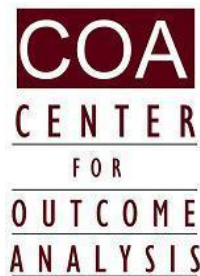


## **EXHIBIT 1-3: QUALITY OF LIFE ASSESSMENT TOOL**

## Personal Life Quality Protocol

# Outcome Measurement Tools for Tracking Implementation of the Olmstead Integration Mandate



***Center for Outcome Analysis***

[www.eoutcome.org](http://www.eoutcome.org)

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# INFORMATION ABOUT THE PERSON

## Part 1: Individual Information

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
First Name M.I. Last Name

4. Identification number \_\_\_\_\_

5. \_\_\_\_\_  
Complete Mailing Address, Including Apartment #

6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_  
City or Town State Zip Code

9. \_\_\_\_\_  
Home Area Code and Telephone Number

10. \_\_\_\_\_ 11. \_\_\_\_\_  
Primary Respondent's Name Title or Relationship

12. \_\_\_\_\_  
Today's Date

## Part 2: Demographics, Legal Status, and Disability

### 1. PERSON'S DATE OF BIRTH

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

### 2. PERSON'S AGE

\_\_\_\_\_

### 3. SEX

\_\_\_\_\_ 1 Male  
\_\_\_\_\_ 2 Female

### 4. ETHNIC IDENTIFICATION

Check All That Apply	
	1 White or Caucasian
	2 Black or African-American
	3 American Indian or Alaska Native
	4 Asian
	5 Native Hawaiian or Other Pacific Islander
	6 Hispanic or Latino
	7 Other
	99 Refused, left blank

### 5. PRIMARY ETHNIC IDENTIFICATION

Check ONE Primary	
	1 White or Caucasian
	2 Black or African-American
	3 American Indian or Alaska Native
	4 Asian
	5 Native Hawaiian or Other Pacific Islander
	6 Hispanic or Latino
	7 Other
	99 Refused, left blank

### 6. MARITAL STATUS

\_\_\_\_\_ 1 Never married  
\_\_\_\_\_ 2 Married now  
\_\_\_\_\_ 3 Married in past, single now  
\_\_\_\_\_ 99 Refused, Don't know

### 7. PARENTAL STATUS

\_\_\_\_\_ 7a. Number of children  
\_\_\_\_\_ 7b. Number of dependent children

## 8. LEGAL STATUS

- 1 No guardian or conservator  
 2 Guardian  
 \_\_\_\_\_ 3 Conservator  
 \_\_\_\_\_ 4 Don't Know

## 9. DISABILITIES AND PERCEIVED SIGNIFICANCE

**1 = Major disability 2 = Some disability 3 = No disability**

**Note: Please allow the person and the person's assistants to define what "some" and "major" mean**

	Description	Major Disability 1	"Some" Disability 2	No Disability 3	D/K 99
9A.	Ambulation (Walking)	1	2	3	99
9B.	Autism	1	2	3	99
9C.	Behavior: Aggressive or Destructive	1	2	3	99
9D.	Behavior: Self-Abusive	1	2	3	99
9E.	Brain Injury	1	2	3	99
9F.	Cerebral Palsy	1	2	3	99
9G.	Communication	1	2	3	99
9H.	Dementia (Including Alzheimer's Disease)	1	2	3	99
9I.	Health Problems (Major)	1	2	3	99
9J.	Hearing	1	2	3	99
9K.	Intellectual Disability (Intentionally redundant with Item8)	1	2	3	99
9L.	Mental Illness	1	2	3	99
9M.	Physical Disability Other Than Ambulation	1	2	3	99
9N.	Seizures	1	2	3	99
9O.	Substance Abuse	1	2	3	99
9P.	Swallowing: Inability to swallow independently	1	2	3	99
9Q.	Vision	1	2	3	99
9R.	Other (s) _____	1	2	3	99

## Part 3: Housing

1. TYPE OF HOME: What type of home is the person living in now?

Check ONE	
	1A. Living with family or friends
	1B. Board and Lodging
	1C. Housing with Services
	1D. Supervised Living Facilities
	1E. Boarding Care
	1F. Shelter
	1G. Transitional Housing
	1H Nursing Homes, Assisted Living
	1I. Adult Foster Care
	1j. ICF/DD

2. HOW MANY PEOPLE LIVE IN THIS HOME RIGHT NOW?

("HOME" can usually be interpreted as a unique MAILING ADDRESS - - a group dwelling or individual home or apartment. If this is a congregate care facility, use cottage or living unit or building or wing or other meaningful sub-unit. If there are vacancies, only count how many people live here RIGHT NOW.)

	2A. People in this home (or cottage or living unit etc.)
	2B. People with disabilities (unpaid cohabitants)
	2C. People without disabilities (unpaid cohabitants)
	2D. Paid staff who <u>live</u> here (paid cohabitants)

3. WITH HOW MANY PEOPLE DOES THIS PERSON SHARE A BEDROOM? \_\_\_\_\_ People

4. HOW MANY DIRECT CARE STAFF WORK AT THIS HOME? (Counting all shifts.)

4A. \_\_\_\_\_ Full Time Staff (Enter 0 if none)

4B. \_\_\_\_\_ Part Time Staff (Enter 0 if none)

5. WHAT WAS THE LAST MONTH AND YEAR IN WHICH THIS PERSON LIVED IN A STATE DEVELOPMENTAL CENTER or STATE PSYCHIATRIC INSTITUTION?

5A. \_\_\_\_\_ / 5B. \_\_\_\_\_ OR 5C. \_\_\_\_\_ Check here if never lived in state institution  
           Month                      Year

**NOTE: Information about employment/day activity or education setting are collected in next section**

# COMMUNITY INTEGRATION AND ENGAGEMENT

## Part 1: Time, Money, & Integration – During the Day

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**Please describe your (the person's) past week – if last week wasn't usual, please describe a usual week.**

**HOURS:** Estimate how many hours per week are or were worked, on average, in each kind of work setting

**EARNINGS:** Estimate how much money per week the person earned or earns from each kind of activity on average

**INTEGRATION:** Write the number for HOW INTEGRATED the person was:

1	Completely segregated	Never in the presence of people without disabilities
2	Mostly segregated	Some or a little of the time in the presence of people without disabilities
3	In between	In Between
4	Mostly integrated	Often in situation where people without disabilities are, or might be, present
5	Completely integrated	Nearly always in a situation where people without disabilities might be, present

Type of Day Activity	# Hours Work Per Week	\$ Earned Per Week	Integration Level
1. Self-Employed: Has His/Her Own Business			
2. Regular Job (Competitive Employment)			
3. Supported Employment – in Regular Community Job			
4. Supported Employment – Enclave or Job Crew model			
5. Sheltered Employment or Workshop Employment			
6. Pre-Vocational Program or Vocational Rehabilitation Program			
7. Day Habilitation Program (Adult Day Program, Non-Vocational Day Program)			
8. Senior Citizen Program			
9. Partial Hospitalization Program - Mental Health Oriented			
10. Volunteer Work			
11. Public School			
12. Private School			
13. Adult Education - GED, Adult Ed, Trade School, etc.			
14. Community Experience			
15. Other _____			
TOTAL HOURS			xxx



# COMMUNITY INTEGRATION AND ENGAGEMENT

## Part 2: Integrative Activities Scale – In the Past Four Weeks

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ABOUT HOW MANY TIMES did this person do each of the following in the past four weeks?  
**(Rough estimates are fine.** If the past month was not typical, ask about the average month during the past year. Write DK if "Don't Know.")  
 Next, what is the **AVERAGE** group size in which the person had each kind of experience?  
 Finally, does this person normally have **ANY** interaction with community members when out?

	How Many Times?	Average Group Size Including Staff?	Does This Person Normally Have Any Interaction with Community Members during this kind of trip or outing? (Neighbors, Shoppers, Travelers, any citizens who are not in the “disability system”)				
			None	Little	Some	Much	Very Much
			1	2	3	4	5
1. Visit with close friends, relatives or neighbors			1	2	3	4	5
2. Go to a grocery store			1	2	3	4	5
3. Go to a restaurant			1	2	3	4	5
4. Go to a place of worship			1	2	3	4	5
5. Go to a shopping center, mall or other retail store to shop			1	2	3	4	5
6. Go to bars, taverns, night clubs, etc.			1	2	3	4	5
7. Go to a bank			1	2	3	4	5
8. Go to a movie			1	2	3	4	5
9. Go to a park or playground			1	2	3	4	5
10. Go to a theater or cultural event (including local school & club events)			1	2	3	4	5
11. Go to a post office			1	2	3	4	5
12. Go to a library			1	2	3	4	5
13. Go to a sports event			1	2	3	4	5
14. Go to a health or exercise club, spa, or center			1	2	3	4	5
15. Use public transportation (May be marked "N/A")			1	2	3	4	5
16. Other kinds of "getting out" not listed above			1	2	3	4	5

# AUTONOMY OVER DAILY LIFE: Decision Control Inventory

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Ask the person and/or the person's chosen ally to say who actually makes decisions in each area. Use the "Two Either-Or Questions" approach. (e.g., "How do foods for the home get chosen, by paid staff, or by you and your friends/housemates/family?" Then follow up with "OK, would you say Mostly or All that way?") Once the pattern is clear, this scale can be done quickly with just the numbers.

## WHO MAKES DECISIONS?

1	2	3	4	5	99
All or Nearly All Decisions Made by Paid Folks	Mostly Made by Paid Folks	Equally Shared Decisions	Mostly Made by Person and/or Freely Chosen Allies	All or Nearly All Made by Person and/or Freely Chosen Allies – relatives, friends, advocates	D/K, N/A

	All Paid 1	Most Paid 2	Equal 3	Most Unpaid 4	All Unpaid 5	D/K
<b>FOOD</b>						
1 What foods to buy for the home when shopping	1	2	3	4	5	99
2 What to have for breakfast	1	2	3	4	5	99
3 What to have for dinner	1	2	3	4	5	99
4 Choosing restaurants when eating out	1	2	3	4	5	99
<b>CLOTHES AND GROOMING</b>						
5 What clothes to buy in store	1	2	3	4	5	99
6 What clothes to wear on weekdays	1	2	3	4	5	99
7 What clothes to wear on weekends	1	2	3	4	5	99
8 Time and frequency of bathing or showering	1	2	3	4	5	99
<b>SLEEP AND WAKING</b>						
9 When to go to bed on weekdays	1	2	3	4	5	99
10 When to go to bed on weekends	1	2	3	4	5	99
11 When to get up on weekends	1	2	3	4	5	99
12 Taking naps in evenings and on weekends	1	2	3	4	5	99
<b>RECREATION</b>						
13 Choice of places to go	1	2	3	4	5	99
14 What to do with relaxation time, such as choosing TV, music, hobbies, outings, etc.	1	2	3	4	5	99
15 Visiting with friends outside the person's residence	1	2	3	4	5	99
16 Choosing to <u>decline</u> to take part in group activities	1	2	3	4	5	99
17 Who goes with you on trips, errands, outings	1	2	3	4	5	99
18 Who you hang out with in and out of the home	1	2	3	4	5	99
<b>SUPPORT AGENCIES AND STAFF</b>						
19 Choice of which service agency works with person	1	2	3	4	5	99
20 Choice of Case Manager (or other term such as SSA, SC, etc.)	1	2	3	4	5	99
21 Choice of agency's support persons/staff (N/A if family)	1	2	3	4	5	99
22 Choice of support personnel: option to hire and fire support personnel	1	2	3	4	5	99
<b>ECONOMIC RESOURCES</b>						
23 What to do with personal funds	1	2	3	4	5	99
24 How to spend residential funds	1	2	3	4	5	99
25 How to spend day activity funds	1	2	3	4	5	99
<b>HOME</b>						
26 Choice of house or apartment	1	2	3	4	5	99
27 Choice of people to live with	1	2	3	4	5	99
28 Choice of furnishings and decorations in the home	1	2	3	4	5	99
<b>WORK OR OTHER DAY ACTIVITIES</b>						
29 Type of work or day program	1	2	3	4	5	99
30 Amount of time spent working or at day program	1	2	3	4	5	99

31 Type of transportation to and from day program or job	1	2	3	4	5	99
<b>OTHER</b>						
32 Express affection, including sexual	1	2	3	4	5	99
33 "Minor vices" - use of tobacco, alcohol, caffeine, explicit magazines, etc.	1	2	3	4	5	99
34 Whether to have pet(s) in the home	1	2	3	4	5	99
35 When, where, and how to worship	1	2	3	4	5	99

\_\_\_\_ 36. Check here if you wish to report perception of possibly unfair or excessive domination of this person's life by ANYONE.

## PERCEIVED QUALITIES OF LIFE

(To Be Answered by the Person or Whoever Knows the Person Best)

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### RESPONDENT:

Ask the person to rate the qualities of his/her own life. **If the person can't answer, accept answers from whoever knows the person best.** You must find someone who the person will allow to answer, or who knows the person on a **day to day basis** better than anyone else.

### METHOD:

Each quality item is approached as two “Either-Or” questions. For example, the first Either-Or question on the first item is “Would you say your health is good or bad?” (“In between” is implied, if the person says “neither” or “OK” or “neither” or any similar response. But answers like that have to be checked by probing with “Oh, so it’s in between, not really good or bad?”) Once the person answers, for example, “good,” the follow-up is a second Either-Or question: “Would you say good or very good?”

1	2	3	4	5	99
Very Bad	Bad	In Between	Good	Very Good	Don't know, N/A

Life Quality Area	Very Bad	Bad	In Between	Good	Very Good	Don't know, N/A
1 Health	1	2	3	4	5	99
2 Running my own life, making choices	1	2	3	4	5	99
3 Family relationships	1	2	3	4	5	99
4 Relationships with friends	1	2	3	4	5	99
5 Getting out and getting around	1	2	3	4	5	99
6 What I do all day	1	2	3	4	5	99
7 Food	1	2	3	4	5	99
8 Happiness	1	2	3	4	5	99
9 Comfort	1	2	3	4	5	99
10 Safety	1	2	3	4	5	99
11 Treatment by staff/attendants	1	2	3	4	5	99
12 Health care	1	2	3	4	5	99
13 Privacy	1	2	3	4	5	99
14 Overall quality of life	1	2	3	4	5	99

15. How many of these 14 questions were answered by the Focus Person, even if assistance or interpretation was involved? \_\_\_\_\_ (from 0 to 14)

**EXHIBIT 1-4: NUMBER OF INDIVIDUALS MOVING FROM  
SEGREGATED TO INTEGRATED SETTINGS**