| **Topic** | **Variable Name** | **Survey Question and Response** |
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| Not Applicable | UID | Unique case identification number |
| Service Type | Services | Type of services received   1. Residential 2. Non-residential 3. Both residential and non-residential |
| C. Person Related Information | PR\_AGE1 | Age at time of survey   1. Under 25 years 2. 25-34 years 3. 35-44 years 4. 45-54 years 5. 55-64 years 6. 65+ years   -99. Missing information |
|  | PR\_Q3D | Gender   1. Male 2. Female   -99. Missing information |
| F. Communication - Expression | PR\_QF1A | What language does this person use most often to communicate with others? *(select one)*  **(Note:** If the person can make no sounds, has no intelligible speech or speech that is understood only by those who know the person well, select “Utterances or other oral methods”.)   1. Spoken language 2. Person mainly uses other methods to express him/herself 3. Person rarely or never expresses her/himself to others.   -88. Unknown  -99. Missing information |
| PR\_QF1B | Which spoken language is used most often? *(select one)*   1. English 2. French 3. Italian 4. Chinese 5. German 6. Other   -99. Missing information |
| PR\_QF1C | Which [other] method is used most often? *(select one)*   1. Sign language 2. Gestures or facial expressions 3. Device(s) that allows or facilitates communication (e.g., bliss board, computer, Blackberry, iPad) 4. Utterances or other oral methods (e.g., grunting, crying out, etc.)   -99. Missing information |
| G. Communication - Comprehension | PR\_QG1A | What language does this person understand best? *(select one)*  **(Note:** If the person does not demonstrate understanding of speech, gestures (tactile or visual) or facial expressions, select “Person rarely or never demonstrates an understanding of others”.)   1. Spoken language 2. Person mainly uses other methods to understand others 3. Person rarely or never demonstrates an understanding of others   -88. Unknown  -99. Missing information |
| PR\_QG1B | Which spoken language is used most often? *(select one)*   1. English 2. French 3. Italian 4. Chinese 5. German 6. Other   -99. Missing information |
| PR\_QG1C | Which [other] method is used most often? *(select one)*   1. Sign language 2. Gestures or facial expressions 3. Device(s) that allows or facilitates communication (e.g., bliss board, computer, Blackberry, iPad) 4. Utterances or other oral methods (e.g., grunting, crying out, etc.)   -99. Missing information |
| H. Mobility Aids | PR\_QH1A | To what degree does this person use any mobility aids such as a cane, walker, crutches or wheelchair? *(select one)*   1. Never 2. Rarely 3. Occasionally 4. Often 5. Always   -88. Unknown  -99. Missing information |
| PR\_QH1B | Is the person wheelchair dependent for most mobility-related activities?   1. Yes 2. No   -88. Unknown  -99. Missing information |

| **Survey Section** | **Variable Name** | **Survey Question and Response** |
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| I. Hearing Aids | PR\_QI1 | To what degree does this person use a hearing aid/aids or specialized equipment for persons who are deaf or hard of hearing (e.g., telephone volume control, TV decoder, amplifier, cochlear implant, computer etc…)? *(select one)*   1. Never 2. Rarely 3. Occasionally 4. Often 5. Always   -88. Unknown  -99. Missing information |
| J. Seeing Aids | PR\_QJ1 | Besides eye glasses or contact lenses, to what degree does this person use any aids or specialized equipment for persons who are blind or visually impaired (e.g., magnifiers, Braille reading materials, talking books, computer with Braille, large print or speech access, white cane, etc…)? *(select one)*   1. Never 2. Rarely 3. Occasionally 4. Often 5. Always   -88. Unknown  -99. Missing information |
| K. Feeding Assistance | PR\_QK1 | To what degree does the person require feeding assistance during meals, or use specialized equipment for nutrition (e.g., oral stimulation, tube, IV feeding, etc…)? *(select one)*   1. Never 2. Rarely 3. Occasionally 4. Often 5. Always   -88. Unknown  -99. Missing information |
| L. Current Living Arrangement | PR\_QL1 | Which best describes the person’s current living arrangement? *(select one).*   1. Alone 2. With family member(s) 3. With an associate/host/homeshare family/adult foster care 4. In a group/community home 5. Shared apartment, townhouse, house, condominium 6. Domiciliary hostel/board & lodging home 7. Other   -88. Unknown  -99. Missing information |
| L. Current Living Arrangement | PR\_QL1A\_1 | If the person lives with family member(s), does he/she live with his/her spouse/partner?   1. No 2. Yes   -88. Unknown  -99. Missing information |
| PR\_QL1A\_2 | If the person lives with family member(s), does he/she live with his/her parent(s)?   1. No 2. Yes   -88. Unknown  -99. Missing information |
| PR\_QL1A\_3 | If the person lives with family member(s), does he/she live with his/her children?   1. No 2. Yes   -88. Unknown  -99. Missing information |
| PR\_QL1A\_4 | If the person lives with family member(s), does he/she live with his/her sibling(s)?   1. No 2. Yes   -88. Unknown  -99. Missing information |
| M. Income | PR\_QM1A | Does this person receive income from the following sources: Government program (e.g., ODSP, CPP, OAS)? *(select one)*   1. Yes 2. No   -88. Don’t know  -99. Missing information |
| PR\_QM1B | Does this person receive income from the following sources: Paid employment?*(select one)*   1. Yes 2. No   -88. Don’t know  -99. Missing information |
| PR\_QM1C | Does this person receive income from the following sources: Private sources (e.g., parents, siblings, other relatives, trust funds, or insurance, excluding gifts)? *(select one)*   1. Yes 2. No   -88. Don’t know  -99. Missing information |

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| **Survey Section** | **Variable Name** | **Survey Question and Response** |
| N. Personal Health and Medical Conditions | PR\_QN1\_A | Autism Spectrum Disorder (e.g., Autism, Asperger’s Syndrome or other pervasive developmental disorder).   1. Yes, diagnosed 2. Yes, but undiagnosed 3. No   -88. Don’t know  -99. Missing information |
| PR\_QN1\_B | Other rare developmental disorder (e.g., Prader-Willi, Angelman's Syndrome, Rett’s Syndrome, Fragile X Syndrome, Fetal Alcohol Syndrome, Cri du Chat, DiGeorge Syndrome)   1. Yes, diagnosed 2. Yes, but undiagnosed 3. No   -88. Don’t know  -99. Missing information |
| PR\_QN1\_C | Asthma or other respiratory condition requiring specialized equipment   1. Yes, diagnosed 2. Yes, but undiagnosed 3. No   -88. Don’t know  -99. Missing information |
| PR\_QN1\_D | Mental health disorder (excluding dementia/Alzheimer’s disease)   1. Yes, diagnosed 2. Yes, but undiagnosed 3. No   -88. Don’t know  -99. Missing information |
| PR\_QN1\_E | Dementia/Alzheimer’s disease   1. Yes, diagnosed 2. Yes, but undiagnosed 3. No   -88. Don’t know  -99. Missing information |
| PR\_QN1\_F | Diabetes (Types 1 or 2)   1. Yes, diagnosed 2. Yes, but undiagnosed 3. No   -88. Don’t know  -99. Missing information |

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| **Survey Section** | **Variable Name** | **Survey Question and Response** |
| N. Personal Health and Medical Conditions (continued) | PR\_QN1\_G | Epilepsy, seizures or convulsions   1. Yes, diagnosed 2. Yes, but undiagnosed 3. No   -88. Don’t know  -99. Missing information |
| PR\_QN1\_H | Acquired brain injury   1. Yes, diagnosed 2. Yes, but undiagnosed 3. No   -88. Don’t know  -99. Missing information |
| O. Behavioural Traits | PR\_QO1\_A\_COMBINE | The person currently assaults or injures others (physical aggression)  1. Yes, despite support  2. No, due to support  3. No  -88. Don’t know  -99. Missing information |
| PR\_QO1\_B\_COMBINE | The person currently destroys property (e.g., throws objects, breaks furniture, vandalizes property)   1. Yes, despite support 2. No, due to support 3. No   -88. Don’t know  -99. Missing information |
| PR\_QO1\_C\_COMBINE | The person currently injures self (e.g., bangs head on wall; ingests inedible substances (pica); bites, scratches or hits self; puts inappropriate objects in ears, nose and mouth)   1. Yes, despite support 2. No, due to support 3. No   -88. Don’t know  -99. Missing information |
| PR\_QO1\_D\_COMBINE | The person currently exhibits inappropriate sexual behaviour (e.g., actual or attempted socially unacceptable behaviour directed toward others)   1. Yes, despite support 2. No, due to support 3. No   -88. Don’t know  -99. Missing information |

| **Survey Section** | **Variable Name** | **Survey Question and Response** |
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| O. Behavioural Traits (continued) | PR\_QO1\_E\_  COMBINE | The person currently exhibits wandering (e.g., repeatedly attempts to or leaves situations without following expected procedures for notifying or receiving permission; elopement)   1. Yes, despite support 2. No, due to support 3. No   -88. Don’t know  -99. Missing information |
| Consolidated Responses from Sections:  P. Use of Services  and  R(d) Professional and Specialized Supports | C\_BEHAVETHER | Indicate whether or not the following service providers were involved in the support of this individual in the past 12 months: Behaviour consultant or therapist (excluding psychiatrist or psychologist).   1. Yes 2. No   -88. Don’t know  -99. Missing information |
| C\_AUDIOSPEECH | Indicate whether or not the following service providers were involved in the support of this individual in the past 12 months: Audiologist or speech-language therapist.   1. Yes 2. No   -88. Don’t know  -99. Missing information |
| C\_COMMCONSUL | Indicate whether or not the following service providers were involved in the support of this individual in the past 12 months: Communications consultant, Communications Disorder Assistant (excluding an audiologist or speech-language therapist).   1. Yes 2. No   -88. Don’t know  -99. Missing information |
| C\_PT | Indicate whether or not the following service providers were involved in the support of this individual in the past 12 months: Physical therapist or kinesiologist.   1. Yes 2. No   -88. Don’t know  -99. Missing information |
| C\_OT | Indicate whether or not the following service providers were involved in the support of this individual in the past 12 months: Occupational therapist.   1. Yes 2. No   -88. Don’t know  -99. Missing information |
| Consolidated Responses from Sections:  P. Use of Services  and  R(d) Professional and Specialized Supports (continued) | C\_DIETICIAN | Indicate whether or not the following service providers were involved in the support of this individual in the past 12 months: Dietitian.   1. Yes 2. No   -88. Don’t know  -99. Missing information |
| C\_PSYCHIATRIST | Indicate whether or not the following service providers were involved in the support of this individual in the past 12 months: Psychiatrist (A physician who specializes in psychiatry and is certified to treat mental disorders and prescribe medication.).   1. Yes 2. No   -88. Don’t know  -99. Missing information |
| C\_PSYCHOLOGIST | Indicate whether or not the following service providers were involved in the support of this individual in the past 12 months: Psychologist (A person who is licensed to provide psychotherapy and/or administer and interpret psychological tests.).   1. Yes 2. No   -88. Don’t know  -99. Missing information |
| E. Service Delivery Method and Type of Non-Residential Services | C\_QE2\_2 | Please select the non-residential service(s) that your agency provides directly to the person *(select all that apply)*:Community/Employment Supports/Vocational Services.   1. Selected in any record in the set   -99. Not selected |

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| **Survey Section** | **Variable Name** | **Survey Question and Response** |
| E. Service Delivery Method and Type of Non-Residential Services (continued) | C\_QE2\_3 | Please select the non-residential service(s) that your agency provides directly to the person *(select all that apply)*: Caregiver Respite Services.   1. Selected in any record in the set   -99. Not selected |
| C\_QE2\_4 | Please select the non-residential service(s) that your agency provides directly to the person *(select all that apply)*: Professional and Specialized Services.   1. Selected in any record in the set   -99. Not selected |
| C\_QE2\_5 | Please select the non-residential service(s) that your agency provides directly to the person *(select all that apply)*: Adult Protective Services.   1. Selected in any record in the set   -99. Not selected |
| R (a) Respite Services | C\_QRA | Which one of the below respite services does the individual *typically[[1]](#footnote-1)* receive from your agency?   1. In-home caregiver respite (in their place of residence) 2. Out-of-home caregiver respite (in a setting other than their place of residence) 3. Both 4. Other 5. In-home and other 6. Out-of-home and other 7. Both and other   -99. Missing information |
| C\_AQRA2 | How many days of respite were allotted to (or approved for) this individual for the previous fiscal year (from April 1, 2011 to March 31, 2012)? Note: Half-days are counted as 0.5 days, and full days are counted as 1.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ days. |
| C\_AQRA3 | How many days of respite were used the previous fiscal year (from April 1, 2011 to March 31, 2012)? Note: Half-days are counted as 0.5 days, and full days are counted as 1.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ days. |
| **Survey Section** | **Variable Name** | **Survey Question and Response** |
| R (a) Respite Services (continued) | C\_QRA4 | When was respite *typically* used?   1. Weekdays only 2. Weekends only 3. Vacation periods only 4. Weekdays and weekends 5. Weekdays and vacation periods 6. Weekends and vacation periods 7. Anytime: Weekdays, weekends, and vacation periods   -99 Missing information |
| R (b) Community Participation, Employment Supports, Vocational Services | C\_QRB1\_1 | Which activities does the person participate in with your agency: Social, recreation, and leisure activities   1. Selected in any record in the set   -99. Not selected |
| C\_QRB1\_2 | Which activities does the person participate in with your agency: Learning life skills and educational activities   1. Selected in any record in the set   -99. Not selected |
| C\_QRB1\_3 | Which activities does the person participate in with your agency: Spiritual activities   1. Selected in any record in the set   -99. Not selected |
| C\_QRB1\_4 | Which activities does the person participate in with your agency: Volunteer activities   1. Selected in any record in the set   -99. Not selected |
| C\_QRB1\_5 | Which activities does the person participate in with your agency: Employment-related activities   1. Selected in any record in the set   -99. Not selected |
| C\_QRB1\_6 | Which activities does the person participate in with your agency: Other   1. Selected in any record in the set   -99. Not selected |
| C\_QRB2 | How often does this person participate in the community participation activities selected above, considering all the activities selected together?   1. Daily 2. Weekly 3. Monthly 4. Less than monthly   -99. Missing information |

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| **Survey Section** | **Variable Name** | **Survey Question and Response** |
| R (b) Community Participation, Employment Supports, Vocational Services (continued) | C\_QRB3\_1 | What type of employment activities did the person participate in: Preparation for non-competitive employment (i.e., less than minimum wage)   1. Selected in any record in the set   -99. Not selected |
| C\_QRB3\_2 | What type of employment activities did the person participate in: Supports to place the person in non-competitive employment (i.e., less than minimum wage)   1. Selected in any record in the set   -99. Not selected |
| C\_QRB3\_3 | What type of employment activities did the person participate in: Supports to maintain or change the employment of the individual, including transition to competitive employment   1. Selected in any record in the set   -99. Not selected |
| C\_QRB44 | How often does this person participate in employment-related activities (e.g., employment, vocational, and training activities), considering all the activities selected together?   1. Daily 2. Weekly 3. Monthly 4. Less than monthly   -99 Missing information |
| R (c) Adult Protective Services | C\_QRC1\_1 | Within the last 90 days, which of the below adult protective services did the person receive from your agency: Support with problem-solving, life-skills counselling or guidance, or social support/contact.   1. Selected in any record in the set   -99. Not selected |
| C\_QRC1\_2 | Within the last 90 days, which of the below adult protective services did the person receive from your agency: Assistance to arrange housing, legal, health, social, financial, family or counselling support.   1. Selected in any record in the set   -99. Not selected |
| C\_QRC1\_3 | Within the last 90 days, which of the below adult protective services did the person receive from your agency: Support in attending appointments or meetings related to housing, legal, health, social, financial, family or counselling concerns.   1. Selected in any record in the set   -99. Not selected |

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| **Survey Section** | **Variable Name** | **Survey Question and Response** |
| R (c) Adult Protective Services (continued) | C\_QRC1\_4 | Within the last 90 days, which of the below adult protective services did the person receive from your agency: Other adult protective services.   1. Selected in any record in the set   -99. Not selected |
| C\_QRC2 | Over the past 90 days, how frequently did this person receive this support?   1. Daily 2. Weekly 3. Monthly 4. Less than monthly   -99. Missing information |
| S. Transportation Services and Supports | C\_QS1 | Are transportation services and supports (e.g., agency van, funds to the person for a taxi, bus tickets) provided to the person?   1. Yes 2. No   -88. Don’t know  -99. Missing information |
| C\_QS2\_1 | Transportation services and supports are provided to the person (e.g., agency van, funds to the person for a taxi, bus tickets), because: Public transportation is not available or not easily accessible where the person resides.   1. Selected in any record in the set   -99. Not selected |
| C\_QS2\_2 | Transportation services and supports are provided to the person (e.g., agency van, funds to the person for a taxi, bus tickets), because: Transit accommodations (e.g., Para transit, community bus, Wheeltrans) are not available or are limited where the person resides.   1. Selected in any record in the set   -99. Not selected |
| C\_QS2\_3 | Transportation services and supports are provided to the person (e.g., agency van, funds to the person for a taxi, bus tickets), because: Public transportation is not suitable for this person or does not meet this person’s needs (e.g., behavioural concerns)   1. Selected in any record in the set   -99. Not selected |

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| **Survey Section** | **Variable Name** | **Survey Question and Response** |
| S. Transportation Services and Supports | C\_QS2\_4 | Transportation services and supports are provided to the person (e.g., agency van, funds to the person for a taxi, bus tickets), because: Financial assistance with transportation is required to support the person to participate in agency related activities and services   1. Selected in any record in the set   -99. Not selected |
| C\_QS2\_CODE | Transportation services and supports are provided to the person (e.g., agency van, funds to the person for a taxi, bus tickets), because: Other   1. Any record in the set selected program/service site not accessible 2. Any record in the set selected transportation part of activity/service 3. Any record in the set selected miscellaneous   -99. Not selected |
| C\_QS3 | How often does your agency provide transportation services to the person to participate in the non-residential activities the agency provides?   1. Daily (everyday) 2. Weekly (at least once a week but no more than two days) 3. Weekly (three days a week or more) 4. Monthly 5. Less than monthly   -99. Missing information |
| Q. Overall Level of Support | PR\_QQ | Select the Support Level that most closely represents the amount of intervention this person requires to participate in daily activities.   1. Less than daily support; person needs no support for daily activities. Requires support for activities that occur weekly or less often (e.g., medical appointments). 2. Daily support, low; person needs periodic checkups and/or support such as reminding/prompting with some daily activities. 3. Daily support, moderate; person needs support, training or physical assistance and/or frequent reminding/prompting with multiple daily activities. 4. Daily support, high; person needs support, including physical assistance, with a large number of daily activities. Needs occasional health and safety checks or support during night time hours.   -88. Don’t know  -99. Missing information |

1. For this survey,***typically*** is defined as MCSS-funded services and supports received 75% of the time and regardless of the reason why. Reasons may include intellectual disability; impairments in hearing, vision, mobility or communications; health and medical conditions; or behavioural conditions. [↑](#footnote-ref-1)