



Informed Consent

Wholistic Practices – Personal Feedback and Follow-Up on Outcomes

1. Purpose of the study

We are looking for the answer to this question: If you get massage or energy or body work, will you be “better off”? Another way to ask this question is “Does it help in any way?”

2. What you’ll be asked to do

A trained expert will offer you a choice of massage, energy, or bodywork sessions. You will choose which one, and for how long, up to an hour. We will talk to you when you start, during it, and a couple of weeks after you’re done. We’ll ask how you feel – health, happiness, calmness, and things like that. We will also get information from your Individual Service Plan about the supports and services you get, plus what they cost.

3. Any risks and benefits

Benefits: you might enjoy these treatments. You might feel better in some way or ways. You might find out that these treatments could make you life better, and keep doing them.

Risks: You might not like the treatment. You might want to stop. (You can, any time.) Or, you might like them, and want to continue, but maybe no one could pay for it. You might not like us interviewing you about all this. But you can stop that, too, with no problem.

4. Freedom to say NO

You don’t have to do this. It is perfectly OK to say NO. Nothing bad will happen. You can also start, and then stop. Any time, for any reason, it is all up to you.

5. This is private

The people doing this work will not tell anyone else your name or anything that you want to be private. We will use our interviews with you to put together an “average” of all the people doing this. But, if you WANT others to know about this, you are free to tell them – or ask us to tell them.

_____ Yes, I agree to participate – or – _____ No, I choose to not participate

Date _____

PRINTED Name _____ Signature _____

PRINTED Names of People Assisting including guardian or next friend

Wholistic Practices Personal Feedback & Follow-up

About You

1. How old are you? _____

2. What is your gender?

Female

Male

Other, mixed, or that's private

3. Do you describe yourself as Hispanic, Latino, or Spanish origin or heritage?

Yes

No

That's private

4. How do you describe yourself in terms of race?

White or Caucasian

Black or African-American

American Indian / Alaska Native

Asian

Mixed

Other

That's Private

5. How do you describe yourself – about independence, communicating, getting around, senses, learning, and behavior?

(Check one box for each Area, please)

Area	Need total support	Need a lot of support	In between	Need a little support	Need no support	No answer
Everyday Independence - Grooming, Dressing, Eating, Getting Around						
Communicating with people I know						
Communicating with people I don't know						
Getting around – transportation						
Senses - seeing or hearing						
Learning new things - tasks, jobs, facts						
Behavior - staying positive and appropriate toward myself and others						

About the Sessions

1. Reason for Participating

(Probes: Please tell us a little about what led you to pursue a wholistic approach with Networks. Why did you first come to these sessions? What were you hoping to get from these treatments? Your original purpose.)

2. So far, do you think you are getting any results about that Reason for Participating?

3. Referral

(Probe: How did you hear about our Wholistic Practices work and us?)

4. About when was your FIRST session? _____

5. Approximately how many sessions have you had altogether? _____

6. What kinds of Wholistic work did you choose in each session?

Kind of Wholistic Practice	First Time	Second Time	Third Time	Fourth Time	Fifth Time
Reflexology					
Reiki					
Massage					
Cranio Sacral Therapy					
Aromatherapy					
Acupressure					
Meditation Assistance					
Breathing Exercises					
Counseling					
Coaching					
Self-Help Information					
Lifestyle Suggestions					
Others					

7. Has anything changed about your behavior?

(Probes: What has been your experience so far with this work and with us? (What effects has this work had on you? Others may also comment on what they have seen or you may report anything others have told you they've noticed in you.)

8. If you could, would you want to continue these sessions?

Definitely No	Probably No	In Between	Probably Yes	Definitely Yes
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8. How to make it better or easier to keep doing it

(Probes: If so, what could help make this continue and grow for you? What would you like changed? How could we improve Wholistic Practices Services? What would make it better for you? Was there something about the service that you did not like?)

10. Other Comments

(Probes: Any other things you think are important for us or others to know about your experience to-date? Want to add anything?)

Wholistic Practices Inventory: HOW DO YOU FEEL?






(To Be Answered by the Person and/or Whoever Knows the Person Best)

SEQUENCE:

First ask the first item about **THEN**, before beginning Wholistic Practices or Body Work. Next, immediately ask about **NOW**. Example of wording: “About the reason you came to Wholistic Practices, how were you doing before you came, bad or good? OK, and how about now, bad or good?” Be flexible in wording. Adapt to the person.

METHOD:

Each quality item is approached as two “Either-Or” questions. For example, Either-Or question on the first item is “How do you feel about being calm, good or bad?” Once the person answers, for example, “good,” the follow-up is a second Either-Or question: “Would you say good or very good?” (“In between” is implied, if the person says “neither” or “OK” or “neither” or any similar response. But answers like that have to be checked by probing with “Oh, so it’s in between, not really good or bad?”)

1	2	3	4	5	<i>Blank</i>
Very Bad	Bad	In Between	Good	Very Good	<i>Leave blank if no answer</i>
					?

	Life Quality Area	THEN (Before the First Session)	NOW
1	The thing(s) that led you to Wholistic Practices or Body Work	1 2 3 4 5	1 2 3 4 5
2	Feeling calm	1 2 3 4 5	1 2 3 4 5
3	Feeling happy	1 2 3 4 5	1 2 3 4 5
4	Feeling in control	1 2 3 4 5	1 2 3 4 5
5	Feeling confident	1 2 3 4 5	1 2 3 4 5
6	Feeling safe	1 2 3 4 5	1 2 3 4 5
7	Feelings about friends, family, neighbors	1 2 3 4 5	1 2 3 4 5
8	Feelings about people you live with	1 2 3 4 5	1 2 3 4 5
9	Feelings about people you work with	1 2 3 4 5	1 2 3 4 5
10	Health	1 2 3 4 5	1 2 3 4 5
11	Moving around	1 2 3 4 5	1 2 3 4 5
12	Pain	1 2 3 4 5	1 2 3 4 5
13	Sleep	1 2 3 4 5	1 2 3 4 5
14	Socializing	1 2 3 4 5	1 2 3 4 5
15	Life in general	1 2 3 4 5	1 2 3 4 5

How many of these 15 questions were answered *by you*, even if with assistance or interpretation? _____