

MHID#: _____

INDIVIDUAL RIGHTS QUESTIONNAIRE

Date: _____

Person Interviewed: _____

Interviewer: _____

Advocate Present: _____ Yes _____ No

If yes, Advocates name: _____

I. PERSONAL GOALS/SUPPORTS

1. What do you want to do more than anything else?

2. Do you make your own decisions about what you do everyday? If not, who does?

3. Who do you live with? Do you want to live there? If not, have you been told about other places that you could live?

II. SAFETY

4. Do you know what to do:
 - a. If there is a fire?
 - b. If someone mistreats you?

5. Do you feel safe:
 - a. at home? Yes No
 - b. at work? Yes No
 - c. wherever you go every day? Yes No

III. COMMUNICATION

6. Can you use the telephone? If yes, are you allowed to use it without permission?
7. Can you read and write?
8. Do people tell you what to say?

IV. WORK

9. Do you have the kind of job that you want to do?
10. Do you ever get to try new jobs?
11. Who cashes your check? Do you decide what to do with your money?

V. REALTIONSHPIS

12. Do you have friends? If yes, did you pick these friends?
13. Do you visit them? DO they visit you? Do you go places together?
14. Can you have a girlfriend/boyfriend without permission?
15. Optional: You don't have to answer this question if you don't want to?

VI. PRIVACY

16. Do you know that there is a file about you? Has anyone ever told you about it? Do you get to say who looks in that file or can anyone look in it?

17. Do you get to spend time alone?

VII. PERSONAL PROPERTY

18. Who chooses your clothes everyday? Do you get to go shopping for your own clothes with your own money?

19. Do you have a key to your home?

VIII. FREEDOM OF RELIGION

20. Do you believe in God? If so, do you go to church? Did you choose that church?

IX. VOTING

21. Do you know what voting means?

22. Did you know that you have the right to vote? Are you registered to vote?

X. MISTAKES

- 23. Do you ever make mistakes?
- 24. Does somebody make you feel bad if you make a mistake?
- 25. When you make a mistake, what do you do?

XI. HEALTH

- 26. Who takes you to the doctor?
- 27. Who chooses the doctor that you see?
- 28. Do you know about the health exams that you need yearly?

XII. RESTRICTIONS

- 29. Are there things that you want to do that others won't allow you to do?
- 30. Do you know what rights are? Do you know what consequences are?
- 31. What right is most important to you?