

Decision Control Inventory 2: For People Living With Family or Friends

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Ask the respondent to say who actually makes decisions in each area as shown, from 0 to 10. If decisions are made entirely by RELATIVES/FRIENDS/ADVOCATES (usually unpaid, but sometimes formerly unpaid who are now being paid via self-determination), enter "0" for that area. If decisions are made entirely by the FOCUS PERSON, enter "10." If decisions are equally shared, enter "5." Items can be left blank. Next, rate each area for "How Important" it is for the focus person to have control in each area.

WHO MAKES DECISIONS?

0---1---2---3---4---5---6---7---8---9---10

Relatives/
Friends/Advocates/
Circles

Focus Person

**HOW IMPORTANT IS IT TO
THIS PERSON TO HAVE CONTROL
IN EACH AREA?**

0---1---2---3---4---5---6---7---8---9---10

Completely
Unimportant

Extremely
Important

WHO		IMP.	
_____	1P What foods to buy for the home when shopping	_____	1I
_____	2P What to have for breakfast	_____	2I
_____	3P What to have for dinner	_____	3I
_____	4P Choosing restaurants when eating out	_____	4I
	CLOTHES AND GROOMING		
_____	5P What clothes to buy in store	_____	5I
_____	6P What clothes to wear on weekdays	_____	6I
_____	7P What clothes to wear on weekends	_____	7I
_____	8P Time and frequency of bathing or showering	_____	8I
	SLEEP AND WAKING		
_____	9P When to go to bed on weekdays	_____	9I
_____	10P When to go to bed on weekends	_____	10I
_____	11IP When to get up on weekends	_____	11I
_____	12IP Taking naps in evenings and on weekends	_____	12I
	RECREATION		
_____	13P Choice of places to go	_____	13I
_____	14P What to do with relaxation time, such as choosing TV, music, hobbies, outings, etc.	_____	14I
_____	15P Visiting with friends outside the person's residence	_____	15I
_____	16P Choosing to <u>decline</u> to take part in group activities	_____	16I
_____	17P Who goes with you on outings?	_____	17I
_____	18P Who you hang out with in and out of the home?	_____	18I
	SUPPORT AGENCIES AND STAFF		
_____	19P Choice of which service agency works with person	_____	19I
_____	20P Choice of Case Manager	_____	20I
_____	21P Choice of agency's support persons/staff (N/A if family)	_____	21I
_____	22P Choice of support personnel: option to hire and fire support personnel	_____	22I
	ECONOMIC RESOURCES		
_____	23P What to do with personal funds	_____	23I
_____	24P How to spend residential funds	_____	24I
_____	25P How to spend day activity funds	_____	25I
	HOME		
_____	26P Choice of house or apartment	_____	26I
_____	27P Choice of people to live with	_____	27I
_____	28P Choice of furnishings and decorations in the home	_____	28I
	WORK OR OTHER DAY ACTIVITIES		
_____	29P Type of work or day program	_____	29I
_____	30P Amount of time spent working or at day program	_____	30I
_____	31P Type of transportation to and from day program or job	_____	31I
	OTHER		
_____	32P Express affection, including sexual	_____	32I
_____	33P "Minor vices" - use of tobacco, alcohol, caffeine, explicit magazines, etc.	_____	33I
_____	34P Whether to have pet(s) in the home	_____	34I
_____	35P When, where, and how to worship	_____	35I

