7	4.9	6	30
Full time staff .....	4.9	4.7	0	100
Part time staff .....	2.1	2.2	0	20
Staff respondent age.....	43.3	12.0	19	80
Staff ability to speak English .....	4.8	0.5	1	5
Staff works directly with consumers (hrs per week).....	14.6	11.0	0	40
Staff works on admin task (hrs per week).....	9.4	7.4	0	40
Staff work experience with people who have developmental disabilities	10.3	8.4	.08	55
Staff history with specific consumer..	4.2	4.0	0	50
Staff job satisfaction .....	4.7	0.6	1	5
Staff satisfaction working w/specific . consumer .....	4.8	0.5	1	5
Persons per household .....	5.9	5.2	0	133
Persons in home with developmental disabilities .....	5.0	5.1	0	133
Unpaid persons in home w/out developmental disabilities.....	0.1	0.5	0	6
Paid in house staff.....	0.7	1.3	0	6
Length in current home (yrs) .....	7.5	4.6	.08	23.50
<i>Consumer's room</i>				
Orderliness .....	2.8	0.4	1	3
Cleanliness .....	2.8	0.4	1	3
Condition of furniture .....	2.8	0.5	1	3
Windows .....	2.9	0.4	1	3
Odors.....	2.9	0.4	1	3
<i>Common Areas</i>				
Orderliness .....	2.8	0.4	1	3
Cleanliness .....	2.8	0.4	1	3
Condition of furniture .....	2.7	0.5	1	3
Windows .....	2.9	0.4	1	3
Odors.....	2.9	0.4	1	3
Friendliness of consumer to consumer interaction.....	3.6	0.6	1	6
Personalization of consumer to staff interactions .....	3.5	0.6	1	6
Placement option for a close relative Independent living/Self care skill goals.....	3.2	0.7	1	5
Behavioral goals.....	2.3	1.1	1	5
Sensory, motor, and communication goals.....	2.1	1.1	1	5

**Residential Survey**

**Descriptive Statistics for the Total Consumer Population  
(Continued)**

<i>Variable</i>	<i>M</i>	<i>SD</i>	<i>Min</i>	<i>Max</i>
Skill goals.....	1.5	0.8	1	5
Social skill goals.....	1.1	0.3	1	5
Employment/Volunteer work goals ...	1.1	0.3	1	3
Education Goals.....	1.1	0.3	1	2
Leisure time goals.....	1.1	0.4	1	3
Amended/Added goals.....	2.4	1.4	0	6
Goal dropped (achieved).....	1.5	1.0	0	6
Goal dropped (unattainable).....	1.2	0.5	0	3
Change in case manager.....	0.4	0.6	0	4
Case manager visits in past year.....	4.4	3.4	0	24
Hours consumer attends day program	28.9	3.80	0	60
Travel time to day program (min).....	23.4	18.0	0	360
Cooperation between staff and day program staff.....	4.6	0.6	1	5
Physical restraints used.....	12.0	47.6	1	365
Chemical restraints used.....	15.4	3.0	0	365
One or more nights away.....	1.7	1.2	1	7
Harm to self or others.....	7.5	17.9	1	365
Suicide attempts used.....	2.4	1.7	1	6
Overnight hospitalization.....	1.4	0.9	0	9
Medical emergency.....	1.8	2.0	0	30
Non-emergency.....	1.5	1.3	0	12
Accidents per consumer.....	1.5	3.4	1	50
In person visits (in past year).....	24.0	44.4	0	75
Telephone calls (in past year).....	104.8	174.0	0	1,000
Letters/Mail.....	5.1	1.1	0	365
Deceased (consumer age).....	53.8	12.9	26	86
Case closed (consumer age).....	41.7	14.0	12	68
Acute care hospital (consumer age).	45.7	13.1	22	71
Psychiatric hospital and drug rehab centers (consumer age).....	40.2	12.8	21	74
Jail (consumer age).....	34.9	9.4	24	52
Skilled nursing facility (consumer age).....	56.1	12.8	22	80
Declined to participate (consumer age).....	38.4	14.2	16	80
Prison (consumer age).....	52	5.7	48	56

**Residential Survey**

**Descriptive Statistics for the Total Consumer Population  
(Continued)**

<i>Variable</i>	<i>M</i>	<i>SD</i>	<i>Min</i>	<i>Max</i>
<u>Intervention Services per Consumer in Crisis</u>				
People/team to the residence.....	1.7	1.0	1	5
Supplemental supports to the home .	1.9	1.4	1	6
RC crisis facility .....	1.0	0.0	1	1
RC after-hours calls .....	2.1	1.7	1	7
Emergency room visits.....	1.6	1.3	1	8
Psychiatric facility .....	2.1	1.9	1	10
Police intervention .....	2.1	1.7	1	8
Incarceration .....	1.5	0.6	1	2
<u>Intervention Services per TCP Consumer</u>				
People/team to the residence.....	0.02	0.2	0	5
Supplemental supports to the home .	0.01	0.2	0	6
RC crisis facility .....	0.00	0.0	0	1
RC after-hours calls .....	0.01	0.2	0	7
Emergency room visits.....	0.02	0.3	0	8
Psychiatric facility .....	0.03	0.4	0	10
Police intervention .....	0.05	0.4	0	8
Incarceration .....	0.00	0.0	0	2
<u>Quality of Intervention Services (Very good =5)</u>				
People/team to the residence.....	4.2	0.8	2	5
Supplemental supports to the home .	4.5	0.5	4	5
RC crisis facility .....	3.0	1.4	2	4
RC after-hours calls .....	4.2	0.6	3	5
Emergency room visits.....	3.8	0.9	1	5
Psychiatric facility .....	3.5	0.9	1	5
Police intervention .....	3.9	1.1	1	5
Incarceration .....	4.3	0.6	4	5

**Advocate Survey**

**Descriptive Statistics for the Advocate Survey**

<i>Variable</i>	<i>M</i>	<i>SD</i>	<i>Min</i>	<i>Max</i>
Quality of life in the community .....	3.0	0.2	1	3
Quality of life in the DC .....	2.2	0.7	1	3
Overall rating for residing in the Community .....	2.8	0.5	1	3
Overall rating for residing in the DC..	2.1	0.9	1	3
Number of years in a DC .....	19.5	14.7	0	66

<i>Perceptions</i>	<i>Ratings</i>							
	<i>DCs</i>		<i>Community</i>		<i>DCs</i>		<i>Community</i>	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>Min</i>	<i>Max</i>	<i>Min</i>	<i>Max</i>
Family relationships .....	2.4	0.6	2.9	0.3	1	3	2	3
Relationships with friends .....	2.2	0.7	2.9	0.3	1	3	2	3
Community outings .....	2.1	0.7	3.0	0.2	1	3	2	3
Daytime activities .....	2.1	0.7	3.0	0.2	1	3	2	3
Safety .....	2.4	0.7	2.9	0.3	1	3	2	3
Treatment by the staff .....	2.4	0.7	2.9	0.4	1	3	1	3
Staff qualifications .....	2.4	0.7	2.9	0.4	1	3	1	3
Behavioral supports .....	2.5	0.7	2.9	0.4	1	3	1	3
Food .....	2.4	0.7	3.0	0.2	1	3	2	3
Consumer happiness .....	2.3	0.6	3.0	0.2	1	3	1	3
Consumer health .....	2.5	0.7	3.0	0.2	1	3	1	3
Medical services .....	2.5	0.7	2.9	0.4	1	3	2	3
Dental services .....	2.4	0.7	2.9	0.2	1	3	2	3
Mental health services .....	2.5	0.7	2.9	0.2	1	3	2	3
Crisis intervention .....	2.4	0.7	2.9	0.3	1	3	2	3
Making choices .....	2.2	0.8	3.0	0.2	1	3	2	3
Consumer privacy .....	2.1	0.7	3.0	0.2	1	3	2	3
Consumer comfort .....	2.2	0.7	3.0	0.2	1	3	2	3
Overall quality of life .....	2.2	0.7	3.0	0.2	1	3	2	3
Interaction with case manager .....	2.3	0.7	2.8	0.4	1	3	2	3
Consumer's move to the community .	2.1	0.9	2.8	0.5	1	3	1	3

# **E**

## **Descriptive Statistics for the Continuing Original Consumer Population (OCP)**



**Residential Survey**

**Descriptive Statistics for the Continuing Original Consumer Population**

<i>Continuing population</i>	<i>M</i>	<i>SD</i>	<i>Min</i>	<i>Max</i>
Age .....	48.5	11.2	12	89
General health .....	3.0	0.6	1	4

**Descriptive Statistics for the Continuing Original Consumer Population (by Year of Interview)**

<i>Year of Interview</i>	<i>M</i>	<i>SD</i>	<i>Min</i>	<i>Max</i>
<b>General Health</b>				
2003-04 .....	3.1	0.6	1	4
<b>OCP Satisfaction scores</b>				
2003-04 .....	14.2	1.5	1	15
2004-05 .....	14.2	1.5	1	15
2005-06 .....	14.0	1.7	1	15
2006-07 .....	14.2	1.6	1	15
2007-08 .....	14.3	1.5	1	15
<b>Overnight Hospital Stays</b>				
2002-03 .....	1.4	0.9	1	6
2003-04 .....	2.3	2.6	1	9
2004-05 .....	1.4	1.0	1	9
2005-06 .....	1.3	1.0	1	9
2006-07 .....	1.7	1.6	1	9
2007-08 .....	1.5	1.0	1	9
<b>ER Emergency Visits</b>				
2002-03 .....	1.8	1.8	1	25
2003-04 .....	2.1	2.3	1	20
2004-05 .....	1.6	1.5	1	15
2005-06 .....	1.6	1.4	1	12
2006-07 .....	1.6	1.9	1	28
2007-08 .....	1.8	2.2	1	30
<b>ER Non-Emergency Visits</b>				
2002-03 .....	1.5	1.4	1	9
2003-04 .....	2.4	2.8	1	12
2004-05 .....	1.5	2.2	1	20
2005-06 .....	1.5	1.2	1	10
2006-07 .....	2.4	3.1	1	24
2007-08 .....	1.4	1.3	1	12





# **F**

## **Descriptive Statistics for the Newcomer Sample (NC)**



**Residential Survey**

**Descriptive Statistics for the Newcomer Sample**

<i>Variable</i>	<i>M</i>	<i>SD</i>	<i>Min</i>	<i>Max</i>
Age .....	48.7	12.3	17	82
Consumer Satisfaction .....	14.6	0.8	1	15
General Health .....	3.0	0.4	1	4
Overnight Hospital Stays .....	1.3	0.5	1	2
ER Emergency Visits .....	1.5	0.8	1	4
ER Non-Emergency Visits .....	1.0	0.0	1	1
SDD Composite Score .....	32.9	12.5	11	60
CB Composite Score .....	10.7	4.9	6	30
Harm to Self or Others .....	2.0	1.4	0	2



# **G**

## **Descriptive Statistics for the Consumers Residing in a Developmental Center (IDC)**



**Residential Survey**

**Descriptive Statistics for the IDC Population**

<i>Variable</i>	<i>M</i>	<i>SD</i>	<i>Min</i>	<i>Max</i>
<b>In DC</b>				
Age .....	45.6	12.9	24	76
SDD Composite Score .....	36.7	12.3	11	60
CB Composite Score .....	12.6	5.3	6	30
Years in DC .....	18.3	12.1	2.8	38.5
Full Time Staff .....	15.4	7.5	4	27
Part Time Staff.....	1.0	1.7	0	6
Persons per Residence with Developmental Disabilities .....	17.5	9.3	3	32
Shared Bedroom .....	1.5	1.0		
Independent Living Goals .....	2.3	1.1	1	5
Behavioral Goals .....	1.8	1.2	1	5
Employment Goals.....	1.1	0.3	1	2
Sensory/Motor/Communication Skill Goals .....	1.4	0.5	1	2
Social Skill Goals.....	1.0	0.0	1	1
Leisure time Goals .....	1	0.0	1	1
Case Manager Visits in Past Year ....	3.4	1.5	0	6
<b>DC Movers</b>				
Age .....	41.4	12.6	20	68
SDD Scores in DC .....	41.2	13.01	14	53
SDD Scores in Community.....	41.7	11.3	16	53
CB Scores in DC .....	12.3	4.0	6	19
CB Score in Community .....	12.0	4.6	6	20

