

Community Participation Indicators

CaseId #

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This survey is voluntary. If you choose to participate, your information will be kept private. Your name will never be linked to any of the information you share.

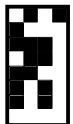
Shade circles like this:
 Not like this:

The statements below describe many of the ways that people participate in society. For each item, tell us:

- 1) How often you do the activity,
- 2) If the activity is important to you, and
- 3) If you feel you are doing the activity enough, too much, or not enough.

1. How often? --> 2. Important? --> 3. Doing enough?

In a typical week, how many days do you:	None	1-2 Days	3-4 Days	5-6 Days	7 Days	Is this activity important to you?		Are you doing this activity:		
						No	Yes	Enough	Not Enough	Too Much
Get out and about	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spend time with family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep in touch with family by phone or Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spend time with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep in touch with friends by phone or Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go to parties, out to dinner, or other social activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spend time with a significant other or intimate partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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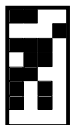
Not like this:

For each item, tell us:

- 1) How often you do the activity,
- 2) If the activity is important to you, and
- 3) If you feel you are doing the activity enough, too much, or not enough.

1. How often? --> 2. Important? --> 3. Doing enough?

In a typical week, how many hours do you:	None	1-4 Hours	5-9 Hours	10-19 Hours	20-34 Hours	35 or more Hours	Is this activity important to you?		Are you doing this activity:		
							No	Yes	Enough	Not Enough	Too Much
Work for money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cook, clean, and look after your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manage household bills and expenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Look after children or provide care for a loved one	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go to classes or participate in learning activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volunteer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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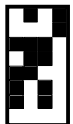
Not like this:

For each item, tell us:

- 1) How often you do the activity,
- 2) If the activity is important to you, and
- 3) If you feel you are you are doing the activity enough, too much, or not enough.

1. How often? --> 2. Important? --> 3. Doing enough?

In a typical month, how many times do you:	None	Once	2 Times	3 Times	4 Times	5 or More Times	Is this activity important to you?		Are you doing this activity:		
							No	Yes	Enough	Not Enough	Too Much
Participate in religious or spiritual activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go to support groups or self-help meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engage in hobbies or leisure activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go to movies, sporting events or entertainment events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise, participate in sports or active recreation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participate in community clubs or organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participate in civic or political activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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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.	○	●	○	○	○



Shade circles like this: ●
Not like this: ○

All the time
Frequently
Sometimes
Seldom
Almost never

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.....



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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?

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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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