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# FOIA MARKER

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**Record Group/Collection:** Donated Historical Materials
**Collection/Office of Origin:** Frieden, Lex, Collection
**Series:** Disability Rights Organizations
**Subseries:**

**OA/ID Number:** 52065
**Folder ID Number:** 52065-007

**Folder Title:**
[TIRR] Research Notes for New Options [1976-1980]

**Stack:** **Row:** **Section:** **Shelf:** **Position:**

0474

name | sex (M / F) | before & after

living arr. / mobility / occupation

sex —— M F (2)

dis. —— SC1 qual —— (5)

rural/urban (2)

age (1)

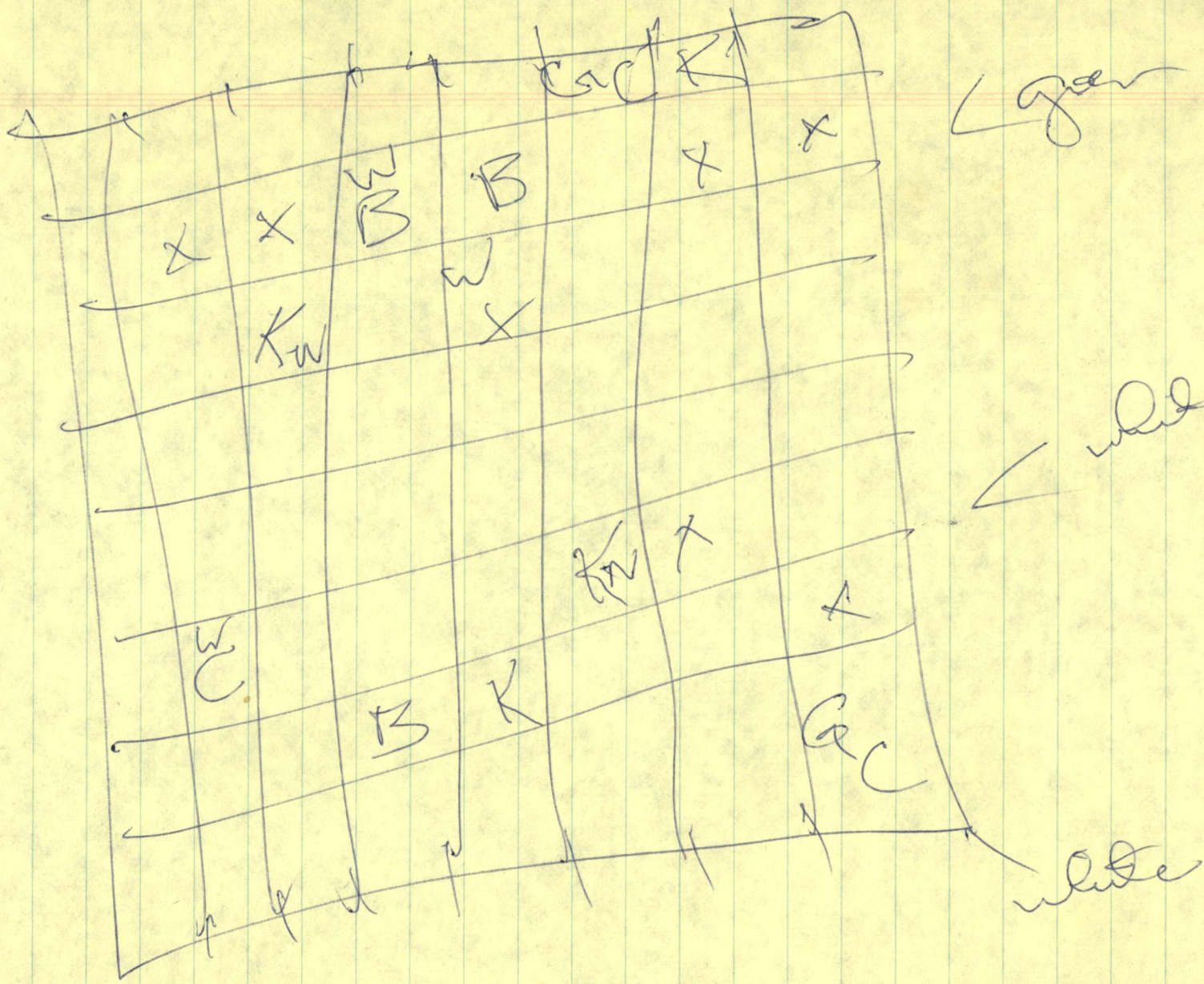
+ other name

time since onset (1)

~~mos. yrs.~~ → rounded

white, MA (4), black, other

* Sonaghboorough 0509 0317,


green
white
white

time since N.O. ← →

male/female — M

urban/rural — U

SCI/non SCI — Y

white/other — W

Prior rehab/not — no

≤28 / >28 — >28

hurt < 3yr / >3 — >3

hurt >3, >28 / other — O

mobile before — N

mobile after — Y

mobile change — Y

living crgt before — Y

" after change — Y

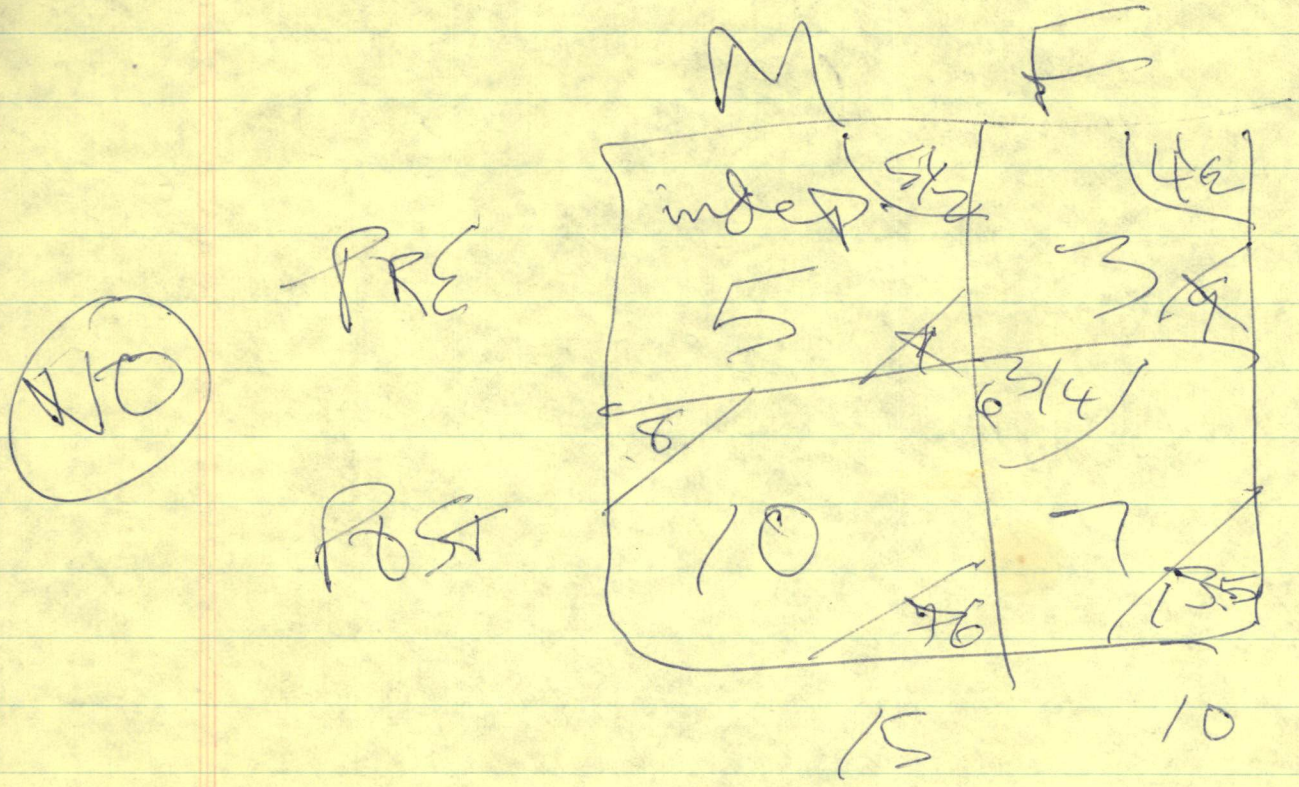
" change — N

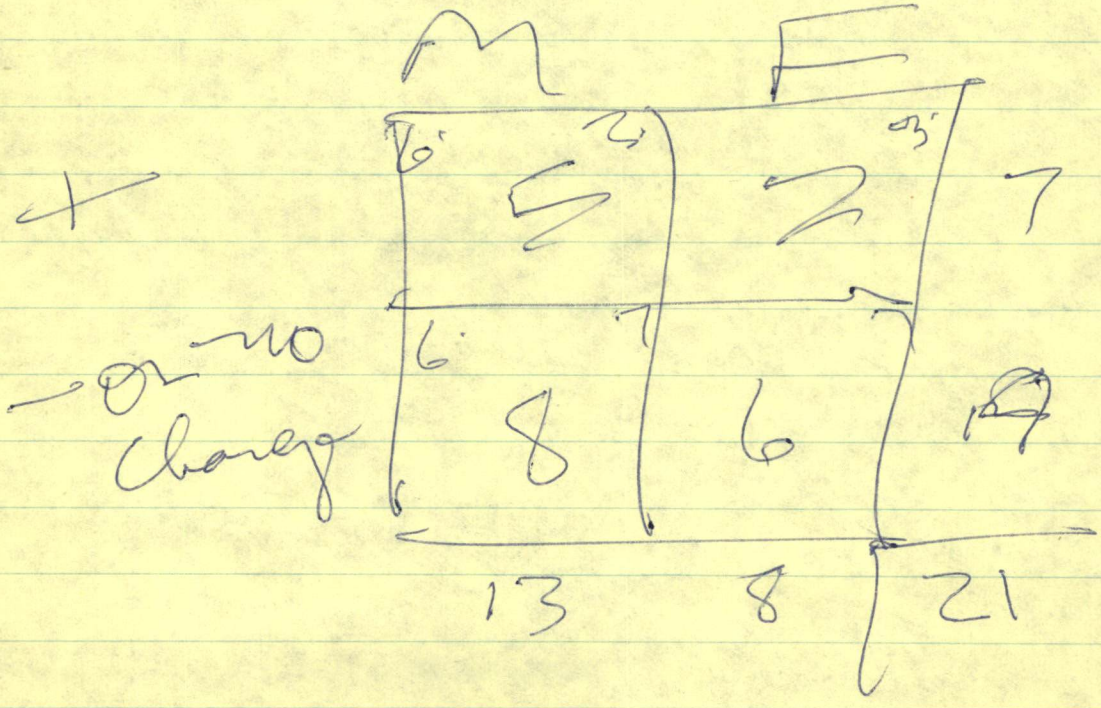
occupation before — N

" after — N

" change — N

if the was. is not sig, it wont interact



Meehl (67) in Palo Alto Survey

| related singles | | male | female |
|---|---|---|---|
| Newer | + | | − |
| | before | | |
| | after | − | + |

proportions

phi (correlation) for Palo Alto

$X^2$

| indep. M/F | | male female | |
|---|---|---|---|
| | before | | comp. to chance level |
| | after | | |

using whole sample

randomness not good.

use several indices to confirm support.

stress caused by ~~st~~?
related to

~~type 2 error~~

why do it?
gt info. abt IV
vs abt IV

We need proven indicators
begin to develop some baseline data
(look @ comp. needs)

~~and (CRU products~~
~~open to Grafs~~

~~talks to Spencer~~
~~after SSA bill~~

1. Find out if program has positive effects.
   - Do descriptive (ethnographic) analysis.
     - proportions, ranges, means, etc.
     - Do these V. predict others?
2. Test some commonly held assumptions re: participant characteristics
   - Chi square
   - Discriminant, this or.
3. Find out if time between part. & posttest is a sig. var.

4. Demonstrate use of several nominal, face valid $\Delta V$ as indir. of a qualitative var. : indep.

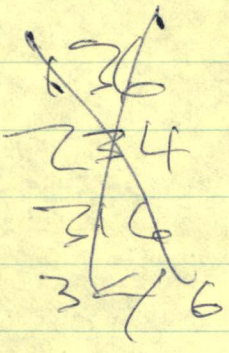
5. Demonstrate a convergent method of evidence gathering. (Make several tests using several $\Delta V$)

N.O. indep

N.O. — not I

not N.O. indep.

not N.O. — not I




Environmental vs. individual change models

Compare N.O. to comp. needs group

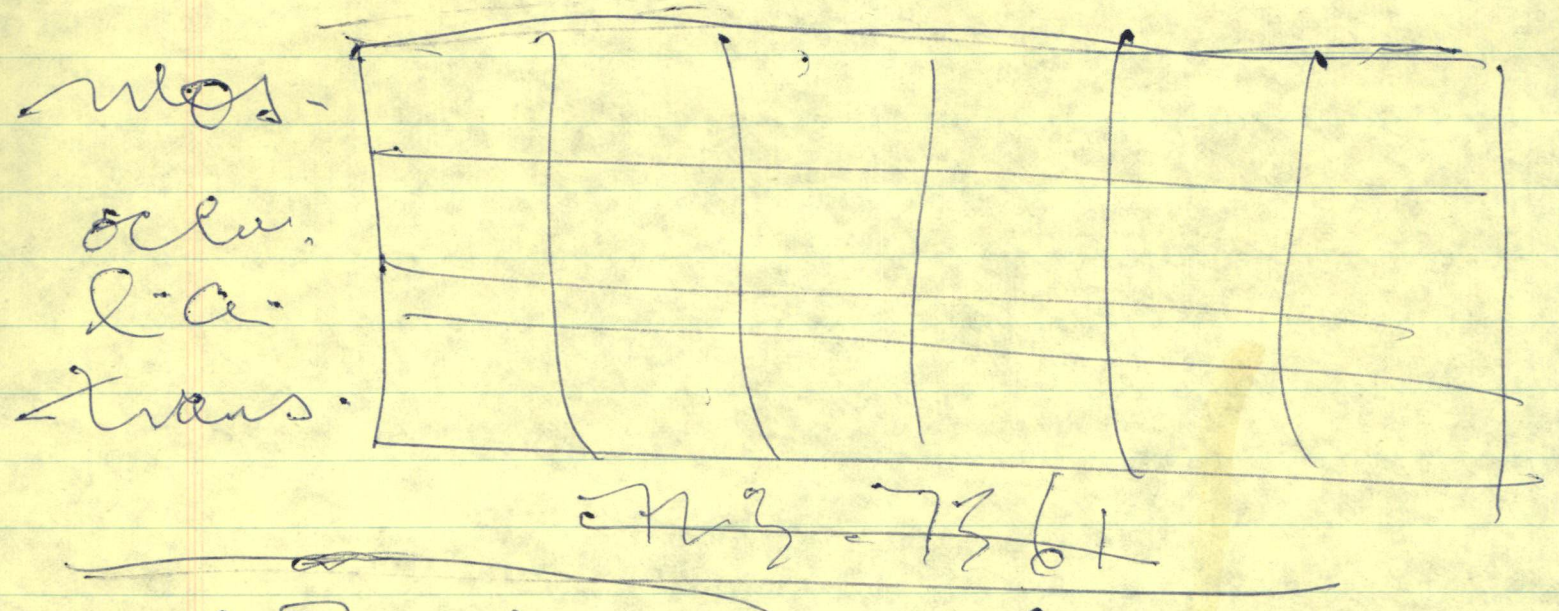
This is a naturalistic study using nominal, discrete, qualitative variables.

* May add Δ.V. to strengthen

These are initial, heuristic stages of research.

Cite which questions on questionnaires will be used.

Webb — construct validity / using several indices




~~73-7361~~

~~Batsen~~

~~Einbinder~~

~~Warda~~

~~Wilens - alt. Oct 29/30~~

~~Ann Krelos (mirled)~~

~~R. White~~

~~Apfel Fuller 73 27-2384~~

~~Oct 29 11 M. Post - TRR~~

Nov. 29-30 TR advance mtg

Predict:

$O_2$ people < indep.
than $O_1$

~~$C_1$ people < indep.
than $O_2$~~

$O_1$ select themselves
because they want
to be < indep.

$O_2$ < I than the CNS
pop. of SA

$O_2 = \frac{1}{2}$ to grads. of
CNS demos.

$C_1$ ∝ < I than $O_1$

$C_1 = O_2$

$C_1$ group is self selected members of activist org. // naturally I

$O_1$ group is dependent

want I and

if NO, then I

if want I, then I

would do if want I and hang P, then I

if want I and not P, then not I

use CNS data to show
norms.

Intro.

Lit research review & Th. of mod

Method

Defend des. / exploratory method –

Explain intent of primary hypoth.

Discuss competing hypothesis

Cycles 1-11

66 individual admitted to project
55 male
11 female

49 single
17 married, seperated, divorced

50 spinal cord injured
16 cerebral palsy, muscular dystrophy, polio, brain damage, spina bifida, rheumatoid arthritis, crebellar dysfunction, and ataxia.

Average age range 20-30yrs. old
Exact age range 17-53 yrs.

VARAIABLES in determining who could benefit most from New Options-----

I. Time since onset of disability:

31% participants had been disabled less than 2 years upon entering New Options the most recent onset of disability was 5 months.

31% participants had been disabled 2 to 5 years before New Options

38% participants had been disabled more than 5 years before they participated in New Options.

II. Individual's pre-admission to New Options living arrangement:

50% participants came from rural communities
50% participants came from metropolitan areas.

82% participants were living with family before New Options
The remainder came from institutionalized settings: nursing homes, dorms, hospitals.

All but two of the 66 individuals were dependent on someone else for transportation.
75% dpended directly on family or close friends to drive them.

All but 3 of the 66 used wither an electric or manual wheelchair for mobility.
66 participants had speciql bowel care needs
86% depended on an assistive urinary device of some sort.
2/3rds needed transference assistance from chair to bed, bed to wheelchair.
Only 7 of 66 were physically independent from a functional viewpoint.

III. Economic level of New Options participants:

More than 2/3rds participants had an income below $200.00/mo. before coming to New Options.
3 of 66 had incomes of more than $500.00/mo.
1 of the 3 supports a family of thirteen.

IV. Medical Rehabilitation

50% participants had some kind of comprehensive medical rehab. before they came to New Options.
30% participants had limited medical or vocational rehabilitation
20% had no previous rehabilitation.

50% participants had been in school before they were disabled.
50% had been working( mechanical labor, construction, agricultural)

Since onset of disability, and before participating in New Options:

50% participants had tried to attend school.
50% had tried a variety of activities: reading, painting, mechanical work, stamp collecting, traveling, fishing and "just getting by".

V. Rest Time and Wheelchair Activity:

Average daily out of bed time for New Options participants: 13 hrs/day
(this compares to a daily best week average of 8.5 hours/day for paraplegics and quadriplegics who were in comprehensive rehab. at TIRR.)

Individual's mileage per week for the entire sampel ranged from 1.1 to 35.6/mi.
Average weekly mileage per person: 9.1 miles,or 1.3 miles per day per person.

5 hours per day is spent doing activities scheduled by project.

VI. Follow-up:

follow-up is routinely done 3 to 4 months after each participant leaves New Options
50% of the former participants are now living comparably more independent than they were before participating in New Options
Nearly 2/3rds of the former participants are now in school, or have part-time or full time jobs.

Characteristics as important traits in persons who have benefitted from New Options (set forth by Staff and Vocational Rehab. Counselor)

1. readiness to face life as a severely disabled person
2. desire to make changes in lifestyle
3. willingness to set and work on some goals
4. willingness to risk experimenting with new ways of doing things
5. average intellectual capacity
6. ability to read
7. ability to speak well enough to be generally understood
8. ability to hear
9. no severe pathology
10. physical tolerance for program: sitting tolerance, predictable bowel control, suitable urinary management.

actively involved in
school work, public &
community affairs
occurs - usually on pub. & priv
trans - we only see
L.A. related subjects
in dorm, any
left, house,
for parents (except
Sunday, Hartford)

sex

dis type

age

yr. - s. onset

color

income

urban / rural

instit. / not
(mys hosp
hosp.)

surveyed

69 of 101 possible

100 more in last cycle

124 started

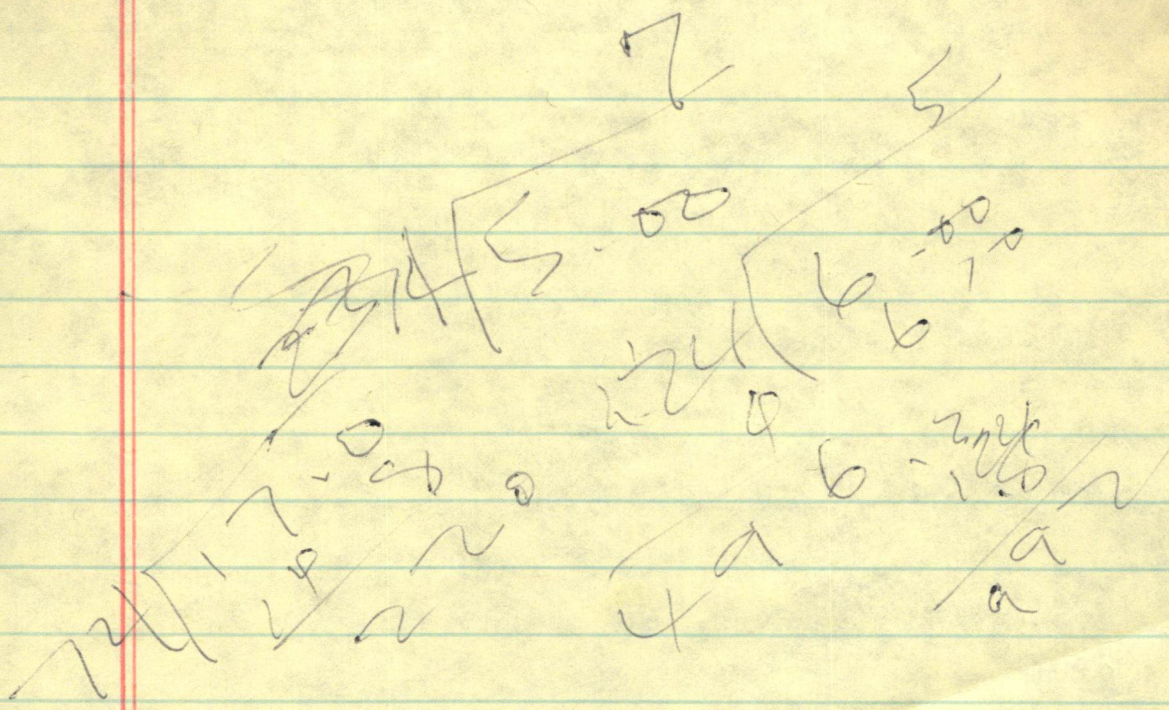
16 dropped out

---

NO. group avg 13

on Pulse

12 or more USP(ENS)



NO

~~Thu~~ June 1976,

NO. : 6 wks trans. 12F
designed to
. . .

3 major aspects
skills, courses, training (modules)
needs

During the 3 yrs. of op.
12F entered
16 dropped out
All who completed were SS
@ for CNS
20 were M

. . .

the addition to the prev.
~~stated~~ ~~explicit~~ prog. goal of
facil. 12 by SS intvrs.,

N.O. had the imp. goal of researching and documenting the effec. of the prog. itself.

Several res. methods were used @ N.O. to find out wht the prog. and how it effected the parts.

Beh. Anno., beh., and attid. data was obtained from the pats on several occasions. before they started, during their first wk. & again " last.

surveyed by mail app. 3 yrs and most recently, a follow-up ld. survey w

~~70~~ of the first 100 parts.
On addn., wear meas. of tarfbd and wr
mileage were obt. on some
of the parts. and post proj.
surveys ques. were comp.
by some users who
~~four~~ parts in the proj.

Presently — in the process
of preparing a final rpt
of res done on the project.
— will give a detailed
descrip of methodology &
results.

Today, however, I will ~~would like to~~ show some of the more interesting results of the follow-up study. 3 major indices

1. Recall that only 4% were living alone or w friends before N.O. — Now 35% are living comf. ~~with~~ with

2. Whereas only 30% had transp. to town - avail. to them before ... — Now 65% report

transp. to comf.

3. Whereas only 15%
were emp., in fact of
other prod occup. when
they entered N.O. - now
65%

7 All in all 68% of
the parts - surveyed demon-
some kind of obvious rupture
in either their living status,
transp status or occup. status
since being in the prog.
33% on 2 or more. The diff.
all changes can't be attrib. to N.O. - no
~~baseline~~ real control group.

group. But can
compare to other
groups in sim studies.
Perhaps the most similar
is the CNS demog
(N = 362)
demog. char. more
roughly the same
CNS had a few more
females, and got a
less SA pts. to start with.
In any case, lots comp.
success @ fail. ILAs
NO. pts. went fr. 96% in
NH or w-parent to 65%

CNS pop. went fr. 75%
to 69% (good w NYC)

N.O. pop. w severe transp
problems went fr. 70% to 55%

CNS fr. 72% to 68%
(explain abt Metro)

W respect to occup.
N.O. 13% → 65%

No comp. data, but
63% ~~same~~ @ '75 CMRC
~~survey by CNS~~ Compares
w 18% in '75 CMRC survey
& 18% w CNS demo pop. &
6% w '75 VR sample of SA

Thus — @ least on
the basis of these data
at a rather gross ~~data~~ level, V.C.
seems to have been a
comp. effer. Ter. del.
model. Much data
remains to be examined
and analyzed, but there
seems to be little
doubt at this yet that
the flag had some
startling effects on some
of the parts.

I'd like to close this report by reading to the Association by a few of the parts. I'm doing this to emphasize the pt. that no matter how good or bad a prog. appears to be on paper or in reports, the real value can be judged only by the lasting people who take part in it.

P.P. 10-11

Research reps.

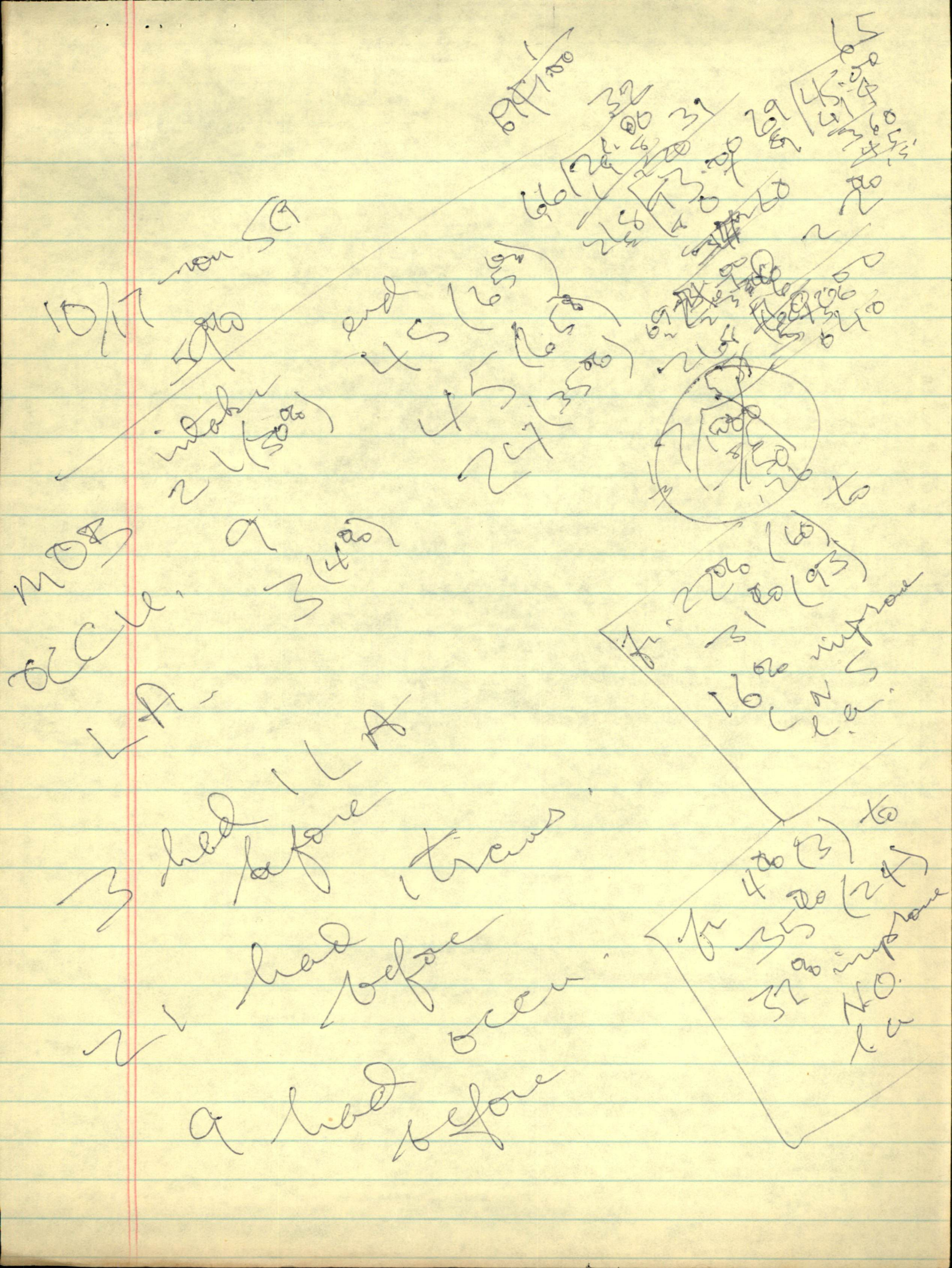
I. Desc. N.O.
goals objectives

II. Desc. research
strategy

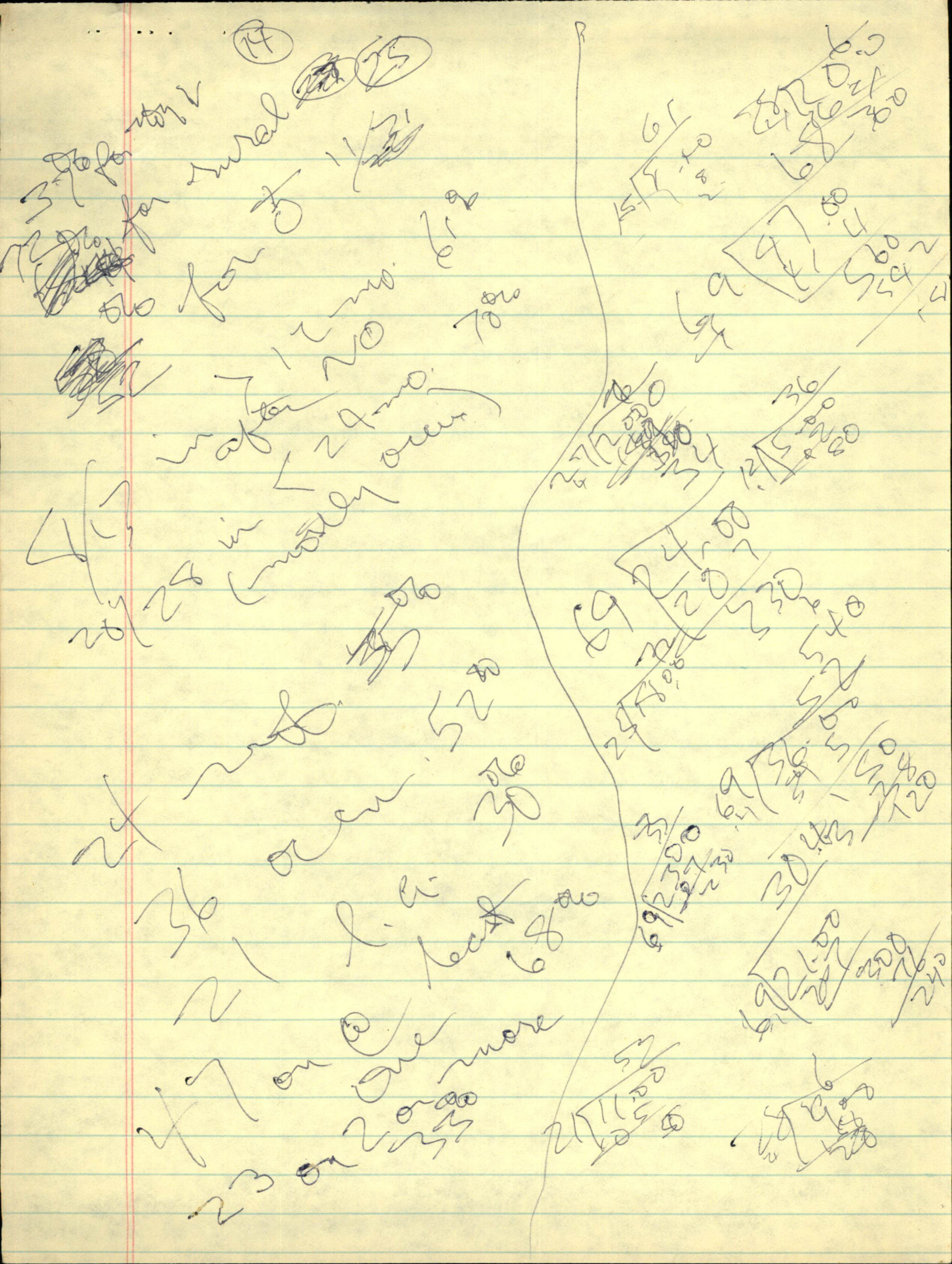
III. Present data/results

IV. Compare N.O. to
CNS studies

V. Make statement
abt indiv outcomes



| | | | | |
|---|---|---|---|---|
| Male | 59 | 61 | 59 | 70 |
| female | 41 | 39 | 41 | 30 |
| white | 79 | 72 | 77 | 80 |
| other | 21 | 28 | 23 | 20 |
| urban | 55 | 77 | | 64 |
| rural | 45 | 23 | | 36 |
| employed | 13 | 6 | 18 | |
| emp. - grn school | 18 | | | 13/65 |
| living alone | 11 | 13 | 8 | |
| alone or w friends | 8 17 | 8 15 | (22/31) | 4/35 |
| w parents | 72 | 81 | | |
| NH or hosp. | (10) | 3 | (26/15) | |
| transp. convenient | 40 | | 28/32 | 30/65 |
| income > 5000 | 33 | 45 | 42 | |
| NH or w parents | 82 | 84 | (78)/(69) | 96/65 |



of N-O. sample = 65

14 non W 28% 58% W

25 rural 32% 62% urban

21 ♂ 36% 78% male

4% living alone or w/ friends

7 non SC 25% 75% SC

13% working & in school

7% w transp. needs

LWS VR sample

♂ 3000 ♀ 7200 W

15000 single

13000 live alone

7000 w friends

8100 w parents

6000 working

4500 inc > $5000

5000 institution hosp or NH

2500 small town > 2500 or rural

No data 4100 SDis, 2400 live alone

N = 889

CVS demo

59% M  77% W

18% employed

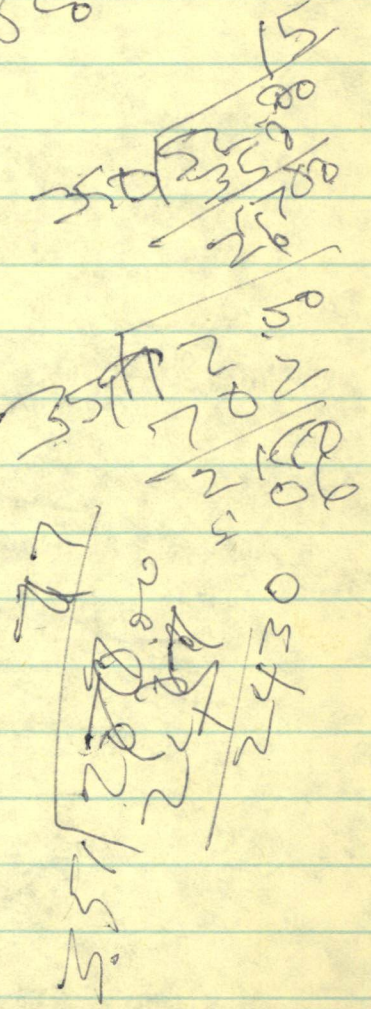
72% w transp.

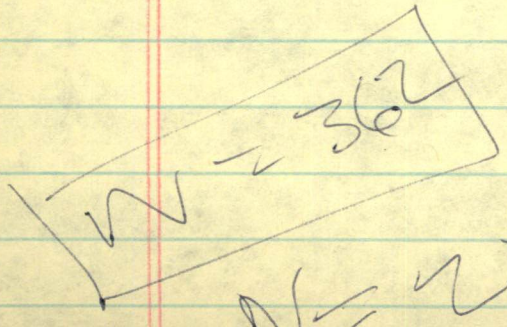
prob. improved to 68%

92 instit > 52
in NM or hosp.

8% lived alone

42% inc > 5000





CNS CMRC data

50% ≤ C1

33% other neuro } of 16-30

79% W 20% Bl

59% ♂

½ married ¼ single

⅓ income > 4800

45% in sm town > 2500
or rural

18% students or retired
13% employed

60% needed transp.

1% alone
72% w parents
6% w friends

N = 306

# EVALUATION OF PARTICIPANT OUTCOMES IN AN INDEPENDENT LIVING PROGRAM

BY LEX FRIEDEN

Dissertation Proposal

Department of Psychology

University of Houston

September 1979

# Evaluation of Participant Outcomes in an Independent Living Program

## Introduction

Independent living is a comparatively new and apparently effective concept in rehabilitation programming. Despite significant progress in the movement to support independent living by developing innovative programs, very little research has been done to explore the subtle features of these programs, to determine their salient characteristics, or to document their effects on individual participants or clients. The purpose of this study is to examine certain aspects of the lifestyles of several groups of physically disabled individuals both before and after their participation in a project designed to facilitate increased social-psychological and behavioral independence, and to relate the observed changes to particular characteristics of the various groups.

The implicit theory behind independent living is that given appropriate supportive services, accessible environments, and the information and skills necessary to benefit from them, severely disabled individuals may exercise self-determination and participate actively in all aspects of modern society. For many years, some severely handicapped individuals have lived comparatively independent lives by finding or making barrier-free homes or apartments and by securing attendant care, transportation, and other supportive services on an individualized basis. In spite

of these self-styled arrangements, programmatic and broad-scale efforts to facilitate independent living were stifled by restrictive statutes and regulations.

The most widely known, and perhaps the first effort to actualize independent living for severely disabled individuals on a broad scale began in California. In the early 70's, a group of disabled students who had lived together in the Cowell Hospital Residence Hall at the University of California formed the Center for Independent Living in Berkeley. Incorporated in 1972, CIL was established as a self-help outreach program designed to expand options and alternatives available to disabled people throughout the community.

CIL now serves approximately 3500 persons with many different types of disabilities from Berkeley and the surrounding community. With the goal of total integration or mainstreaming in mind, the Center provides several basic services including counseling, attendant referrals and training, mobility training, wheelchair repair, transportation, and community advocacy. According to Pflueger (1977), "these and other CIL services are designed to stabilize the environment of an individual with severe disabilities, thereby minimizing the handicapping aspects of disability, and helping the person gain equal opportunity" (p. 21). All of the chief administrators at the Center are severely disabled, as are a majority of the 105 employees. A private, non-profit organization, CIL is supported by a variety of sources including donations, project grants and contracts, and direct service fees. The facility where the Center is located primarily provides office space and work space for various programs.

At about the same time the disabled students in Berkeley were organizing CIL, a group of severely handicapped individuals in Houston who were former patients at The Institute for Rehabilitation and Research (TIRR) realized the potential benefits of sharing services required to support independent living, and began to plan the Cooperative Living Residential Project. Sponsored by TIRR and the federal Rehabilitation Services Administration, the project opened in 1972. Living in a barrier-free dormitory-style building near downtown Houston, the Cooperative Living residents hired and managed their own attendants, arranged for their own transportation on a shared basis, and generally practiced the skills required in order to live independently. Most of the 40 individuals who lived in the project during its three year research and demonstration phase began working or going to school while they lived there. The average number of residents in the program at any given time was twelve. Most people graduated from the Cooperative Living program in about 15 months and moved to more independent living arrangements in the community.

Modeling different aspects of both the programs in California and Texas, a group of individuals in Massachusetts established the Boston Center for Independent Living. The BCIL founders envisioned "a consumer-run self-help community integrated with the able-bodied where severely disabled individuals could develop independent living skills" (Fay et al., 1977, p. 3). The project opened in a theology building at Boston University which was adapted to be an accessible dormitory in 1974. Since then, more than 50 individuals have participated in its programs.

Today BCIL provides supportive services for severely disabled individuals living in three types of environments. Some persons whom the program serves live in a transitional type facility located in an apartment complex in a Boston suburb. Others live in cluster housing -- apartments adapted or modified for handicapped persons where attendants are on call. A few live independently in their own homes or apartments which they share with personal care assistants.

Other programs such as Creative Living in Ohio and Atlantis in Denver, Colorado have been providing services and coordinating community resources in a manner similar to those in California, Massachusetts and Texas for some time. More recently, programs supported by funding authorized in Section 130 of the Rehabilitation Act of 1973, by Innovation and Expansion Grants from state vocational rehabilitation agencies, by universities, and by others have begun to expand opportunities for severely disabled individuals in other communities.

According to a recent survey, there are approximately 35 programs which might be classified as Independent Living Programs (ILRU, 1979). Most of these programs are located in urban areas. They typically serve fewer than 50 persons at any given time. The primary client population is made up of persons with severe physical or developmental disabilities. They are most often private, non-profit entities; and are affiliated with various other voluntary and health service organizations. The staff of these programs may or may not be disabled themselves, although most programs give preference to hiring qualified handicapped individuals. Their budgets are small -- usually on the order of $20,000

to $100,000. Financial support or funding for these programs usually comes from grants or donations. Additionally, some programs have begun to receive direct income for services rendered.

The universal service components of independent living programs seem to be residential services including attendant care and housing, or information about them; and the provision and exchange of information required by severely disabled individuals who are trying to become more independent. Other major services provided by independent living programs in the United States may be transportation, peer counseling, independent living skills training, political advocacy, social and recreational services, health maintenance counseling, legal advocacy and financial counseling, and equipment repair and maintenance. It should be emphasized that every independent living program does not necessarily provide all possible independent living services. The focus, degree of involvement, or level of commitment of an independent living program depends naturally upon the availability of existing community services, the physical and social makeup of the community, the needs of the program participants, and the goals of the program itself.

Historically, the independent living movement has been characterized by a great amount of consumer involvement and consumer control. This is more than likely due to the fact that the movement began during the late 60's -- at the close of the Viet Nam Era -- when people all over America were beginning to seek more control over decisions which affected their lives. Also, the movement has been associated with expanding non-institutional residential alternatives for severely disabled individuals. This

emphasis probably reflects ties to earlier philosphical concepts of deinstitutionalization and normalization (See Wolfensberger, 1975). Many independent living programs today are direct descendants of former halfway house projects or group homes. Finally, independent living programs have always been seen as sources of specific information and referral. This is partly a result of the fact that these programs usually do not have the resources to provide direct services. However, more importantly, this presumably reflects a lack of coordination of services which already exist in the community, as well as basic inadequacies in those service systems when it comes to meeting the wide range and special needs of severely disabled individuals.

These historical precedents have not faded during the early development of the independent living movement. Consumer control and consumer involvement remain the essence of most successful independent living programs. With very few exceptions, all of the extant independent living programs or centers provide residential services including attendant care, or information about them. Information exchange and referral remain the basis of most programs, and frequently are among the first services provided by new independent living programs.

Several noteworthy events or progress markers stand out in the evolution of the independent living movement in addition to the foundings of various programs. The funding of the Comprehensive Service Needs Study and its five ongoing demonstration projects authorized by the Rehabilitation Act of 1973 was significant from the standpoint that means were provided to study independent living on a wide-scale, programmatic basis. The June 1975

Report of the Comprehensive Needs Study suggests that the development of an Independent Living Rehabilitation Program is a most crucial decision area. In October of 1975, the first National Conference on Independent Living was held in Berkeley, California. This meeting brought together the leaders and developers in the field of independent living for the first time. It became clear, at this point, that independent living was a unique concept, distinct in many ways from more traditional approaches.

Innovation and Expansion Grant funds were first committed to systematically establish independent living projects by the California Department of Rehabilitation in 1976. During 1977, the independent living movement gained more recognition and momentum. It was the major topic of many national meetings. The White House Conference on Handicapped Individuals recommended that independent living become a national priority. The United States Department of Housing and Urban Development formally created an Office of Independent Living. HUD also promulgated Regulations which legitimized support of Centers for the Handicapped by Community Development Block Grants. In July, 1978, another National Conference on Independent Living was held in Houston, Texas. Most recently, on November 6, 1978, President Carter signed legislation which authorizes, for the first time, federal support for independent living programs (PL95-602, Title VII).

In spite of the comparatively rapid rise of independent living theory and the even more dramatic pace of program developments and implementation, very little systematic research has been done in this area. In fact, one of the few demonstration projects which has attempted to collect data according to a predetermined

design is the New Options transitional project which serves as the setting for this study.

Study Setting

New Options is a 6 week live-in program supported by Rehabilitation and Training Center 4 at TIRR, the Rehabilitation Services Administration, and the Texas Rehabilitation Commission. The program presents certain information, skill training, and experiences in an effort to facilitate the behavioral adaptation and personal adjustment of individuals to severe physical disabilities. It is composed of 3 primary elements: (a) a residential support system, (b) individual counseling and consultation, and (c) training, practice, and information modules. The residential support system includes attendant service, food service, and transportation service. Individual counseling and consultation at New Options is provided primarily by a full time professional staff. Counseling is directed toward solving specific individual problems, identifying needs, and developing future plans.

The key element of New Options is the training module. Presently there are 11 such modules in the program focusing on such subjects as financial management, consumer affairs, living arrangements, functional skills, mobility, sexuality, homemaking skills, vocational-educational opportunities, medical needs, and social skills. Active disabled persons who serve as role models are employed by the project to lead the modules. Each module generally meets one time per week for a period of two to four hours. A number of educational techniques, mostly of an experiential nature, are used in the modules to transmit information. Field trips are

used extensively to provide opportunities for participants to observe various situations first hand. Considerable free time is programmed into the schedule so that participants may explore the community on their own, practice activities individually, or complete personal agendas.

Since its beginning in 1976, 102 persons have completed participation in the New Options program. About 60% of these people were quadriplegic as a result of traumatic spinal cord injury. The rest were disabled by cerebral palsy, polio, brain damage, muscular dystrophy and so forth. All but two used wheelchairs as their primary means of mobility. They ranged in age from 17 to 53 and came from a variety of socioeconomic backgrounds. All of the participants had been living in institutions or with their parents before they came to the program. Only a few had been engaged in productive occupations.

Study Design

The proposed study will be done ex post facto using data collected during the initial three year demonstration phase of the New Options program. A variation of the pretest-posttest control group design with random groups will be employed in the study to test a series of hypotheses. These hypotheses and their accompanying rational are as follows:

1. Hypothesis: Those individuals who are spinal cord injured are more likely than those who have other disability types to become independent after participating in the New Options independent living program.

   Rationale: Although traumatic spinal cord injury may result in permanent paralysis, this condition may be stabilized to the point that persons who are disabled by it can maintain comparatively routine, albeit somewhat modified, lifestyles. On the other hand, persons with other types of severe disabilities may suffer from developmental change or progressive loss of function, and thus have more difficulty adjusting to the effects of their disability.

2. Hypothesis: Those individuals who are age 28 or less are more likely than those who are age 29 or more to become independent after participating in the New Options independent living program.

   Rationale: Younger people are typically more adaptable to change than older people. They are less likely to be fixated with respect to career goals, and they are less likely to be preoccupied with family responsibilities such as child raising and home ownership.

Recent studies of disabled people in rehabilitation programs indicate that younger people generally gain more from these programs than older people (Trieschman, 1978).

3. Hypothesis: Those individuals who are from rural communities are more likely than those from urban communities to become independent after participating in New Options.

   Rationale: Persons from rural communities are more conditioned to be self reliant and resourceful than persons from urban communities. These characteristics suggest a predisposition to independence by people from rural communities which may not generally be shared by people from urban communities.

4. Hypothesis: Those individuals who have been disabled three years or less are more likely than those who have been disabled more than three years to become independent after participating in New Options.

   Rationale: Persons who have been disabled a comparatively short period of time are less likely than others to be ensconced in a fixed behavioral routine designed to accommodate their disability. Thus, they are more open to suggestions for constructively adapting their behavior. Whereas, persons who have settled into a daily behavioral routine often must unlearn old behaviors before they can learn new ones, persons who are less settled have less unlearning to do before they can begin to acquire new information and skills

which may lead to an independent lifestyle.

5. Hypothesis: Males are more likely than females to become independent after participating in New Options.

   Rationale: Disabled women suffer from a sort of double discrimination. They are expected to conform to social roles of helplessness both because they are women and because they are disabled. Thus, it is doubly hard for them to confront repressive societal attitudes in order to assume an independent lifestyle.

6. Hypothesis: Caucasians are more likely than non-Caucasians to become independent after participating in New Options.

   Rationale: Like disabled women, disabled people who are members of other minority groups are multiply disadvantaged. Not only do they have to overcome their disabilities in order to become independent, they also have to cope with the effects of racial and ethnic projudices.

7. Hypothesis: Those individuals who have had prior rehabilitation experiences are more likely than those who have not to become independent after participating in New Options.

   Rationale: Disabled persons who have had prior rehabilitation experiences have a head start over other disabled people in learning to be independent. Although

traditional rehabilitation programs are typically of a physical or vocational nature and do not stress independence in the broadest sense, they do provide participants with a basic opportunity to acquire adaptive physical or vocational skills. Experiences in acquiring life adaptive skills, however narrow their focus, can be transferred to acquiring other such skills in a broader context.

8. Hypothesis: Those individuals who are age 28 or less and who have been disabled less than 4 years are more likely than the rest to become independent after participating in New Options.

   Rationale: The individual advantages of youth in terms of chronological age and in terms of time since onset of disability have been cited above. These are likely to have a positive, strongly cumulative effect on the progressive adaptability of persons to severe disability.

Independent Variables

The independent variables to be used in this study are: age of subject, disability type, type of home community, time sence onset of disability, sex of subject, race of subject, and prior rehabilitation. Each of these variables are of the organismic, circumstantial or demographic variety. They were chosen because they are frequently cited as predictors or determinants of success in rehabilitation programs. In this study, the entire sample will be divided into dichotomous groups according to each variable. The variables will be defined and dichotomized as follows:

age -- number of years since birth and before participation in New Options.

0 age twenty-eight or over, under twenty-eight

Disability type -- generic classification of disability.

0 spinal cord injured, other than spinal cord injured

type of community -- according to population size.

0 urban, rural

time since onset of disability -- number of years since date of onset of disability and before participation in New Options.

0 time three years or over, under three years

sex -- gender.

0 male, female

race -- ethnic or trait related background.

0 Caucasians, other than Caucasians

prior rehabilitation -- participation in a formalized medical, physical or vocational training program.

0 has participated, has not participated in prior rehabilitation

Dependent Variables

The presumed qualitative trait to be examined in this study is personal independence. Independence may mean many things, but to severely disabled people it has come to mean making decisions for oneself and participating actively in society. Several indices of this trait which will be measured and treated as dependent variables are living arrangements, mobility, and occupations.

Living arrangements will be defined as the physical setting and the system of personal care services available in that setting to assist the severely physically disabled individual. Examples of dependent living arrangements in this study are nursing homes or parents' homes. Examples of independent living arrangements are apartment clusters or college dormitories.

Mobility will be defined as the means by which a severely physically disabled person moves from his or her primary residence to other places beyond walking or rolling distance. In this study, independent mobility arrangments are those which are demand responsive and usually available. Dependent arrangements are those which are not demand responsive or not usually available.

Occupation will be defined as the principal educational, vocational, or avocational activity in which the individual is engaged. An independent living occupation is one which is directed toward achieving a higher quality or standard of living. A dependent living occupation is one which is directed toward maintaining the status quo. Examples of independent living occupations are competitive employment, volunteer work, or training program involvement. Examples of dependent living occupations are TV watching and music listening.

Extraneous Variables and Controls

It is possible that any of the variables identified as independent in this study may interact with one or several other so-called independent variables. For example, all of the male participants may also be all of the spinal cord injured participants. This

would make it impossible to determine whether any observed differences between males and females were related to sex or disability type exclusively. In order to ascertain the likelihood of this occurring, the grouped samples will be examined to see if they are evenly balanced with respect to all variables except the one being tested. If they are reasonably well balanced, it may be assumed that they will have the same effect on each of the variables being compared. If they are not balanced, they will be tested along with those under primary consideration to see if they have an interactive effect on the dependent variables.

At this time, one other important extraneous variable may be identified. That is the time between participation in New Options and the post test interview. This variable is a function of the ex post facto design and will be treated in a manner similar to the other possible extraneous variables described above. It should be noted that a preliminary examination of the study population indicates that the required samples will be fairly well balanced with respect to the variables described above.

## Data Collection Instruments and Procedure

The data gathering instruments to be used in this study include nonreactive interviews and questionnaires which are designed to acquire information about personal characteristics of the New Options participants themselves and behavioral and psychosocial aspects of their lifestyles. Two questionnaires (attachments A and B) are routinely completed by the participants immediately prior to or during their first few days in the New Options program.

A telephone interview (attachment C) will be conducted with the participants at least four months and at most thirty months following their participation in New Options. Although efforts will be made to contact all previous participants in the followup survey, data from other studies indicate that a response rate of 70% to 80% should be expected (Siemiatyski, 1979).

Results

Answers to questions on the pre-program questionnaires will be compared with answers to the same questions on the followup interviews to determine what, if any, changes occurred in particular behavioral and psychosocial aspects of participants' lifestyles during the time between pretest and posttest. Those aspects which will be examined include living arrangements, mobility, and occupations. The results of these comparisons will be analyzed and discussed in terms of important demographic and subject variables such as time since onset of disability, age, sex, race, etc. Nonparametric statistics (Chi square) will be used to test the aforementioned hypotheses. Each hypothesis will be tested separately with each of the dependent variables. Appropriate tables and figures will be used to illustrate the results.

Altogether, 124 incl. adm. Dr. 3
Hfailed to complete prog. Yr. period
70% male ad were SA
80% white
64% urban <25,000
setting
13% employed or in school or
alternate prod. occupied
96% from NH or parents home
70% had severe transp. problem.

238 1800 → 1058
male

238 MAB 5
TA. 5

239 Don Rossi 10

239 Jean Doe 5
238

# APPLICATION OF UNOBSTRUSIVE LONGITUDINAL MONITORING TECHNIQUES TO ASSESS GROSS BEHAVIORAL ACTIVITY IN A NON-INSTITUTIONAL SETTING [1,2]

by

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Lex Frieden
ACRM, 1976

INTRODUCTION

During 1976, Texas Institute for Rehabilitation and Research initiated a transitional living program for severely physically disabled individuals. This program, New Options, is designed to present certain information, skill training, and experiences which will facilitate the behavioral adaptation and personal adjustment of individuals to severe physical disabilities. New Options is a six-week live-in program composed of three primary elements, (1) a residential support system, (2) individual counseling and consultation, and (3) training, practice, and information modules.

The residential support system includes attendant service, food service, and transportation service. Participants in the New Options program live in the TIRR Annex, a barrier-free dormitory style facility where non-professional attendant care is provided 24 hours a day on a shared basis. Meals are prepared by a kitchen staff in the facility, and the project owns and operates a van type vehicle suitable for transporting seven persons in wheelchairs at one time. The residential support system at New Options is patterned after the system developed in the Cooperative Living Residential Project sponsored by TIRR and the Rehabilitation Services Administration from 1972 through 1975.

Individual counseling and consultation at New Options is provided primarily by a full time professional staff which includes the Project Director, Research Director, Program Adviser, and Functional Skills Adviser. Other individual counseling is done by consulting physicians, vocational counselors, occupational

therapists, and active handicapped persons from the community. Counseling is directed toward solving specific individual problems as well as validating experiences and identifying needs.

The key element of New Options is the training module. Presently, there are eleven such modules in the program focusing on such subjects as financial management, consumer affairs, living arrangements, functional skills, mobility, sexuality, home-making skills, vocational-educational opportunities, medical needs, and social skills. A number of educational techniques, mostly of an experiential nature, are used in each module to transmit information. Field trips are used extensively to provide opportunities for participants to observe various living arrangements, vocational and educational programs, recreational facilities, and so forth. Visits are made to agency offices, job sites, university campuses, apartment complexes, and private residences. Meetings are arranged with public officials, agency representatives, building managers, program administrators, and active handicapped persons throughout the community. The basic responsibility for planning and arranging each module is divided among the professional staff people in the project. Additionally, active disabled persons who can serve as role models are employed as associates to assist with each module. In some cases, these associates assume almost total responsibility for the operation of their respective module. Each subject-module generally meets one time per week for a period of two to four hours. Considerable free time is programmed into the schedule so that participants may explore the community on their own, practice activities individually, complete personal agendas, or do whatever they want. Participants frequently use free time to run personal errands, to socialize, and to engage in recreational activities.

In order to measure the effects of this program on individual participants,

1) Σ. Total # started 126 - 126

2) total finished 101 - 101

3) ~~3~~

4) # ♂ started 99 finished 77

5) # ♀ started ~~f~~ 27 finished 24

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# REPORT ON DEMONSTRATION INTERVENTION FOR NEW OPTIONS

by
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for
Mel Wilson
Techniques in community psychology
May 13, 1977

Introduction

The New Options Transitional Project is a program that has been designed to determine successful methods for providing re-entry into mainstream society for severely disabled persons. It is directly concerned with helping severely physically disabled persons to acquire skills that will facilitate such re-integration. As part of the integration, the program attempts to establish or create in the participants a basis for independent living, educational and vocational involvement, and active social participation in the mainstream of society. The program involves ongoing assessment and counseling, training, modules, structured contacts with active handicapped individuals in the Houston area, and strengthening of self-dependent skills.

The model for this program is primarily a didactic, educational one. The program is geared to provide educational experiences for the participants, and this is accomplished primarily by conveying information to the participants. These educational experiences, particularly the material that may be learned in them (i.e., what is learned from the modules), are all intended to provide the basis for successful re-integration into mainstream society.

While the program has a great deal to offer, there are some ways in which it is open for improvement. First,

the program retains a passive mode of participation that is similar to that employed in traditional medical rehabilitation. In the traditional approach, the patient passively turns his or her well-being over to the professional, medical staff. The New Options program attempts to encourage a more active response for participants, but the educational model retains significant passive components. The participants passively receive the invormation deemed necessary for them to have.

A second area for improvement is in regard to the view held toward the participants. The program tends to focus upon the skills and/or knowledge the participants do not have. Thus, we may say that the tendency is to emphasize deficiencies on the part of the participants. The program could benefit a great deal by an approach that more adequately responds to and emphasizes the existing strengths of the participants and the ways in which these strengths may grow into other strengths.

This paper reports on an intervention designed to demonstrate ways in which to respond to participants that focus more on active involvement and that emphasize more the strengths of the participants.

## Methods

The method of intervention involved utilizing one of the modules as a demonstration vehicle. The author took over responsibility for conducting one of the educational modules, utilizing techniques that would focus upon active participation and strength. The module selected was the one dealing with

financial management. This module was chosen for two reasons: (a) because it heretofor was one of the least successful modules, and (b) securing and managing money is perhaps one of the most crucial prerequisits for independence for the severely disabled person.

Two techniques were employed in conducting the module. First, instead of simply providing participants directly with information, the participants were required, as a group, to assemble the information on their own. This meant that they also had to develop strategies for gaining information. Of course, the module leader (the author) and other staff members were present to provide guidance and assistance when it was requested.

The second method of conducting the module involved role-playing to simulate real-life situations that the participants would encounter, especially with regard to applying for and receiving public funds. This, also, is a very active sort of involvement for the participants, each of whom was assigned a particular role-play task on the basis of their actual current financial status.

Throughout the module, the participants were not only encouraged to be active but to also recognize their present functional strengths. They were reminded of their present successes and how these successes would lead to other in the future..

Subjects. Subjects were participants in the New Options program during the cycle going from March 1, 1977 to April 15,

1977. Each cycle is normally six weeks in length, and the number participating in this cycle was four. Participants are severely disabled persons who reside in Texas and who meet the following eligibility requirements: (a) they must be between the ages of 18 and 50, (b) they must use wheelchairs as their means of mobility, (c) they must be medically stable (i.e., not suffering from acute medial problems), (d) they must be physically capable of being active at least 8 hours a day, and (e) they must be able to communicate verbally with relative ease. Disabled persons become participants in this program primarily through the processes of application and/or referral. The main source of referral is the Texas Rehabilitation Commission.

Change measures. In order to measure the results of this intervention the following evaluation techniques were employed: (1) comparison of current levels of attendance in the financial management module with average levels of attendance in previous cycles, (2) comparison of rating of a pre- and post-intervention rating of (a) general levels of interest regarding key material offered in this module, (b) this module in terms of interest in comparison with other modules, and (c) ranking of this module in comparison with other modules (see appendix for specimen of the instrment used).

## Results

Two major results arose from the manner in which the

module was conducted. First, the participants generated two comprehensive outlines, one regarding expenditures and the other regarding sources for income (see appendix for specimens). Second, the participants successfully carried out tasks assigned in role-playing, and one participant actually resolved a current issue regarding the attainment of transportation funds.

Overall, the objective measures of the effects of the intervention in this module were positive. First, attendance remained at 100% throughout the cycle as compared to a gradual decrease in other cycles with produced overall attendance at 85% for previous cycles.

The interest measures for key items reflecting important content areas showed an overall increase in interest at the conclusion of the module (overall mean interest pre-intervention= 3.26 on a scale in which 5.0 is maximum interest and 1.0 is minimum interest, compared to mean of 3.58 after conclusion of the module). Two items, "Receiving welfare money" and "Making a budget" showed the greatest gains (from mean of 2.33 to 4.0 for the former and from 3.0 to 4.5 for the latter). No doubt, this reflected particular content areas of the module which were emphasized by the participants (see above discussion of results of technique of conducting the module). In rating the overall interest in the module, the participants indicated an overall increase in interest (from mean of 4.25 to maximum score of 5.0). Finally, Prior to the module, subjects gave the financial managment an average ranking,

in comparison to the other nine modules, of 6.75 which rose to an average ranking of 4.5 after the module was concluded.

## Discussion

The overall consequences for this intervention were positive. Even before it was concluded, those responsible for conducting other modules and for coordinating the program were impressed to the degree that they began employing the same techniques. A further consequence for the program is that they are planning to revamp many of the ways in which they approach the material provided. In this connection, the author has been contracted to consult on changing and restructuring other modules as well as continuing to conduct the financial management module.

There were some negative consequences, but these were not within the actual framework of the program. These negative consequences are conflicts that are seen as arising when participants return to their previous settings, and in the end we should probably interpret them as being positive. For example, participants have left the program and become assertive and aggressive with their TRC counselors with the result that possible areas of conflict (of a system-oriented sort) appear likely to occur between New Options and TRC.

Of course, it was intended that this intervention lead to changes in the participants that would have consequences in larger social spheres. The intervention was patterned

after community psychology approaches. That is, it was intended to have community approaches and consequences. While the intervention was done at the individual level, it was done in terms also of the group of participants functioning within the context of the module, and it was intended to have conequences at organizational, institutional, community and social levels. The very content of the module dealt often with how the group and individual may succesfully achieve goals in larger social contexts. Also, the intervention was a demonstration project intended to induce changes at organizational and institutional levels within the framework of the organized program (i.e., the New Options Project) and the framework of taditional institutional handling of persons with permanent physical disabilities. With regard to the influencers of human behavior, the approach taken here was directed primary at situational determiners. For the most part, attention was not directed at dispositional factors unless brought up by the participants. Occassionally, attention was directed at overal social structures, because many current problems (particularly financial problems) are seen as socially determined (e.g., poor employment opportunities for the disabled result from social actions and realities).

The major contribution of this intervention was the demonstration of the feasability of an approach focusing upon strengths and active participation. While the techniques employed seem clearly to have a bearing upon the outcomes deriving from this intervention, it is also possible to con-

clude that the results arise from the behaviorial dimensions of the module leader (the author). However, while it is likely that the outcome is influenced by the personality of the person applying these techniques, there is a likelyhood that there is a need to employ such techniques to maximize results. That is, both the personality of the module leader and the methods of conducting the module may have positive consequences on the attainment of goals. Inasmuch as other module leaders are beginning to employ similar techniques, there is opportunity for future documentation that might indicate that these techniques are successful across various leaders.

With regard to the objective measures imployed in this intervention, there are two possible problem areas. First, it is possible that the changes represent chance (the n is to small to test for statistical significance) or a regression to the mean effect. Second, there is no actual control group, and the measurement was directed primarily at indicators of change rather than at objective outcomes. Were a similar sort of study to be conducted in the future, it is the author's belief that a major addition would be to include objective outcome measure related to specific skills and knowledge contained in the module. That is, we could systematically investigate how well participants do in a follow-up measure of how they handle their finances (getting and spending money).

There are various ways in which the way the module was actually conducted could be improved, but given the approach

based upon the partiapants leading or directing how the material is dealt with, this is not feasible . Indeed, it may be much better to allow the participants to initiate the activities of the module, even if this means that some things are omited.

# APPENDIX

# PARTICIPANT INTEREST SURVEY

While you are here at the Transitional Project, you will have a chance to pursue many of your different interests. To help us find out just what your interests are right now as you are at the beginning stages of the program, we have prepared this short survey. We are interested in learning more about interests you have that might relate to what you may expect to get out of this program. It is a fairly brief survey, and it shouldn't take you long to fill it out.

## PART I

Listed below are several activities, and we would like you to rate how interested you are in each one. Rate them on a scale of 1 to 5, where 1 means very uninterested, 3 means uncertain, and 5 means very interested. Please circle your response.

| | very uninterested | | | | very interested |
|---|---|---|---|---|---|
| Going to a movie | 1 | 2 | 3 | 4 | 5 |
| Opening a bank account | 1 | 2 | 3 | 4 | 5 |
| Cleaning up a house or apartment | 1 | 2 | 3 | 4 | 5 |
| Hiring an attendant | 1 | 2 | 3 | 4 | 5 |
| Getting a job | 1 | 2 | 3 | 4 | 5 |
| Finding an accessible apartment | 1 | 2 | 3 | 4 | 5 |
| Living with a group of disabled people | 1 | 2 | 3 | 4 | 5 |
| Getting a college degree | 1 | 2 | 3 | 4 | 5 |
| Receiving welfare money | 1 | 2 | 3 | 4 | 5 |
| Working on a job | 1 | 2 | 3 | 4 | 5 |
| Applying for Social Security benefits | 1 | 2 | 3 | 4 | 5 |
| Going out on a date | 1 | 2 | 3 | 4 | 5 |
| Getting a loan or other credit | 1 | 2 | 3 | 4 | 5 |
| Riding a bus | 1 | 2 | 3 | 4 | 5 |
| Making up a budget and following it | 1 | 2 | 3 | 4 | 5 |
| Driving a van or a car | 1 | 2 | 3 | 4 | 5 |
| Investing some money | 1 | 2 | 3 | 4 | 5 |
| Working with other disabled people | 1 | 2 | 3 | 4 | 5 |

PART II

Even though you have participated in some of the modules already and have not participated in others, we would like you to tell us which ones you expect to be the most interesting to you. Listed below are the various modules with a brief description for each. Rate them on a scale of 1 to 5, where 1 means you expect them to be very uninteresting, 3 means undertain, and 5 means you expect them to be very interesting.

| | very uninteresting | | | | very interesting |
|---|---|---|---|---|---|
| Mobility Module (accessible vehicles, lifts, driving controls and driver training, use of public transportation)..... | 1 | 2 | 3 | 4 | 5 |
| Living Arrangements Module (various individual and/or group living situations, accessible residential structures & modifications)..... | 1 | 2 | 3 | 4 | 5 |
| Medical Needs Module (self-directed care, community resources, emergency care, drugs)..... | 1 | 2 | 3 | 4 | 5 |
| Vocational/Educational Module (finding jobs, getting vocational training, developing career plans, attending college)..... | 1 | 2 | 3 | 4 | 5 |
| Social Skills Module (communication techniques and exploring feeling, handling social situations)..... | 1 | 2 | 3 | 4 | 5 |
| Sexuality Module (sexuality and the disabled, dating, and role expectations)..... | 1 | 2 | 3 | 4 | 5 |
| Consumer Affairs Module (issues of public concern affecting the disabled, such as public transportation and sources of public funding)..... | 1 | 2 | 3 | 4 | 5 |
| Financial Management Module (availability and use of public money, budgeting, bank account, credit buying, ways of handling money)..... | 1 | 2 | 3 | 4 | 5 |
| Problem Solving Module (techniques of solving problems including those related to disability)..... | 1 | 2 | 3 | 4 | 5 |
| Functional Skills Module (rearranging the environment to improve capabilities, borrowing and inventing new techniques, developing new tools)..... | 1 | 2 | 3 | 4 | 5 |

PART III

In the previous part you rated how interesting or uninteresting you expect each module to be. Now, we would like for you to rank the different modules from 1 to 10, where 1 is used for the module you expect to be most interesting, 2 is used for the module you expect will be 2nd most interesting, 3 is used for the module you expect will be 3rd most interesting, down to 10 for the module you expect will be 10th most interesting. Each module should receive a different number. Write the number in the space provided to the left of each module.

_____Mobility Module

_____Living Arrangements Module

_____Medical Needs Module

_____Vocational/Educational Module

_____Social Skills Module

_____Sexuality Module

_____Consumer Affairs Module

_____Financial Management Module

_____Problem Solving Module

_____Functional Skills Module

[64] Biblio

1/16/80

✓ 3-4 Desc of Participant Population

6-7 Results of Follow-Up Interviews

- mobility
- living arrangement
- occup

compare to 1975 UR and comp needs projects

time
goal comparisons
counselors

✓ Quotations from Staff re Philosophy

modeling
participants
objectives
key elements - relationships etc
staff associates

RTM

client perceptions

✓ ~~Consultant~~ reports

✓ Student Staff

in Class Roger, Dennis

parallel viewpoints

Efforts + Perceptions

✓ 4 Cycle Ratings

important models

consistency

counseling

✓ 4 Functional vs Other Kinds of Snap

6-8 more Methodology

need intro and summary

coops relnships

relnships

publications

What has evolved since then

med rehab and IL — CBFL - comm based

Rehab III

endings — staff dev curriculum

research vs programmes.

TRC interest - clients

- payment

city situated

med. rehab.

(Sell) project and TRC : advocacy module bleep

" " TRR : location - different objectives

Conclusions

FINAL GRANT REPORT

joint I description introduction
program description
conceptual design

Jean II anthropological reports

lex III evaluation research
major project efforts
outside reports Clark, Forbes, Stuart

lex IV cooperative efforts

joint V summary discussion
major project findings
project in broader context

RTM

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 adminstrator, 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 toliet 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

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? _____

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(parents, self, spouse, nursing home adminstrator, 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?

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

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

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

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

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(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 toliet 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? _____

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* 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?_____

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* 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? _____

_____

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(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

Lee

This looks good. Let me know how the pretesting goes.

One other thing we might want to do is get people to tell us their current TRC counselor and the current address of their parents or family. I think it might be worthwhile to do a brief written questionnaire to both counselors and families about changes they have observed in the participant.

Jean

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 |
|---|---|---|---|
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| Veterans Administration | _____ | _____ | _____ |
| AFDC - Child Support | _____ | _____ | _____ |
| Workman's compensation | _____ | _____ | _____ |
| Pension or retirement funds from place of work or government | _____ | _____ | _____ |
| Medicare (hospital services) | _____ | _____ | _____ |
| Medicaid (social services) outpt ? | _____ | _____ | _____ |
| 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?_____

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

* Who else makes important decisions in your life? _____

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(parents, self, spouse, nursing home adminstrator, 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?

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(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 | _____ | _____ | _____ | _____ |
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| Transfer in and out of your wheelchair | _____ | _____ | _____ | _____ |
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| 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?

_____

_____

_____

A What did you
Paradise reading
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

* Do you have a TRC counselor at the present time? _____
(If yes) What is his/her mailing address? _____

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)? _____

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(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 _____.

* How long have you been dependent on this means of transportation? ____

* What is your primary means of transportation? _____

_____

(your own car, bus, cab, friends car, own van)

* 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.)

* What would you estimate is the average annual income of the people or family you live with? _____

_____

( to the nearest 5 or 10 thousand)

* From what sources do you receive your personal income? _____, _____, _____, _____

* About how much money do you receive monthly from these sources? _____

* Are you married? _____

* Have you ever been? _____

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

* Has your educational status changed since you were in New Options? _____

* (If yes) How? _____

* When? _____

* 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? _____

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* 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? _____

Insert same question with reworded status for above

Insert Income list here. Also insert 3 management questions.

Insert social/sex questions here.

(Refer for details)

(How long)

* 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?

(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 | _____ | _____ | _____ | _____ |
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| Dress your upper body | _____ | _____ | _____ | _____ |
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| Put on braces or other assistive aids | _____ | _____ | _____ | _____ |

| | Intact | Limited | Helper | Null |
|---|---|---|---|---|
| Groom or comb your hair | ____ | ____ | ____ | ____ |
| Wash or bathe | ____ | ____ | ____ | ____ |
| Empty or care for your bladder | ____ | ____ | ____ | ____ |
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| Get up and down a flight of steps | ____ | ____ | ____ | ____ |
| Walk or ambulate 50 yards | ____ | ____ | ____ | ____ |
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* 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? _____

_____

"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

NEW OPTIONS TELEPHONE FOLLOW-UP INTERVIEW RESEARCH FORM

Interview with _____

Interviewed by _____

Date of interview _____

INTERVIEW

* Where are you living now? _____

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* How long have you lived there?_____

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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.)

* What would you estimate is the average annual income of the people or family you live with? _____

_____

( to the nearest 5 or 10 thousand)

* ~~From what sources do you receive your personal income?~~ _____,

INSERT 2 PAGES

_____, _____, _____

* ~~About how much money do you receive monthly from these sources?~~ _____

* Are you married?_____

* Have you ever been?_____

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

INSERT 1 PAGE

* Has your educational status changed since you were in New Options? _____

insert

* (If yes) How?_____

(Probe for details)

* When?_____

(How long)

If no.

Was your vocational status changed since you were in N.O.?

(If yes) How?

(probe for details)

When _____?

(How long)

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

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(Barthel)

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| Eat food from a dish | _____ | _____ | _____ | _____ |
| Dress your upper body | _____ | _____ | _____ | _____ |
| Dress your lower body or legs | _____ | _____ | _____ | _____ |
| Put on braces or other assistive aids | _____ | _____ | _____ | _____ |

| | Intact | Limited | Helper | Null |
|---|---|---|---|---|
| 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 toliet 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? _____

_____

"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

Social/recreational questions

~~How many children~~

~~How often do you drink~~

or recreational

What kinds of social 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? _____

insert in income and how much place of service/income list

"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 receive income, tell me about how much per month. OK? Here's the list."

| | YES | NO | DK |
|---|---|---|---|
| (Social Security) | | | |
| ~~a. Social Security~~ | ~~1~~ | ~~2~~ | ~~8~~ |
| b. Supplemental Security Income (GOLD CHECK) | 1 | 2 | 8 |
| c. SSDI (GREEN CHECK) | 1 | 2 | 8 |
| d. Veterans Administration | 1 | 2 | 8 |
| e. AFDC - Child support | 1 | 2 | 8 |
| f. Workman's compensation | 1 | 2 | 8 |
| g. Pension or retirement funds from place of work or government | 1 | 2 | 8 |
| h. Medicare (Hospital services) | 1 | 2 | 8 |
| i. Medicaid (Social services) | 1 | 2 | 8 |
| j. Texas Rehabilitation Commiss. | 1 | 2 | 8 |
| k. Texas Comm. for the Blind | 1 | 2 | 8 |
| l. Texas Department of Human Resources | 1 | 2 | 8 |
| m. Other(SPECIFY)_____ | 1 | 2 | 8 |

income or services

sources

service income
~~M~~ questions

rest of the decisions

Who manages your money?

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

Who would you say makes most major decisions in your life?

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

Who else makes important decisions in your life?

Same as above

answer as they are right now in the project

& we'll help with examples but its their rating - must be objectively consistent - don't we too concerned about methodology

Tell them they may later add things

avoid comparisons using their personal feelings

# 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.)

yes/no / ~~yes/no~~ yes/no

7. Can you drive a car? Do you use special equipment for this? ~~Do you own a car?~~

AUDREY ✳ maybe at end comments and ??? do you say what ??? have to the program as a whole

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?

give examples

# 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) | 1111 5 |
| b. | attendants | 1 | 2 | (3) | (4) | (5) | 11 4.25 |
| c. | handicapped associates from the community | 1 | 2 | 3 | (4) | (5) | 111 4.75 |
| d. | others (please list) | 1 | 2 | 3 | (4) | 5 | |

nurses John Rusty Audrey

Verhaup Wild

Nelson

eg Joyce Peg

R.S. # _____

## 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 examples | 1 | 2 | 3 | 4 | 5 | 4 |
| b. | recreational activities up to them mention what it could be-eg | 1 | 2 | 3 | 4 | 5 | 4 |
| c. | transportation system Riley is part of it - scheduling availability etc. | 1 | 2 | 3 | 4 | 5 | 4.5 |
| d. | field trips | 1 | 2 | 3 | 4 | 5 | 4.5 |
| e. | attendant system not individual schedules but option - supervisor | 1 | 2 | 3 | 4 | 5 | 3.25 |
| f. | modules device of using modules | 1 | 2 | 3 | 4 | 5 | 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 | 4 |
| b. | mobility transportation Beard, airport - Bob Henry, other trips | 1 | 2 | 3 | 4 | 5 | 3.75 |
| c. | medical needs | 1 | 2 | 3 | 4 | 5 | 4.75 |
| d. | vocational/educational | 1 | 2 | 3 | 4 | 5 | 3 |
| e. | social skills = group | 1 | 2 | 3 | 4 | 5 | 4.25 |
| f. | ~~attendant management~~ now part of living arrangements | 1 | 2 | 3 | 4 | 5 | 2.5 |
| g. | sexuality | 1 | 2 | 3 | 4 | 5 | 4.5 |
| h. | homemaking skills | 1 | 2 | 3 | 4 | 5 | 4.25 |
| i. | consumer affairs | 1 | 2 | 3 | 4 | 5 | 4 |
| j. | financial management | 1 | 2 | 3 | 4 | 5 | 5 |
| k. | problem-solving help them decide what this included | 1 | 2 | 3 | 4 | 5 | 4.25 |
| l. | functional skills | 1 | 2 | 3 | 4 | 5 | 4 |

ambiguous - fieldtrip to transp. hearings

DATE: _____

Inserts living arrangements

A. Besides your present ✓ what other types of arrangements have you lived in since you left New Options?

~~B. Who provides the physical ass~~

B. What activities occupy most of your time now?

Hold Hilton Down

916-445
3971

# New Options Telephone Followup Interview Research Form

Interview with _____

Interview by _____

~~Date~~ of interview _____

INTERVIEW

* Where are you living now?

_____
(address, city, state)

* What type of living arrangement is that?

_____

~~type of living arrangement~~
(own apartment, nursing home, parents home, cluster, etc.)

* How long have you lived there? _____

* Do you find ~~any~~ architectural barriers in your living

arrangement to be a major problem, a minor problem, or no problem?

(definition from Jeffs)

- Who lives with you there?

insert 1-7 of Δ+∇ qus. (list from Jeffs)

- Would you say your relationship ability at home is: (Δ part limited, helper, or null?

(based on Jeffs)

- What is your primary means of transportation?

(your own car, bus, cab, friends car, carpool) (list from Jeffs)

- Do you find transportation barriers: about

conveniently available, ~~sometimes available, minor or major~~ or hard to get?

~~(Use letters from list)~~ Used B from list

What would you estimate is the average annual income of the people or family you live with?

(to the nearest 5 or 10 ~~thousand~~)

From what sources do you receive your personal income?

_____, _____, _____,

About How much money do you receive monthly from these sources? ____

Are you married? ____

Have you ever been? ____

[If yes] How many children do you have? ____

B. What activities occupy most of your time now?

- Has your educational status changed since you were in New Options? ____
- [If ~~yes~~] How? ____ When? ____
- Has your vocational status changed since you were in New Options? ____
- [If yes] How? ____ When? ____
- Can you use your hands, arms, or legs, ~~hands~~ better or worse or the ~~same~~ as you could when you were in New Options? ____

[If better or worse]

* [~~If yes~~] How have you changed in this respect? ____

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

~~yes or no~~

[If yes] In what ways? ____

disadvantaged followup

> Insert 8 from A & E Qus.

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

Insert A
Besides your present living arrangement, what other types of arrangements have you lived in since you left New Orphans

Or absolutely not satisfied with your life today?

> Direct A from what Stat here

~~Direct B, C, D~~

record

Direct from 1e 7 ques. = Hs 9, 10.

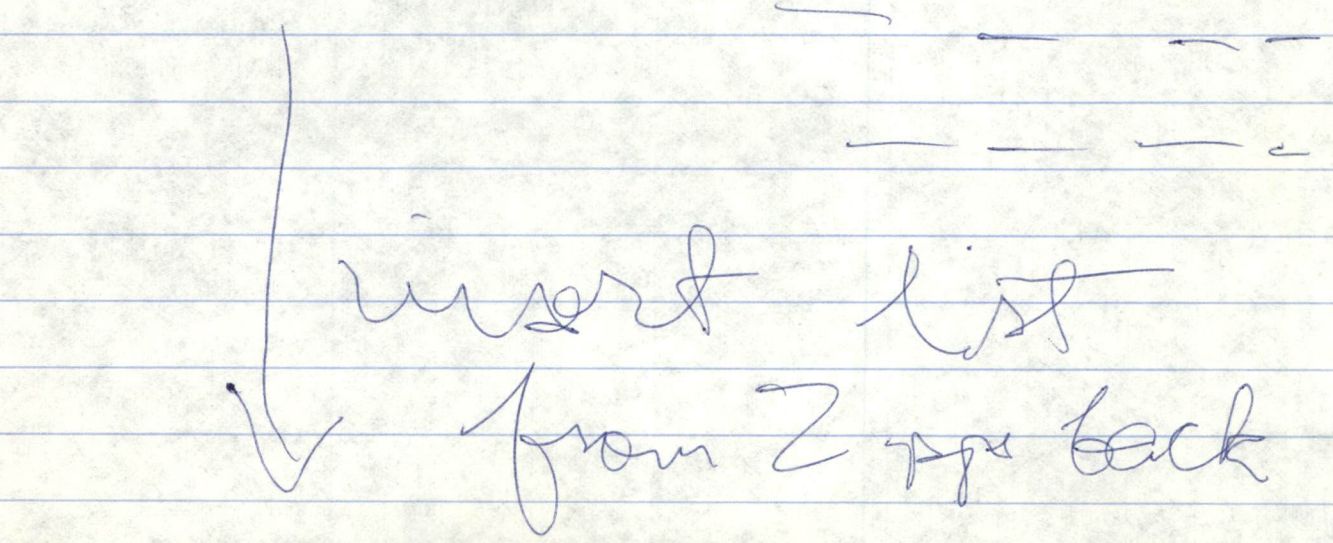
- What experiences or models in New Orleans do you think helped you?

[~~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:

Yrs. ____ interesting topics will ____ (check one)



* Would you say that you are ~~unable~~ comfortable in self care and mobility to perform ~~the~~ 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?

** pp

# LIST

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.

LIST CONTINUED

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.

Back to *

end of list

last questions follow

** 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 ~~your~~ 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 ~~think~~ feel as though you are more independent now than you were then?

[Q #5] In what ways?

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