

ASSISTED INDEPENDENCE, LLC.

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**FACILITATING QUESTIONS POTENTIALLY USED BY THERAPISTS**

**INSTRUCTIONS:** The list of question below are intended to serve as a resource for the Support Group facilitator. Certain questions may or may not be relevant to the Support Group discussion. The purpose of this list is to provide the Support Group facilitator with an arsenal of conversational topics and questions.

**QUESTIONS DERIVED FROM THE DIVISION OF DISBAILITY AND REHABILITATIVE SERVICES (DDRS) PROVIDER MANUAL**

General Topics to Discuss with Service Providers

*Waiver individuals and their guardians may want to consider and discuss the following with potential service providers during the selection process*:

• What areas of service are absolute requirements for you and your family member, such as medications being administered on time, direct supervision, sign-language training and so on?

• What makes you and your family member happy? What causes pain? How can the provider maximize opportunities for the former, and minimize or eliminate instances of the latter?

• What do you and your family member want to happen? To find a job? To attend or become a member of a church? To live within a half-hour drive of family? How many housemates would you or your family member like? Anything else? Are these wishes or requirements?

• What are the risks for you or your family member? Examples include daily seizures, a lack of street safety skills, the inability to talk or use sign language, forgetfulness, a tendency to hit others when angry and so on. How will the provider deal with those risks?

• What is the provider’s experience working with children and adults with disabilities, or adults who are elderly?

• How would the provider ensure the implementation of the PCISP?

• What connections has the provider established in the community? How would the provider assist in building a support system in the community?

Questions to Ask Prospective Service Providers

*The following are good questions for an individual or guardian to ask a prospective service provider:*

• What is the provider’s mission? (Does it match the intent you are seeking?)

• Is the provider certified, accredited or licensed? What are the standards of service?

• What kind of safety measures does the provider have in place to protect the individual and assure effective treatment?

• How does the provider assure compliance with the person’s rights? Did you (and family members and advocates) receive copies of your rights as a consumer of services, as well as have these rights explained?

• Is the provider interested in what you and your family member want or are hopeful about?

• Is the provider connected to other programs that you may need, such as day support, local school and education services, or work programs? How is the provider connected? Ask for specific contacts.

• If you are to live in a home shared with other people, can families drop in whenever they wish?

• How are birthdays, vacations and special events handled?

• How would family money issues be handled? What is the policy on personal and client finances?

• How would minor illnesses and injuries be handled? What about major illnesses and injuries?

• What information is routinely reported to families?

• Can you get a copy of the provider’s complaint policies and procedures? Is there someone else

whom family members can talk to if there is a disagreement?

• How are behavior problems handled? Are staff allowed to contact a behavioral support provider? How are new staff trained on the behavior support plan? Are they trained before working with waiver individuals? What is the relationship between residential provider and behavioral provider?

• How is medication handled? What happens if medication is refused?

• What is the smoking policy?

• How are planning meetings scheduled and conducted, and who attends? Can a family member call a meeting? How does the provider assure that what is agreed on in the meeting is actually provided?

• Who would be the provider’s contact person, how will that contact occur, and how often? Is

someone available 24 hours a day in case of emergencies?

• How many people with disabilities have the agency terminated or discontinued from services? Why? What happened to them?

• Has the agency received any abuse or neglect allegations? Who made these allegations? What were the outcomes? What is the process for addressing allegations of abuse or neglect?

• What challenges does the provider think the waiver individual will create for him or her?

• As a provider of waiver services, what are the provider’s strengths and weaknesses?

• What is the process for hiring staff? Are background checks conducted and training given? Who provides services to the waiver individual while a new staff person is hired and trained?

• How is direct staff supervised? What training does the staff receive? What is the average experience or education of staff?

• How is staffing covered if someone on regular staff is ill? What happens if staff does not show up for the scheduled time? How often does that happen?

• What is the staff turnover rate? How are the staffs’ needs for respite handled?

• What kind of support does staff have? Who can staff call if a problem develops?

What to Look for and Ask during Visits to Supported Living Settings

*Members should consider these issues when looking for a supported living setting:*

• How do the staff and housemates interact? Do they seem to respect and like each other?

• Does the environment look comfortable? Is there enough to do? Are there concerns about behaviors or support in the home?

• What kind of food is available and who selects it? Are choices encouraged and available? Are diets supervised?

• Do people have access to banks, shops, restaurants and so on? How is transportation handled? Are trips to access these resources planned or do they occur as needed?

• Is there a telephone available to housemates (with privacy)? Is the telephone accessible (equipped with large buttons, volume control other access features) if needed?

• Does each person have their own bedroom? Is each person allowed to individually decorate the bedroom?

• Do housemates seem to get along well? What happens when they don’t?

• Are there restrictions on personal belongings? What are the procedures for lost personal items? Are personal items labeled? Are lost items replaced?

• Are pets allowed? What are the rules regarding pets?

• How much time is spent in active learning (neighborhood, home or community) and leisure activities? Is there a good balance with unstructured time?

• Is there evidence that personal hygiene and good grooming (hair, teeth, nails and so on) are encouraged?

• How are personal need items, clothing and so on, paid for?

• Does each person have privacy when they want to be alone or with a special friend?

• Does each person have the opportunity to belong to a church, club, community group and so on?

• Do staff knock on doors and wait for a response before entering a private room?

• What kind of rules are there within the living situation? What are the consequences for breaking rules?

• Does each housemate have opportunities to pursue their own individual interests, or do they travel in a group with everyone doing the same thing, attending the same movie and so on?

**QUESTIONS DERIVED FROM THE ASSISTED INDEPENDENCE ANNUAL SURVEY OF INDIVIDUAL SATISFACTION**

1. How satisfied are you with the hours you have scheduled?
2. Does your caregiver(s) or therapist(s) arrive and leave on scheduled time?
3. How satisfied are you with your caregiver(s) or therapist(s) communication?
4. How satisfied are you with your caregiver(s) or therapist(s) interaction? For example, is your caregiver(s) or therapist(s) focused entirely on you, or distracted during your scheduled time?
5. How satisfied are you with your caregiver(s) or therapist(s) advocacy (support)?
6. How satisfied are you with your caregiver(s) or therapist(s) ethical conduct?
7. How satisfied are you with your ability to choose activities when you are with your caregiver(s) or therapist(s)?
8. How satisfied are you overall with your caregiver(s) or therapist(s)?

**QUESTIONS DERIVED FROM ASSISTED INDEPENDENCE RIGHTS ASSESSMENT**

**Free Movement**

1. Do you have the proper means of transportation readily available to you for things such as going to work, leisure activities, grocery shopping, etc.?
2. Are you restricted from certain areas of your home and/or community?
3. Are there any restrictions placed on you concerning where you can go that frustrate you?

**Management of Money**

1. Do you receive help in managing your money? If so, who is it that helps you?
2. Are there any restrictions placed on you concerning how you spend your money?
3. Are you able to access your finances whenever you like?
4. Has anyone ever asked you for money? If so, who was it?

**Sending and Receiving Mail**

1. Do you open mail that is received with YOUR name on it?
2. Are you restricted from looking through mail that comes to your home addressed to your name?
3. Are there any restrictions placed on you concerning sending out mail, and are you able to do so privately?

**Communication**

1. Are you able to make your own phone calls to whomever you want, whenever you want? How do you accomplish this?
2. Do you own a personal phone, and if so, do you always have access to it?
3. Are you allowed to have your own private conversations without any oversight?

**Visits with Friends and Family**

1. Who are the important people in your life?
2. Are you satisfied with your level of contact with friends and family? If no, why?
3. Do you need support to maintain contact with certain friends and family? Do you receive this support?
4. Is there anyone you do not have contact with that you would like to?

**Accessing Personal Possessions**

1. Are you able to freely and easily access your personal possessions? If not, what are those things you cannot access?
2. Has anyone ever taken any of your things? If so, who was it and what did they take? Was it returned to you?
3. Are you allowed/able to enjoy your personal possessions on your own time?

**Voting**

1. Are you registered to vote? If not, would you like to be?
2. Do you have adequate support in planning and accessing proper voting procedures?

**Rights against Abuse, Neglect, Mistreatment and Exploitation**

1. It is your right to be free from any and all kinds of abuse, neglect or exploitation. Do you have an understanding on what abuse, neglect, mistreatment and exploitation is?
2. Have you ever been hurt by anyone?
3. Does anyone ever yell at you?
4. If you have ever been hurt or yelled at, whom did you tell? Who would you tell should an incident arise?
5. Has anyone ever tried to take your money or things away, or force you to give those things away? If so, who?
6. Who would you reach out to in the event you are being abused, neglected, mistreated or exploited?
7. Have you ever been abused, neglected or exploited?
8. Do you feel you need any support now to help you with what happened before?

**Education**

1. Would you like to meet a First Responder such as a Police Officer, Fire Fighter, and EMS professionals from local hospital?
2. Would you like to receive educational materials on your rights?

**Privacy**

1. What rules do you have in your home?
2. Do you have a key or passcode to your residence?
3. Are you able to lock your bathroom and bedroom door?

**QUESTIONS DERIVED FROM ASSISTED INDEPENDENCE SAFETYASSESSMENT**

**General Safety**

1. Do you feel safe in your home?

2. Do you feel safe at work (if applicable)?

3. Do you feel safe in your neighborhood?

4. Are you able to access running water and adjust the temperature safely?

5. Do you spend any time in the kitchen (making your own meals, assisting others)? Do you clean up after

yourself?

6. Do heating and cooling systems maintain temperature and humidity in a comfortable range?

7. Does your home have proper ventilation so that air quality is safe?

8. Please describe how you keep your home and work environment clean.

9. Do you administer your own medications? Are there any supports you need to ensure medications are taken correctly?

10. Do you utilize any therapeutic and/or adaptive equipment and is said equipment comfortable and in good repair? Please list all equipment used.

11. Do you know where the smoke alarms are located within your house? Who is responsible for ensuring alarms are properly maintained?

12. Do you understand your own personal medical and medication histories?

13. Do you feel you have adequate supports to ensure your personal safety? If not, what areas of support would need to be improved?

**Emergency Procedures**

1. In the event of severe weather (such as tornado or flood), are you able to promptly evacuate to safety? What is your safety plan currently in place?

2. In the event of a fire in the home, are you able to independently evacuate to safety? What is your safety plan currently in place?

3. Do you have a fire extinguisher in your home? Where is it located?

4. In the event of an emergency of any nature, are you able to call for help? Who do you call for help and how do you call for help?

**QUESTIONS DERIVED FROM THE COUNCIL ON QUALITY AND LEADERSHIP’S PERSONAL OUTCOMES MEASURES (POM) MANUAL**

Do your systems and practices promote accountability and transparency?

Are they both person-centered and system-linked?

Are people achieving their priority life outcomes?

What organizational practices are in place to ensure that people are supported to achieve their outcomes?

1. What are the priority person-centered practices that will produce the greatest results for people supported?
2. How will the organization implement or enhance those practices going forward?

**SUGGESTED QUESTIONS FOR THE PERSON:**

1. What kinds of safety risks are you concerned about? In your home? In your community?
2. Do you feel safe at home? At work?
3. Is there any place you don’t feel safe?
4. What would you do if there were an emergency (fire, illness, injury, severe weather)?
5. Do you have safety equipment at home (smoke alarm, fire extinguisher, a way to see who is at the door before you open it)?
6. Do you have safety equipment at work (protective eye and ear wear, safety devices on machinery)? Is this equipment maintained in good working order?
7. Do you feel safe in your neighborhood?
8. How do you react if a stranger approaches you?
9. Are your living and working environments clean and free of health risks?

**QUESTIONS ABOUT THIS OUTCOME FOR THE PERSON:**

1. Does the person know what to do in emergencies?
2. If the person doesn’t know, what do you do to ensure safety?
3. Does the person need any special equipment in order to respond to emergencies? If so, does the person have these things?

**QUESTIONS ABOUT INDIVIDUALIZED SUPPORTS:**

1. How do you know that the person is safe (at home, work, school, neighborhood, and in vehicles)?
2. How do you learn about safety issues that concern the person?
3. What do you do to ensure that places where the person spends time are safe?
4. Are there any barriers to the person’s safety?
5. How do you assist the person to overcome barriers to this outcome?
6. What organizational practices, values, and activities support this outcome for the person?

**PERSONAL OUTCOME QUESTIONS:**

**1.1.** Does the person live, work, and pursue leisure activities in environments that are safe?

**1.2.** Does the person know how to respond in the event of an emergency at home, at work, and in the community?

**1.3.** Are all the person’s safety concerns addressed at home, at work, and in the community?

**INDIVIDUALIZED SUPPORT QUESTIONS:**

**1.A.** Has the organization identified safety issues for the person at home, at work, and in the community?

**1.B.** Is the person provided with supports to address identified safety concerns, if needed and requested, at home, at work, and in the community?

Conversation with the Person

**SUGGESTED QUESTIONS FOR THE PERSON:**

1. Do you have any complaints about how you are treated by anyone?
2. Have you been hurt by anyone?
3. Has anyone taken advantage of you?
4. Does anyone yell or curse at you? If so, who do you tell?
5. What was done to address your concerns?
6. Who would you tell if someone hurt you or did something to you that you didn’t like?
7. Do you know what abuse is? Do you know what neglect is?
8. Do you know what exploitation is? Do you know what mistreatment is?
9. Have you been abused? Have you been neglected? Have you been a victim of exploitation or mistreatment?
10. Where are the safe places, people, or other resources that you can get in touch with if you have been abused, mistreated, or feel threatened?

**QUESTIONS ABOUT THIS OUTCOME FOR THE PERSON:**

1. Has the person ever indicated or reported concerns about how he or she was treated by others?
2. If so, to whom were those complaints reported?
3. What was done about the complaints?
4. If allegations were substantiated, what action was taken?
5. What is the area of greatest risk for the person?
6. If the person cannot verbalize concerns, what do you do to determine whether or not abuse or neglect has occurred?
7. What is done to inform people about abuse and neglect and what to do if it occurs?

**QUESTIONS ABOUT INDIVIDUALIZED SUPPORTS:**

1. Does the person understand abuse, neglect, and exploitation? If yes, how do you know that?
2. What has been done to inform the person?
3. What activities/practices are in place for the person to prevent abuse and neglect, including any mistreatment or exploitation?
4. How do you assist the person to overcome barriers to this outcome?
5. What organizational practices, values, and activities support this outcome for the person?

**PERSONAL OUTCOME QUESTIONS:**

**2.1.** Does the person understand the meaning of abuse, neglect, exploitation, and mistreatment?

**2.2.** Have there been any allegations of abuse, neglect, exploitation, and/or mistreatment by or on behalf of the person?

**2.3.** Is there any evidence that the person has been abused, neglected, exploited, and/or mistreated?

**2.4.** Is the person experiencing personal distress from any occurrence of abuse, neglect, exploitation, and/or mistreatment.

**INDIVIDUALIZED SUPPORT QUESTIONS:**

**2.A.** Does the organization know about the person’s concerns regarding abuse, neglect, exploitation, and/or mistreatment?

**2.B.** Does the organization provide the person with information and education about abuse, neglect, exploitation, and/or mistreatment?

**2.C.** Does the organization provide support for the person if there have been concerns expressed or occurrences of abuse, neglect, exploitation, and/or mistreatment (recent or in the past)?

**2.D.** Does the organization provide support if the person is in danger or at risk of harm (e.g., threats of suicide, threats of physical harm, inability to handle crisis without assistance)?

**2.E.** Are any/all allegations of abuse, neglect, exploitation, and/or mistreatment reported and investigated (regardless of the source) according to organizational policy and procedure, and applicable law?

**PERSONAL OUTCOME QUESTIONS:**

**3.1.** Does the person see health care professionals?

**3.2.** Have health care professionals identified the person’s current best possible health situation, addressing any health care issues or concerns, and interventions?

**3.3.** Has health intervention been selected by the person in consultation with the health care professional?

**3.4.** Have health interventions, as desired by the person, been effective?

**3.5.** If the person needs devices or equipment such as glasses, hearing aids or dentures, are these available and in good repair?

**3.6.** Is the person receiving health care as recommended for their sex, age and health risks?

* + 1. Complete physical exam
		2. Dental exam
		3. Eye exam/vision screening
		4. Hearing test/screening
		5. Pap test screening (if female and over 18)
		6. Mammogram (if female and over 40)
		7. PSA test for prostate cancer (if male and over 50)
		8. Screening for colorectal cancer (if over 50)
		9. Any other screenings, tests, etc. as needed

**3.A.** Does the organization know the person’s definition of best possible health?

**3.B.** Are supports provided for the person to promote and maintain best possible health if needed and requested?

**3.C.** Does the organization assure that the person has support to obtain regular medical and health services?

**3.D.** Does the organization respond to the person’s changing health needs and preferences?

**3.E.** Is the person supported to be aware of their medical issues and their impact?

**3.F.** Is the person supported to self-manage their health?

**SUGGESTED QUESTIONS FOR THE PERSON:**

1. How long have your support staff worked with you?
2. Do you have the consistency you need in the staff who work with you?
3. What would cause you to make changes in your current situation?
4. Is there anything you do not want to change?
5. What is your source of income?
6. Do you have enough money to pay expenses (food, rent, clothing, health care, insurance, transportation, leisure activities)?
7. How do you protect your personal property and other resources?
8. Are there things you have to do without? If so, what are they and why can’t you have them?
9. Is your financial situation acceptable? If yes, why? If no, what do you want to change?
10. Have you experienced any changes?
11. How do you feel about these changes?

**QUESTIONS ABOUT THIS OUTCOME FOR THE PERSON:**

1. What does the person consider to be important issues that would affect his or her continuity and security?
2. Does the person feel secure in his or her living and working situations?
3. Does the person feel secure financially?
4. What has the person told you is important for continuity and security?
5. If the person has indicated concerns, what are they and what was done about them?

**QUESTIONS ABOUT INDIVIDUALIZED SUPPORTS:**

1. How are changes handled and planned for?
2. How is the importance of staff continuity defined for the person and addressed through the support process?
3. How is the sufficiency of the person’s economic resources determined?
4. What supports are provided if they are insufficient?
5. How is the person assisted to obtain additional resources?
6. How does the organization ensure that the person has protections for his or her personal resources?
7. How do you assist the person to overcome barriers to this outcome?
8. What organizational practices, values, and activities support this outcome for the person?

**4.1.** Does the person have economic resources to meet his or her basic needs?

**4.2.** Has the person done any of the following to protect themselves or their belongings?

(power of attorney for health-related issues; power of attorney for financial-related reasons; will; homeowner/renter insurance; savings account; retirement plan; burial plan; other)?

**4.3.** Have changes occurred over the past two years in any of the following areas: change in place of residence; change in roommate/housemate; change in employment/employer; change in other daytime activities; change in relationship status; change in guardian; change in natural support network; change in provider organization; change in direct support staff; change in financial resources available; other changes important to the person?

**4.4.** Who was responsible for the change (person, guardian, family, provider, employer, or other)?

**4.5.** Are changes to the following areas anticipated in the next two years (change in place of residence; change in roommate/housemate; change in employment/employer; change in other daytime activities; change in relationship status; change in guardian; change in natural support network; change in provider organization; change in direct support staff; change in financial resources available; other changes important to the person.)?

**4.6.** Is the control over changes similar to that exercised by other people?

**INDIVIDUALIZED SUPPORT QUESTIONS:**

**4.A.** Does the organization know what is required for the person to experience continuity and security or

are efforts being made to learn about the person’s preferences?

**4.B.** Are supports provided to assist the person in attaining and maintaining continuity and security?

**SUGGESTED QUESTIONS FOR THE PERSON:**

1. What do you know about your rights as a citizen?
2. Do you have access to information about your rights as a citizen? As an employee? As a person receiving services?
3. What rights are most important to you?
4. Are you able to exercise your rights without difficulty?
5. What information or support do you need to help you to exercise your rights?
6. With whom can you talk about your questions or concerns regarding rights?

**QUESTIONS ABOUT THIS OUTCOME FOR THE PERSON:**

1. What rights are important to the person?
2. How do you know that?
3. What rights does the person exercise most?

**QUESTIONS ABOUT INDIVIDUALIZED SUPPORTS:**

1. How is the person supported to learn about his or her rights?
2. Does the person need support to exercise rights?
3. If so, what are the supports and who provides them?
4. Are there any barriers that affect the outcome for the person?
5. How do you assist the person to overcome barriers to this outcome?
6. What organizational practices, values, and activities support this outcome for the person?

**PERSONAL OUTCOME QUESTIONS:**

**5.1.** Indicate whether the person exercises their rights in the following areas:

1. Personal possessions
2. Fair wages
3. Voice an opinion
4. Vote
5. Practice religion
6. Privacy
7. Freedom from coercion and restraint
8. Access to money - as a possession
9. Personal decision-making
10. Move about the community
11. File complaints about services
12. Access to food
13. Have visitors at any time

In addition to these specific rights, are there other rights that are limited or restricted?

**5.2.** For each of the rights the person does not exercise, who most limits their ability to exercise each of

these rights (guardian, family, provider organization/support staff, employer/co-worker, other, person elects not to exercise this right through informed personal choice)?

**5.3.** For each of the rights the person does not exercise, was adequate due process provided?

**5.A.** Are the person’s preferences and desires about the exercise of rights solicited by the organization?

**5.B.** Have the rights that are important to the person been identified or are there efforts being made

to learn about the person’s preferences?

**5.C.** Is the person provided with the support needed to exercise his or her rights?

**SUGGESTED QUESTIONS FOR THE PERSON:**

1. Have there been times when you thought you were treated unfairly or that your rights were violated?
2. With whom can you talk when you have concerns about your rights or how you are treated?
3. Are any of your rights formally limited?
4. If yes, did you agree to the limitation?
5. What is being done to change the situation?
6. What assistance are you getting so that you can exercise this right in the future?

**QUESTIONS ABOUT THIS OUTCOME FOR THE PERSON:**

1. Has the person shared any concerns about his or her treatment or violation of rights?
2. What recourse does the person have when he or she has concerns?
3. Have any rights limitations been imposed on this person?
4. What is the reason for the limitation (Individual need; Staff practices; Organizational policy)?
5. Who consented to the limitation?

**QUESTIONS ABOUT INDIVIDUALIZED SUPPORTS:**

1. Does the person have rights limitations?
2. What is the reason for the limitation?
3. How was it decided that the limitation was necessary?
4. Who consented to the limitation?
5. Who reviewed the limitation? What is the plan to remove the limitation (training; support; change in policy or practice)?
6. How long will the limitation be in place?
7. What are the barriers that affect the outcome for the person?
8. How do you assist the person to overcome barriers to this outcome?
9. What organizational practices, values, and activities support this outcome for the person?

**PERSONAL OUTCOME QUESTIONS:**

**6.1.** Have fair treatment or rights limitations been identified?

**6.2.** If the answer to #6.1 is Yes, for each rights limitation - identified in the *People Exercise Rights* section - was adequate due process provided?

In addition to those specific rights, are there ***other*** rights that are limited or restricted? If so, was adequate due process provided?

**6.3.** For any fair treatment issue, was the issue addressed so the person’s concerns were resolved to their satisfaction?

**INDIVIDUALIZED SUPPORT QUESTIONS:**

**6.A.** Has the organization solicited information about rights violations or fair treatment issues

from the person?

**6.B.** Have procedures for adequate due process for any identified rights limitation been implemented?

**6.C.** Are the procedures used by the organization consistent with due process principles?

**6.D.** Does the organization respond to the person’s fair treatment issues to address any concerns?

**SUGGESTED QUESTIONS FOR THE PERSON:**

1. How do staff treat you?
2. How do people talk to and about you?
3. Do people call you by your preferred name?
4. How do you know if your opinions are valued and respected?
5. What do you think about the things you do at home, school, work? Are they interesting? Boring?
6. What do you think about the activities that you do? Are you learning or gaining things from these activities? Do they make you feel important? Is it a good use of your time?
7. Do people listen to your comments and concerns?
8. Do you think people treat you as important?

**QUESTIONS ABOUT THIS OUTCOME FOR THE PERSON:**

1. What is important to the person with regard to respect?
2. What has been done to personalize the activities or interventions for the person?
3. What benefits will these activities or interventions provide for this person?
4. Is the person involved in all decisions affecting his or her life?

**QUESTIONS ABOUT INDIVIDUALIZED SUPPORTS:**

1. How do you know if the person feels respected?
2. How is respect considered in decisions regarding supports, services, and activities?
3. Are there any barriers that affect the outcome for the person?
4. How do you assist the person to overcome barriers to this outcome?
5. What organizational practices, values, and activities support this outcome for the person?

**7.1.** Is this person treated with respect by: family members; residential support staff; roommates/

housemates; employment support staff; day staff; co-workers; medical professionals; adult education staff; classmates; business community members; therapists/counselors; neighbors; others?

**7.2.** Do interactions with others reflect concern for the person’s opinions, feelings, and preferences?

**7.3.** Does the person have opportunities to participate in challenging and interesting activities?

**INDIVIDUALIZED SUPPORT QUESTIONS:**

**7.A.** Does the organization know what is important to the person with regard to respect?

**7.B.** Does the organization act to ensure that interactions with the person are respectful?

**7.C.** Have supports needed to enhance the person’s self-image been identified and implemented?

**SUGGESTED QUESTIONS FOR THE PERSON:**

1. Is there something you wish you could do, but can’t?
2. Is there anything you can’t do or use because you don’t have the proper equipment or modifications (use the kitchen, bathroom, or telephone; perform job duties; take care of personal needs)?
3. Do you know how to use appliances and equipment (microwave, stove, telephone, washer, dryer)?
4. Are there things that you are prevented from doing due to rules, practices, regulations, or staff behavior?
5. Are there locked areas? If so, do you have a key?
6. Is there anything that would make it easier for you to get around your home, school, place of work, or community?
7. Is transportation available when you want to go somewhere?
8. Do you decide how to furnish and decorate your home/room?

**QUESTIONS ABOUT THIS OUTCOME FOR THE PERSON:**

1. Is there anything the person has difficulty doing or cannot do because of the lack of modifications or adaptations?
2. What assistance do you provide to the person when modifications or adaptations are needed?
3. What resources are available within the organization and the community when modifications and adaptations are needed?
4. Is transportation available to help the person access places and activities?
5. How has the person been supported to furnish or decorate their home/room?

**QUESTIONS ABOUT INDIVIDUALIZED SUPPORTS:**

1. How do you determine the extent to which the person can use his or her environments?
2. How do you determine if adaptations or assistive technologies are needed?
3. What adaptations or modifications have been made for the person?
4. How do you support the person in decorating and furnishing their home/room?
5. Are there rules, practices, or staff behaviors that interfere with the person using his or her environments?
6. How are barriers to this outcome being addressed through supports for the person?
7. What organizational practices, values, and activities support this outcome for the person?

**PERSONAL OUTCOME QUESTIONS:**

**8.1.** Does the person have maximum access to each of the physical environments they frequent:

at home; at work; in the community?

**8.2.** For each of the environments, if the answer to #8.1 was No, what most limits the person’s ability to access the environment (lack of staff supports, lack of training, lack of equipment/technology, lack of environmental modifications, lack of transportation, organizational rules/practices)?

**8.3.** Does the person use the physical environments he or she frequents?

**INDIVIDUALIZED SUPPORT QUESTIONS:**

**8.A.** Does the organization know if the person can access his or her environments at home, at work, and in the community?

**8.B.** Has the organization assessed the person’s interest and ability for personal access and use of

environments at home, at work, and in the community?

**8.C.** Have modifications been made to promote maximum access and use for the person, if needed and requested, at home, at work, and in the community?

**SUGGESTED QUESTIONS FOR THE PERSON:**

1. Where do you live and work?
2. Do other people receiving services live and work with or near you?
3. Where do you go to have fun?
4. Are these places where other people living in your community would go?
5. Do you spend time in other places used by people in your community?
6. How did you select these places?

**QUESTIONS ABOUT THIS OUTCOME FOR THE PERSON:**

1. Does the person live in typical community housing?
2. Does the person work in a building in which people from their community work?
3. Do leisure activities take place in settings used by people from their community?
4. Do sports and work teams consist of a diverse group of people from their community?

**QUESTIONS ABOUT INDIVIDUALIZED SUPPORTS:**

1. How have you determined what integration means to and for the person?
2. How do services, supports, and activities promote and encourage integration?
3. What supports are provided to increase efforts toward physical integration in public education programs, work, social activities and/or leisure activities?
4. Are there any barriers that affect the outcome for the person?
5. How do you assist the person to overcome barriers to this outcome?
6. What organizational practices, values, and activities support this outcome for the person?

**9.1.** Does the person use the same environments used by people without disabilities?

(for living, work, school, community [leisure, shopping, banking, places of worship, other])?

**9.A.** Does the organization know what integration means to the person, or are efforts being made to learn

about the person’s preferences?

**9.B.** Do services and supports for the person promote opportunities for integration (for living, work, school, and community [leisure, shopping, banking, places of worship, other])?

**SUGGESTED QUESTIONS FOR THE PERSON:**

1. Who do you know in your community?
2. With whom do you like to spend time? With whom do you spend most of your time?
3. When you go places, whom do you meet? Talk with?
4. What kinds of interactions do you have with people (order food in restaurants; pay for purchases; talk with people at church, synagogue, or other places of worship; visit with neighbors)?
5. If you work, what kinds of social contacts do you have there (lunches, breaks, parties after work)?
6. What barriers do you face? With whom do you talk about this?

**QUESTIONS ABOUT THIS OUTCOME FOR THE PERSON:**

1. What opportunities does the person have to interact with others?
2. Do you know if the person’s current situation is satisfactory to him or her?
3. Is there anything the person needs to support current relationships or develop new ones?
4. What is the person’s preference for interaction?

**QUESTIONS ABOUT INDIVIDUALIZED SUPPORTS:**

1. How do you support the person to have opportunities to meet and interact with others?
2. How do you determine the person’s preferences for interactions?
3. How do you know if the type and frequency of interactions are satisfactory to the person?
4. Are there any barriers that affect the outcome for the person?
5. How do you assist the person to overcome barriers to this outcome?
6. What organizational practices, values, and activities support this and encourage the person to interact with others?

**PERSONAL OUTCOME QUESTIONS:**

**10.1.** Is there direct interaction between the person and others in the community?

**10.2.** Is the type of interaction satisfactory to the person?

**10.3.** Is the frequency of interaction satisfactory to the person?

**INDIVIDUALIZED SUPPORT QUESTIONS:**

**10.A.** Has the organization assessed the type of interactions the person has with other members

of the community?

**10.B.** Has the organization assessed the frequency of the person’s interaction with other members of the community?

**10.C.** Does the organization know the person’s preferences for interaction, or are efforts being made to learn about the person’s preferences?

**10.D.** Does the organization provide support for the person to access opportunities for interaction

with others, if needed and requested?

**SUGGESTED QUESTIONS FOR THE PERSON:**

1. What kinds of things do you do in the community (shopping, banking, church, synagogue, mosque, school, hair care)? How often?
2. What kinds of recreational or fun things do you do in your community (movies, sports, restaurants, special events)? How often?
3. How do you know what there is to do?
4. Who decides where and with whom you go?
5. Is there anything you would like to do in your community that you don’t do now? What do you need to make this happen?
6. What supports do you need to participate as often as you’d like in community activities?

**QUESTIONS ABOUT THIS OUTCOME FOR THE PERSON:**

1. Do you know what the person would like to do in his or her community?
2. Is the person encouraged and assisted to use a broad variety of community resources?
3. Is training provided if the person needs it?
4. Is support provided if the person needs it?

**QUESTIONS ABOUT INDIVIDUALIZED SUPPORTS:**

1. How is the person informed of options available in his or her community?
2. How do you learn about what the person prefers to do?
3. How do you learn about how often the person likes to be involved in community activities?
4. What supports does the person need to participate in community activities? How are those provided?
5. Are there any barriers that affect the outcome for the person?
6. How do you assist the person to overcome barriers to this outcome?
7. What organizational practices, values, and activities support this outcome for the person?

**PERSONAL OUTCOME QUESTIONS:**

**11.1.** Does the person participate in the life of their community?

**11.2.** Is the person satisfied with the type of participation they have?

**11.3.** Is the person satisfied with the frequency of their participation?

**11.A.** Does the organization know what the person would like to do in their community or are efforts being made to learn about the person’s preferences?

**11.B.** Does the organization know how often the person would like to engage in community activities or are efforts being made to learn about the person’s preferences?

**11.C.** Does the organization provide the person with access to information about options for community participation?

**11.D.** Does the organization provide support for the person to do the things he or she wants to do?

**SUGGESTED QUESTIONS FOR THE PERSON:**

1. Who are the people in your life that you can count on?
2. Who do you want to talk to or be with when you go through tough times?
3. Who do you want to share your successes with? How do you maintain contact with these people?
4. Have you lost contact with family members or others?
5. Is the contact you have enough for you? If not, what is the reason?
6. What type or frequency of contact would you prefer?
7. What do you think could be done to change the situation?
8. Where do you get emotional strength?

**QUESTIONS ABOUT THIS OUTCOME FOR THE PERSON:**

1. Do you know who is part of the person’s natural support network?
2. Do you know if the person is satisfied with his or her contact with these people?
3. What assistance is provided to maintain the person’s contact with his or her family and others who provide emotional support?

**QUESTIONS ABOUT INDIVIDUALIZED SUPPORTS:**

1. How do you learn about the person’s support network?
2. What do you do to support contact?
3. If there is no contact, what is done to assist the person to re-establish contact if desired?
4. If contact is with parents only, what do you do to expand the network to extended family?
5. What do you do if the extent and frequency of contact is unsatisfactory to the person?
6. Are there any barriers that prevent the person from remaining connected with the people he or she identifies as part of their support network?
7. How do you assist the person to overcome barriers to this outcome?
8. What organizational practices, values, and activities support this outcome for the person?

**PERSONAL OUTCOME QUESTIONS:**

**12.1.** Does the person have a natural support network?

**12.2.** If the answer to #12.1 is Yes, does the person have enough contact with the people in their natural support network?

**INDIVIDUALIZED SUPPORT QUESTIONS:**

**12.A.** Has the person’s natural support network been identified by the organization?

**12.B.** Does the organization know the status of relationships within the person’s support network?

**12.C.** Does the organization provide support for the person’s relationships within the network, if needed and requested?

**12.D.** Does the organization recognize and promote opportunities for people to develop natural support networks?

**SUGGESTED QUESTIONS FOR THE PERSON:**

1. How do you define friendship? Who are your friends?
2. With whom do you like to spend time?
3. What do you like to do with friends?
4. How often do you see your friends?
5. Do you spend enough time with them?
6. Besides seeing your friends, what other kinds of things do you do to stay in contact?
7. Do you have enough friends? Would you like more?

**QUESTIONS ABOUT THIS OUTCOME FOR THE PERSON:**

1. With whom does the person choose to spend time?
2. Who are the person’s friends? How do you know?
3. What contact does the person have with his or her friends?
4. Are the interactions and contacts the person has with friends similar to typical friendships that you or people you know have? Are they voluntary, mutual, and interactive?

**QUESTIONS ABOUT INDIVIDUALIZED SUPPORTS:**

1. How do you determine the importance of friendship to the person?
2. How do you know if the person needs support to develop or maintain friendships?
3. How do you determine satisfaction with the extent and frequency of contact?
4. Are there any barriers that affect the outcome for the person?
5. How do you assist the person to overcome barriers to this outcome?
6. What organizational practices, values, and activities support this outcome for the person?

**PERSONAL OUTCOME QUESTIONS:**

**13.1.** Does the person have friends?

**13.2.** Is the person satisfied with the number of friends they have?

**13.3.** Is the person satisfied with the amount of contact with their friends?

**INDIVIDUALIZED SUPPORT QUESTIONS:**

**13.A.** Does the organization know the person’s preference and need for friends?

**13.B.** Are supports provided to assist the person with developing, maintaining, and enhancing friendships, if needed?

**SUGGESTED QUESTIONS FOR THE PERSON:**

1. Who are you closest to?
2. Is there someone with whom you share your personal thoughts or feelings?
3. Whom do you trust to talk with about private concerns and feelings?
4. Who is there for you when you need to talk?
5. With whom do you share your good and bad feelings?
6. Is this enough for you?

**QUESTIONS ABOUT THIS OUTCOME FOR THE PERSON:**

1. Do you know how the person defines intimacy?
2. What is that definition?
3. Do you know if the person has the type and degree of intimacy desired?
4. How do you support the person’s choices for intimate relationships?

**QUESTIONS ABOUT INDIVIDUALIZED SUPPORTS:**

1. How do you learn about the person’s desires for intimacy?
2. How do you know if the person needs support to develop or maintain intimate relationships?
3. If the person needs support, what has been arranged?
4. Are there any barriers that affect the outcome for the person?
5. How do you assist the person to overcome barriers to forming intimate relationships with others?
6. What organizational practices, values, and activities support this outcome for the person?

**PERSONAL OUTCOME QUESTIONS:**

**14.1.** Does the person have intimate relationships?

**14.2.** If yes, are they satisfied with the type and scope of intimate relationships?

**INDIVIDUALIZED SUPPORT QUESTIONS:**

**14.A.** Does the organization know and understand the person’s preferences for intimate relationships?

**14.B.** Does the organization assist the person to explore and evaluate experiences in order to make informed choices about intimate relationships?

**14.C.** Does the organization provide support for the person to pursue, form, and maintain intimate relationships?

**14.D.** Has the organization addressed any barriers to the person having intimate relationships?

**SUGGESTED QUESTIONS FOR THE PERSON:**

1. Do you know if there is a record (journal, file, book, electronic file) that has information about you?
2. What is in that record? Have you looked at it? Has anyone told you what information is in it?
3. How do you know if anyone reads, hears, or receives information about you?
4. How do you decide who reads or gets information about you?
5. Is there information about you posted where others can read it?
6. Has anyone talked with you about confidentiality?
7. Is there any personal information about you that you do not want shared with others?

**QUESTIONS ABOUT THIS OUTCOME FOR THE PERSON:**

1. Does the person know that information about him or her is kept on file?
2. Who has access to information about the person?
3. Has information about the person been shared with others? With whom? For what purpose?
4. Does the person know what specific information is shared with others?
5. Do you know if there is specific information the person does not want shared with others?

**QUESTIONS ABOUT INDIVIDUALIZED SUPPORTS:**

1. How is the person informed about what is in his or her record?
2. Who consents to the sharing of information about the person?
3. How is the person protected from violations of confidentiality, both within and outside the organization?
4. Are there any barriers that affect the outcome for the person?
5. How are barriers to this outcome addressed?
6. What organizational practices, values, and activities support this outcome for the person?

**PERSONAL OUTCOME QUESTIONS:**

**15.1.** Does the person know what personal information the provider organization has collected about them?

**15.2.** What personal information is the person most concerned about protecting [personal (name, address, birthdate, race, etc.); services and supports; medical (issues, medications, treatments, etc.); behavior (issues, behavior plans, etc.); relationships (family, friends, intimate relationships, etc.); financial (earnings, savings, etc.); legal/criminal background; abuse, neglect, exploitation, mistreatment; other]?

**15.3.** Are the person’s desires about the sharing of information respected?

**15.4.** Is personal information shared with others only at the request of, or with the consent of, the person or his or her legally authorized representative?

**INDIVIDUALIZED SUPPORT QUESTIONS:**

**15.A.** Does the organization know the person’s preferences for confidentiality regarding personal information?

**15.B.** Does the organization obtain the person’s consent or that of the legally authorized representative prior to the release of any personal information?

**15.C.** Are procedures implemented to respect the person’s wishes about the sharing of personal

information?

**SUGGESTED QUESTIONS FOR THE PERSON:**

1. Do you know about different groups, clubs, organizations, etc., to be involved in?
2. What kinds of involvement and responsibilities do you have in your neighborhood or community (neighborhood watch, civic groups, social clubs, volunteer, church, synagogue, other place of worship)?
3. What kinds of things do you do with other people?
4. Is there something you would like to be doing that you don’t do now?

**QUESTIONS ABOUT THIS OUTCOME FOR THE PERSON:**

1. What social roles do you think the person performs?
2. Why do you think these are social roles for the person?
3. What roles do you see the person having the potential or interest to perform?
4. If the person stopped participating, would he or she be missed?

**QUESTIONS ABOUT INDIVIDUALIZED SUPPORTS:**

1. How have the person’s interests been identified?
2. How do you know what social roles the person would like to perform?
3. What opportunities have been provided?
4. What supports does the person need to develop or maintain social roles?
5. Have those supports been provided?
6. Are there any barriers that affect the outcome for the person?
7. How do you assist the person to overcome barriers to this outcome?
8. What organizational practices, values, and activities support this outcome for the person?

**PERSONAL OUTCOME QUESTIONS:**

**16.1.** Does the person have a social role(s)?

**16.2.** Does the person fill a variety of social roles?

**16.3.** Is the person satisfied with the type of social roles they have?

**16.4.** Is the person satisfied with the number of social roles they have?

**INDIVIDUALIZED SUPPORT QUESTIONS:**

**16.A.** Does the organization know what social roles the person currently fills?

**16.B.** Has the organization assessed the person’s interests in assuming additional roles or expanding current roles and responsibilities?

**16.C.** Are supports provided to assist the person with performing chosen social roles if needed and requested?

**SUGGESTED QUESTIONS FOR THE PERSON:**

1. How did you choose where to live?
2. What options did you have to choose from?
3. How did you decide who would live with you?
4. What do you like about your living situation?
5. What would you like to be different?

**QUESTIONS ABOUT THIS OUTCOME FOR THE PERSON:**

1. Who decided where and with whom the person would live?
2. What options and experiences did the person have in order to make choices?
3. If the person did not choose, why not?

**QUESTIONS ABOUT INDIVIDUALIZED SUPPORTS:**

1. How do you learn about the person’s preferences for type of living situation?
2. How do you present options to the person so he or she can make informed choices?
3. Is the person living where and with whom he or she wishes? If not, what is the barrier?
4. What are you doing to overcome this barrier?
5. What organizational practices, values, and activities support the person to maintain or achieve this outcome?

**PERSONAL OUTCOME QUESTIONS:**

**17.1.** Does the person have options about where and with whom to live?

**17.2.** If #17.1 is Yes, do the options include generic (non-disability specific) community settings and the possibility of a private room or home?

**17.3.** Does the person decide where to live?

**17.4.** Does the person select with whom he or she lives

**17.A.** Does the organization know where and with whom the person wants to live or are there efforts being made to learn about the person’s preferences?

**17.B.** Does the organization support the person to explore all options so he or she can make informed choices?

**17.C.** Does the organization provide an array of options that includes generic (non-disability specific) options and a private room or home?

**17.D.** Does the organization acknowledge the person’s preferences and support the person to address any barriers that prevent him or her from choosing where and with whom to live?

**17.E.** Were the person’s preferences and unique characteristics used as the home was selected?

**SUGGESTED QUESTIONS FOR THE PERSON:**

1. What do you do for work or your career?
2. What options did you have?
3. Who chose what you do?
4. Can you do something different if you want to?
5. How did others help you with this?
6. Are you satisfied with the decision either you or others made?
7. If not, what would you like instead?

**QUESTIONS ABOUT THIS OUTCOME FOR THE PERSON:**

1. How was it decided where the person would work?
2. What options/experiences did the person have?
3. Who made the decision about where the person works? If it wasn’t the person, why not?
4. Is the current work situation satisfactory to the person? If not, what is being done?
5. How are the person’s concerns addressed if there is not a good match?
6. How does the person’s current job relate to his or her preferences, skills, and interests?

**QUESTIONS ABOUT INDIVIDUALIZED SUPPORTS:**

1. How do you learn about the person’s preferences for work?
2. How do you present options to the person so he or she can make informed choices?
3. Is the person working where he or she wishes? If not, what is the barrier?
4. What are you doing to overcome the barrier?
5. How do you learn about the person’s job satisfaction?
6. What organizational practices, values, and activities support the person to maintain or achieve this outcome?

**PERSONAL OUTCOME QUESTIONS:**

**18.1.** What does the person do for work and/or other daytime activities? (For example, school/education, competitive employment, supported community employment, sheltered work, enclave work, day program/activities, community-based day activities, retirement, no scheduled work/day activities.) For each of the options, is the person engaged in the work and/or other daytime activities full or part time?

**18.2.** Does the person have opportunities to experience different options?

**18.3.** If #18.2 is Yes, do the options include generic community work/day activities?

**18.4.** Does the person decide where to work or what to do (e.g., type of job/employer, or daytime activity and amount of time spent engaged)?

**INDIVIDUALIZED SUPPORT QUESTIONS:**

**18.A.** Does the organization know the person’s interests for work, or are efforts being made to learn what the person would like to do?

**18.B.** Does the organization provide the person with access to varied job experiences and options?

**18.C.** Do the options include generic non-disability specific community work/day activities?

**18.D.** Has the organization responded to the person’s desires for pursuing specific work or career options with supports?

**18.E.** Has the organization supported the person to address any identified barriers to achieving this outcome?

**SUGGESTED QUESTIONS FOR THE PERSON:**

1. What services are you receiving?
2. When, where, and from whom do you receive the services?
3. Who decided what services you would receive?
4. If you did not decide, what was the reason?
5. How did you decide who would provide the service?
6. Are these the services you want?
7. Do you have enough services? Are they meeting your needs and expectations?
8. Can you change services or providers if you so choose?

**QUESTIONS ABOUT THIS OUTCOME FOR THE PERSON:**

1. What services does the person use?
2. What services were identified as beneficial by the person?
3. What options for services were presented to the person?
4. **QUESTIONS ABOUT INDIVIDUALIZED SUPPORTS:**
5. How do you determine the services desired by the person?
6. How were options for services and providers presented to the person?
7. How were the person’s preferences considered when presenting options?
8. If the person has limited ability to make decisions or limited experience in decision-making, what do you do?
9. How do you assist the person to overcome barriers to this outcome?
10. What organizational practices, values, and activities support this outcome for the person?

**PERSONAL OUTCOME QUESTIONS:**

**19.1.** Does the person select the services and/or supports that they receive? (For example, residential/in-home, employment/day, health, case management, generic community [dentist, doctor, bank, stores, etc.])

**19.2.** Do the services and/or supports focus on the person’s goals? (For example, residential/in-home, employment/day, health, case management; generic community)

**19.3.** Does the person have choices about service provider organizations? (For example, residential/in-home, employment/day, health, case management, generic community)

**19.4.** Does the person have choices about direct support professionals/staff? (residential/in-home; employment/day)

**INDIVIDUALIZED SUPPORT QUESTIONS:**

**19.A.** Does the organization actively solicit the person’s preferences about services, provider organizations, and direct support professionals/staff in: residential/in-home, employment/day, health, case management, other?

**19.B.** Does the organization provide options to the person about services, provider organizations, and direct support professionals/staff in: residential/in-home, employment/day, health, case management, other?

**19.C.** Does the organization honor the person’s choices about services, provider organizations, and direct support professionals/staff in: residential/in-home, employment/day?

**SUGGESTED QUESTIONS FOR THE PERSON:**

1. How do you want your life to be in the future?
2. What is important to you to accomplish or learn?
3. Whom do you talk with about your future?
4. What are your hopes and dreams for yourself?
5. What assistance (if any) do you need to make these things happen?

**QUESTIONS ABOUT THIS OUTCOME FOR THE PERSON:**

1. What are the person’s goals?
2. What leads you to think that?
3. How is the person working toward the attainment of personal goals?

**QUESTIONS ABOUT INDIVIDUALIZED SUPPORTS:**

1. How have you explored hopes, dreams, and desires for the future with the person?
2. What are you doing to support the person?
3. Why did you select this action?
4. How do you learn if the supports/activities are effective?
5. How do you assist the person to overcome barriers to this outcome?
6. What organizational practices, values, and activities support this outcome for the person?

**PERSONAL OUTCOME QUESTIONS:**

**20.1.** Have the person’s priorities regarding goals been solicited?

**20.2.** Does the person choose personal goals?

**20.3.** Are these the goals the person is working toward?

**INDIVIDUALIZED SUPPORT QUESTIONS:**

**20.A.** Does the organization know the goals the person has identified for him or herself or are efforts being made to learn about the person’s goals?

**20.B.** Does the organization provide supports and services to assist the person in pursuing personal goals?

**SUGGESTED QUESTIONS FOR THE PERSON:**

1. What have you done that you feel good about?
2. What have you accomplished over the past few (one or two) years that has made you feel good about yourself?
3. What accomplishments have pleased you most?
4. Sometimes things happen that make life better. Has that happened to you?
5. If you did not accomplish something important to you, what got in your way?
6. What assistance or support do you think you need?

**QUESTIONS ABOUT THIS OUTCOME FOR THE PERSON:**

1. What personal goals has the person achieved?
2. If any were not achieved, what is the reason?

**QUESTIONS ABOUT INDIVIDUALIZED SUPPORTS:**

1. How do you know if the person accomplished something personally significant?
2. What did you do to assist the person to experience personal success?
3. What barriers to goal attainment does the person face?
4. How do you assist the person to overcome barriers to this outcome?
5. What organizational practices, values, and activities support this outcome for the person?

**PERSONAL OUTCOME QUESTIONS:**

**21.1.** Has the person accomplished something that is significant to him or her, in the past year or two?

**INDIVIDUALIZED SUPPORT QUESTIONS:**

**21.A.** Has the organization identified accomplishments the person sees as significant?

**21.B.** Does the organization assist the person to celebrate the achievement of personal milestones?