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[TIRR] New Options Evaluation Forms [1975-1977] [1]

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NEW OPTIONS PARTICIPANT EVALUATION SUMMARY
FORM #1

CYCLE # _____

NUMBER OF PARTICIPANTS IN CYCLE _____

DATE _____

NEW OPTIONS MODULE RATINGS:

MODULE	SCORE FROM GENERAL RATING SCALE (average)	EXTREME VARIANCE (X)	TABULATED SCORE SPECIFIC RESPONSE SCALE (average)	POSITIVE CORRELATION (X)	PROBLEM INDICATED (X)
social skills					
consumer affairs					
financial management					
attendant management					
living arrangements					
medical needs					
mobility					
leisure time					
sexuality					

(con't on next page)

MODULE	SCORE FROM GENERAL RATING SCALE (average)	EXTREME VARIANCE (X)	TABULATED SCORE SPECIFIC RESPONSE SCALE (average)	POSSITIVE CORRELATION (X)	PROBLEM INDICATED (X)
functional skills					
vocational/ educational					
	possible score of 0-5	extreme indi- vidual differ- ences of opinion on general rating scale	possible score of 0-10	consistent responses indicated across two scales	scored below 4 on general and/or specific

LF/asm
9/77

NEW OPTIONS PARTICIPANT EVALUATION SUMMARY
FORM # 2

CYCLE # _____

DATE _____

NUMBER OF PARTICIPANTS IN CYCLE _____

NEW OPTIONS PROGRAM GENERAL COMPONENT RATINGS:

	SCORE FROM GENERAL RATING SCALE (average)*	EXTREME VARIANCE/ INDIVIDUAL DIFFERENCES (X)	PROBLEM INDICATED (X)
group leaders			
associates			
others			
attendants			
attendant system			
transportation system			
field trips			
individual counseling			
modules			
recreation			

* possible score of 0-5

NEW OPTIONS PARTICIPANT EVALUATION SUMMARY
FORM #3

CYCLE # _____

DATE _____

NUMBER OF PARTICIPANTS IN CYCLE _____

INDIVIDUAL OVERALL SATISFACTION:

SUBJECT	GENERAL MODULE RATING*	GENERAL PROGRAM RATING*	POSITIVE CORRELATION (X)	PROBLEM INDICATED (X)	COMMENTS

COMPLIMENTARY (by 2 or more participants):

UNCOMPLIMENTARY MENTION:

* possible score of 0-5

DISCHARGE AND FOLLOW-UP QUESTIONNAIRE

NAME: _____

DATE: _____

1. Who provides the physical assistance you require (if any) ? If you have a private attendant, how was this person found?
2. How much time do you require from an attendant/assistant in getting up in the morning?
3. How much time do you require from an attendant/assistant in going to bed in the evening?
4. How do you transfer? (sliding board, one man lift, etc.)
5. What kind of urinary device do you use, if any? (external catheter, internal Foley, ileal loop, etc.)
6. What sort of bowel program do you use? (in bed every other day using suppositories, on commode with commode chair, etc.)
7. Can you drive a car? Do you use special equipment for this? Do you own a car?

8. How well can you write? (not at all, can type only, can write legibly but slowly, write with no difficulty, etc.)
9. What did you gain from your transitional project experience?
10. Do you have any ideas about what you would like to be doing five years from now?

NEW OPTIONS PROGRAM RATINGS

- II. Please rate the following program components on a scale from 1 to 5, where 1 means bad, 5 means good, and 3 means uncertain. Circle your response.

	bad				good
a. individual counseling	1	2	3	4	5
b. recreational activities	1	2	3	4	5
c. transportation system	1	2	3	4	5
d. field trips	1	2	3	4	5
e. attendant system	1	2	3	4	5
f. modules	1	2	3	4	5

Please rate the following modules on a scale from 1 to 5, where 1 means bad, and 5 means good, and 3 means uncertain. Circle your response.

	bad				good
a. living arrangements	1	2	3	4	5
b. mobility	1	2	3	4	5
c. medical needs	1	2	3	4	5
d. vocational/educational	1	2	3	4	5
e. social skills	1	2	3	4	5
f. attendant management	1	2	3	4	5
g. sexuality	1	2	3	4	5
h. consumer affairs	1	2	3	4	5
i. financial management	1	2	3	4	5
j. time management	1	2	3	4	5
k. functional skills	1	2	3	4	5

DATE: _____

NEW OPTIONS STAFF RATINGS

R.S. # _____

DATE: _____

III. Please rate the following program staff on a scale from 1 to 5, where 1 means not helpful, 5 means very helpful, and 3 means not sure. Circle your response.

	not helpful		not sure		very helpful
a. group leaders	1	2	3	4	5
b. attendants	1	2	3	4	5
c. handicapped associates from the community	1	2	3	4	5
d. others (please specify)	1	2	3	4	5

NEW OPTIONS TRANSITIONAL PROJECT
TEXAS INSTITUTE FOR REHABILITATION AND RESEARCH

APPLICATION FOR ADMISSION

INSTRUCTIONS: This form is to be completed by persons who want to enter the project. Please answer as many of the questions as you can. If you are uncertain about some of the questions, just put "don't know".

Name: _____ Current Date: _____

Date of Birth: _____ Sex: _____ Height: _____ Weight: _____

Age _____ Social Security # _____

Marital Status: _____ Race: _____

Highest level of education completed: _____

Years of employment: _____ Type of work: _____

Current address: _____ Telephone: _____

Disability: _____

Date of onset of disability: _____

If spinal cord injury, please indicate level: _____

If your disability was caused by injury, please explain how this injury occurred: _____

Physician: _____

address
of
physician _____

Name of person completing this application: _____
Relationship to applicant: _____

TRC Counselor: _____

address
of
counselor _____

1. Briefly describe the activities you were involved in before the onset of your disability.

2. Please list the medical rehabilitation, vocational training, or other rehabilitation programs you have participated in.

3. Briefly describe what you have done since the onset of your disability.

4. Where are you living now?

5. How are your transportation needs met?

6. Who provides the physical assistance you require (if any)? Do you have a private attendant? yes _____ no _____ How was this person found?

7. How much time do you require from an assistant in getting up in the morning?

8. How much time do you require from an assistant in going to bed in the evening?

9. How do you transfer? (sliding board, one man lift, etc.)

10. What kind of urinary device do you use, if any? (external catheter, internal Foley catheter, ileal loop, etc.)

11. What sort of bowel program do you use? (in bed every other day using suppositories, on commode with commode chair, etc.)

12. Please place a check mark by any of the following activities in which you require assistance:

eating
dressing
bathing
bladder needs
bowel needs
transfers

mobility with wheelchair
turning at night
writing
other (please specify)

13. What type of wheelchair

_____ electric wheelchair

_____ crutches

_____ manual wheelchair. If manual, can you push yourself? yes _____
no _____

_____ cane

_____ other

14. Can you drive a car? yes _____ no _____
Do you use special equipment for this? yes _____ no _____
Do you own a car? yes _____ no _____

15. Do you have a driver's license or driving permit?

16. How well can you write? (not at all, can type only, can write legibly but slowly, write with no difficulty, etc.)

17. Do you have any difficulties in communication? (hard of hearing, speech difficulties, etc.)

18. If you use any special breathing equipment, please describe what you use and the kind of help you need with this equipment.

19. What medications do you take?

20. How many hours can you sit a day? _____ Do you need to lie down between periods of sitting (if so, please describe your sitting schedule)?

FINANCIAL STATUS EVALUATION

Please indicate the amounts of your monthly income in each category:

	earnings
	social security (SSDI) based on own work history
	social security (SSDI) based on parents' work history
	supplemental security income (SSI)
	department of vocational rehabilitation (TRC)
	veterans' administration
	insurance compensation
	scholarship or stipend
	parents
	spouse
	State Crippled Children's program
	other
	TOTAL MONTHLY INCOME

How are the checks made out (to you, to a parent, to a guardian, etc.)?
To whom are they sent?

Who pays for your medications? Supplies?

How do you pay for medical care? (Do you have Medicare? Medicaid? Private Insurance?
TRC Sponsorship? State Crippled Childrens coverage? Other resources?)

What arrangements have you made for financial sponsorship in the transitional project?

21. How much leisure time do you have per day? _____ hrs. per day
How do you spend your leisure time (hobbies, interests, etc.)?

22. What do people think of you?

23. Do you have any ideas about what you would like to be
doing five years from now?

24. Why do you want to be a participant in the transitional project?

25. If you are chosen as a participant, when would you be
available to move into the project? Who would be available to
help you move in?

PLEASE MAIL THIS FORM TO:
New Options Transitional Project
TIRR ANNEX, 105 DREW STREET
HOUSTON, TEXAS 77006

TEXAS INSTITUTE FOR REHABILITATION AND RESEARCH

NEW OPTIONS TRANSITIONAL PROJECT

TUFTS RESEARCH FORM

Mode of Evaluation:

New Options Participant ()

By staff personnel ()

Tele. with _____ ()G77

Rehab. Home visit ()G74

T.I.R.R. Patient ()

Today's date: _____ (X)G52

Research number: _____ (X)G58

Name: _____ (X)G53

Date of Birth: ____/____/____ ()G59

Address: Town _____

State _____ ()G55

Major Handicapping condition:

_____ L33 ()

Onset of Disability:

_____/_____/_____ L48 ()

Male: ()G64

Female: ()G65

Divorced:()G69

Separated:()G70

Single: ()G66

Married:()G67

Widowed:()G68

Household Constellation:

Alone: ()K17

Spouse:()K18

Friends:()K23

Children: ()K19

Parents: ()K21

Institution: ()K24

Spouse& Child ()K20

Other relatives()K22

Other: ()K25

Support from Household or family unit:

- ()J43 Intact- The family unit consists of at least one member beside the person related by marriage, kinship or else a close personal companion; as a unit the family is sufficiently competent physically and mentally to provide adequate support to the person at home at this time and under foreseeable circumstances.
- ()J44 Limited- The family unit is as above but under particular conditions of stress may not be able to support the person either physically or mentally or else particular circumstances such as a job require a crucial family member to be away from the home part of the day.
- ()J45 Helper- Another person other than a regular family member is needed to provide some service to the person or family.
- ()J46 Null- The family is unable to cope with the person or else the person lives (d) alone.

DATA BASE--ADEQUACY OF SUPPORT FROM FAMILY UNIT (present and potential)
---a) number, relationship and ages of members of household, b) state of health (physical and mental) of members, c) interpersonal relationships, d) adequacy of living quarters, e) monitoring of family group and its sense of adaptation to the patient's handicap, f) identification of needs to support appropriate discharge planning.

Architectural Barriers:

- ()J51 Absent- Has access into and out of home, to all levels if multi-story, and to all rooms without safety hazard or requiring assistance.
- ()J52 Minor- Has access into and out of home and to all essential levels if multi-story and to all rooms essential to well-being and participation in family activities. Some non-essential rooms may not be accessible or else inconvenience may be imposed by threshold, narrow passages or awkward arrangement of furniture. However, able to manage without assistance.
- ()J53 Major- Not able to manage without assistance in getting into or out of home or in gaining access to rooms essential to well-being and/or participation in family activities.
- ()J54 Describe if present.

Ability in Home:

- () J47 Intact- Able in self care and mobility and able to fulfill the customary and usual role(s) and perform customary and usual chores.
- () J48 Limited- Able in self care and mobility but limited in ability to fulfill the customary and usual roles or limited in ability to perform customary and usual chores.
- () J49 Helper - Assistance needed in self care or mobility due to structural barriers; or cannot be left alone due to severe communication or mental problems; or else assistance is needed from outside the home to perform household tasks, if a homemaker.
- () J50 Null- Would be totally dependent at home.

DATA BASE--ADEQUACY OF ABILITY AT HOME (present and potential) --
a) ability to resume usual role(s), b) availability of other supporting agencies, c) need for and willingness of family to accept outside assistance, d) architectural barriers in living quarters.

Primary Transportation:

- () drive own car
- () drive own van with special adaptative equipment
- () someone else drives personal vehicle
- () use private transportation service (cab)
- () use public transportation service (city bus)
- () no satisfactory transportation
- () other

Transportation Barriers:

- () Absent- can get anywhere at anytime with little or no inconvenience.
- () Minor- can get to and from work and other necessary destinations with assistance.
- () Major- unable to travel without considerable difficulty

Highest Level of education completed:

- () elementary school
- () high school
- () college
- () graduate school

Vocational Status:

- () R46 Homemaker
- () R47 Student
- () R48 Competitive employment
- () R49 Non-competitive employment (sheltered workshop, etc.)
- () R50 Unemployed, but employable and unable to find work
- () R51 Retired due to age
- () R52 Too disabled to work, or be a homemaker, or be a student, or else retired for disability.

e according to one of the following descriptions: WORK/SCHOOL STATUS

- () Educational and vocational levels are compatible. There are no work or educational restrictions. The individual is working full-time in the free job market or as a full-time student. Time lost from work does not exceed one day per month on the average. If retired, the individual fulfills usual and customary tasks and roles in the household and/or the community.
- () The individual desires more education or training or work but it may not be readily available. If working or attending school there may be some modification such as part-time, light work, etc. Time lost from work/school averages no more than 2 to 5 days per month. If retired, the individual fulfills the usual and customary tasks and roles in the household and/or the community in a limited way.
- () The individual works or attends school in a special facility adapted for the handicapped or else loses more than an average of one week per month at a full-time or part-time job.
- () The individual is too disabled for employment or schooling; or, if retired, is not able to fulfill usual and customary roles and tasks in the household or the community.

) REMARKS:

Living Unit Income:

the average annual income of the people or family I live with--

- () is less than \$5000.
- () is between \$5 - 10,000.
- () is between \$10 - 20,000.
- () is between \$20 - 50,000.
- () is greater than \$50,000.

Source of Personal income:

- ()K38 Self/family
- ()K39 Insurance plan (BC/BS, etc.)
- ()K40 Workers compensation
- ()K41 State Voc. Agency
- ()K42 Welfare/Medicaid
- ()K43 Medicare
- ()K44 Assoc/Fund
- ()K45 Other _____

Financial Ability:

- ()J59 Intact- The family is able to absorb the costs of the disability without increased indebtedness.
- ()J60 Limited- The family is required to incur debts to handle costs of the disability.
- ()J61 Helper- The family requires some form of public assistance to cover medically related costs. (Medicaid)
- ()J62 Null- The family requires public assistance to cover medical and subsistence costs (Welfare or SSI)

DATA BASE --ADEQUACY OF FINANCES (present or potential)---a)method of payment for hospital services, b)method of payment for additional needed services or equipment, c)method of payment for continuing care, d)whether receiving state assistance for medical expenses and/or subsistence.

te according to one of the following descriptions: OUTLOOK (Intellectual and Emotional)

- 2()The individual functions independently without impairment in the following areas: problem² solving, regard for other, perceptual-motor ability, judgment-reliability, and self-esteem. The individual feels very satisfied with life today or else feels able to make decisions easily.
- 3()The individual functions independently with mild impairment in some area(s) mentioned above or else is fairly well satisfied with life today or else has moderate difficulty making decisions.
- 4()The individual is observed to function appreciably better with assistance, supervision, cueing coaxing or a structured environment due to one or more of the problems mentioned above or else has a feeling of more satisfaction than dissatisfaction with life today or else has great difficulty making decisions.
- 5()The individual is not particularly benefitted by assistance with problems mentioned above or else he is not satisfied with life today or else actually makes very few, if any, decisions.

Problem-Solving

- () Intact--Able to comprehend meaning, retain instructions and follow through a sequence of steps particularly in a novel situation. Makes use of previously learned information. Able to self correct if errors are made. Sustains attention until task is completed.
- () Limited--Minimal limitations in problem-solving; modification of environment may be required.
- () Helper--Limitations in problem-solving require a structured environment and/or another person is involved for supervision, cueing, coaxing, or assistance.
- () Null--Unable to function appropriately due to limitation despite assistance.

Emotional Stability / Regard for Others

- () Intact--Able to remain cooperative without being demanding or overly dependent upon others. Evidence of satisfying interactions with staff, other patients and family members.
- () Limited--Minimal limitations in emotional stability; modification of environment may be required.
- () Helper--Anti-social behavior requires a structured environment; and/or another person is involved for assistance, supervision, cueing, or coaxing.
- () Null--Anti-social behavior severely limits function despite assistance.

Perceptual-Motor Ability / Gnosis-Praxis

- () Intact--Able to discriminate between differences in the environment by hearing, sight, touch and visuo-spatial orientation. Able to reproduce a requested motion or activity.
- () Limited--Limitation in perceptual-motor minimal; modification of environment may be required.
- () Helper--Another person is involved for assistance, supervision, cueing, coaxing; and/or a structured environment is required for adequate function.
- () Null--Unable to function due to limitations despite assistance.

Judgment-Reliability / Insight (Realism)

- () Intact--Aware of and understands limitations or disability problems. Able to plan, work out, or incorporate compensations or substitutions, or else asks for appropriate assistance while working towards solutions and while using sound judgment.
- () Limited--Minimal limitations in insight; may require environmental modification.
- () Helper--Poor insight, judgment or reliability require a structured setting and/or another person involved for assistance, supervision, cueing, or coaxing.
- () Null--Insight, judgment, or reliability are not appreciably helped by assistance.

Self-Esteem / Regard for Self (Hopefulness)

- () Intact--Able to feel hopeful about situation with sense of purpose and worthwhileness preserved. No evidence of inappropriate discouragement or anxiety, hypochondriasis, misuse of drugs or alcohol. Able to go through grief reaction to real loss without undue denial, indifference or hysteria.
- () Limited--Minimal limitations in self-esteem; a modified environment may be required.
- () Helper--Manifest depression requires another person to be involved for assistance, supervision or cueing. A structured environment is required.
- () Null--Manifest depression severely limits function despite assistance.

Communication:

Verbal	Hearing	Vision	
()168	()172	()176	Intact- no language barrier; no difficulty in reading, writing or verbal communication.
()169	()173	()177	Limited- slight to moderate limitation in communication due to a language barrier or else due to reading, writing or verbal communication disorder.
()170	()174	()178	Helper- a structured setting or interpreter is needed in order to facilitate communication.
()171	()175	()179	Null- communication not consistently feasible even in a structured setting.

Active Motion of Limbs:

Good - All muscle groups of the limb complete full range of motion of the joints against moderate or greater resistance. No limitation due to contracture, pain, spasticity, diminished sensibility, etc.

Fair - All muscle groups of the limb complete available range of motion against gravity. Any limitation due to contracture, pain, spasticity, etc. still permits ordinary use of the limb.

Poor - Some active motion in the limb or it is used as a helper, includes amputation with functional prosthesis.

Null - no motion and/or usefulness, includes amputation without functional prosthesis.

LIMBS	GOOD	FAIR	POOR	NULL
R upper	()G80	()G81	()G82	()G83
L upper	()G84	()G85	()G86	()G87
R lower	()G88	()G89	()G90	()G91
L lower	()G92	()G93	()G94	()G95

Self - Care (see definitions below)

Intact	Limited	Helper	Null	
() H18	() H19	() H20	() H21	Drink/cup
() H22	() H23	() H24	() H25	Feed/dish
() H26	() H27	() H28	() H29	Dress upper
() H30	() H31	() H32	() H33	Dress lower
() H34	() H35	() H36	() None	Brace/pros
() H37	() H38	() H39	() H40	Groom
() H41	() H42	() H43	() H44	Wash/bathe
() H45	() H46	() H47	() H48	Bladder
() H49	() H50	() H51	() H52	Bowel
() H53	() H54	() H55	() H56	Perimeum
() H57	() H58	() H59	() H60	Hand skills

() H61 Remarks:

Intact- Activity completed under ordinary circumstances, without modification, and within reasonable time.

Limited - Activity completed with prior preparation or under special or modified circumstances, or with assistive devices or aids, or beyond a reasonable time.

Helper - Activity completed only with partial help or assistance or under supervision for safety or by cuing. ANOTHER HUMAN IS INVOLVED IN ACTIVITY.

Null - Person unable to assist, or totally dependent, or activity is not performed.

Mobility: (see definitions above)

Intact	Limited	Helper	Null	
() H62	() H63	() H64	() H65	Transfer/chair
() H66	() H67	() H68	() H69	Transfer/toilet
() H70	() H71	() H72	() H73	Transfer/tub-shower
() H74	() H75	() H76	() H77	Transfer/automobile
() H78	() H79	() H80	() H81	Walk 50 yd.
() H82	() H83	() H84	() H85	Stairs 1 floor
() H86	() H87	() H88	() H89	Outdoors
() H90	() H91	() H92	() None	Wheelchair

() H93 Remarks:

NEW OPTIONS TELEPHONE FOLLOW-UP INTERVIEW RESEARCH FORM

Interview with _____

Interviewed by _____

Date of interview _____

INTERVIEW

* Where are you living now? _____

(address, city, state) _____

* What type of living arrangement is that? _____

(apartment, nursing home, parents home, cluster, etc.) _____

* How long have you lived there? _____

* Do you find architectural barriers in your living arrangement to be a major problem, a minor problem, or no problem? _____

* Who lives there with you? _____

* Who provides the physical assistance you require (if any)? _____

(relationship)

* How much time do you require from an assistant in getting up in the morning? _____

* How much time do you require from an assistant in going to bed in the evening? _____

* How do you transfer? (sliding board, one man lift etc.) _____

* What kind of urinary device do you use? (external catheter, internal Foley catheter, ileal loop, etc.) _____

* What sort of bowel program do you use? (in bed every other day using suppositories, on commode with commode chair, etc.) _____

* Can you drive a car? Yes _____ No _____ Do you use special equipment for this? Yes _____ No _____.

- * What is your primary means of transportation? _____

 (your own car, bus, cab, friends car, own van)
- * How long have you been depending on this means of transportation?

- * Do you find transportation conveniently available, sometimes available, or hard to get? _____
- * What activities occupy most of your time? _____

 (working, going to school, watching TV, etc.)
- * Has your educational status changed since you were in New Options? _____
- * (If yes) How? _____
 (probe for details)
- * When? _____
 (how long)
- * Has your vocational status changed since you were in New Options? _____
- * (If yes) How? _____
 (probe for details)
- * When? _____
 (how long)
- * What would you estimate is the average annual income of the people or family you live with? _____

 (to the nearest 5 or 10 thousand)
- * "I'm going to read a list of service agencies and income sources to you. For each one, tell me if you receive services or income or both from it. Also, for those from which you do receive income, tell me about how much per month. OK? Here's the list."

	service	income	amount/month
Supplemental Security Income (GOLD CHECK)	_____	_____	_____
SSDI Social Security (GREEN CHECK)	_____	_____	_____
Veterans Administration	_____	_____	_____
AFDC - Child Support	_____	_____	_____
Workman's compensation	_____	_____	_____
Pension or retirement funds from place of work or government	_____	_____	_____
Medicare (hospital services)	_____	_____	_____
Medicaid (social services)	_____	_____	_____
Texas Rehabilitation Commission	_____	_____	_____
Texas Commission for the Blind	_____	_____	_____
Texas Department of Human Resources	_____	_____	_____
Other (SPECIFY)	_____	_____	_____

* Who manages your money? _____

(parents, self, spouse, nursing home administrator, etc.)

* Who would your say makes most major decisions in your life? _____

(parents, self, spouse, nursing home administrator, doctor, counselor, etc.)

* Who else makes important decisions in your life? _____

(parents, self, spouse, nursing home administrator, doctor, counselor, etc.)

* Are you married? _____

* Have you ever been? _____

* (If yes) How many children do you have? _____

* What kinds of social or recreational activities do you participate in?

(playing cards, going to church, going to concerts, watching TV, etc.)

* Who do you do those things with most frequently? _____

(parents, friends, school or workmates, spouse, etc.)

* About how often do you leave home to do these things? _____

* How often do you see your friends? _____

(Barthel)

"
* I'm going to read a list of behaviors to you. For each one, tell me if you usually do it by yourself, with a little help from someone else, mostly with help, or tell me if you don't do it at all. OK? Here's the list."

	Intact	Limited	Helper	Null
Drink from a cup or glass	_____	_____	_____	_____
Eat food from a dish	_____	_____	_____	_____
Dress your upper body	_____	_____	_____	_____
Dress your lower body or legs	_____	_____	_____	_____
Put on braces or other assistive aids	_____	_____	_____	_____
Groom or comb your hair	_____	_____	_____	_____
Wash or bathe	_____	_____	_____	_____
Empty or care for your bladder	_____	_____	_____	_____
Empty or care for your bowels	_____	_____	_____	_____
Transfer in and out of your wheelchair	_____	_____	_____	_____
Transfer on and off the toilet or commode chair	_____	_____	_____	_____
Transfer in and out of the bathtub or shower	_____	_____	_____	_____
Transfer in and out of a car	_____	_____	_____	_____
Get up and down a flight of steps	_____	_____	_____	_____
Walk or ambulate 50 yards	_____	_____	_____	_____
Go 50 yards in a wheelchair	_____	_____	_____	_____

* Would you say: that you are completely able in self care and mobility to perform your usual and customary roles and chores at home, or that you are limited in these aspects, or that you need help in these aspects due to your disability, or that you are totally dependent at home?

* Can you use your hands, arms, or legs better or worse or the same as you could when you were in New Options? _____

* (If better or worse) How have you changed in this respect? _____

* Has your ability to see, hear, or speak changed since you were in New Options? _____

* (If yes) In what ways? _____

* How well can you write? (not at all, can type only, can write legibly but slowly, write with no difficulty, etc.) _____

* Would you say you are very satisfied with your life, or fairly well satisfied, or more satisfied than not, or absolutely not satisfied with your life today? _____

* Besides your present living arrangement, what other types of arrangements have you lived in since you left New Options? _____

(record order and length of time in each)
* What experiences or modules in New Options do you think helped you? _____

* What did you gain as result of your transitional project experience? _____

* What do you think you would like to be doing five years from now? _____

* Do you have a TRC counselor at the present time? _____

* (If yes) What is his/her mailing address? _____

* What is your parents mailing address? _____

"Now let me double check some information."

* What type of living arrangement did you reside in before you went to New Options? _____

(house, apartment, etc.)

* Who did you live with there? _____
(relationship)

* Who provided the physical assistance you required then? _____

(relationship)

* How long had you lived in that arrangement? _____

* What were you doing then to occupy most of your time? _____

* How were your transportation needs met then? _____

* Do you feel as though you are more independent now than you were then?

* (If yes) In what ways? _____

"That's all the questions I have. Is there anything else you would like to add?
Thank you for your help!"

LF:ls
1/9/79

Brian Everitt. The analysis of
contingency tables

Stephen Fienberg. The analysis of
cross-classified data

BMDP

log-linear analysis of categorical data

"ECTA"

TEXAS INSTITUTE FOR REHABILITATION AND RESEARCH
IN THE
TEXAS MEDICAL CENTER
1333 MOORSUND AVENUE
HOUSTON, TEXAS 77030

P. O. Box 20095
Houston, Texas 77025

Telephone
Area Code 713, 797-1440

MEMO

TO: Paul Thomas and Harold Vialle,
Rehabilitation Services Administration
FROM: Lex Frieden, New Options Research Director
SUBJECT: New Options Research Instruments

Please find enclosed copies of all current New Options research documents as requested at February site visit. Also, find attached brief descriptions of each instrument, a report on the application of Rest Time Monitor and Odometer methodology at New Options, a research instrument currently being pilot tested (Independent Living Skills Evaluation), and a consultant report commissioned by the project.

Any comments or suggestions relating to these materials which you may have would be greatly appreciated.

cc: Jean Cole

Adapted Tufts Questionnaire
(including Barthel)

OBJECTIVE: To obtain information about participants physical, psychological, and environmental status and capabilities from a subjective, personal perspective.

PROCEDURE: First administered to all participants upon entry into the program (during the first three days) by a researcher with instructions given orally to the group. Follow-up by mail 3-4 months after discharge from the program with instructions to complete as before and return.

ANALYSIS: Comparison of results from T_1 and T_2 .

TEXAS INSTITUTE FOR REHABILITATION AND RESEARCH

NEW OPTIONS TRANSITIONAL PROJECT

TUFTS RESEARCH FORM

Mode of Evaluation:

New Options Participant ()

By staff personnel ()

Tele. with _____ ()G77

Rehab. Home visit ()G74

T.I.R.R. Patient ()

Today's date: _____ (X)G52

Research number: _____ (X)G58

Name: _____ (X)G53

Date of Birth: __/__/____ ()G59

Address: Town _____

State _____ ()G55

Major Handicapping condition:

_____ L33 ()

Onset of Disability:

_____/_____/_____ L48 ()

Male: ()G64

Female: ()G65

Divorced:()G69

Separated:()G70

Single: ()G66

Married:()G67

Widowed:()G68

Household Constellation:

Alone: ()K17

Spouse:()K18

Friends:()K23

Children: ()K19 , Spouse& Child ()K20

Parents: ()K21 Other relatives()K22

Institution: ()K24 Other: ()K25

Support from Household or family unit:

- ()J43 Intact- The family unit consists of at least one member beside the person related by marriage, kinship or else a close personal companion; as a unit the family is sufficiently competent physically and mentally to provide adequate support to the person at home at this time and under foreseeable circumstances.
- ()J44 Limited- The family unit is as above but under particular conditions of stress may not be able to support the person either physically or mentally or else particular circumstances such as a job require a crucial family member to be away from the home part of the day.
- ()J45 Helper- Another person other than a regular family member is needed to provide some service to the person or family.
- ()J46 Null- The family is unable to cope with the person or else the person lives (d) alone.

DATA BASE--ADEQUACY OF SUPPORT FROM FAMILY UNIT (present and potential)
---a) number, relationship and ages of members of household, b) state of health (physical and mental) of members, c) interpersonal relationships, d) adequacy of living quarters, e) monitoring of family group and its sense of adaptation to the patient's handicap, f) identification of needs to support appropriate discharge planning.

Architectural Barriers:

- ()J51 Absent- Has access into and out of home, to all levels if multi-story, and to all rooms without safety hazard or requiring assistance.
- ()J52 Minor- Has access into and out of home and to all essential levels if multi-story and to all rooms essential to well-being and participation in family activities. Some non-essential rooms may not be accessible or else inconvenience may be imposed by threshold, narrow passages or awkward arrangement of furniture. However, able to manage without assistance.
- ()J53 Major- Not able to manage without assistance in getting into or out of home or in gaining access to rooms essential to well-being and/or participation in family activities.
- ()J54 Describe if present.

Ability in Home:

- () J47 Intact- Able in self care and mobility and able to fulfill the customary and usual role(s) and perform customary and usual chores.
- () J48 Limited- Able in self care and mobility but limited in ability to fulfill the customary and usual roles or limited in ability to perform customary and usual chores.
- () J49 Helper - Assistance needed in self care or mobility due to structural barriers; or cannot be left alone due to severe communication or mental problems; or else assistance is needed from outside the home to perform household tasks, if a homemaker.
- () J50 Null- Would be totally dependent at home.

DATA BASE--ADEQUACY OF ABILITY AT HOME (present and potential) --
a) ability to resume usual role(s), b) availability of other supporting agencies, c) need for and willingness of family to accept outside assistance, d) architectural barriers in living quarters.

Primary Transportation:

- () drive own car
- () drive own van with special adaptative equipment
- () someone else drives personal vehicle
- () use private transportation service (cab)
- () use public transportation service (city bus)
- () no satisfactory transportation
- () other

Transportation Barriers:

- () Absent- can get anywhere at anytime with little or no inconvenience.
- () Minor- can get to and from work and other necessary destinations with assistance.
- () Major- unable to travel without considerable difficulty

Highest Level of education completed:

- () elementary school
- () high school
- () college
- () graduate school

Vocational Status:

- () R46 Homemaker
- () R47 Student
- () R48 Competitive employment
- () R49 Non-competitive employment (sheltered workshop, etc.)
- () R50 Unemployed, but employable and unable to find work
- () R51 Retired due to age
- () R52 Too disabled to work, or be a homemaker, or be a student, or else retired for disability.

Rate according to one of the following descriptions: WORK/SCHOOL STATUS

- 96() Educational and vocational levels are compatible. There are no work or educational restrictions. The individual is working full-time in the free job market or as a full-time student. Time lost from work does not exceed one day per month on the average. If retired, the individual fulfills usual and customary tasks and roles in the household and/or the community.
- 97() The individual desires more education or training or work but it may not be readily available. If working or attending school there may be some modification such as part-time, light work, etc. Time lost from work/school averages no more than 2 to 5 days per month. If retired, the individual fulfills the usual and customary tasks and roles in the household and/or the community in a limited way.
- 98() The individual works or attends school in a special facility adapted for the handicapped or else loses more than an average of one week per month at a full-time or part-time job.
- 99() The individual is too disabled for employment or schooling or, if retired, is not able to fulfill usual and customary roles and tasks in the household or the community.

75() REMARKS:

Living Unit Income:

the average annual income of the people or family I live with--

- () is less than \$5000.
- () is between \$5 - 10,000.
- () is between \$10 - 20,000.
- () is between \$20 - 50,000.
- () is greater than \$50,000.

Source of Personal income:

- ()K38 Self/family
- ()K39 Insurance plan (BC/BS, etc.)
- ()K40 Workers compensation
- ()K41 State Voc. Agency
- ()K42 Welfare/Medicaid
- ()K43 Medicare
- ()K44 Assoc/Fund
- ()K45 Other _____

Financial Ability:

- ()J59 Intact- The family is able to absorb the costs of the disability without increased indebtedness.
- ()J60 Limited- The family is required to incur debts to handle costs of the disability.
- ()J61 Helper- The family requires some form of public assistance to cover medically related costs. (Medicaid)
- ()J62 Null- The family requires public assistance to cover medical and subsistence costs (Welfare or SSI)

DATA BASE --ADEQUACY OF FINANCES (present or potential)---a)method of payment for hospital services, b)method of payment for additional needed services or equipment, c)method of payment for continuing care, d)whether receiving state assistance for medical expenses and/or subsistence.

Rate according to one of the following descriptions: OUTLOOK (Intellectual and Emotional)

- 92()The individual functions independently without impairment in the following areas: problem solving, regard for other, perceptual-motor ability, judgment-reliability, and self-esteem. The individual feels very satisfied with life today or else feels able to make decisions easily.
- 93()The individual functions independently with mild impairment in some area(s) mentioned above or else is fairly well satisfied with life today or else has moderate difficulty making decisions.
- 94()The individual is observed to function appreciably better with assistance, supervision, cueing coaxing or a structured environment due to one or more of the problems mentioned above or else has a feeling of more satisfaction than dissatisfaction with life today or else has great difficulty making decisions.
- 95()The individual is not particularly benefitted by assistance with problems mentioned above or else he is not satisfied with life today or else actually makes very few, if any, decisions.

Problem-Solving

- 50() Intact--Able to comprehend meaning, retain instructions and follow through a sequence of steps particularly in a novel situation. Makes use of previously learned information. Able to self correct if errors are made. Sustains attention until task is completed.
- 51() Limited--Minimal limitations in problem-solving; modification of environment may be required.
- 52() Helper--Limitations in problem-solving require a structured environment and/or another person is involved for supervision, cueing, coaxing, or assistance.
- 53() Null--Unable to function appropriately due to limitation despite assistance.

Emotional Stability / Regard for Others

- 54() Intact--Able to remain cooperative without being demanding or overly dependent upon others. Evidence of satisfying interactions with staff, other patients and family members.
- 55() Limited--Minimal limitations in emotional stability; modification of environment may be required.
- 56() Helper--Anti-social behavior requires a structured environment; and/or another person is involved for assistance, supervision, cueing, or coaxing.
- 57() Null--Anti-social behavior severely limits function despite assistance.

Perceptual-Motor Ability / Gnosis-Praxis

- 58() Intact--Able to discriminate between differences in the environment by hearing, sight, touch and visuo-spatial orientation. Able to reproduce a requested motion or activity.
- 59() Limited--Limitation in perceptual-motor minimal; modification of environment may be required.
- 60() Helper--Another person is involved for assistance, supervision, cueing, coaxing; and/or a structured environment is required for adequate function.
- 61() Null--Unable to function due to limitations despite assistance.

Judgment-Reliability / Insight (Realism)

- 62() Intact--Aware of and understands limitations or disability problems. Able to plan, work out, or incorporate compensations or substitutions, or else asks for appropriate assistance while working towards solutions and while using sound judgment.
- 63() Limited--Minimal limitations in insight; may require environmental modification.
- 64() Helper--Poor insight, judgment or reliability require a structured setting and/or another person involved for assistance, supervision, cueing, or coaxing.
- 65() Null--Insight, judgment, or reliability are not appreciably helped by assistance.

Self-Esteem / Regard for Self (Hopefulness)

- 66() Intact--Able to feel hopeful about situation with sense of purpose and worthwhileness preserved. No evidence of inappropriate discouragement or anxiety, hypochondriasis, misuse of drugs or alcohol. Able to go through grief reaction to real loss without undue denial, indifference or hysteria.
- 67() Limited--Minimal limitations in self-esteem; a modified environment may be required.
- 68() Helper--Manifest depression requires another person to be involved for assistance, supervision or cueing. A structured environment is required.
- 69() Null--Manifest depression severely limits function despite assistance.

Communication:

Verbal	Hearing	Vision	
()168	()172	()176	Intact- no language barrier; no difficulty in reading, writing or verbal communication.
()169	()173	()177	Limited- slight to moderate limitation in communication due to a language barrier or else due to reading, writing or verbal communication disorder.
()170	()174	()178	Helper- a structured setting or interpreter is needed in order to facilitate communication.
()171	()175	()179	Null- communication not consistently feasible even in a structured setting.

Active Motion of Limbs:

- Good - All muscle groups of the limb complete full range of motion of the joints against moderate or greater resistance. No limitation due to contracture, pain, spasticity, diminished sensibility, etc.
- Fair - All muscle groups of the limb complete available range of motion against gravity. Any limitation due to contracture, pain, spasticity, etc. still permits ordinary use of the limb.
- Poor - Some active motion in the limb or it is used as a helper, includes amputation with functional prosthesis.
- Null - no motion and/or usefulness, includes amputation without functional prosthesis.

LIMBS	GOOD	FAIR	POOR	NULL
R upper	()G80	()G81	()G82	()G83
L upper	()G84	()G85	()G86	()G87
R lower	()G88	()G89	()G90	()G91
L lower	()G92	()G93	()G94	()G95

Self - Care (see definitions below)

Intact	Limited	Helper	Null	
()H18	()H19	()H20	()H21	Drink/cup
()H22	()H23	()H24	()H25	Feed/dish
()H26	()H27	()H28	()H29	Dress upper
()H30	()H31	()H32	()H33	Dress lower
()H34	()H35	()H36	()None	Brace/pros
()H37	()H38	()H39	()H40	Groom
()H41	()H42	()H43	()H44	Wash/bathe
()H45	()H46	()H47	()H48	Bladder
()H49	()H50	()H51	()H52	Bowel
()H53	()H54	()H55	()H56	Perimeum
()H57	()H58	()H59	()H60	Hand skills

()H61 Remarks:

Intact- Activity completed under ordinary circumstances, without modification, and within reasonable time.

Limited - Activity completed with prior preparation or under special or modified circumstances, or with assistive devices or aids, or beyond a reasonable time.

Helper - Activity completed only with partial help or assistance or under supervision for safety or by cuing. ANOTHER HUMAN IS INVOLVED IN ACTIVITY.

Null - Person unable to assist, or totally dependent, or activity is not performed.

Mobility: (see definitions above)

Intact	Limited	Helper	Null	
()H62	()H63	()H64	()H65	Transfer/chair
()H66	()H67	()H68	()H69	Transfer/toilet
()H70	()H71	()H72	()H73	Transfer/tub-shower
()H74	()H75	()H76	()H77	Transfer/automobile
()H78	()H79	()H80	()H81	Walk 50 yd.
()H82	()H83	()H84	()H85	Stairs 1 floor
()H86	()H87	()H88	()H89	Outdoors
()H90	()H91	()H92	()None	Wheelchair

()H93 Remarks:

TEXAS INSTITUTE FOR REHABILITATION AND RESEARCH

NEW OPTIONS TRANSITIONAL PROJECT

TUFTS RESEARCH FORM

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Rehab. Home visit ()G74

T.I.R.R. Patient ()

Today's date: _____ (X)G52

Research number: _____ (X)G58

Name: _____ (X)G53

Date of Birth: __/__/____ ()G59

Address: Town _____

State _____ ()G55

Major Handicapping condition:

_____ L33 ()

Onset of Disability:

_____/_____/_____ L48 ()

Male: ()G64

Female: ()G65

Divorced:()G69

Separated:()G70

Single: ()G66

Married:()G67

Widowed:()G68

Household Constellation:

Alone: ()K17

Spouse:()K18

Friends:()K23

Children: ()K19

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Institution: ()K24

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Other: ()K25

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Rate according to one of the following descriptions: WORK/SCHOOL STATUS

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- 97() The individual desires more education or training or work but it may not be readily available. If working or attending school there may be some modification such as part-time, light work, etc. Time lost from work/school averages no more than 2 to 5 days per month. If retired, the individual fulfills the usual and customary tasks and roles in the household and/or the community in a limited way.
- 98() The individual works or attends school in a special facility adapted for the handicapped or else loses more than an average of one week per month at a full-time or part-time job.
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Problem-Solving

- .50() Intact--Able to comprehend meaning, retain instructions and follow through a sequence of steps particularly in a novel situation. Makes use of previously learned information. Able to self correct if errors are made. Sustains attention until task is completed.
- .51() Limited--Minimal limitations in problem-solving; modification of environment may be required.
- .52() Helper--Limitations in problem-solving require a structured environment and/or another person is involved for supervision, cueing, coaxing, or assistance.
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Emotional Stability / Regard for Others

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Perceptual-Motor Ability / Gnosis-Praxis

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Verbal	Hearing	Vision	
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Active Motion of Limbs:

- Good - All muscle groups of the limb complete full range of motion of the joints against moderate or greater resistance. No limitation due to contracture, pain, spasticity, diminished sensibility, etc.
- Fair - All muscle groups of the limb complete available range of motion against gravity. Any limitation due to contracture, pain, spasticity, etc. still permits ordinary use of the limb.
- Poor - Some active motion in the limb or it is used as a helper, includes amputation with functional prosthesis.
- Null - no motion and/or usefulness, includes amputation without functional prosthesis.

LIMBS	GOOD	FAIR	POOR	NULL
R upper	()G80	()G81	()G82	()G83
L upper	()G84	()G85	()G86	()G87
R lower	()G88	()G89	()G90	()G91
L lower	()G92	()G93	()G94	()G95

Self - Care (see definitions below)

Intact	Limited	Helper	Null	
()H18	()H19	()H20	()H21	Drink/cup
()H22	()H23	()H24	()H25	Feed/dish
()H26	()H27	()H28	()H29	Dress upper
()H30	()H31	()H32	()H33	Dress lower
()H34	()H35	()H36	()None	Brace/pros
()H37	()H38	()H39	()H40	Groom
()H41	()H42	()H43	()H44	Wash/bathe
()H45	()H46	()H47	()H48	Bladder
()H49	()H50	()H51	()H52	Bowel
()H53	()H54	()H55	()H56	Perimeum
()H57	()H58	()H59	()H60	Hand skills

()H61 Remarks:

Intact- Activity completed under ordinary circumstances, without modification, and within reasonable time.

Limited - Activity completed with prior preparation or under special or modified circumstances, or with assistive devices or aids, or beyond a reasonable time.

Helper - Activity completed only with partial help or assistance or under supervision for safety or by cuing. ANOTHER HUMAN IS INVOLVED IN ACTIVITY.

Null - Person unable to assist, or totally dependent, or activity is not performed.

Mobility: (see definitions above)

Intact	Limited	Helper	Null	
()H62	()H63	()H64	()H65	Transfer/chair
()H66	()H67	()H68	()H69	Transfer/toilet
()H70	()H71	()H72	()H73	Transfer/tub-shower
()H74	()H75	()H76	()H77	Transfer/automobile
()H78	()H79	()H80	()H81	Walk 50 yd.
()H82	()H83	()H84	()H85	Stairs 1 floor
()H86	()H87	()H88	()H89	Outdoors
()H90	()H91	()H92	()None	Wheelchair

()H93 Remarks:

NEW OPTIONS TRANSITIONAL PROJECT

FIELDTRIP BEHAVIOR RECORD

fieldtrip _____

participant _____

module _____

person completing form _____

date _____

Instructions:

Please rate each participant with respect to the dimensions listed below. Ratings may be:

- E excellent performance
- A adequate performance
- I improvement needed
- NA not applicable

A space is provided at the right of each dimension to record any special comments. For example, under "asking for help", you might record "Joe was very good at asking for help from strangers - served as a model for other participants".

DIMENSIONS	RATING	COMMENTS
coping with visibility		
asking for help		
handling money		
managing bathroom needs		
coping with mobility barriers		
safety consciousness		
openness to new ideas		
creativity for problem- solving		
self-reliance		

DIMENSIONS	RATING	COMMENTS
anticipating needs - planning ahead		
interaction with public		
interaction with group leaders		
interaction with fellow participants		
interaction with atten- dants		
participation in group discussion		
level of interest or receptiveness to topic		
seeks necessary information/deter- mines personal need for information		

GENERAL COMMENTS ON FIELDTRIP:

NEW OPTIONS TRANSITIONAL PROJECT

TEXAS INSTITUTE FOR REHABILITATION AND RESEARCH

COUNSELOR'S FOLLOW-UP FORM

DATE: _____

Regarding Program Participant: _____

Briefly describe any changes in the client's living situation, family relationships, and or vocational-educational situation which have occurred since s/he participated in the New Options program.

In what ways do you feel this client benefitted from his/her New Options experience?

What suggestions do you have for improving New Options?

In what ways, if any, did your clients' New Options experience and the results of that experience differ from your expectations?

In what ways, if any, are this clients' goals more or less reasonable than they were before his/her New Options experience?

Date: _____

Counselor

PLEASE RETURN THIS FORM DIRECTLY TO:
New Options Transitional Project
T.I.R.R. Annex
105 Drew Street
Houston, Texas 77006

LF/asm
11/76

TEXAS INSTITUTE FOR REHABILITATION AND RESEARCH
IN THE
TEXAS MEDICAL CENTER
1333 MOORSUND AVENUE
HOUSTON, TEXAS 77030

P. O. Box 20095
Houston, Texas 77025

Telephone
Area Code 713, 797-1440

INSTRUCTIONS

Use your best judgement in completing all of the forms in this package.

Answer as things are now. When you have answered as many questions as you can, place all the forms in the enclosed postage paid envelope and mail them. Thank you.

1. Where are you living now?

2. What activities are you involved in now?

LF/asm
1/6/77

DISCHARGE AND FOLLOW-UP QUESTIONNAIRE

NAME: _____

DATE: _____

1. Who provides the physical assistance you require (if any)?
If you have a private attendant, how was this person found?-----
2. How much time do you require from an assistant in getting up in the morning?
3. How much time do you require from an assistant in going to bed in the evening?
4. How do you transfer? (sliding board, one man lift, etc.)
5. What kind of urinary device do you use, if any? (external catheter, internal Foley catheter, ileal loop, etc.)
6. What sort of bowel program do you use? (in bed every other day using suppositories, on commode with commode chair, etc.)
7. Can you drive a car? Do you use special equipment for this?
Do you own a car?

8. How well can you write? (not at all, can type only, can write legibly but slowly, write with no difficulty, etc.)
9. What did you gain as a result of your transitional project experience?
10. Do you have any ideas about what you would like to be doing five years from now?

NEW OPTIONS PROGRAM RATINGS

- II. Please rate the following program components on a scale from 1 to 5, where 1 means bad, 5 means good, and 3 means uncertain. Circle your response.

	Bad				Good
a. individual counseling	1	2	3	4	5
b. recreational activities	1	2	3	4	5
c. transportation system	1	2	3	4	5
d. field trips	1	2	3	4	5
e. attendant system	1	2	3	4	5
f. modules	1	2	3	4	5

Please rate the following modules on a scale from 1 to 5, where 1 means bad, 5 means good, and 3 means uncertain. Circle your response.

	Bad				Good
a. living arrangements	1	2	3	4	5
b. mobility	1	2	3	4	5
c. medical needs	1	2	3	4	5
d. vocational/educational	1	2	3	4	5
e. social skills	1	2	3	4	5
f. attendant management	1	2	3	4	5
g. sexuality	1	2	3	4	5
h. homemaking skills	1	2	3	4	5
i. consumer affairs	1	2	3	4	5
j. financial management	1	2	3	4	5
k. problem solving	1	2	3	4	5
l. functional skills	1	2	3	4	5

DATE: _____

NEW OPTIONS STAFF RATINGS

R.S.# _____

DATE: _____

III. Please rate the following program staff on a scale from 1 to 5, where 1 means not helpful, 3 means not sure, and 5 means very helpful. Circle your response.

	not helpful		not sure		very helpful
a. group leaders	1	2	3	4	5
b. attendants	1	2	3	4	5
c. handicapped associates from the community	1	2	3	4	5
d. others (please list)	1	2	3	4	5