

## ICF – INDIVIDUAL INTERVIEW TOOL

1	What is the individual's ID number from the sample key?				
	Answer Key	YES	NO	NOT APPLICABLE (NOT IMPORTANT TO OR FOR)	ACTION TAKEN (REQUIRED FOR NEGATIVE OUTCOMES)
2	Are you able to make choices about your life?				
3	Did you participate in your person centered planning meeting?				
4	Are you receiving services from your provider that are important to or for you?				
5	Are you competitively employed (e.g. same or similar benefits and wage as non-disabled co-workers) in an integrated community job?				
6	Do you get to participate in activities in the community with individuals with and without disabilities (e.g. shopping, religious services, vacation, dating)?				
7	Do you have friends that you spend time with who don't live with you, work with you, or provide your services?				
8	Have you ever been yelled at or treated mean by anyone?				
9	Have you ever been hit or hurt by anyone?				
10	Are you happy with where you live, who you live with, and the staff who work with you?				
11	Did you select where you go during the day?				
12	Do you feel that you are able to share your ideas/concerns/suggestions with your provider?				
13	Do you feel healthy and know what to do or who to talk to if you don't feel well or want to go to the doctor?				
14	Was the service plan revised based on the changes in the individuals needs/wants?				
15	If the staff person administers medication does the person have the appropriate certification for: <ul style="list-style-type: none"> <li>• Oral or topical medications (Category 1)</li> <li>• G-tube/J-tube (Category 2)</li> <li>• Insulin injections (Category 3)</li> </ul>				
16	If the individual's assessment indicates that they are unable to self-administer medication, does the service plan address their medication administration needs?				
17	Did the ICF make a copy of your rights available to you?				

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18	Do you have access to a phone, cell phone, or computer?				
19	Do you have access to the community and do staff assist you in the community with transportation and community activities?				
20.	Do you feel that you are offered privacy and that you have dignity?				
21.	Do you have more than 2 people in your bedroom?				
22.	If bedrooms are occupied by members of the opposite sex, is there evidence of consent or are the individuals under the age of 6?				
23.	If bedrooms are occupied by an adult and a child are the occupants related to one another?				