

# Decision Control Inventory 1: For All People

Copyright © J.W. Conroy 1994, 1997, 1998, 2003

Ask the respondent to say who actually makes decisions in each area as shown, from 0 to 10. If decisions are made entirely by PAID PERSONNEL (program staff, Case Manager, agency officials, doctors, etc.), enter "0" for that area. If decisions are made entirely by the PERSON AND/OR TRUSTED FRIENDS, RELATIVES, ADVOCATES, etc., enter "10." If decisions are equally shared, enter "5." UNPAID can include people who had a relationship with the person before they began receiving money for their support, such as a sibling or neighbor. Items can be left blank. Next, rate each area for "How Important" it is for the person and the person's circle to have control in each area.

## WHO MAKES DECISIONS?

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

<b>Paid</b>	<b>Person and/or Trusted</b>
<b>Staff</b>	<b>Friends, Relatives, Advocates</b>

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