



Other; Explain \_\_\_\_\_

9. Person completing survey if not me; Name:

\_\_\_\_\_

10. My Survey Number:[Survey\_ID]

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**Section 1: Where I live supports access to the broader community**

11. Please choose the description that best describes how the location of your home or residential setting supports your access to the community (Pick the best answer):

- Where I live makes it **EASY** for me to be part of the community where I am located.
- Where I live makes it **HARD** for me to be part of the community where I am located.

**Where I live makes it easy for me to:**

12. Participate in community activities

- Always
- Usually
- Sometimes
- Never

13. Get around in the community as I desire

- Always
- Usually
- Sometimes
- Never

14. Look for a job in the community where I can make at least minimum wage, if I want to work:

- Always
- Usually
- Sometimes
- Never
- I do not want to work at this time

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## Section 2: I am supported where I live to be part of the community

**15.** I have regular opportunities be part of the broader community. The following are some examples that help explain what this means: working in the community, going to the park, the library, church, shopping for food, clothing or other items, getting my hair cut at a beauty or barber shop, going out for coffee, going to the movies, fairs, rodeos, or other community events.

Always

Usually

Sometimes

Never

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## Section 3: Choosing where I live

**16.** Before I moved to where I live now, I was told about or able to visit other places to live.

Yes

No

**17.** I was offered the choice to live in a place that is not only for people who have disabilities.

Yes

No

**18.** If I live in a shared room, I was offered the choice of a private bedroom or living unit.

Yes

No

Not applicable - I am in a private room

**19.** I have a choice in who my roommate is.

Yes

No

Not applicable - I am in a private room

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## Section 4: Where I live supports my independence and making life choices

### Employment

**20. My provider/setting supports me with my daily needs in order for me to work.**

Always       Usually       Sometimes       Never

I do not want to work at this time

### Personal Finances (Resources)

**21. The provider/staff where I live support me in managing my money.**

Yes       No, I manage my own money

No, my guardian or representative manages my money

I have a Social Security Representative Payee, or I am a beneficiary of a Special Needs Trust or Discretionary Trust.

**22. I can easily get my money and spend my money as I wish.**

Always       Usually       Sometimes       Never

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## Section 5: I am supported where I live to make my own scheduling decisions

**23. I create my own schedule. For example, I decide when to go to bed or when I get up. I can go out alone, with friends or family as I wish. My provider/staff work around my activities. If my activities cause me to miss a scheduled mealtime, laundry time, or bath time, I can get the meal or service when convenient for me.**

Always       Usually       Sometimes       Never

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**Section 6: Where I live ensures my rights of privacy, dignity and respect, and freedom from coercion (strong-arm) and restraint**

**Coercion**

**24. Where I live now, my provider/staff has never threatened me with physical harm, or used restraints, or punished me, to force me to make a decision I did not want to make.**

True – I **HAVE NOT** been forced to make decisions against my will

False – I **HAVE** been forced to make decisions against my will

**Restraint**

**25. Where I live now, I have never been given a medication against my will to control my behavior.**

True – I **HAVE NOT** been forced to take medication to control my behavior against my will.

False - I **HAVE** been forced to take medication to control my behavior against my will.

**26. Where I live now, I have never been held or tied down by a person or object against my will.**

True – I **HAVE NOT** been held or tied down against my will

False - I **HAVE** been held or tied down against my will

**27. Where I live now, I have never been kept or locked in a room against my will.**

True – I **HAVE NOT** been kept or locked in a room against my will

False - I **HAVE** been kept or locked in a room against my will

## Communication

**28. I feel free to openly discuss any of my concerns with my provider/staff.**

Always       Usually       Sometimes       Never

**29. I have access to a phone or to other methods of communicating with others outside of where I live. I can talk to anyone I want at any time.**

Always       Usually       Sometimes       Never

## Access in all areas where I live

**30. I have full access to the following areas where I live any time I want or need: kitchen; dining room; living/family room; bedroom; and bathroom.**

Always       Usually       Sometimes       Never

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## Section 7: Staff where I live respect my personal privacy

**31. I may lock my bedroom or living unit door for privacy.**

Always       Usually       Sometimes       Never

**32. I have privacy when I use the bathroom. People do not walk in on me without my permission.**

Always       Usually       Sometimes       Never

**33. I may take a shower or bath privately. People do not walk in on me without my permission.**

Always       Usually       Sometimes       Never

**Section 8: Where I live allows me to decorate and furnish my bedroom or living unit**

**34. I may decorate my bedroom or living unit the way I choose.**

Always       Usually       Sometimes       Never

**35. I may furnish my bedroom or living unit with my own furniture.**

Always       Usually       Sometimes       Never

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**Section 9: Where I live allows me to have access to food at any time**

**36. In addition to the meals and snacks provided to me by my provider, I can purchase food and have access to my food at any time.**

Always       Usually       Sometimes       Never

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**Section 10: Where I live allows me to have visitors at any time**

**37. I may have visitors at any time.**

Always       Usually       Sometimes       Never

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**Section 11: Services outside of where I live**

**38. I work or use employment services outside of where I live.**

Yes       No

**39. If yes: I work or use employment services in a typical community setting where my co-workers come from a variety of different backgrounds and do not necessarily have disabilities (not including paid support staff):**  Yes       No

**40. I work or use employment services in a setting where most of my coworkers are people who also have some type of disability:**

Yes       No

**41. If yes: I had an option to work or use services in a place where I could meet and form relationships with people from a variety of different backgrounds, and not only with other people who have disabilities:**       Yes       No

**42. I am paid for my work:**

Yes       No

**43. If yes: I am paid minimum wage or better:**       Yes       No

**44. I would like to work more hours:**

Yes       No

**45. I would like to be able to have a job where I could make more money.**

Yes       No

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You have completed the survey questions for where you live.

We would now like to ask some questions about services you might get outside of where you live. Not everyone has these services and that is ok. Please answer the best that you can.

**46. DAY SERVICES ONLY: I use other services in a provider setting (such as Outpatient Mental Health Services, Adult Day Care, Day Services, or Community Inclusion/Alternative to Employment) outside of the place where I live:**       Yes       No

**47. If yes: When I use these services, I feel I am part of my community:**

Always       Usually       Sometimes       Never

**48. I participate in activities with people I chose to spend time with:**

Always       Usually       Sometimes       Never

**49. When I use these services, I have opportunities to interact with people from the community, who come from a variety of different backgrounds, and not only people who have disabilities (this does not include paid support staff):**

Always       Usually       Sometimes       Never

**Is there any other information that you would like to share about where you live or receive services?**

**Thank you for completing this Survey.**