Program Name: _____________________________________________________________________________________

Interviewee: ___________________________________________________________ Contact No. _________________

Setting Address: ____________________________________________________________________________________

Interviewer: _________________________________________________________ Date __________________________

Conversational questions:

How do you like living here? Are you happy here? Did you choose to live here? If not, who chose? Do you have a lease? Do you know what it means to have a lease? Can you furnish and decorate the way you want to? Did you choose to have ** as a roommate? If not, who chose? Is there a curfew? If you wanted to go out for the evening, could you stay out as late as you wanted to or do you have to be back by a certain time? What if you wanted to move? Where would you move go? Would you be able to move?

If dinner is being served at 6, could you eat dinner at 8 if you chose to? Could you eat in your bedroom, living room or on the patio or does everybody eat as a group? Is the group meal the only time food is available or can you eat whenever you want to? Do you want to eat with the group or would you rather eat in your bedroom? Do you purchase your own food, snacks and beverages? Can you have a snack whenever you want to? Can you go out to eat if you want to?

Do you have enough privacy? If you wanted to be alone with a friend, boy/girlfriend, family, where do you go? Can you go to your bedroom and lock the door? Can you have visitors at any time? If you just want to be by yourself for a little while, can you go into your bedroom and lock the door? Are you able to have a girl/boyfriend? Are you allowed to be alone with them? Could you have an intimate relationship if you wanted to? Do you have freedom to make phone calls? Are there any restrictions? Have you ever think about maybe getting married? Would you like to be married? Would you be allowed to get married (probing questions about relationships).

Do you go to bed when you want to? Get up when you want to? If you woke up and didn’t feel well, could you stay home if you wanted to? When do you prefer to take a bath; mornings or evenings? What if you wanted to take a bath in the middle of the day? Do you choose where you go during the day, plan your own activities, choose what you do in the evenings? Who works with you during the day? Did you assist with building your service plan? Do you know what your goals are?

What about church? Do you go as a group? If you wanted to visit a new church could you go to the church of your choosing? What do you like to do? Hobbies? Can you do them when you want to? How often do you get out into the community? Do you have to complete your chores before you go out? Do you ever go to the Library? Park? Pool? Do you go as a group or could you choose to go by yourself (with staff as appropriate). What about a job? Would you like to have a job? Is the program or staff encouraging your wishes or helping you to find a job?

Do you have a checking or savings account? Do you have access to your money? Do you choose how your money is spent? If you were to go to the mall and found a pair of blue jeans that you wanted, could you buy them if you wanted to or would you have to ask for somebody’s permission? Did you decide what you have on today? Do you dress how
you want to? What about your hair do? Is that how you want to style your hair? If you decided that you didn’t like the way the stylist was styling your hair, could you choose to go to a different stylist?

Do you have access to transportation? If you wanted to go to the store this evening, would you have a way to get there? Are you allowed to use public transportation such as city buses or taxis of staff or family is not available?

What if you had a complaint? Who would you tell? Do you know your rights?

If you could make any changes here, what would they be?

Reviewer observations:

- physically accessible, meet the needs of the residents
- is the décor the same in all rooms, bedrooms; bedspreads, wall hangings, clothing. Is the décor in the main living areas age appropriate
- types of beds; twin, double, appropriate for the resident
- residents are dressed and groomed; are they all dressed the same; clothing identifying the provider
- clean, comfortable, designated smoking area
- Posted group activity schedules, OT, PT, ST schedules, menus, special diets, medication lists
- Free access to kitchen, food, refrigerator, cabinets, restroom, laundry room
- Privacy; do residents have locks on their doors to keep others out
- Are there locks to keep residents in
- On the grounds of an institution, next door to a nursing home or hospital, multiple group homes on the same street or next door to each other (compound like)
- Cameras
- Is there a program identifying sign or vehicle in front of the residence
- Does staff treat residents as adults; plastic cutlery, bibs, speak to residents as children
- Internet and phone access
- policy prohibiting intimate relationships, alcohol, tobacco