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Shade circles like this: ●
 Not like this: ☒ ○

Please mark the choice that most closely reflects your opinion:

1. I live my life the way that I want.....
2. People try to put limits on me.....
3. I participate in a variety of activities.....
4. I am uncomfortable participating in community activities....
5. I spend time doing things that improve my community.....
6. I participate in activities that I choose.....
7. I spend time helping others.....
8. I count as a person in society.....
9. I have the freedom to make my own decisions.....
10. I live my life fully.....
11. I regularly seek out new challenges.....
12. I have reliable access to a telephone.....
13. I have a say on decisions in my community.....
14. I have choices about the activities I do.....
15. I actively pursue my dreams and desires.....
16. I do things that are important to me.....
17. People have high expectations of me.....
18. I am able to go out and have fun.....
19. I contribute to society.....
20. I have opportunities to make new friends.....
21. I speak up for myself.....
22. People speak to me disrespectfully.....
23. I take responsibility for my own life.....
24. I have good job opportunities.....
25. People underestimate me.....

	All the time	Frequently	Sometimes	Seldom	Almost never
1.	○	●	○	○	○
2.	○	●	○	○	○
3.	○	●	○	○	○
4.	○	●	○	○	○
5.	○	●	○	○	○
6.	○	●	○	○	○
7.	○	●	○	○	○
8.	○	●	○	○	○
9.	○	●	○	○	○
10.	○	●	○	○	○
11.	○	●	○	○	○
12.	○	●	○	○	○
13.	○	●	○	○	○
14.	○	●	○	○	○
15.	○	●	○	○	○
16.	○	●	○	○	○
17.	○	●	○	○	○
18.	○	●	○	○	○
19.	○	●	○	○	○
20.	○	●	○	○	○
21.	○	●	○	○	○
22.	○	●	○	○	○
23.	○	●	○	○	○
24.	○	●	○	○	○
25.	○	●	○	○	○



Grid for CaseId #

Shade circles like this: ●

Not like this: ☒ ○

Please mark the choice that most closely reflects your opinion:

- 26. I assume leadership roles in organizations.....
27. I am welcome in my community.....
28. I am treated equally.....
29. I have reliable access to community services.....
30. I do important things with my life.....
31. My community respects me the way that I am.....
32. I have influence in my community.....
33. I am in control of my own life.....
34. I am ignored.....
35. I feel safe participating in community activities.....
36. I am treated as a valued member of society.....
37. People see my potential.....
38. I have access to reliable transportation.....
39. I have reliable access to the Internet.....
40. I have control over how I spend my time.....
41. People listen to what I say.....
42. I participate in activities when I want.....
43. I am uncomfortable participating in public meetings.....
44. I am treated like a human being.....
45. People count on me.....
46. I contribute to the well-being of my community.....
47. I am actively involved in my community.....
48. It is hard for me to get information about community services.....

Response grid with columns: All the time, Frequently, Sometimes, Seldom, Almost never



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Demographics

1. Respondent's GENDER:

- Male Female

2. What is your age?

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Years

3. Are you of Spanish or Hispanic origin?

- Yes No

4. Which of the following best describes your race?

- White
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- American Indian or Alaskan Native
- Other: _____

5. Did you vote in the last major election?

- Yes No

6. Are you currently:

- Married
- A member of an unmarried couple
- Single and never been married
- Widowed
- Divorced
- Separated

7. Are you limited in any way in any activities because of physical, mental, or emotional problems?

- Yes No [Skip to #9]

If YES, please describe: _____

8. Would you describe your handicap, disability, or health problem as:

- Slight
- Moderate
- Somewhat severe, or
- Very severe

9. How old were you when your handicap, disability or health problem began? Or were you born with your disability?

--	--

Years

Enter "00" if born with a disability

10. Do you now have any health problem that requires the assistance of equipment such as a cane, a wheelchair, a special bed, or a modified telephone? **Include occasional use or use in certain**

- Yes No



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11. Do you have:

(Please mark all that apply)

- A learning disability of any kind
- Any emotional or mental disability
- Any disability that limits the ability to speak or communicate
- Any disability that limits hearing
- Any vision or sight-related disability, except for ordinary eyeglasses
- Any physical disability that limits the use of the legs, arms, or hands

12. What is your household's largest source of income? (Mark only one)

- My employment
- Other household members' employment
- Social Security Disability Insurance
- Long term disability insurance
- Retirement income
- Investments and savings
- Lawsuit settlement
- Inheritance
- Public sources (Social Security Supplement, etc.)

That was the last question. Thank you for your help. If you would like more information about this study, please call (866) 577-7430. Again, thank you!

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