

## PERMISSIONS TO USE THE IPA

The Dutch IPA has been developed by Dr M Cardol and Dr BA de Jong. Copies of the Dutch IPA can be obtained from the website (<http://www.nivel.nl/oc2/page.asp?PageID=5309>) or from:

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When using the IPA, please quote the original sources listed in the Reference list. These are regularly updated on the IPA website <http://www.nivel.nl/oc2/page.asp?PageID=5309>.

IPA Subscales	Question numbers
Autonomy indoors (7 items)	1a, 1b, 2a, 2b, 2c, 2d, 2e
Family role (7 items)	3a, 3b, 3c, 3d, 3e, 3f, 4a
Autonomy outdoors (5 items)	1c, 1d, 5a, 6g, 10
Social life and relationships (7 items)	6a, 6b, 6c, 6d, 6e, 6f, 7a*
Work and education (6 items)	8a, 8b, 8c, 8d, 8e, 9a

\* Please note that in articles by Sibley et al. 2006 and Kersten et al. 2007 item 7a was listed in the questionnaire as item 9a. Following publication the developers have requested this item to be moved nearer the section which deals with social life and relationships. This also means that subsequent items have been renumbered (i.e. items 7a-7e have become items 8a-8e and item 8a has become 9a).

## REFERENCES

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## THE IPA: Impact on participation and autonomy

### A questionnaire about choice and participation in everyday life

**Introduction** This questionnaire contains questions about your daily activities. We are trying to get your views on the way your health condition or disability affects your ability to live life the way you want to – the idea of “autonomy”. We would like to know how much choice you have in the way you take part in activities that are important to you – the idea of “participation”.

When answering the questions, think about your **own** opinions and perceptions. There are no right or wrong answers. It is important that you give the answer that best fits your situation.

Please read the information and then answer by ticking the box. For instance, if you can get around in your house just where you choose to, you would answer the first question like this:

My chances of getting around in my house <i>where</i> I want to are	<input checked="" type="checkbox"/>	very good
	<input type="checkbox"/>	good
	<input type="checkbox"/>	fair
	<input type="checkbox"/>	poor
	<input type="checkbox"/>	very poor

It will be very helpful if you try to answer all questions. Even when a question may seem difficult to answer, irrelevant or unimportant, please tick the box that best applies to you.

At the end of each section you can add further comments.

All your answers will be treated in strict confidence.

The questionnaire will take about 20 minutes to fill in.

We thank you for your time and help.

**Impact on Participation and Autonomy (IPA)**

Score: for office use only

**Mobility: getting around where and when you want** (with or without aids or assistance)

First we would like to ask some questions about your mobility: your chances of getting around where and when you want. We are interested in whether you can decide yourself where and when you want to go somewhere.

- 1a. My chances of getting around in my house *where* I want to are
- |           |                          |   |
|-----------|--------------------------|---|
| Very Good | <input type="checkbox"/> | 0 |
| Good      | <input type="checkbox"/> | 1 |
| Fair      | <input type="checkbox"/> | 2 |
| Poor      | <input type="checkbox"/> | 3 |
| Very Poor | <input type="checkbox"/> | 4 |
- 1b. My chances of getting around in my house *when* I want to are
- |           |                          |   |
|-----------|--------------------------|---|
| Very Good | <input type="checkbox"/> | 0 |
| Good      | <input type="checkbox"/> | 1 |
| Fair      | <input type="checkbox"/> | 2 |
| Poor      | <input type="checkbox"/> | 3 |
| Very Poor | <input type="checkbox"/> | 4 |
- 1c. My chances of visiting relatives and friends *when* I want to are
- |           |                          |   |
|-----------|--------------------------|---|
| Very Good | <input type="checkbox"/> | 0 |
| Good      | <input type="checkbox"/> | 1 |
| Fair      | <input type="checkbox"/> | 2 |
| Poor      | <input type="checkbox"/> | 3 |
| Very Poor | <input type="checkbox"/> | 4 |
- 1d. My chances of going on the sort of trips and holidays I want to are
- |           |                          |   |
|-----------|--------------------------|---|
| Very Good | <input type="checkbox"/> | 0 |
| Good      | <input type="checkbox"/> | 1 |
| Fair      | <input type="checkbox"/> | 2 |
| Poor      | <input type="checkbox"/> | 3 |
| Very Poor | <input type="checkbox"/> | 4 |
- 1e. If your health or your disability affect your chances of getting around where and when you want, to what extent does this cause you problems?
- |                |                          |   |
|----------------|--------------------------|---|
| No problems    | <input type="checkbox"/> | 0 |
| Minor problems | <input type="checkbox"/> | 1 |
| Major problems | <input type="checkbox"/> | 2 |

Space for further comments on your mobility (optional):

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**Self care** (with or without aids or assistance)

Score: for  
office use  
only

The next questions concern your personal care. When answering these questions, think about whether you can decide yourself when and how you want things done, even when you are assisted by someone else.

- 2a. My chances of getting washed and dressed *the way* I wish are
- |           |                          |   |
|-----------|--------------------------|---|
| Very Good | <input type="checkbox"/> | 0 |
| Good      | <input type="checkbox"/> | 1 |
| Fair      | <input type="checkbox"/> | 2 |
| Poor      | <input type="checkbox"/> | 3 |
| Very Poor | <input type="checkbox"/> | 4 |
- 2b. My chances of getting washed and dressed *when* I want to are
- |           |                          |   |
|-----------|--------------------------|---|
| Very Good | <input type="checkbox"/> | 0 |
| Good      | <input type="checkbox"/> | 1 |
| Fair      | <input type="checkbox"/> | 2 |
| Poor      | <input type="checkbox"/> | 3 |
| Very Poor | <input type="checkbox"/> | 4 |
- 2c. My chances of getting up and going to bed *when* I want to are
- |           |                          |   |
|-----------|--------------------------|---|
| Very Good | <input type="checkbox"/> | 0 |
| Good      | <input type="checkbox"/> | 1 |
| Fair      | <input type="checkbox"/> | 2 |
| Poor      | <input type="checkbox"/> | 3 |
| Very Poor | <input type="checkbox"/> | 4 |
- 2d. My chances of going to the toilet *when* I wish and need to are
- |           |                          |   |
|-----------|--------------------------|---|
| Very Good | <input type="checkbox"/> | 0 |
| Good      | <input type="checkbox"/> | 1 |
| Fair      | <input type="checkbox"/> | 2 |
| Poor      | <input type="checkbox"/> | 3 |
| Very Poor | <input type="checkbox"/> | 4 |
- 2e. My chances of eating and drinking *when* I want to are
- |           |                          |   |
|-----------|--------------------------|---|
| Very Good | <input type="checkbox"/> | 0 |
| Good      | <input type="checkbox"/> | 1 |
| Fair      | <input type="checkbox"/> | 2 |
| Poor      | <input type="checkbox"/> | 3 |
| Very Poor | <input type="checkbox"/> | 4 |
- 2f. If your health or your disability affect your self care, to what extent does this cause you problems?
- |                |                          |   |
|----------------|--------------------------|---|
| No problems    | <input type="checkbox"/> | 0 |
| Minor problems | <input type="checkbox"/> | 1 |
| Major problems | <input type="checkbox"/> | 2 |

Space for further comments on your self care (optional):

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Score: for  
office use  
only

**Activities in and around the house** (with or without aids or assistance)

The next questions are about the tasks and responsibilities you have at home, and the way your health or disability influences these. We would like to know whether you can decide when and how something is done, even if you don't do it yourself.

3a. My chances of contributing to looking after my home *the way* I want to are

- |           |                          |   |
|-----------|--------------------------|---|
| Very Good | <input type="checkbox"/> | 0 |
| Good      | <input type="checkbox"/> | 1 |
| Fair      | <input type="checkbox"/> | 2 |
| Poor      | <input type="checkbox"/> | 3 |
| Very Poor | <input type="checkbox"/> | 4 |

3b. My chances of getting light tasks done around the house (e.g. making tea or coffee), either by myself or by others, *the way* I want them done are

- |           |                          |   |
|-----------|--------------------------|---|
| Very Good | <input type="checkbox"/> | 0 |
| Good      | <input type="checkbox"/> | 1 |
| Fair      | <input type="checkbox"/> | 2 |
| Poor      | <input type="checkbox"/> | 3 |
| Very Poor | <input type="checkbox"/> | 4 |

3c. My chances of getting heavy tasks done around the house (e.g. cleaning), either by myself or by others, *the way* I want them done are

- |           |                          |   |
|-----------|--------------------------|---|
| Very Good | <input type="checkbox"/> | 0 |
| Good      | <input type="checkbox"/> | 1 |
| Fair      | <input type="checkbox"/> | 2 |
| Poor      | <input type="checkbox"/> | 3 |
| Very Poor | <input type="checkbox"/> | 4 |

3d. My chances of getting housework done, either by myself or by others, *when* I want them done are

- |           |                          |   |
|-----------|--------------------------|---|
| Very Good | <input type="checkbox"/> | 0 |
| Good      | <input type="checkbox"/> | 1 |
| Fair      | <input type="checkbox"/> | 2 |
| Poor      | <input type="checkbox"/> | 3 |
| Very Poor | <input type="checkbox"/> | 4 |

3e. My chances of getting minor repairs and maintenance work done in my house and garden, either by myself or by others, <i>the way</i> I want them done are		Score: for office use only
Very Good	<input type="checkbox"/>	0
Good	<input type="checkbox"/>	1
Fair	<input type="checkbox"/>	2
Poor	<input type="checkbox"/>	3
Very Poor	<input type="checkbox"/>	4
3f. My chances of fulfilling my role at home <i>as</i> I would like are		
Very Good	<input type="checkbox"/>	0
Good	<input type="checkbox"/>	1
Fair	<input type="checkbox"/>	2
Poor	<input type="checkbox"/>	3
Very Poor	<input type="checkbox"/>	4
3g. If your health or your disability affect your activities in and around your home, to what extent does this cause you problems?		
No problems	<input type="checkbox"/>	0
Minor problems	<input type="checkbox"/>	1
Major problems	<input type="checkbox"/>	2

Space for further comments on activities in and around the house (optional):

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**Looking after your money** (with or without aids or assistance)

The next questions deal with the effect of your health or disability on the control you have over spending your own money.

4a. My chances of choosing how I spend my own money are		
Very Good	<input type="checkbox"/>	0
Good	<input type="checkbox"/>	1
Fair	<input type="checkbox"/>	2
Poor	<input type="checkbox"/>	3
Very Poor	<input type="checkbox"/>	4
4b. If your health or your disability affect the opportunities you have over spending your own money, to what extent does this cause you problems?		
No problems	<input type="checkbox"/>	0
Minor problems	<input type="checkbox"/>	1
Major problems	<input type="checkbox"/>	2

Space for further comments on your control over your financial situation (optional):

Score: for office use only

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**Leisure** (with or without aids or assistance)

The next questions are about whether you can decide how you use your leisure time.

5a. My chances of using leisure time *the way* I want to are

- |           |                          |   |
|-----------|--------------------------|---|
| Very Good | <input type="checkbox"/> | 0 |
| Good      | <input type="checkbox"/> | 1 |
| Fair      | <input type="checkbox"/> | 2 |
| Poor      | <input type="checkbox"/> | 3 |
| Very Poor | <input type="checkbox"/> | 4 |

5b. If your health or your disability affect how you use your leisure time, to what extent does this cause you problems?

- |                |                          |   |
|----------------|--------------------------|---|
| No problems    | <input type="checkbox"/> | 0 |
| Minor problems | <input type="checkbox"/> | 1 |
| Major problems | <input type="checkbox"/> | 2 |

Space for further comments on your leisure time (optional):

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**Social life and relationships**

The next questions are about the quality and frequency of your social relationships. We would like to know whether your health problems or disabilities affect your relationships.

6a. My chances of talking to people close to me on equal terms are

- |           |                          |   |
|-----------|--------------------------|---|
| Very Good | <input type="checkbox"/> | 0 |
| Good      | <input type="checkbox"/> | 1 |
| Fair      | <input type="checkbox"/> | 2 |
| Poor      | <input type="checkbox"/> | 3 |
| Very Poor | <input type="checkbox"/> | 4 |

6b. The quality of my relationships with people who are close to me

- |           |                          |   |
|-----------|--------------------------|---|
| Very Good | <input type="checkbox"/> | 0 |
| Good      | <input type="checkbox"/> | 1 |
| Fair      | <input type="checkbox"/> | 2 |
| Poor      | <input type="checkbox"/> | 3 |
| Very Poor | <input type="checkbox"/> | 4 |



			Score: for office use only
6c. The respect I receive from people who are close to me is	Very Good	<input type="checkbox"/>	0
	Good	<input type="checkbox"/>	1
	Fair	<input type="checkbox"/>	2
	Poor	<input type="checkbox"/>	3
	Very Poor	<input type="checkbox"/>	4
6d. My relationships with acquaintances are	Very Good	<input type="checkbox"/>	0
	Good	<input type="checkbox"/>	1
	Fair	<input type="checkbox"/>	2
	Poor	<input type="checkbox"/>	3
	Very Poor	<input type="checkbox"/>	4
6e. The respect I receive from acquaintances is	Very Good	<input type="checkbox"/>	0
	Good	<input type="checkbox"/>	1
	Fair	<input type="checkbox"/>	2
	Poor	<input type="checkbox"/>	3
	Very Poor	<input type="checkbox"/>	4
6f. My chances of having an intimate relationship are	Very Good	<input type="checkbox"/>	0
	Good	<input type="checkbox"/>	1
	Fair	<input type="checkbox"/>	2
	Poor	<input type="checkbox"/>	3
	Very Poor	<input type="checkbox"/>	4
6g. My chances of seeing people as often as I want are	Very Good	<input type="checkbox"/>	0
	Good	<input type="checkbox"/>	1
	Fair	<input type="checkbox"/>	2
	Poor	<input type="checkbox"/>	3
	Very Poor	<input type="checkbox"/>	4
6h. If your health or your disability affect your social life and relationships, to what extent does this cause you problems?	No problems	<input type="checkbox"/>	0
	Minor problems	<input type="checkbox"/>	1
	Major problems	<input type="checkbox"/>	2

Space for further comments on your social life and relationships (optional):

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**Helping and supporting other people** (with or without aids or assistance)

Score: for office use only

The next questions are about your opportunities to help and support other people such as family, neighbours, friends or members of a club.

7a. My chances of helping or supporting people in any way are,

- |           |                          |   |
|-----------|--------------------------|---|
| Very Good | <input type="checkbox"/> | 0 |
| Good      | <input type="checkbox"/> | 1 |
| Fair      | <input type="checkbox"/> | 2 |
| Poor      | <input type="checkbox"/> | 3 |
| Very Poor | <input type="checkbox"/> | 4 |

7b. If your health problems or disability affect your opportunities to help other people, to what extent does this cause you problems?

- |                |                          |   |
|----------------|--------------------------|---|
| No problems    | <input type="checkbox"/> | 0 |
| Minor problems | <input type="checkbox"/> | 1 |
| Major problems | <input type="checkbox"/> | 2 |

Space for further comments on helping and supporting other people (optional)

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**Paid or voluntary work** (with or without aids or assistance)

The next questions are about paid or voluntary work. We would like to know what your chances are of finding or keeping a paid or voluntary job, even if this does not seem relevant to you at present.

8a. My chances of getting or keeping a paid or voluntary job that I would like to do are

- |           |                          |   |
|-----------|--------------------------|---|
| Very Good | <input type="checkbox"/> | 0 |
| Good      | <input type="checkbox"/> | 1 |
| Fair      | <input type="checkbox"/> | 2 |
| Poor      | <input type="checkbox"/> | 3 |
| Very Poor | <input type="checkbox"/> | 4 |

Please only answer questions 8b to 8f if you do have some form of paid or voluntary work, even if you are not working at the moment due to illness. Otherwise please proceed to question 9.

Score: for office use only

8b. My chances of doing my paid or voluntary work *the way* I want to are

Very Good	<input type="checkbox"/>	0
Good	<input type="checkbox"/>	1
Fair	<input type="checkbox"/>	2
Poor	<input type="checkbox"/>	3
Very Poor	<input type="checkbox"/>	4

8c. My contacts with other people at my paid or voluntary work are

Very Good	<input type="checkbox"/>	0
Good	<input type="checkbox"/>	1
Fair	<input type="checkbox"/>	2
Poor	<input type="checkbox"/>	3
Very Poor	<input type="checkbox"/>	4

8d. My chances of achieving or keeping the position that I want, in my paid or voluntary work are,

Very Good	<input type="checkbox"/>	0
Good	<input type="checkbox"/>	1
Fair	<input type="checkbox"/>	2
Poor	<input type="checkbox"/>	3
Very Poor	<input type="checkbox"/>	4

8e. My chances of getting different paid or voluntary work are,

Very Good	<input type="checkbox"/>	0
Good	<input type="checkbox"/>	1
Fair	<input type="checkbox"/>	2
Poor	<input type="checkbox"/>	3
Very Poor	<input type="checkbox"/>	4

8f. If your health or your disability affect your paid or voluntary work, to what extent does this cause you problems?

No problems	<input type="checkbox"/>	0
Minor problems	<input type="checkbox"/>	1
Major problems	<input type="checkbox"/>	2

Space for further comments on paid or voluntary work (optional):

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**Education and Training** (with or without aids or assistance)

Score: for office use only

The next questions are about the way your health condition or disability affect your chances of getting the education or training you want. If you do not wish to have further education or to follow a course, you may tick the box 'not applicable'.

- 9a. My chances of getting the education or training I want are
- |                |                          |   |
|----------------|--------------------------|---|
| Very Good      | <input type="checkbox"/> | 0 |
| Good           | <input type="checkbox"/> | 1 |
| Fair           | <input type="checkbox"/> | 2 |
| Poor           | <input type="checkbox"/> | 3 |
| Very Poor      | <input type="checkbox"/> | 4 |
| Not applicable | <input type="checkbox"/> |   |

- 9b. If your health problems or disability affect your opportunities in education or training, to what extent does this cause you problems?
- |                |                          |   |
|----------------|--------------------------|---|
| No problems    | <input type="checkbox"/> | 0 |
| Minor problems | <input type="checkbox"/> | 1 |
| Major problems | <input type="checkbox"/> | 2 |

Space for further explanation regarding your chances of education or training (optional):

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**Concluding IPA questions**

In this questionnaire you have answered questions that deal with the effect of your health or disability on your personal and social life. Considering all things, could you say whether, in general, you have sufficient control over your own life?

10. My chances of living life the way I want to are
- |           |                          |   |
|-----------|--------------------------|---|
| Very Good | <input type="checkbox"/> | 0 |
| Good      | <input type="checkbox"/> | 1 |
| Fair      | <input type="checkbox"/> | 2 |
| Poor      | <input type="checkbox"/> | 3 |
| Very Poor | <input type="checkbox"/> | 4 |

Space for further comment about the control you have over your life (optional):

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**Thank you for taking the time to complete this questionnaire**

