

# NJCAT Update: Background and Current Status

## Background

**2010s:** The Division of Developmental Disabilities (DDD) partnered with the [Developmental Disabilities Planning Institute \(DDPI\)](#) at the Rutgers University Bloustein Center for Survey Research to develop and maintain the New Jersey Comprehensive Assessment Tool (NJCAT).

**2023:** DDD partnered with DDPI again to comprehensively update the NJCAT. DDPI held a series of focus groups and gathered feedback through an online survey to help inform the work of updating the NJCAT.

**2025:** DDPI and DDD identified a random sample of about 5,000 people receiving DDD-funded services who would be outreached and asked to voluntarily complete the Study-NJCAT.

## Why the Comprehensive Update Is Paused

To establish statistical validity, DDPI needed approximately **3,000 completed surveys**. Response to the outreach, however, was very low:

- About **2,500 people** were contacted
- Only about **200 people** completed the survey

The main reasons people declined were:

- They didn't have the time
- They didn't want to provide the information
- They didn't see an issue with the current assessment

As a result, **DDD has paused the comprehensive update of the NJCAT for the foreseeable future.**

## A "Refresh" Instead

Although the comprehensive update is on hold, DDPI suggested applying what it has learned over the past 3 years to make a **slight refresh** to the current NJCAT. This refresh will **not** change the method used to calculate the scores and determine tiers and acuity.

The refresh is limited to:

- **Removing questions that do not contribute to tier or acuity determinations** – for example, questions about caregiver characteristics
- **Clarifying assessment instructions** – making them easier to understand for the person served, their family, friends, guardian(s), and others
- **Updating some questions to reflect current practice** – for example, accounting for medical advancements like pre-measured injections (such as GLP-1 injections)
- **Enhanced training for all DDD facilitators** to support consistent administration of the NJCAT

## About the NJCAT Document with Tracked Changes

In the interest of transparency, DDD is sharing the NJCAT Document with Tracked Changes to show the differences between the current NJCAT and the NJCAT Refresh. Please note:

- The questions are not in sequential order because some were moved from a different section.
- The **final version will use sequential numbering.**

We anticipate releasing the NJCAT Refresh in **Late 2027.**

## **Legend of Changes**

### **1. New or Added Text: (New or Added Text)**

Displayed using tracked changes as inserted text.

**Note:** Text color has no significance.

### **2. ~~Removed Text:~~**

Displayed using tracked changes as deleted text (strikethrough)

If an entire section is removed, only the section header will appear with strikethrough formatting. The deleted content from the section will not appear in the document.

### **3. **Moved Text:** (3\*.)**

Displayed by:

- a) The question number appearing as inserted text; and
- b) The question number having an asterisk (\*) indicator next to it.



## WARNING

This site contains protected health information (PHI). In accordance with the Health Insurance Portability and Accountability Act (HIPAA), unauthorized access is forbidden and may result in civil and criminal penalties.

## IMPORTANT

Please take your time and consider your answers to the following questions *carefully*. You will be able to use the "previous page" button to return to a question during the [surveyassessment](#) if you wish to change a response. However, once you have completed this assessment and submitted your responses, *you will be unable to make any further changes*.

State Of New Jersey  
[Department of Human Services](#)  
Division Of Developmental Disabilities  
New Jersey Comprehensive Assessment Tool (NJ CAT)

Conducted by Rutgers University  
Developmental Disabilities Planning Institute (DDPI)

Version [1.31.4 JanuaryApril 27, 2026](#)~~15~~

DDPI has been asked by the New Jersey Division of Developmental Disabilities (DDD) to obtain information on [name], who is applying for services. Security measures have been taken to safeguard the confidentiality of the information provided.

### Instructions for completing the [surveyassessment](#):

1. *The person who knows [name] best should be the respondent.*
2. You must answer ALL questions on each page in order to proceed to the next page.
3. Questions should be answered based on the [person with a disability's disabilities' consumer's](#) status NOW, not at some point in the past or future.
4. This [surveyassessment](#) will take approximately 30-~~6~~40 minutes to complete.
5. If you have any questions about how to respond to a question, please contact us before submitting the completed [surveyassessment](#). Answers can be changed while completing the assessment, but not after it is submitted.

Thank you for your time and assistance ~~with this important endeavor~~.



## RESPONDENT DETAILS

The respondent is the person who is completing this assessment on behalf of the ~~consumer~~person with a disability.

1a. Who will be filling out the information in this ~~survey~~assessment?

1. Respondent on the behalf of ~~[name]~~the consumer
2. ~~Consumer-[name]~~ → **Go To Question 3b**

1\_Resp) Please provide the following information about the respondent:

1\_Resp \_1. Your First Name: \_\_\_\_\_  
1\_Resp \_2. Your Last Name: \_\_\_\_\_  
~~1\_Resp \_3. Your Phone Number (Please use xxx-xxx-xxxx format): \_\_\_\_\_~~  
~~1\_Resp \_4. Your Cell/Alternate Phone Number (Please use xxx-xxx-xxxx format): \_\_\_\_\_~~  
~~1\_Resp \_5. Your Email Address (e.g. abcdef@ghij.com): \_\_\_\_\_~~  
~~1\_Resp \_6. Your Street Address: \_\_\_\_\_~~  
~~1\_Resp \_7. Your City: \_\_\_\_\_~~  
~~1\_Resp \_8. Your State: \_\_\_\_\_~~  
~~1\_Resp \_9. Your Zip Code: \_\_\_\_\_~~

2. Are you the primary caregiver for [name]? The primary caregiver is the person who is principally responsible for the care and well-being of [name].

**[Note:** If you equally share caretaking with a spouse or other person, please answer "Yes."]

0. No
1. Yes

3b. What best describes [name]'s current living arrangement?

1. At home alone (such as an apartment, house, trailer, or condo)
2. In a home with family or friend(s) (such as an apartment, house, trailer, or condo)
3. In a group home facility or supervised apartment (such as a community care residence)
4. In a nursing home setting (or other institutional setting)
98. Some other setting (please specify) \_\_\_\_\_

**[Only Ask 4 ~~and 5~~ if the answer to 1a is "Respondent on the behalf of [name]" ]**

~~3a. Does [name] currently live with you?~~

4. What is your relationship to [name]?

1. Mother or father
2. Grandmother or grandfather
3. Sister or brother
4. Son or daughter
5. Other relative
6. Friend of the family

- 7. Agency or group home staff (Clinical)
- 8. Agency or group home staff (Non-clinical)
- 98. Other (please specify) \_\_\_\_\_

5. ~~Respondent's (your) gender:~~

6. ~~Who is [name]'s guardian for medical and legal decisions at this time?~~

7. ~~Who is likely to be [name]'s guardian for medical and legal decisions 5 years from now?~~

## ~~CONSUMER CHARACTERISTICS~~

SENSORY/MOTOR

Below are some questions about [name]'s sensory and motor abilities. Please indicate whether [name] is experiencing each of the following.

11. Does [name] experience any hearing loss or impairment that cannot be corrected by hearing aids?
0. No, hearing is in normal range or normal with aids → **Go to Question 13**
1. Yes, has hearing loss

12. Which answer best describes [name]'s hearing in the last month?

[**Note:** If [name] uses a corrective device, such as a hearing aid, please select the response that best describes (name's) hearing while using the hearing aid.]

1. Mild loss or impairment: [name] often finds it difficult to hear normal speech
2. Moderate loss or impairment: [name] has to turn up the TV or speak loudly to hear, deaf in one ear, etc.
3. Severe loss or impairment: [name] can hear only if someone is shouting
4. Profound loss or impairment: [name] is deaf

13. Does [name] experience any visual problems that cannot be corrected with glasses or contacts?

(**Examples:** blind spots, blurry sight, color blind, trouble seeing small objects, problems with depth perception, completely blind)

0. No, vision is in normal range with or without correction → **Go to Question 14a5**
1. Yes, has visual impairment that cannot be corrected

14. Which answer best describes [name]'s vision in the last month?

[**Note:** If [name] uses a corrective device, such as glasses, which answer best describes [name]'s vision using glasses?]

1. Mild impairment: [name] is color blind or has trouble seeing small objects
2. Moderate impairment: [name] sees more than light or shadows, has trouble with depth perception, seeing curbs, or recognizing people by sight, or is blind in one eye, etc.
3. Severe impairment: [name] sees only light or shadows
4. Profound impairment: [name] is totally blind

- 14a\*. Please indicate whether any of the following has been used by [name] at any time in the last 3 months.

[**Note:** If prescribed, but not used in the last 3 months, answer "No"]

|                                                      | No | Yes |
|------------------------------------------------------|----|-----|
| 31_1. <u>Prescribed</u> glasses or other visual aids | 0  | 1   |
| 31_5. <u>Prescribed</u> hearing aid                  | 0  | 1   |

- 15) Please indicate whether [name] was not able to, needed help with, or independently could do each of the following in the past month:

|       | <u>Please choose the best response for each of the following actions in the past month:</u>                                                                               | <u>Not able</u><br><u>(Is not</u><br><u>able to do</u><br><u>this with or</u><br><u>without</u><br><u>support)</u> | <u>Needed help</u><br><u>(Can do with</u><br><u>physical or</u><br><u>verbal</u><br><u>assistance or</u><br><u>support)</u> | <u>Could do</u><br><u>Independently</u><br><u>(Starts and</u><br><u>finishes without</u><br><u>assistance or</u><br><u>support)</u> |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| 15_1. | Rolling from back to stomach                                                                                                                                              | 0                                                                                                                  | 1                                                                                                                           | 2                                                                                                                                   |
| 15_2. | Pulling <u>(or pushing)</u> himself/herself to standing from a sitting position<br><u>[Note: This is asking about the ability to transition from sitting to standing]</u> | 0                                                                                                                  | 1                                                                                                                           | 2                                                                                                                                   |
| 15_3. | Going <u>up</u> the stairs in any house or building<br><u>[Note: If uses hand rail on his/her own, please answer "Independently"]</u>                                     | 0                                                                                                                  | 1                                                                                                                           | 2                                                                                                                                   |
| 15_4. | Going <u>down</u> the stairs in any house or building<br><u>[Note: If uses hand rail on his/her own, please answer "Independently"]</u>                                   | 0                                                                                                                  | 1                                                                                                                           | 2                                                                                                                                   |
| 15_5. | Picking up small objects, such as a Cheerio<br><u>(Examples: A Tic Tac, or a nickel)</u>                                                                                  | 0                                                                                                                  | 1                                                                                                                           | 2                                                                                                                                   |
| 15_6. | Transferring an object from hand to hand<br><u>(Examples: A small object, such as a paper clip, or a nickel)</u>                                                          | 0                                                                                                                  | 1                                                                                                                           | 2                                                                                                                                   |
| 15_7. | Crawling, creeping, or scooting, such as getting something from under a bed or chair                                                                                      | 0                                                                                                                  | 1                                                                                                                           | 2                                                                                                                                   |
| 15_8. | Sitting without support for at least 5 minutes, such as on a piano bench or stool without a back                                                                          | 0                                                                                                                  | 1                                                                                                                           | 2                                                                                                                                   |

27C\_2\*. In the past 6 months, did [name] ... Display repetitive behavior, such as body rocking or hand flapping?

- 0. No
- 1. Yes

10\_7\*. Does [name] have any physical disabilities (including cerebral palsy, spina bifida, and/or any other physical disability)?

(Definition: A physical disability is a condition that substantially limits one or more basic physical activities in life (i.e. walking, climbing stairs, reaching, carrying, or lifting). These limitations hinder the person from performing tasks of daily living)

- 0. No

1. Yes

16. Does [name] walk independently without difficulty, without using a corrective device, and/or without receiving assistance?

(Examples of a Corrective Device: Walker, crutches, cane, orthotics, brace)

0. No

1. Yes → **Go to Question 22A**

17. Which best describes [name]'s typical level of walking mobility?

0. Cannot walk by self with a corrective device or with assistance

1. Walks only with assistance from another person

2. Walks independently with a corrective device (e.g., walker, crutches, brace)

3. Walks independently, but with difficulty (no corrective device)

18. Does [name] use a prescribed wheelchair or electric scooter?

**[Note: If [name] is temporarily using a wheelchair due to a recent injury or acute condition, or ONLY uses an electric scooter at the mall or grocery store, please answer "No"]**

0. No, does not use → **Go to Question 22A**

1. Yes, uses at all times

2. Yes, uses for long trips or as needed

19. Please indicate which of the following is currently being used by [name].

**[Note: If prescribed, but not used by [name], please answer "No"]**

|                               | No | Yes |
|-------------------------------|----|-----|
| 19a. Non-motorized wheelchair | 0  | 1   |
| 19b. Motorized wheelchair     | 0  | 1   |
| 19c. Electric scooter         | 0  | 1   |

20. Which best describes [name]'s ability to transfer himself/herself in or out of the wheelchair or scooter?

0. Regularly requires the use of a Hoyer or other lift and/or more than one other person when transferring

1. Needs a lot of physical assistance from one other person when transferring

2. Needs only minimal assistance from one other person when transferring

3. Can transfer independently without assistance

21. Which best describes [name]'s ability to move a wheelchair from place to place?

**[Note:** *Response categories apply to use of both motorized and non-motorized wheelchairs*]

- 0. Has no independent wheelchair mobility – needs someone to push him/her from place to place
- 1. Can move wheelchair back and forth with hands or feet, but requires pushing to move from place to place for any real distance
- 2. Can move wheelchair independently from place to place without assistance, but requires pushing for long distances
- 3. Can move wheelchair independently from place to place without assistance and requires no assistance even for longer trips

## CONSUMER CHARACTERISTICS: COGNITIVE ABILITIES

Below are some questions about [name]'s cognitive, or mental, abilities. Please indicate whether [name] has done each of the following in the last past month.

### 22A) Associating Time with Events and Actions

| In the past month, did [name].... |                                                                                                                                                | No<br>(Never) | Yes<br>(One or more time(s)) |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------|
| 22A_1.                            | Remember <del>s</del> events that happened a month or more ago<br><u>[Note: Would [name] remember an event, party, or special occasion?]</u>   | 0             | 1                            |
| 22A_2.                            | Knows <u>their</u> daily routine, such as what occurs in the morning, afternoon, and evening                                                   | 0             | 1                            |
| 22A_3.                            | Associate <del>s</del> events with time in the past, present, or future, such as knowing the difference between yesterday, today, and tomorrow | 0             | 1                            |

**[Only Ask 22A\_2a if the answer to 22A\_2 is "Yes"]**

22A\_2a. In the past month, did [name] .... Associate~~s~~ regular events with a specific hour, such as knowing 6:00 PM is time for dinner?

- 0. No
- 1. Yes

**[Only Ask 22A\_3a if the answer to 22A\_3 is "Yes"]**

22A\_3a. In the past month, did [name] .... Tell~~s~~ time to nearest 5 minutes, such as knowing the difference between 5 minutes to 6:00 PM and 5 minutes after 6:00 PM, or understand~~s~~ the difference between 5 minutes and 10 minutes from now?

- 0. No
- 1. Yes

### 22B) Spatial/Perceptual Abilities

| In the past month, did [name] ... |                                                                                                           | No<br>(Never) | Yes<br>(One or more time(s)) |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------|---------------|------------------------------|
| 22B_1.                            | Know <del>s</del> the difference between red, blue, green, and yellow                                     | 0             | 1                            |
| 22B_2.                            | Know <del>s</del> the difference between big and small<br><u>(Examples: A basketball and a golf ball)</u> | 0             | 1                            |
| 22B_3.                            | Know <del>s</del> the difference between a circle, square, and triangle                                   | 0             | 1                            |

|        |                                                                                                                                                                                                                       |   |   |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 22B_4. | Finds their way around the home by himself/herself<br>[ <b>Note:</b> If mobility issues prevent moving from room to room by himself/herself, but he/she knows where different rooms are located, please answer "Yes"] | 0 | 1 |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

## 22C) Number Awareness

|        | In the past month, did [name] ...                                                                                                                                                                | No<br>(Never) | Yes<br>(One or more<br>time(s)) |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------|
| 22C_1. | Uses numbers, even if inaccurately<br>( <b>Examples:</b> 2 eggs, 8am, 5 cookies, 3 cups of coffee)<br>[ <b>Note:</b> Please answer "Yes" whether [name] uses numbers accurately or inaccurately] | 0             | 1                               |
| 22C_2. | Counts to 10 without help                                                                                                                                                                        | 0             | 1                               |

[Only Ask 22C\_2a and 22C\_2b if the answer to 22C\_2 is "Yes"]

22C\_2a. In the past month, did [name] ... Does simple addition without the use of a calculator or computer?

[**Note:** Simple addition includes two numbers between 1 and 10. For example, adding 1 plus 2]

- 0. No → Go to Question 22D\_1
- 1. Yes

22C\_2b. In the past month, did [name] ... Does simple subtraction without the use of a calculator or computer?

[**Note:** Simple subtraction includes two numbers between 1 and 10. For example, subtracting 1 from 2]

- 0. No
- 1. Yes

## 22D) Writing Skills

These questions ask about [name]'s ability to communicate through written forms of communication. When responding, please consider any method [name] uses, such as handwriting, typing on a computer or device, or using braille. ~~(Include Braille or Typing)~~

| In the past month, did [name] ... |                                                                                                           | No<br>(Never) | Yes<br>(One or more<br>time(s)) |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------|---------------|---------------------------------|
| 22D_1.                            | Prints or writes single letters without a model or tracing<br><i>[Note: Letters may be hard to read.]</i> | 0             | 1                               |

**[Only Ask 22D\_1a and 22D\_1b if the answer to 22D\_1 is "Yes"]**

22D\_1a. In the past month, did [name] ... Prints or writes their own first name without a model or tracing?

*[Note: Name may be hard to read]*

- 0. No
- 1. Yes

22D\_1b. In the past month, did [name] ... Prints or writes single words, other than his/her name, without a model or tracing?

*[Note: Words may be hard to read. For example, words like cat, dog, car, or toy]*

- 0. No
- 1. Yes

**[Only Ask 22D\_1ba if the answer to 22D\_1b is "Yes"]**

22D\_1ba. In the past month, did [name] ... Prints or writes simple sentences without a model or tracing?

*[Note: Words may be hard to read. For example, sentences like the dog runs fast, or I love you.]*

- 0. No
- 1. Yes

## 22E) Reading and Sign Skills

These questions ask about [name]'s ability to read written information. When responding, please consider any method [name] uses to read, such as reading handwritten text, reading typed or printed text, or reading braille.

| In the past month, did [name] ... |                                                                                                                       | No<br>(Never) | Yes<br>(One or more time(s)) |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------|------------------------------|
| 22E_1.                            | Recognize <sup>s</sup> his/her own first and last name when it is written<br>(Examples: On an envelope or a name tag) | 0             | 1                            |
| 22E_2.                            | Read <sup>s</sup> and understand <sup>s</sup> simple words<br>(Examples: Cat, dog, car, or toy)                       | 0             | 1                            |

**[Only Ask 22E\_2a if the answer to 22E\_2 is "Yes"]**

22E\_2a. In the past month, did [name] ... Read<sup>s</sup> and understand<sup>s</sup> simple sentences?

(Examples: The dog runs fast, I love you, I went to the store)

- 0. No
- 1. Yes

**[Only Ask 22E\_2aa if the answer to 22E\_2a is "Yes"]**

22E\_2aa. In the past month, did [name] ... Read<sup>s</sup> and understand<sup>s</sup> a simple story?

(Examples: The Lion and the Mouse, Curious George, The Three Little Pigs)

- 0. No
- 1. Yes

## CONSUMER CHARACTERISTICS: COMMUNICATION

Please think about [name]'s ability to communicate using words, symbols, signs, or an augmentative and alternative communication (AAC) device. Please indicate whether [name] has done the following in the past month.

(Definition: AAC stands for augmentative and alternative communication, which is all forms of communication (other than oral speech) that are used to express thoughts, needs, wants, and ideas)

### 23A) Expressive ~~Verbal~~ Communication

| In the past month, did [name] ... |                                                                                                      | No | Yes |
|-----------------------------------|------------------------------------------------------------------------------------------------------|----|-----|
| 23A_1.                            | Uses at least a few simple words, signs, or picture symbols<br><u>(Examples: Cat, dog, car, toy)</u> | 0  | 1   |

**[Only Ask 23A\_1a if the answer to 23A\_1 is "Yes"]**

23A\_1a. In the past month, did [name] ... Uses 10 or more simple words or signs in his/her entire vocabulary?

(Examples: Cat, dog, car, or toy)

- 0. No
- 1. Yes

**[Only Ask 23A\_1aa – 23A\_1ac if the answer to 23A\_1a is "Yes"]**

| In the past month, did [name] ... |                                                                                                                                                                                                                                                                                                           | No<br><u>(Never)</u> | Yes<br><u>(One or more time(s))</u> |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------|
| 23A_1aa.                          | Asks simple questions using words or signs<br><u>(Examples: How are you? What's for lunch?)</u>                                                                                                                                                                                                           | 0                    | 1                                   |
| 23A_1ab.                          | Uses complete sentences when carrying on a conversation<br><u>(Examples: The sun is shining, I am hungry, I want to go outside)</u>                                                                                                                                                                       | 0                    | 1                                   |
| 23A_1ac.                          | Tells a simple story, such as about a television show<br><u>(Examples: Stories about what happened during their day, a recent trip to the store, a person they met, a video they saw, or a video game they played)</u><br><u>[Note: Answer "yes" even if the story is inaccurate and/or disorganized]</u> | 0                    | 1                                   |

### 23B) Clarity of Speech

| In the past month ... |                                                                                                                              | No | Yes |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------|----|-----|
| 23B_1.                | <u>Did [name]</u> Clearly says "Yes" or "No" to a simple question<br><u>(Examples: Are you hungry? Do you want to play?)</u> | 0  | 1   |
| 23B_2.                | <u>Was [name]'s</u> Speech <del>is</del> readily understood by strangers                                                     | 0  | 1   |

**[Only Ask 23B\_2a if the answer to 23B\_2 is "No"]**

23B\_2a. In the past month, was [name]'s ... Speech ~~is~~ understood by those who know [name] well?

- 0. No
- 1. Yes

**23C) Receptive ~~Verbal~~ Communication**

| In the past month... |                                                                                                                                                                 | No<br>(Never) | Yes<br>(One or more time(s)) |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------|
| 23C_1.               | D <del>idees</del> [name] respond to his/her name when it <del>was</del> spoken or signed?                                                                      | 0             | 1                            |
| 23C_2.               | D <del>idees</del> [name] understand the meaning of "Yes" and "No"?<br><u>[Note: Answer "yes" if they understand the meaning, regardless of their reaction]</u> | 0             | 1                            |

**[Only Ask 23C\_2a if the answer to 23C\_2 is "Yes"]**

23C\_2a. In the past month ... D~~idees~~ [name] understand a one-step direction, such as "Look at me"?

(Examples: Sit down, get your backpack)

- 0. No
- 1. Yes

**[Only Ask 23C\_2aa and 23C\_2ab if the answer to 23C\_2a is "Yes"]**

23C\_2aa. In the past month ... D~~idees~~ [name] understand a two-step direction, such as "Turn your head ~~—~~and look at me"?

(Examples: turn your head and blink your eyes, lift the cup and take a drink, open your mouth and stick out your tongue)

- 0. No
- 1. Yes

23C\_2ab. In the past month ... D~~idees~~ [name] understand a joke or a story?

(Examples: a knock-knock joke, The Lion and the Mouse, The Three Little Pigs, Curious George)

- 0. No
- 1. Yes

## CONSUMER CHARACTERISTICS: SOCIAL INTERACTION

## CONSUMER CHARACTERISTICS: SELF-DIRECTION/DECISION-MAKING

- 25) The following questions concern to what extent [name] makes decisions about his/her everyday activities. Please indicate whether [name] decides, others decide, or both decide the following.

*[Note: These items are about decision making, so please do not answer based on physical assistance [name] may need. Please base your responses on [name]'s current everyday decision making.]*

### 25) Everyday Activities

|        |                                                                                           | Others<br>Decide<br>(Had no<br>opportunity<br>or is not<br>able) | Both Decide<br>(Requires<br>little or lots<br>of oversight,<br>guidance,<br>and/or<br>supervision) | [name]<br>Decides<br>(Independent,<br>with little<br>supervision, all<br>or nearly all<br>the time) |
|--------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 25_1.  | How to spend time during weekdays                                                         | 0                                                                | 1                                                                                                  | 2                                                                                                   |
| 25_2.  | How to spend time on weekends                                                             | 0                                                                | 1                                                                                                  | 2                                                                                                   |
| 25_3.  | How to spend his/her own money                                                            | 0                                                                | 1                                                                                                  | 2                                                                                                   |
| 25_4.  | When to spend time with friends or others (other than family)                             | 0                                                                | 1                                                                                                  | 2                                                                                                   |
| 25_5.  | When to go out of or leave the house for leisure                                          | 0                                                                | 1                                                                                                  | 2                                                                                                   |
| 25_6.  | Whether to have someone over to the home                                                  | 0                                                                | 1                                                                                                  | 2                                                                                                   |
| 25_7.  | Whether to go for a visit to someone's home with or without someone else                  | 0                                                                | 1                                                                                                  | 2                                                                                                   |
| 25_8.  | Whether to go to the movies with or without someone else                                  | 0                                                                | 1                                                                                                  | 2                                                                                                   |
| 25_9.  | Whether to go to a library, museum, or other public building with or without someone else | 0                                                                | 1                                                                                                  | 2                                                                                                   |
| 25_10. | Whether to go to a beach or park with or without someone else                             | 0                                                                | 1                                                                                                  | 2                                                                                                   |

## CONSUMER CHARACTERISTICS: SELF-CARE/INDEPENDENT LIVING SKILLS

- 26) Please take a moment to think about [name]'s ability to do self-care tasks. Please indicate how independently [name] typically performed each task in the past month: Whether he/she was not able or has had no opportunity; required hands on assistance; required mainly supervision; or was independent in completing each task in the past month.

These items are about [name]'s ability to do specific tasks, so please do NOT base your answer on [name]'s willingness to do a specific task.

### 26A) Basic Self-Care Needs

[Note: when answering these questions, consider doing the task safely]

|        | <u>Please choose the best response for each of the following skills in the past month:</u>                                                                                                                                                                                                   | <b>Has Not Done</b><br>(Had no opportunity or is not able) | <b>Lots of Assistance</b><br>(Requires lots of hands on <u>assistance</u> ) | <b>Mainly Supervision</b><br>(Requires mainly verbal prompts <u>or monitoring</u> ) | <b>Independent</b><br>(Starts and finishes without prompt or help <u>all or nearly all the time</u> ) |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| 26A_1. | Feeding himself/herself<br><u>[Note: This is referring to getting food from a plate/bowl to their mouth. Preparation of food may be done by another person]</u>                                                                                                                              | 0                                                          | 1                                                                           | 2                                                                                   | 3                                                                                                     |
| 26A_2. | Drinking from a glass or cup<br><u>[Note: Can be using a sippy cup or with a straw, <u>do not include pouring.</u>]</u>                                                                                                                                                                      | 0                                                          | 1                                                                           | 2                                                                                   | 3                                                                                                     |
| 26A_3. | Chewing and swallowing bite-size food                                                                                                                                                                                                                                                        | 0                                                          | 1                                                                           | 2                                                                                   | 3                                                                                                     |
| 26A_4. | Toileting with regards to <u>bladder</u><br><u>(Definition: the act of voiding, and includes the use of a toilet, commode, bedpan, or urinal)</u><br><u>[Note: If [name] does not attempt to use a toilet due to a catheter or full-time usage of adult briefs, answer "No opportunity"]</u> | 0                                                          | 1                                                                           | 2                                                                                   | 3                                                                                                     |
| 26A_5. | Toileting with regards to <u>bowels</u><br><u>(Definition: the act of voiding, and includes the use of a toilet, commode, or bedpan)</u><br><u>[Note: If [name] does not attempt to use a toilet due to a colostomy bag or full-time</u>                                                     | 0                                                          | 1                                                                           | 2                                                                                   | 3                                                                                                     |

| <u>usage of adult briefs, answer "No opportunity"]</u> |                                                                                            |   |   |   |   |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------|---|---|---|---|
| 26A_6.                                                 | Physically dressing himself/herself<br>[ <b>Note:</b> Do not include picking out clothing] | 0 | 1 | 2 | 3 |
| 26A_7.                                                 | Moving around in familiar settings, such as home                                           | 0 | 1 | 2 | 3 |
| 26A_8.                                                 | Washing their hands                                                                        | 0 | 1 | 2 | 3 |
| 26A_9                                                  | Washing their face                                                                         | 0 | 1 | 2 | 3 |
| 26A_10.                                                | Brushing or combing their hair                                                             | 0 | 1 | 2 | 3 |
| 26A_11.                                                | Wiping or blowing their nose with tissue                                                   | 0 | 1 | 2 | 3 |
| 26A_12.                                                | Adjusting water temperature for washing hands or bathing                                   | 0 | 1 | 2 | 3 |
| 26A_13.                                                | Tying laces <u>or</u> fastening Velcro on their own shoes                                  | 0 | 1 | 2 | 3 |
| 26A_14.                                                | Drying entire body after bathing                                                           | 0 | 1 | 2 | 3 |

**26B) Household ActivitiesBeing Independent**

This section asks about [name]'s ability to do specific tasks in the past month.

These items are about the typical ability to do specific tasks, so please do NOT base your answer on [name]'s willingness to do a specific task.

|        |                                                                                                                                                      | Has Not Done<br>(Had no opportunity or is not able) | Lots of Assistance<br>(Requires lots of hands on) | Mainly Supervision<br>(Requires mainly verbal prompts) | Independent<br>(Starts and finishes without prompt or help) |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------|
| 26B_1. | Making his/her bed                                                                                                                                   | 0                                                   | 1                                                 | 2                                                      | 3                                                           |
| 26B_2. | Cleaning his/her room<br><u>[Note: This includes things like dusting, putting dirty clothes in the hamper, vacuuming, organizing personal items]</u> | 0                                                   | 1                                                 | 2                                                      | 3                                                           |
| 26B_3. | Doing his/her laundry<br><u>[Note: This includes things like separating clothes, loading and operating</u>                                           | 0                                                   | 1                                                 | 2                                                      | 3                                                           |

|        |                                                                           |   |   |   |   |
|--------|---------------------------------------------------------------------------|---|---|---|---|
|        | <a href="#">washer/dryer, adding detergent]</a>                           |   |   |   |   |
| 26B_4. | Caring for his/her own clothes, such as folding them or putting them away | 0 | 1 | 2 | 3 |

**26C) Being Independent Household Activities**

|        | <a href="#">Please choose the best response for each of the following skills in the past month:</a>                                                     | Has Not Done<br>(Had no opportunity or is not able) | Lots of Assistance<br>(Requires lots of hands on) | Mainly Supervision<br>(Requires mainly verbal prompts) | Independent<br>(Starts and finishes without prompt or help) |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------|
| 26C_1. | Using public transportation for a simple direct trip other than ACCESS link or other medical transports<br><a href="#">(Examples: a bus, a train)</a>   | 0                                                   | 1                                                 | 2                                                      | 3                                                           |
| 26C_2. | Choosing food when shopping for a simple meal<br><a href="#">(Examples: chicken nuggets, fries, frozen entrée)</a>                                      | 0                                                   | 1                                                 | 2                                                      | 3                                                           |
| 26C_3. | Preparing foods that do not require cooking<br><a href="#">(Examples: such as making a sandwich or bowl of cereal)</a>                                  | 0                                                   | 1                                                 | 2                                                      | 3                                                           |
| 26C_4. | Using the stove<br><a href="#">[Note: This means doing it safely, not at risk of starting a fire. Including turning on and off the heating element]</a> | 0                                                   | 1                                                 | 2                                                      | 3                                                           |
| 26C_5. | Using the microwave<br><a href="#">[Note: This means doing it safely, including not putting metal in it, or creating a fire risk]</a>                   | 0                                                   | 1                                                 | 2                                                      | 3                                                           |
| 26C_6. | Washing dishes <b>or</b> using a dishwasher<br><a href="#">(Examples: using a sponge, loading and unloading dishwasher)</a>                             | 0                                                   | 1                                                 | 2                                                      | 3                                                           |

|        |                                                                                                                                                          |   |   |   |   |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|
| 26C_7. | Ordering food in public<br>( <a href="#">Examples: a cup of coffee, a bagel</a> )                                                                        | 0 | 1 | 2 | 3 |
| 26C_8. | Choosing items he/she wants to buy<br>( <a href="#">Examples: chips, cookies, milk, fruit</a> )                                                          | 0 | 1 | 2 | 3 |
| 26C_9. | Using money, such as handing it to a cashier<br>( <a href="#">Note: include cash, credit and debit cards, PEX or prepaid cards, and mobile wallets</a> ) | 0 | 1 | 2 | 3 |

**[Only Ask 26C\_9a and 26C\_9b if the answer to 26C\_9 is “Lots of Assistance”, “Mainly Supervision”, or “Independent”]**

|         |                                                                                                            | Has Not Done<br>(Had no opportunity or is not able) | Lots of Assistance<br>(Requires lots of hands on) | Mainly Supervision<br>(Requires mainly verbal prompts) | Independent<br>(Starts and finishes without prompt or help) |
|---------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------|
|         | <a href="#">Please choose the best response for each of the following skills in the past month:</a>        |                                                     |                                                   |                                                        |                                                             |
| 26C_9a. | Making small routine purchases<br>( <a href="#">Examples: coffee, soda, milk, eggs, toothpaste, soap</a> ) | 0                                                   | 1                                                 | 2                                                      | 3                                                           |
| 26C_9b. | Making or counting change                                                                                  | 0                                                   | 1                                                 | 2                                                      | 3                                                           |

## CONSUMER CHARACTERISTICS: SPECIAL BEHAVIOR SUPPORT NEEDS

27) Please tell us whether [name] has engaged in any of the following ~~special~~ behaviors in the ~~past~~ 6 months.

[Note: These next questions ask about topics that may be sensitive or difficult to answer. We need to ask these questions of everyone, whether or not they apply to [name]]

### 27A) Self-harming Behaviors ~~Dangerous to Self~~

| In the past 6 months, did [name] ... |                                                                                                                | No<br>(Never) | Yes<br>(One or more<br>time(s)) |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------|---------------------------------|
| 27A_1.                               | Runs away or wanders off without you knowing<br><u>[Note: Answer "yes" if you didn't know where they were]</u> | 0             | 1                               |
| 27A_4.                               | Scratches his/her own body to the point of causing harm<br><u>(Examples: Causing bleeding or injury)</u>       | 0             | 1                               |
| 27A_5.                               | Hits his/her own body<br><u>(Examples: Arms, stomach, legs)</u>                                                | 0             | 1                               |
| 27A_6.                               | Hits his/her own face or head                                                                                  | 0             | 1                               |
| 27A_7.                               | Bangs his/her head                                                                                             | 0             | 1                               |
| 27A_8.                               | Bites his/her self<br><u>[Note: Do not include fingernails, unless it is to the point of harm]</u>             | 0             | 1                               |

| In the past 6 months, did [name] ... |                                                                                                                                             | No | Yes |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----|-----|
| <u>27A_2*</u> .                      | Repeatedly get out of bed at night other than for going to the bathroom                                                                     | 0  | 1   |
| <u>27A_3*</u> .                      | Consistently and intentionally eat or <del>swallow mouth inedible objects</del> non-food items<br>(Examples: Paper, chalk, plastic objects) | 0  | 1   |

**[Only Ask 27A\_3a to 27A\_3c if the answer to 27A\_3 is "Yes"]**

27A\_3a. In the past 6 months ... How often ~~does~~ [name] eat or ~~swallow mouth inedible objects~~ non-food items?

1. Once a day or more
2. Several times per week
3. Once a week
4. Once a month
5. Less than once a month

| In the past 6 months.... |                                                                    | No | Yes |
|--------------------------|--------------------------------------------------------------------|----|-----|
| 27A_3b.                  | Has [name] <del>ever</del> been hospitalized due to this behavior? | 0  | 1   |

|                                                                    |   |   |
|--------------------------------------------------------------------|---|---|
| 27A_3c. Did this behavior occur while [name] was being supervised? | 0 | 1 |
|--------------------------------------------------------------------|---|---|

**[Only Ask 27A\_8a to 27A\_8c if the answer to 27A\_8 is "Yes"]**

27A\_8a. In the past 6 months ... How often ~~does~~ [name] bite himself/herself?

[Note: Do not include fingernails, unless it is to the point of harm]

1. Once a day or more
2. Several times per week
3. Once a week
4. Once a month
5. Less than once a month

| In the past 6 months....                                                   | No | Yes |
|----------------------------------------------------------------------------|----|-----|
| 27A_8b. Has [name] <del>ever</del> been hospitalized due to this behavior? | 0  | 1   |
| 27A_8c. Did this behavior occur while [name] was being supervised?         | 0  | 1   |

## 27B) Behaviors Harmful/Dangerous to Others or Property

[Note: These next questions ask about topics that may be sensitive or difficult to answer. We need to ask these questions of everyone, whether or not they apply to [name]]

| In the past 6 months, did [name] ... |                                                                                                                                                                                                                                | No<br>(Never) | Yes<br>(One or more time(s)) |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------|
| 27B_1.                               | Verbally threatens others<br>(Definition: A statement or vocalization expressing intent to cause loss, punishment, or harm. Examples include threatening to get someone fired or do bodily harm to them)                       | 0             | 1                            |
| 27B_2.                               | Physically threatens others<br>(Definition: Intimidation, assault or unwelcomed physical contact. Examples include getting in someone's face, clenching fists, hitting, punching, biting, pulling hair, head-butting, choking) | 0             | 1                            |
| 27B_3.                               | Hits or punches others                                                                                                                                                                                                         | 0             | 1                            |
| 27B_4.                               | Kicks others                                                                                                                                                                                                                   | 0             | 1                            |
| 27B_5.                               | Uses objects to harm others<br>(Examples: Keys, electronics, lamps)                                                                                                                                                            | 0             | 1                            |
| 27B_6.                               | Bites others                                                                                                                                                                                                                   | 0             | 1                            |
| 27B_7.                               | Grabs or scratches others                                                                                                                                                                                                      | 0             | 1                            |
| 27B_8.                               | Head-butts others                                                                                                                                                                                                              | 0             | 1                            |
| 27B_9.                               | Pulls hair of others                                                                                                                                                                                                           | 0             | 1                            |
| 27B_10.                              | Chokes or attempts to choke others                                                                                                                                                                                             | 0             | 1                            |

|         |                                                                                        |   |   |
|---------|----------------------------------------------------------------------------------------|---|---|
| 27B_11. | Show aAggression toward personal property<br>(Examples: i.e., breaks or harms objects) | 0 | 1 |
|---------|----------------------------------------------------------------------------------------|---|---|

**[Only Ask 27B\_5a to 27B\_5c if the answer to 27B\_5 is "Yes"]**

27B\_5a. In the past 6 months ... How often didees [name] use objects to harm others?

1. Once a day or more
2. Several times per week
3. Once a week
4. Once a month
5. Less than once a month

| In the past 6 months.... |                                                                    | No | Yes |
|--------------------------|--------------------------------------------------------------------|----|-----|
| 27B_5b.                  | Has [name] <del>ever</del> been hospitalized due to this behavior? | 0  | 1   |
| 27B_5c.                  | Did this behavior occur while [name] was being supervised?         | 0  | 1   |

**[Only Ask 27B\_6a to 27B\_6c if the answer to 27B\_6 is "Yes"]**

27B\_6a. In the past 6 months ... How often didees [name] bite others?

1. Once a day or more
2. Several times per week
3. Once a week
4. Once a month
5. Less than once a month

| In the past 6 months.... |                                                                    | No | Yes |
|--------------------------|--------------------------------------------------------------------|----|-----|
| 27B_6b.                  | Has [name] <del>ever</del> been hospitalized due to this behavior? | 0  | 1   |
| 27B_6c.                  | Did this behavior occur while [name] was being supervised?         | 0  | 1   |

**[Only Ask 27B\_8a to 27B\_8c if the answer to 27B\_8 is "Yes"]**

27B\_8a. In the past 6 months ... How often didees [name] head-butt others?

1. Once a day or more
2. Several times per week
3. Once a week
4. Once a month
5. Less than once a month

| In the past 6 months.... |                                                                    | No | Yes |
|--------------------------|--------------------------------------------------------------------|----|-----|
| 27B_8b.                  | Has [name] <del>ever</del> been hospitalized due to this behavior? | 0  | 1   |
| 27B_8c.                  | Did this behavior occur while [name] was being supervised?         | 0  | 1   |

**[Only Ask 27B\_10a to 27B\_10c if the answer to 27B10 is “Yes”]**

27B\_10a. In the past 6 months ... How often didees [name] choke or attempt to choke others?

1. Once a day or more
2. Several times per week
3. Once a week
4. Once a month
5. Less than once a month

| In the past 6 months....                                                    | No | Yes |
|-----------------------------------------------------------------------------|----|-----|
| 27B_10b. Has [name] <del>ever</del> been hospitalized due to this behavior? | 0  | 1   |
| 27B_10c. Did this behavior occur while [name] was being supervised?         | 0  | 1   |

## 27C) ~~Disruptive~~Disruptive~~Inappropriate or Rule-Violating~~ Behaviors

[Note: These next questions ask about topics that may be sensitive or difficult to answer. We need to ask these questions of everyone, whether or not they apply to [name]]

| In the past 6 months, did [name] ...                                                                                                                                                                                                                           | No<br>(Never) | Yes<br>(One or more time(s)) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------|
| 27C_1. <del>Has</del> tantrums or outbursts<br><u>[Definition: eOutburst of anger and frustration, a sudden release of strong emotion]</u>                                                                                                                     | 0             | 1                            |
| 27C_3. Smears feces                                                                                                                                                                                                                                            | 0             | 1                            |
| 27C_4. Makes noises, curses, or other inappropriate vocalizations                                                                                                                                                                                              | 0             | 1                            |
| 27C_5. Disrupts <del>the</del> activities of others<br><u>[Definition: Disrupts an event, system, or process, causing difficulties that prevent it from continuing or operating in a normal way]</u>                                                           | 0             | 1                            |
| 27C_6. Defies known directions or rules<br><u>[Examples: Refused to respect the privacy of others or to leave a person's room after being asked, was hostile when asked to do something they are able to do, ignored requests that they didn't want to do]</u> | 0             | 1                            |
| 27C_7. Takes off <del>their</del> clothes in public<br><u>[Note: Any place accessible or visible to the public, or a common area shared by others. Includes with or without intent]</u>                                                                        | 0             | 1                            |
| 27C_8. Masturbates in public<br><u>[Definition: Any place accessible or visible to the public, or a common area shared by others]</u>                                                                                                                          | 0             | 1                            |
| 27C_9. Sexually touches others without their consent                                                                                                                                                                                                           | 0             | 1                            |
| 27C_10. Displays sexually predatory behavior                                                                                                                                                                                                                   | 0             | 1                            |

(~~Example:~~For example, forcing himself/herself on others in a sexual manner)

## 27D) Other ~~Special~~ Behaviors

|                                                                                                                                              |                                                                                                                                                                                                                                   |    |     |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|
|                                                                                                                                              | In the past 6 months,                                                                                                                                                                                                             | No | Yes |
| 27D_1.                                                                                                                                       | Has [name] been a target or victim of inappropriate behavior by others?<br><u>[Note: This question is not limited to sexual behavior, please consider all types of inappropriate behavior such as bullying, scams, and fraud]</u> | 0  | 1   |
| 27E.                                                                                                                                         | Please indicate which of the following have occurred as a result of any behavior problem with [name] in the <u>past 6 months</u> .                                                                                                | No | Yes |
| <b>[Only Ask 27E_1 if respondent answers "Yes" to any of these questions 27A_1, 27A_3-27A_8, 27B_1 to 27B_10, 27C_3, or 27C_7 to 27C_10]</b> |                                                                                                                                                                                                                                   |    |     |
| 27E_1.                                                                                                                                       | Has it required one-on-one supervision due to behavioral issues?                                                                                                                                                                  | 0  | 1   |
| <b>[Only Ask 27E_2 to 27E_6 if respondent answers "Yes" to any of these questions 27A_1 to 27A_8, 27B_1 to 27B_10, or 27C_1 to 27C_10]</b>   |                                                                                                                                                                                                                                   |    |     |
| 27E_2.                                                                                                                                       | Have any specific behavioral modification/support procedures <u>actually</u> been used?<br><u>[Note: This includes a behavior plan, behavior guidelines, or a planning team meeting]</u>                                          | 0  | 1   |
| 27E_3.                                                                                                                                       | Has [name]'s environment been carefully structured due to behaviors?<br><u>[Note: Please consider all environments, including at home or school. Examples include locks, cameras, furniture protections]</u>                      | 0  | 1   |
| 27E_4.                                                                                                                                       | Has physical intervention sometimes been required?<br><u>(Examples: Holding, blocking, escorting, or other physical touch)</u>                                                                                                    | 0  | 1   |
| 27E_5.                                                                                                                                       | Was a supervised time-out needed to an area within or outside the room?                                                                                                                                                           | 0  | 1   |
| 27E_6.                                                                                                                                       | Were any medications increased or used as needed (prn) to reduce/control behaviors?                                                                                                                                               | 0  | 1   |

## HEALTH

10\*) Please tell us whether [name] has been diagnosed with any of the following ~~diagnosed~~ conditions:

|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | No | Yes |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|
| 10_1.  | Autism spectrum disorder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0  | 1   |
| 10_2.  | Cerebral palsy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0  | 1   |
| 10_3.  | Spina bifida<br>( <b>Definition:</b> Spina bifida is a birth defect that occurs when the spine and spinal cord don't form properly. It is usually apparent at birth)                                                                                                                                                                                                                                                                                                                                                                               | 0  | 1   |
| 10_4.  | Down syndrome                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0  | 1   |
| 10_5.  | An intellectual or cognitive disability<br>( <b>Definition:</b> Intellectual disability is a term used when there are limits to a person's ability to learn at an expected level and function in daily life compared to their peers)                                                                                                                                                                                                                                                                                                               | 0  | 1   |
| 10_6.  | Prader-Willi syndrome<br>( <b>Definition:</b> Prader-Willi syndrome is a rare genetic disorder that results in a number of physical, mental and behavioral problems. One key feature of is a constant sense of hunger)                                                                                                                                                                                                                                                                                                                             | 0  | 1   |
| 10_8.  | A <del>diagnosed mental health problem with a</del> psychiatric condition-diagnosis (other than an intellectual or cognitive disability, pervasive developmental disorder, or autism spectrum disorder)<br>( <b>Examples:</b> depression, anxiety, schizophrenia, bipolar disorder)                                                                                                                                                                                                                                                                | 0  | 1   |
| 10_9.  | Traumatic brain injury including acquired non-degenerative brain injury<br>( <b>TBI Definition:</b> Traumatic brain injury occurs when a sudden trauma causes damage to the brain. <b>Examples</b> include falls and sports injuries)<br>( <b>ABI Definition:</b> Acquired brain injury is an injury that causes damage to the brain. It is an umbrella term for all brain injuries that are <b>not</b> hereditary, congenital, degenerative, or induced by birth trauma. <b>Examples</b> include a stroke, tumor, or lack of oxygen to the brain) | 0  | 1   |
| 10_10. | Epilepsy or a seizure disorder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0  | 1   |

[Only Ask 10\_1a if the answer to 10\_1 is "Yes"]

10\_1a\*. Would you describe [name]'s autism or autism spectrum disorder as mild, moderate, or severe?

### (Definitions)

Mild / Level 1: Requiring Support

Moderate / Level 2: Requiring Substantial Support

Severe / Level 3: Requiring Very Substantial Support

1. Mild
2. Moderate

3. Severe

**[Only Ask 10\_8a if the answer to 10\_8 is "Yes"]**

10\_8a\*. You indicated that [name] has a ~~diagnosed mental health problem with a~~ psychiatric ~~condition~~diagnosis. Please specify the diagnosis in the space below.

\_\_\_\_\_

**[Only Ask 10\_10a and 10\_10b if the answer to 10\_10 is "Yes"]**

10\_10a\*. You indicated that [name] has epilepsy or a seizure disorder. When was the last time that [name] had a seizure?

1. In the last 3 months
2. In the last 4-6 months
3. In the last 7-12 months
4. More than a year ago

10\_10b\*. Does [name] currently require CONSTANT SUPERVISION at all times during waking and/or sleeping hours in order to prevent injury due to an uncontrolled seizure disorder?

**[Note:** *If [name] requires constant supervision due only to a reason other than seizures, please answer "No"***]**

0. No
1. Yes

- 28) Please indicate whether [name] currently has any of the following **diagnosed** conditions or illnesses.

|        |                                                                                                                                                             | No | Yes |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|
| 28_1.  | <u>Respiratory or Breathing Conditions</u> , such as asthma, emphysema, or cystic fibrosis                                                                  | 0  | 1   |
| 28_2.  | <u>Heart or Circulatory Conditions</u> , such as heart disease, high blood pressure, anemia, or other blood disorders                                       | 0  | 1   |
| 28_3.  | <u>Digestive Conditions</u> , such as ulcers, colitis, liver/bowel disorders, or tube feeding                                                               | 0  | 1   |
| 28_4.  | <u>Swallowing Conditions</u> , such as difficulty swallowing, gastric reflux, or aspiration                                                                 | 0  | 1   |
| 28_5.  | <u>Bladder or Kidney Conditions</u> , <a href="#">such as urinary tract infections, incontinence, or kidney stones</a>                                      | 0  | 1   |
| 28_6.  | <u>Conditions of the Nervous System</u> , such as multiple sclerosis, organic brain syndrome, Parkinson's disease, <a href="#">or seizures, or dementia</a> | 0  | 1   |
| 28_7.  | <u>Hormone or Endocrine Conditions</u> , such as diabetes, thyroid problems, or hormone replacement therapy                                                 | 0  | 1   |
| 28_8.  | <u>Chronic Conditions related to Skin, Hair, or Nails</u> , such as thick toenails, eczema, psoriasis, or dermatitis                                        | 0  | 1   |
| 28_9.  | <u>Musculoskeletal Conditions</u> , such as muscular difficulties with the arms and/or legs, arthritis, osteoporosis, or cerebral palsy                     | 0  | 1   |
| 28_10. | <u>Allergies</u> , such as those to foods, medications, or seasonal                                                                                         | 0  | 1   |
| 28_11. | <u>Other Conditions</u> (Please specify) _____                                                                                                              | 0  | 1   |

- 29) Please indicate whether [name] has been to or utilized any of the following health services in the past 3 months in any setting for routine or non-routine care.

|       |                                                                                   | No | Yes |
|-------|-----------------------------------------------------------------------------------|----|-----|
| 29_1. | Been to an <u>urgent care</u> , emergency clinic, or emergency room in a hospital | 0  | 1   |
| 29_2. | Stayed overnight in a hospital                                                    | 0  | 1   |
| 29_3. | Seen a podiatrist<br>( <u>Definition: i.e.,</u> A specialist for the feet)        | 0  | 1   |
| 29_4. | Seen a psychiatrist                                                               | 0  | 1   |
| 29_5. | Seen a psychologist for counseling or behavior management                         | 0  | 1   |
| 29_6. | Seen any other behavior specialist ( <i>such as a behavioral analyst</i> )        | 0  | 1   |
| 29_7. | Received physical therapy                                                         | 0  | 1   |
| 29_8. | Received speech therapy                                                           | 0  | 1   |
| 29_9. | Received occupational therapy                                                     | 0  | 1   |

- 30) Please indicate whether any of the following special medical treatments or services have been received by [name] in theirs home or residence in the past 3 months. Answer "Yes" only if the treatments or services are performed by residence staff or household members where [name] lives.

|        |                                                                                                                                                                                                                                                                            | No | Yes |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|
| 30_1.  | Use of special bowel equipment or enemas<br>( <u>Definition: Enemas are injections of fluids used to cleanse or stimulate the emptying of your bowel</u> )<br>( <u>Note: This is for the purpose of bowel cleansing. Do not include stool softeners or suppositories</u> ) | 0  | 1   |
| 30_2.  | Catheterization<br>( <u>Definition: The use of or insertion of a catheter, which is a thin, hollow tube. Examples include into the bladder, trachea, or heart</u> )                                                                                                        | 0  | 1   |
| 30_3.  | Suctioning at least once a day to remove internal fluids                                                                                                                                                                                                                   | 0  | 1   |
| 30_4.  | Special breathing or respiratory care, such as the use of an inhaler or nebulizer<br>( <u>Examples: CPAP, BiPAP or ventilator</u> )                                                                                                                                        | 0  | 1   |
| 30_5.  | Turning or positioning to protect skin integrity                                                                                                                                                                                                                           | 0  | 1   |
| 30_6.  | Dressing and wound care<br>( <u>Note: This is for chronic or severe wounds. This includes cleaning, disinfecting, bandaging</u> )                                                                                                                                          | 0  | 1   |
| 30_7.  | Dialysis or use of a kidney machine                                                                                                                                                                                                                                        | 0  | 1   |
| 30_8a. | <u>Any prescribed medication that is insulin-administered via with an auto-injection by others at home (such as FlexPen® or FlexTouch®)</u><br><u>If "No" → Go to 30 8b</u>                                                                                                | 0  | 1   |

|         |                                                                                                                                            |   |   |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|---|---|
|         | Was the injected medication administered using a                                                                                           |   |   |
|         | 30_8a1. Pre-filled syringe                                                                                                                 | 0 | 1 |
|         | 30_8a2. Pre-filled pen or auto-injector                                                                                                    | 0 | 1 |
|         | 30_8a3. Empty syringe (medication drawn out of a vial)                                                                                     | 0 | 1 |
| 30_8be. | Any <u>prescribed</u> medication <u>that is administered via injection by others or intravenously by others at home at home other than</u> | 0 | 1 |
| 30_9.   | Is [name] <u>chronically or continuously</u> tube fed?                                                                                     | 0 | 1 |

**[Only Ask 30\_9a if the answer to 30\_9 is “Yes”.]**

|        |                                    |    |     |
|--------|------------------------------------|----|-----|
|        |                                    | No | Yes |
| 30_9a. | Does [name] eat any food by mouth? | 0  | 1   |

**[Go to 30\_11 if the answer to 30\_9a is “No”]**

**[Only Ask 30\_10a – 30\_10e if the answer to 30\_9 is “No” or if the answer to 30\_9a is “Yes”]**

|         |                                                                                                                                                                                        |    |     |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|
|         |                                                                                                                                                                                        | No | Yes |
| 30_10a. | Has [name] used adaptive eating equipment, such as a plate guard and special utensils<br><u>[Note: Do not include a feeding tube]</u>                                                  | 0  | 1   |
| 30_10b. | Has [name] required assistance due to choking incident(s), such as requiring food to be cleared from the mouth with hand or the Heimlich Maneuver?                                     | 0  | 1   |
| 30_10c. | Is [name] physically fed by others?                                                                                                                                                    | 0  | 1   |
| 30_10d. | Does [name] <u>require</u> special food preparation, such as pureed or chopped, <u>or</u> <u>or</u> <u>for thickened liquids?</u><br><u>[Note: Do not include personal preference]</u> | 0  | 1   |
| 30_10e. | Does [name] have any special dietary foods or restrictions, such as low salt?<br><u>[Note: Do not include personal preference]</u>                                                     | 0  | 1   |
| 30_11.  | Were any increases in fluids required?                                                                                                                                                 | 0  | 1   |

31) Please indicate whether any of the following adaptive or special equipment has been used by [name] at any time in the past 3 months.

**[Note: If prescribed, but not used in the last 3 months, answer “No.”]**

|       |                                                   |    |     |
|-------|---------------------------------------------------|----|-----|
|       |                                                   | No | Yes |
| 31_2. | <u>Walker</u>                                     | 0  | 1   |
| 31_3. | <u>Crutches or cane</u>                           | 0  | 1   |
| 31_4. | <u>Brace or splint</u>                            | 0  | 1   |
| 31_6. | Picture symbols or any other communication device | 0  | 1   |

|                                                                                                 |                                                                                                       |   |   |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---|---|
| <u><a href="#">[Note: Include Augmentative and Alternative Communication (AAC) devices]</a></u> |                                                                                                       |   |   |
| 31_7.                                                                                           | A helmet not used for biking or horseback riding                                                      | 0 | 1 |
| 31_8.                                                                                           | Prescribed orthotics or orthopedic shoes                                                              | 0 | 1 |
| 31_9.                                                                                           | Special bed or bed modifications, such as side rails, special mattress, elevated bed, or hospital bed | 0 | 1 |
| 31_10.                                                                                          | Other (Please specify)_____                                                                           | 0 | 1 |

## SCHOOL EXPERIENCE

### CURRENT EMPLOYMENT

37. Does [name] currently have a paid job?

[\[Note: Answer "yes" if they have competitive, integrated employment where they make at least minimum wage. Answer "no" if they are employed only at a sheltered workshop\]](#)

0. No → **Go To Question 41**

1. Yes

98. Don't know → **Go To Question 41**

38. About how many hours per week did [name] work at this paid job in the past 2 weeks?

*Please select from the drop down list below.*

\_\_\_\_\_ hours

*[Drop down list values = 1 hour or less to 40 or more, Don't know = 98]*

39. About how much per hour was [name] paid? *(If you are unsure of the exact amount, please enter your best estimate.)*

*[Note: Consider how much pay was received for any one hour period of time, even if work hours were irregular]*

*(Please provide approximate amount in US dollars only. Do not include a dollar sign (\$).)*

\$ \_\_\_\_\_

- ~~40. Does [name] have a job coach or someone special from an agency who helps him/her at this paid job?~~

- 0. ~~Yes, usually → Go To Question 48~~
- 1. ~~Sometimes → Go To Question 48~~
- 2. ~~Occasionally → Go To Question 48~~
- 3. ~~No, does not need one → Go To Question 48~~

## ~~PAST EMPLOYMENT~~

## ~~FUTURE EMPLOYMENT~~

## ~~CONTACT WITH DIVISION OF VOCATIONAL REHABILITATION (DVR)~~

## CAREGIVER CHARACTERISTICS

IMPORTANT: The assessment is almost complete.

To the best of your knowledge, do your responses accurately describe [name]'s current needs and abilities?

- 0. No
- 1. Yes

If you wish to verify your answers or make any corrections, we can do so now.

Once you have completed this assessment and submitted your responses, you will be unable to make any further changes.

Initials) Are you a DDPI staff member

Intervw\_As\_1) Did anyone assist you in completing this [surveyassessment](#)?

[**Note:** Does not include DDD staff facilitator]

- 1. Yes
- 2. No → **Go to End**

Intervw\_As\_2) Please provide the name of the person who assisted you, and his or her agency, in the boxes below.

Name \_\_\_\_\_

Agency \_\_\_\_\_

**When you have finished, please press the submit button in the lower right corner to submit your responses.**

Thank you very much for completing this [surveyassessment](#).

**Your responses have been recorded and submitted.**

**The NJ DDD will be contacting you in the near future in regard to the next steps in this process.**