

FOR OFFICE USE ONLY:	
ID NO	Type <input type="radio"/> Initial <input type="radio"/> Annual
CCU NO	

## Participant Outcomes and Status Measures (POSM) Quality of Life Survey

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS:** Please fill in only ONE circle for each question and return the completed survey in the envelope provided.

Section A: Availability of Paid Care/Supports	n/a	Strongly Disagree	Not Sure	Strongly Agree
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*(Select n/a if not receiving services)*

- |   |                       |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| A1. My services are what I think I need.                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| A2. My services are delivered when I want them.             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| A3. My services are helping me live my life the way I want. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Section B: Relationship with Support Workers	n/a	Strongly Disagree	Not Sure	Strongly Agree
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*(Select n/a if not using support workers)*

- |   |                       |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| B1. Workers respect what I like and dislike.      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B2. I can pick the workers who come into my home. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B3. I control and direct their work.              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B4. I can dismiss a worker when I want.           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Section C: Activities and Community Integration	Strongly Disagree	Not Sure	Strongly Agree
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- |  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| C1. I can do activities that are important to me.              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C2. I play an important role in people's lives.                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C3. People know the story of my life.                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C4. I belong to a group that values me.                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C5. I take part in activities in the community when I want to. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Section D: Personal Relationships	Strongly Disagree	Not Sure	Strongly Agree
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- |   |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| D1. I have people I can count on.                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| D2. I have people who want to do things with me.      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| D3. People outside my home ask for my help or advice. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| D4. I have opportunities for affection or romance.    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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<b>Section E: Dignity/Respect</b>	n/a	Strongly Disagree	Not Sure	Strongly Agree
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E1. I am treated with respect by: *(Select n/a if not applicable)*

- |                              |                       |                       |                       |                       |                       |                       |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. ... by my support workers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. ... my family/friends     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

<b>Section F: Autonomy</b>	n/a	Strongly Disagree	Not Sure	Strongly Agree
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|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| F1. I live where I want.   |                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F2. I decide how I spend my free time.   |                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F3. I pick when to go to bed and get up.   |                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F4. I control who comes into my home.  |                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F5. If money is left after paying all my bills, I control how I spend it. <i>(Select n/a if no money left after bills)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F6. I can go where I want on the "spur of the moment".   |                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F7. If I want a pet, I can have the type of pet I want. <i>(Select n/a if you don't want a pet)</i>                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F8. I have the strength to face difficulties.  |                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

<b>Section G: Privacy</b>	Strongly Disagree	Not Sure	Strongly Agree
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- |  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| G1. I can be alone when I want.                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| G2. People ask before using my things.           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| G3. I can have a private conversation if I want. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| G4. Information about me is kept private.        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

<b>Section H: Security</b>	Strongly Disagree	Not Sure	Strongly Agree
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- |  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| H1. I feel safe when I am alone.             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| H2. I feel safe around my support workers.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| H3. If I need help right away, I can get it. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

<p>Others providing input during survey.</p> <p><input type="checkbox"/> Family Member/Spouse      <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Authorized Representative</p>
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**Thank you for your time.**  
Please return the completed form.