



Department of Human Services
Seniors and People with Disabilities

Supports Intensity Scale (SIS) Participant Questionnaire

*Please complete ALL 4 pages of this questionnaire -
Remember the backs of each page !!*

PURPOSE: WE DO WANT TO HEAR FROM ALL PARTICIPANTS IN THE SIS INTERVIEW PROCESS. Please complete and return this questionnaire sharing your reactions to the interview process. Information that you give us will help shape the assessment process in the future.

County: _____





Person Filling Out This Questionnaire

1. Relationship to the assessed individual (*Select one only*)























<input type="checkbox"/> Assessed Individual	<input type="checkbox"/> Beh Spec	<input type="checkbox"/> Child Welfare Staff
<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Friend	<input type="checkbox"/> Lic RN, LPN
<input type="checkbox"/> Advocate	<input type="checkbox"/> Res Staff	<input type="checkbox"/> Service Coord
<input type="checkbox"/> Spouse	<input type="checkbox"/> Res Mgr	<input type="checkbox"/> Reg Crisis Staff
<input type="checkbox"/> Parent	<input type="checkbox"/> Voc Staff	<input type="checkbox"/> Child Res Staff
<input type="checkbox"/> Relative	<input type="checkbox"/> Voc Mgr	<input type="checkbox"/> Teacher
<input type="checkbox"/> Other: <i>Specify below</i>		

Preparing for the Supports Intensity Scale (SIS) Interview

DIRECTIONS: *This form uses words and/or pictures to show how you feel about the assessment interview and process. Please mark the box next to the face that tells us how you feel.*













2. Interview setting:	<input type="checkbox"/> Individual's Home	<input type="checkbox"/> County Bldg
	<input type="checkbox"/> Voc Program Site	<input type="checkbox"/> Other
Were you given enough notice about the date, time, and place of this interview?	 <input type="checkbox"/> Yes	 <input type="checkbox"/> No
3. Did the assessed individual participate in the interview?	<input type="checkbox"/> All	<input type="checkbox"/> Part <input type="checkbox"/> No
Was the interview location easy to find?	 <input type="checkbox"/> Yes	 <input type="checkbox"/> No

*Please complete ALL 4 pages of this questionnaire -
Remember the backs of each page !!*

4. Was the interview room accessible to you? (getting in the door, sitting, etc.)	 <input type="checkbox"/> Yes	 <input type="checkbox"/> No
5. Before the SIS interview, did you: a.) See a brochure or booklet? b.) View a DVD? c.) Attend an orientation session? If none of the above, did you get other information to help you know what to expect when you went to an interview? From whom or where? _____	 <input type="checkbox"/> Yes	 <input type="checkbox"/> No
	 <input type="checkbox"/> Yes	 <input type="checkbox"/> No
	 <input type="checkbox"/> Yes	 <input type="checkbox"/> No
	 <input type="checkbox"/> Yes	 <input type="checkbox"/> No
6. Did this information help you know what to expect when you went into the interview?	 <input type="checkbox"/> Yes	 <input type="checkbox"/> No
7. Did the interview start on time?	 <input type="checkbox"/> Yes	 <input type="checkbox"/> No
8. Did the interviewer introduce himself/herself?	 <input type="checkbox"/> Yes	 <input type="checkbox"/> No
9. Did the interviewer ask others to introduce themselves?	 <input type="checkbox"/> Yes	 <input type="checkbox"/> No
10. Did the people answering questions know you/ assessed individual well? ("Know well" means the people have worked with or known the assessed individual for at least 3 months)	 <input type="checkbox"/> Yes	 <input type="checkbox"/> No
11. Did the interviewer explain the purpose of the interview?	 <input type="checkbox"/> Yes	 <input type="checkbox"/> No

*Please complete ALL 4 pages of this questionnaire -
Remember the backs of each page !!*

Participating in the SIS Interview

12. Did you understand the interview questions?	 <input type="checkbox"/> Yes	 <input type="checkbox"/> Not Sure	 <input type="checkbox"/> No
13. Did you have enough time to answer all of the interview questions?	 <input type="checkbox"/> Yes	 <input type="checkbox"/> Not Sure	 <input type="checkbox"/> No
14. Did the interviewer cover the areas of health and safety that are most important to you/assessed individual?	 <input type="checkbox"/> Yes	 <input type="checkbox"/> Not Sure	 <input type="checkbox"/> No
15. Were you treated with respect by the interviewer and others?	 <input type="checkbox"/> Yes	 <input type="checkbox"/> Not Sure	 <input type="checkbox"/> No

16. Did you have help completing this questionnaire?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------------------------------	------------------------------	-----------------------------

17. **If you are the assessed individual** and you had help with this form, who helped you? *(skip this and the next question if you had no help completing the questionnaire.)*

<input type="checkbox"/> Family member	<input type="checkbox"/> County Service Coordinator/Case Manager
<input type="checkbox"/> Guardian	<input type="checkbox"/> Consumer Advocate (friends, neighbors, etc.)
<input type="checkbox"/> Provider staff	<input type="checkbox"/> Other County staff
	<input type="checkbox"/> Other

18. **If you are the assessed individual** and you had help with this form, how did they help you?

<input type="checkbox"/> Read the form to you (helped you understand questions), but you checked the answers yourself.
<input type="checkbox"/> Read and completed the form for you.

19. Date you completed this questionnaire? _____

All Participants in the SIS Process:

Comments. Please list any additional comments that you have related to any of the above questions or to your experience with the interview process: _____



Thank you for answering these questions! Now, simply put the questionnaire in the attached envelope and drop it in a mail box as soon as you can.