This document is intended to help you learn how well you are exercising your rights. It can also help your staff determine how better to support you in this area.

Some people will want to answer the questions on their own. You can decide if you need any help or if you want to share the results. Other people may want some support to answer the questions. Family members, friends or your staff can provide support by reading the questions or rephrasing the questions so that you understand what is being asked.

The results will be used to identify rights that are most important to you and areas where you need more support to fully exercise your rights. It will also help [organization name] be aware of things we are doing that restrict your rights.

If you feel like your rights are being restricted, its important and helpful if you tell the person helping you complete this.

|  |  |
| --- | --- |
| **Name:** |  |
| **Date:** |  |
| **Age:** |  |
| **Where do you live:** |  |
| **Do you have a Financial SDM or PT**  | [ ]  Yes [ ]  No |
| **Do you have a Personal SDM or PT** | [ ]  Yes [ ]  No |
| **Who helped you with this audit:** |  |
| **Have you received any rights training?** |  |

![MP900305710[1]]()

**My Home:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes | Sometimes | No | I don’t know | Requires Follow up |
| I have meals that I enjoy |  |  |  |  |  |
| Staff ask me what I want for meals |  |  |  |  |  |
| I have access to all areas/rooms in my house (there are no locked doors or gates in my house, there are no rooms that are just for staff)  |  |  |  |  |  |
| I can have a snack or drink when I want to |  |  |  |  |  |
| I can go to bed when I want |  |  |  |  |  |
| I can watch TV when I want |  |  |  |  |  |
| I can use the remote control and choose channels |  |  |  |  |  |
| I can help cook, do laundry and clean when I want to |  |  |  |  |  |
| I can get around in my house on my own |  |  |  |  |  |
| I can have a bath/shower when I want to. |  |  |  |  |  |
| I like who I live with.  |  |  |  |  |  |
| I have a key to my house. |  |  |  |  |  |
| I decorate my room as I wish |  |  |  |  |  |
| I am sometimes asked to go to my room and stay there. |  |  |  |  |  |
| I keep my things where I want to.  |  |  |  |  |  |

 [ ]  Completed independently (or) [ ]  Completed with staff support in answering questions

 Do you want to see changes on how you are supported to use your home? [ ]  Yes [ ]  No Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Staff Comments:**

Do you feel some of these rights are restricted? [ ]  Yes [ ]  Somewhat [ ]  No

Do you feel this right is understood by the person? [ ]  Yes [ ]  Somewhat [ ]  No

Do you feel this right is understood by staff team? [ ]  Yes [ ]  Somewhat [ ]  No

Please explain and offer any ideas you may have on how this may be improved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Auditor Recommendations/Comments:** (please review all answers and identify which ones require follow up review in each table)

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**Privacy:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes | Sometimes | No | I don’t know | Requires Follow up |
| I have a place to be alone when I want to |  |  |  |  |  |
| I can visit with my friends and family in private |  |  |  |  |  |
| Staff knock before coming into my home |  |  |  |  |  |
| Staff knock before coming into my bedroom |  |  |  |  |  |
| If I need help with personal hygiene I can decide who helps me |  |  |  |  |  |
| I know where information about me is kept |  |  |  |  |  |
| I can see this information about me if I want |  |  |  |  |  |
| Staff ask permission before sharing information about me with others |  |  |  |  |  |
| People ask permission before touching my things. |  |  |  |  |  |
| I open and read my own mail, if I need help to do this, I can get it. |  |  |  |  |  |
| Staff ask permission before reading my mail |  |  |  |  |  |
| I answer the phone in my house. If I need help to do this, I can get this.  |  |  |  |  |  |
| I can speak on the phone in private |  |  |  |  |  |

[ ]  Completed independently (or) [ ]  Completed with staff support in answering questions

Do you want to see changes on how you are supported to use your home? [ ]  Yes [ ]  No Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Staff Comments:**

Do you feel some of these rights are restricted? [ ]  Yes [ ]  Somewhat [ ]  No

Do you feel this right is understood by the person? [ ]  Yes [ ]  Somewhat [ ]  No

Do you feel this right is understood by staff team? [ ]  Yes [ ]  Somewhat [ ]  No

Please explain and offer any ideas you may have on how this may be improved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Auditor Recommendations/Comments:** (please review all answers and identify which ones require follow up review in each table)

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**My Money:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes | Sometimes | No | I don’t know | Requires Follow up |
| I can have my money when I want  |  |  |  |  |  |
| I can spend my money on what I want |  |  |  |  |  |
| I can keep money in my room |  |  |  |  |  |
| My money is locked up and staff has the key |  |  |  |  |  |
| My money is locked up but I have a key |  |  |  |  |  |
| I know what my financial plan or budget is |  |  |  |  |  |
| I helped to create my financial plan and agreed to it |  |  |  |  |  |
| I know who my financial SDM is (if applicable) |  |  |  |  |  |
| I meet with my financial SDM at least once a year |  |  |  |  |  |
| I know my options for work/volunteering/education |  |  |  |  |  |
| I am happy with my job/volunteering/education |  |  |  |  |  |
| I get paid for the work I do |  |  |  |  |  |
| I decide where I want to work/volunteer or go to school  |  |  |  |  |  |
| I decide what courses I to take in school  |  |  |  |  |  |
| I am retired because I want to be  |  |  |  |  |  |

 [ ]  Completed independently (or) [ ]  Completed with staff support in answering questions

 Do you want to see changes on how you are supported to use your home? [ ]  Yes [ ]  No Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Staff Comments:**

Do you feel this some of these rights are restricted? [ ]  Yes [ ]  Somewhat [ ]  No

Do you feel this right is understood by the person? [ ]  Yes [ ]  Somewhat [ ]  No

Do you feel this right is understood by staff team? [ ]  Yes [ ]  Somewhat [ ]  No

Please explain and offer any ideas you may have on how this may be improved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Auditor Recommendations/Comments:** (please review all answers and identify which ones require follow up review in each table)

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**Health:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes | Sometimes | No | I don’t know | Requires Follow up |
| I see a doctor, dentist, etc. for regular checkups |  |  |  |  |  |
| Staff help me to understand the doctor’s recommendations |  |  |  |  |  |
| I know what my medications are for |  |  |  |  |  |
| I am on medications to change my behavior |  |  |  |  |  |
| I can change my doctor/dentist if I want to |  |  |  |  |  |
| Staff takes me seriously if I say I am not feeling well |  |  |  |  |  |
| My medications make me feel better |  |  |  |  |  |
| I am on a special diet prescribed by a doctor |  |  |  |  |  |
| I agree with following a special diet plan |  |  |  |  |  |
| I know what abuse and neglect is |  |  |  |  |  |
| I experience abuse and neglect |  |  |  |  |  |
| I can refuse my medication  |  |  |  |  |  |
| I have received information about healthy relationships and safe sex |  |  |  |  |  |
| I want information on relationships and safe sex |  |  |  |  |  |

 [ ]  Completed independently (or) [ ]  Completed with staff support in answering questions

 Do you want to see changes on how you are supported to use your home? [ ]  Yes [ ]  No Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Staff Comments:**

Do you feel that some of these rights are restricted? [ ]  Yes [ ]  Somewhat [ ]  No

Do you feel this right is understood by the person? [ ]  Yes [ ]  Somewhat [ ]  No

Do you feel this right is understood by staff team? [ ]  Yes [ ]  Somewhat [ ]  No

Please explain and offer any ideas you may have on how this may be improved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Auditor Recommendations/Comments:** (please review all answers and identify which ones require follow up review in each table)

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**Communication:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes | Sometimes | No | I don’t know | Requires Follow up |
| I feel like staff listen to what I say |  |  |  |  |  |
| I am involved in planning how staff support me |  |  |  |  |  |
| Staff ask for my opinions when decisions are made |  |  |  |  |  |
| I can answer the phone in my home if I want to |  |  |  |  |  |
| Staff will help me use the phone if I need help |  |  |  |  |  |
| If I have a complaint/problem staff helps me fix it |  |  |  |  |  |
| I know about the Grievance Line |  |  |  |  |  |
| Staff will help me call the Grievance Line if I need to |  |  |  |  |  |
| Things change after I complain |  |  |  |  |  |
| I know what to do if I have a problem or complaint |  |  |  |  |  |

 [ ]  Completed independently (or) [ ]  Completed with staff support in answering questions

 Do you want to see changes on how you are supported to use your home? [ ]  Yes [ ]  No Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Staff Comments:**

Do you feel that some of these rights are restricted? [ ]  Yes [ ]  Somewhat [ ]  No

Do you feel this right is understood by the person? [ ]  Yes [ ]  Somewhat [ ]  No

Do you feel this right is understood by staff team? [ ]  Yes [ ]  Somewhat [ ]  No

Please explain and offer any ideas you may have on how this may be improved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Auditor Recommendations/Comments:** (please review all answers and identify which ones require follow up review in each table)

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**My Relationships:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes | Sometimes | No | I don’t know | Requires Follow up |
| I choose who I spend time with |  |  |  |  |  |
| I have contact with my friend and family when I want |  |  |  |  |  |
| Staff helps me to see my family and friends |  |  |  |  |  |
| Staff helps me to make new friends if I want |  |  |  |  |  |
| I have received information about healthy relationships and safe sex |  |  |  |  |  |
| I want information on relationships and safe sex |  |  |  |  |  |
| I am forced to spend time with people I don’t want to be with |  |  |  |  |  |
| If I have a boyfriend/girlfriend, I can spend time with them if I wish |  |  |  |  |  |

 [ ]  Completed independently (or) [ ]  Completed with staff support in answering questions

 Do you want to see changes on how you are supported to use your home? [ ]  Yes [ ]  No Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Staff Comments:**

Do you feel that some of these rights are restricted? [ ]  Yes [ ]  Somewhat [ ]  No

Do you feel this right is understood by the person? [ ]  Yes [ ]  Somewhat [ ]  No

Do you feel this right is understood by staff team? [ ]  Yes [ ]  Somewhat [ ]  No

Please explain and offer any ideas you may have on how this may be improved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Auditor Recommendations/Comments:** (please review all answers and identify which ones require follow up review in each table)

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**My Community:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes | Sometimes | No | I don’t know | Requires Follow up |
| Staff ask me what activities I want to participate in |  |  |  |  |  |
| I attend activities in the community that I want to |  |  |  |  |  |
| I go out when I want and when I can afford to |  |  |  |  |  |
| If I want to stay home I can  |  |  |  |  |  |
| I can go on vacations if I save money to do so |  |  |  |  |  |
| I can go out with friends when I want to |  |  |  |  |  |
| I can go out in the community independently |  |  |  |  |  |
| I have free time |  |  |  |  |  |
| I can take days off work if I want to and my boss agrees |  |  |  |  |  |

 [ ]  Completed independently (or) [ ]  Completed with staff support in answering questions

 Do you want to see changes on how you are supported to use your home? [ ]  Yes [ ]  No Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Spirituality:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes | Sometimes | No | I don’t know | Requires Follow up |
| I go to the place of worship of my choice (e.g. church, synagogue, temple) |  |  |  |  |  |
| I go to worship as often as I want |  |  |  |  |  |
| I can choose not to go to place of worship |  |  |  |  |  |
| I want more information about and support surrounding my spirituality |  |  |  |  |  |

[ ]  Completed independently (or) [ ]  Completed with staff support in answering questions

 Do you want to see changes on how you are supported to use your home? [ ]  Yes [ ]  No Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Staff Comments:**

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Do you feel this right is understood by the person? [ ]  Yes [ ]  Somewhat [ ]  No

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**Voting:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes | Sometimes | No | I don’t know | Requires Follow up |
| I know what it means to vote |  |  |  |  |  |
| I am registered to vote |  |  |  |  |  |
| I have voted before |  |  |  |  |  |
| I have the opportunity to learn more about the political candidates before voting if I want |  |  |  |  |  |
| I know that I can vote but choose not to |  |  |  |  |  |

 [ ]  Completed independently (or) [ ]  Completed with staff support in answering questions

 Do you want to see changes on how you are supported to use your home? [ ]  Yes [ ]  No Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you feel that some of these rights are restricted? [ ]  Yes [ ]  Somewhat [ ]  No

Do you feel this right is understood by the person? [ ]  Yes [ ]  Somewhat [ ]  No

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Please explain and offer any ideas you may have on how this may be improved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**My Services:** (eg. your hairdresser, doctor or residential or day service provider)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes | Sometimes | No | I don’t know | Requires Follow up |
| I choose my services I need or want |  |  |  |  |  |
| Staff help me decide on services, if I need help |  |  |  |  |  |
| Staff help me access services |  |  |  |  |  |
| I know of other places to get services I need |  |  |  |  |  |
| I choose my support staff |  |  |  |  |  |

 [ ]  Completed independently (or) [ ]  Completed with staff support in answering questions

 Do you want to see changes on how you are supported to use your home? [ ]  Yes [ ]  No Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Staff Comments:**

Do you feel that some of these rights are restricted? [ ]  Yes [ ]  Somewhat [ ]  No

Do you feel this right is understood by the person? [ ]  Yes [ ]  Somewhat [ ]  No

Do you feel this right is understood by staff team? [ ]  Yes [ ]  Somewhat [ ]  No

Please explain and offer any ideas you may have on how this may be improved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Auditor Recommendations/Comments:** (please review all answers and identify which ones require follow up review in each table)

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**Freedom of Movement:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes | Sometimes | No | I don’t know | Requires Follow up |
| My arms or legs are sometimes held down |  |  |  |  |  |
| If I use a wheelchair, sometimes my brakes are put on when I don’t want them to be. |  |  |  |  |  |
| There are bells, alarms or devices on doors that alert others when I move around.  |  |  |  |  |  |
| I take medication that controls my behavior |  |  |  |  |  |
| I sometimes wear restrictive clothing or a helmet |  |  |  |  |  |
| I use a belt or strap that keeps me from moving around and that I don’t need because of a physical disability (ie. To enable me to sit properly). |  |  |  |  |  |

 [ ]  Completed independently (or) [ ]  Completed with staff support in answering questions

 Do you want to see changes on how you are supported to use your home? [ ]  Yes [ ]  No Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Staff Comments:**

Do you feel that some of these rights are restricted? [ ]  Yes [ ]  Somewhat [ ]  No

Do you feel this right is understood by the person? [ ]  Yes [ ]  Somewhat [ ]  No

Do you feel this right is understood by staff team? [ ]  Yes [ ]  Somewhat [ ]  No

Please explain and offer any ideas you may have on how this may be improved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Auditor Recommendations/Comments:** (please review all answers and identify which ones require follow up review in each table)

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**Decision Making:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes | Sometimes | No | I don’t know | Requires Follow up |
| I make all of my own decisions |  |  |  |  |  |
| I have a legal SDM to help me with decisions |  |  |  |  |  |
| I know who my SDM is |  |  |  |  |  |
| I am consulted on all decisions about me |  |  |  |  |  |
| Staff make all the decisions for me |  |  |  |  |  |
| My family makes all the decisions for me but is not my legal decision maker |  |  |  |  |  |

[ ]  Completed independently (or) [ ]  Completed with staff support in answering questions

 Do you want to see changes on how you are supported to use your home? [ ]  Yes [ ]  No Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Staff Comments:**

Do you feel that some of these rights are restricted? [ ]  Yes [ ]  Somewhat [ ]  No

Do you feel this right is understood by the person? [ ]  Yes [ ]  Somewhat [ ]  No

Do you feel this right is understood by staff team? [ ]  Yes [ ]  Somewhat [ ]  No

Please explain and offer any ideas you may have on how this may be improved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Rights Restrictions:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes | Sometimes | No | I don’t know | Requires Follow up |
| Some of my rights are restricted for my own safety |  |  |  |  |  |
| I have been involved in decisions about any restrictions with my rights |  |  |  |  |  |
|  |
| What rights have been restricted for your own safety/protection that you have consented to? |
|  |
|  |
|  |
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 [ ]  Completed independently (or) [ ]  Completed with staff support in answering questions

 Do you want to see changes on how you are supported to use your home? [ ]  Yes [ ]  No Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Staff Comments:**

Please explain and offer any ideas you may have on how these rights could be restored: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Additional NOTES:**

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