

INDEPENDENT LIVING SUPPORTS PILOT (ILSP) PRE-PILOT SURVEY

Instructions: Completion of this form is an ILSP program requirement.

Aging and disability resource center (ADRC) staff will complete this form with you and submit it to DHS. Information collected in this form will be shared with the ILSP program evaluator to assess impact of the program. This form is intended to be completed between enrollment and service plan development in the ILSP program.

I. Participant Information

Name (Last, First, MI)	Date of Birth	ILSP ID	ADRC

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II. Survey

1. Does someone help you with any of these activities?

Bathing	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>
Dressing	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>
Eating	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>
Getting around your home	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>
Toileting	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>
Getting up from a bed, chair, or toilet	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>
Making meals	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>
Managing or taking medicine	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>
Money management	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>
Household chores	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>
Using the telephone	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>
Transportation	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>

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2. Are you able to participate in social activities outside your home as often as you would like?	Very Often <input type="checkbox"/>	Somewhat Often <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>
3. Are you able to move around safely in your current home? (For examples, can you safely access your bedroom, bathroom, kitchen, and entrance to your home or apartment?)	Very Often <input type="checkbox"/>	Somewhat Often <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>
4. Do you have enough money to meet your basic needs?	Very Often <input type="checkbox"/>	Somewhat Often <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>
5. Do you have adequate transportation to get to health care appointments or	Very Often <input type="checkbox"/>	Somewhat Often <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>

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pick up prescriptions?					
6. Do you have adequate transportation to get to work, grocery shopping, social activities, or running errands?	Very Often <input type="checkbox"/>	Somewhat Often <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>
7. Are you able to afford enough food to eat?	Very Often <input type="checkbox"/>	Somewhat Often <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>
8. Do you feel lonely or isolated from other people?	Very Often <input type="checkbox"/>	Somewhat Often <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>
9. How likely are you to remain in your home for the next six months?	Very likely <input type="checkbox"/>	Somewhat likely <input type="checkbox"/>	Unsure <input type="checkbox"/>	Somewhat unlikely <input type="checkbox"/>	Very unlikely <input type="checkbox"/>
10. How likely are you to remain in your home for the next year?	Very likely <input type="checkbox"/>	Somewhat likely <input type="checkbox"/>	Unsure <input type="checkbox"/>	Somewhat unlikely <input type="checkbox"/>	Very unlikely <input type="checkbox"/>

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III. INFORMATION COMPLETED BY

Name – ADRC Worker	Date Completed
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Phone Number	Email Address
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