

# OEDI Answer Sheet

## OEDI APPLICANT INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo Day Year

Date services requested: \_\_\_\_\_

Date qualifying diagnosis verified: \_\_\_\_\_

Dates OEDI administered: \_\_\_\_\_

Location administered:  School  Home  Office  Other: \_\_\_\_\_

Name of Informants:	Relationship to Applicant:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## DOCUMENTS USED TO COMPLETE THE OEDI (Documents should be within one year)

Date:	Document:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## EVALUATOR INFORMATION

Name: \_\_\_\_\_ County: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Signature/Title of Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

**MOBILITY**

**1 The individual moves about independently and safely within indoor and outdoor environments without reminders or assistance including:**

- A. Using stairs . . . . .  Yes  No  
Comments: \_\_\_\_\_
- B. Navigating environmental . . . . .  Yes  No  
Comments: \_\_\_\_\_
- C. Possessing strength. . . . .  Yes  No  
Comments: \_\_\_\_\_
- D. Entering and exiting . . . . .  Yes  No  
Comments: \_\_\_\_\_
- E. Crossing streets . . . . .  Yes  No  
Comments: \_\_\_\_\_
- F. Accessing public. . . . .  Yes  No  
Comments: \_\_\_\_\_

If two sub-items are marked **NO** then the item must have a conclusion of **NO**.

Conclusion for this item:  Yes  No

Summary: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Scoring Criteria for Mobility**

This item must have a conclusion of **NO** for the individual to have a SubstantialFunctional Limitation (SFL) in MOBILITY.

Does the individual have a SFL in MOBILITY? [  ] Yes [  ] No

Source: [  ] Applicant [  ] Informant [  ] Documentation [  ] Observation

Comments: \_\_\_\_\_

## SELF-CARE

### 1 The individual independently eats a prepared meal including:

- A. Cutting food . . . . .  Yes  No  
 Comments: \_\_\_\_\_
- B. Lifting food . . . . .  Yes  No  
 Comments: \_\_\_\_\_
- C. Chewing and . . . . .  Yes  No  
 Comments: \_\_\_\_\_
- D. Completing process without . . . . .  Yes  No  
 Comments: \_\_\_\_\_
- E. Completing the eating . . . . .  \_\_\_\_\_  \_\_\_\_\_  
 Comments: \_\_\_\_\_

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item:  Yes  No

### 2 The individual toilets independently without assistance including:

- A. Anticipating the need . . . . .  Yes  No  
 Comments: \_\_\_\_\_
- B. Transferring to and . . . . .  Yes  No  
 Comments: \_\_\_\_\_
- C. Cleaning self . . . . .  Yes  No  
 Comments: \_\_\_\_\_
- D. Completing toileting . . . . .  Yes  No  
 Comments: \_\_\_\_\_

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item:  Yes  No

**3 The individual dresses independently without assistance including:**

- A. Selecting attire. . . . .  Yes  No  
Comments: \_\_\_\_\_
- B. Selecting seasonally appropriate . . . . .  Yes  No  
Comments: \_\_\_\_\_
- C. Completing buttoning and . . . . .  Yes  No  
Comments: \_\_\_\_\_
- D. Putting on . . . . .  Yes  No  
Comments: \_\_\_\_\_
- E. Dressing self . . . . .  Yes  No  
Comments: \_\_\_\_\_

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item:  Yes  No

**4 The individual independently and adequately cares for basic hygiene including:**

- A. Transferring in and . . . . .  Yes  No  
Comments: \_\_\_\_\_
- B. Washing self . . . . .  Yes  No  
Comments: \_\_\_\_\_
- C. Controlling water faucets . . . . .  Yes  No  
Comments: \_\_\_\_\_
- D. Brushing teeth using . . . . .  Yes  No  
Comments: \_\_\_\_\_
- E. Brushing or . . . . .  Yes  No  
Comments: \_\_\_\_\_
- F. Shaving . . . . .  Yes  No  NA  
Comments: \_\_\_\_\_
- G. Women: Independently . . . . .  Yes  No  NA  
Comments: \_\_\_\_\_

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item:  Yes  No

Comments: \_\_\_\_\_

**5 The individual self-medicates on-going prescriptions without assistance including:**

**A.** Opening and closing. . . . .  Yes  No  NA  
Comments: \_\_\_\_\_

**B.** Consistently obtaining . . . . .  Yes  No  NA  
Comments: \_\_\_\_\_

**C.** Swallowing without . . . . .  Yes  No  NA  
Comments: \_\_\_\_\_

**D.** Taking the medication as . . . . .  Yes  No  NA  
Comments: \_\_\_\_\_

**FOR PRESCRIBED INJECTIONS**

**E.** Following sterile procedures and . . . . .  Yes  No  NA  
Comments: \_\_\_\_\_

**F.** Consistently obtaining . . . . .  Yes  No  NA  
Comments: \_\_\_\_\_

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item:  Yes  No  NA

Summary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Scoring Criteria for Self-Care**

One item must have a conclusion of **NO** for the individual to have a SubstantialFunctional Limitation (SFL in SELF-CARE).

Does the individual have a SFL in SELF-CARE? [ ] Yes [ ] No

Source: [ ] Applicant [ ] Informant [ ] Documentation [ ] Observation

Comments: \_\_\_\_\_

Comments: \_\_\_\_\_

## OEDI Answer Sheet SELF-DIRECTION

### 1 The individual demonstrates adequate social skills to establish and maintain interpersonal relationships. During the past year, the individual (look for a consistent pattern):

- A. Initiated . . . . .  Yes  No  
Comments: \_\_\_\_\_
- B. Maintained . . . . .  Yes  No  
Comments: \_\_\_\_\_
- C. Behaved in such a . . . . .  Yes  No  
Comments: \_\_\_\_\_
- D. Behaved in such a . . . . .  Yes  No  
Comments: \_\_\_\_\_
- E. Displayed adequate . . . . .  Yes  No  
Comments: \_\_\_\_\_

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item:  Yes  No

### 2 The individual eats adequately to avoid health problems including:

- A. Deciding when . . . . .  Yes  No  
Comments: \_\_\_\_\_
- B. Deciding what . . . . .  Yes  No  
Comments: \_\_\_\_\_
- C. Adhering to a particular . . . . .  Yes  No  NA  
Comments: \_\_\_\_\_

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item:  Yes  No

### 3 The individual arranges medical and dental treatment including:

- A. Recognizing and communicating . . . . .  Yes  No  
Comments: \_\_\_\_\_

B. Knowing when . . . . .  Yes  No  
Comments: \_\_\_\_\_

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item:  Yes  No

**4 The individual has sufficient assertiveness skills, including:**

A. Expressing personal . . . . .  Yes  No  
Comments: \_\_\_\_\_

B. Requesting assistance . . . . .  Yes  No  
Comments: \_\_\_\_\_

C. Protecting self from . . . . .  Yes  No  
Comments: \_\_\_\_\_

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item:  Yes  No

**5 The individual makes independent decisions regarding daily activities including:**

A. Deciding what . . . . .  Yes  No  
Comments: \_\_\_\_\_

B. Adequately following . . . . .  Yes  No  
Comments: \_\_\_\_\_

C. Understanding the cause. . . . .  Yes  No  
Comments: \_\_\_\_\_

D. Changing future . . . . .  Yes  No  
Comments: \_\_\_\_\_

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item:  Yes  No

Summary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**OEDI Answer Sheet**  
**CAPACITY FOR INDEPENDENT LIVING**

**1 The individual uses a variety of community resources to meet basic needs necessary for independent living without assistance as compared to same age peers including:**

A. Purchasing the items . . . . .  Yes  No

Comments: \_\_\_\_\_

If the sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item:  Yes  No

**2 The individual can be left alone without being considered at risk including:**

A. Being left alone . . . . .  Yes  No

Comments: \_\_\_\_\_

B. Recognizing and obtaining . . . . .  Yes  No

Comments: \_\_\_\_\_

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item:  Yes  No

**3 The individual prepares simple meals in a familiar kitchen and cleans up without assistance including:**

A. Preparing sandwiches, microwave . . . . .  Yes  No

Comments: \_\_\_\_\_

B. Cleaning up after meals and . . . . .  Yes  No

Comments: \_\_\_\_\_

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item:  Yes  No

**4 The individual operates ordinary household equipment without assistance including:**

A. Operating an oven, range or . . . . .  Yes  No

Comments: \_\_\_\_\_

B. Operating a vacuum cleaner or . . . . .  Yes  No

Comments: \_\_\_\_\_

C. Operating a clothes washer and . . . . .  Yes  No

Comments: \_\_\_\_\_

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item:  Yes  No

Summary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Scoring Criteria for Capacity for Independent Living**

TWO items must have a conclusion of **NO** for the individual to a SubstantialFunctional Limitation (SFL) in CAPACITY FOR INDEPENDENT LIVING.

Does the individual have a SFL in CAPACITY FOR INDEPENDENT LIVING? [  ] Yes [  ] No

Source: [  ] Applicant [  ] Informant [  ] Documentation [  ] Observation

Comments: \_\_\_\_\_

**OEDI Answer Sheet  
LEARNING**

**1 The individual comprehends the content of ordinary TV, radio, movies or video game programming including:**

A. Naming a favorite . . . . .  Yes  No

Comments: \_\_\_\_\_

B. Communicating the general . . . . .  Yes  No

Comments: \_\_\_\_\_

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item:  Yes  No

**2 The individual demonstrates basic money skills within TWO trials without assistance including (use 5 quarters, 5 dimes, 4 nickels and 5 pennies for this item):**

A. Selecting 85 cents . . . . .  Yes  No

Comments: \_\_\_\_\_

B. Counting out a . . . . .  Yes  No

Comments: \_\_\_\_\_

C. Selecting \$1.31 . . . . .  Yes  No

Comments: \_\_\_\_\_

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item:  Yes  No

**3 The individual demonstrates time telling skills without assistance including:**

A. Telling time to the nearest . . . . .  Yes  No

Comments: \_\_\_\_\_

B. Telling the time of at least TWO . . . . .  Yes  No

Comments: \_\_\_\_\_

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item:  Yes  No

**4 The individual provides the following items of personal history without assistance (the individual may give you the information orally, in writing, by signing or by identifying the sub-item on an identification card):**

A. Name . . . . .  Yes  No

Comments: \_\_\_\_\_

B. Date of . . . . .  Yes  No

Comments: \_\_\_\_\_

C. Place of . . . . .  Yes  No

Comments: \_\_\_\_\_

D. Address . . . . .  Yes  No

Comments: \_\_\_\_\_

E. Telephone . . . . .  Yes  No

Comments: \_\_\_\_\_

F. Social Security . . . . .  Yes  No

Comments: \_\_\_\_\_

G. Education or . . . . .  Yes  No

Comments: \_\_\_\_\_

H. Nature of . . . . .  Yes  No

Comments: \_\_\_\_\_

In Item 4 above, if FIVE OR MORE sub-items are marked **NO**, then this item must have a conclusion of **NO**.

Conclusion for this item:  Yes  No

**5 The individual reads the document attached to this instrument and understands the content including:**

**A.** Did the individual read the . . . . .  Yes  No  
 Comments: \_\_\_\_\_

**B.** Did the individual correctly answer at least . . . . .  Yes  No  
 Comments: \_\_\_\_\_

	Yes	No
1. Who did the woman save?	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____		

	<input type="checkbox"/>	<input type="checkbox"/>
2. Where was the boy playing?	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____		

	<input type="checkbox"/>	<input type="checkbox"/>
3. Who was he playing with?	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____		

	<input type="checkbox"/>	<input type="checkbox"/>
4. What did the dog do?	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____		

	<input type="checkbox"/>	<input type="checkbox"/>
5. What did the little boy do?	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____		

	<input type="checkbox"/>	<input type="checkbox"/>
6. What was the little boy wearing?	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____		

	<input type="checkbox"/>	<input type="checkbox"/>
7. What happened to the boots?	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____		

	<input type="checkbox"/>	<input type="checkbox"/>
8. How did the little boy almost drown?	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____		

In Item 5 above, if EITHER A or B are marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item:  Yes  No

Summary: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Scoring Criteria for Learning**

TWO items must have a conclusion of **NO** for the individual to have a Substantial Functional Limitation (SFL) in LEARNING.

Does the individual have a SFL in LEARNING? [ ] Yes [ ] No

Source: [ ] Applicant [ ] Informant [ ] Documentation [ ] Observation

Comments: \_\_\_\_\_

**OEDI Answer Sheet  
 ECONOMIC SELF-SUFFICIENCY**

**1 The individual directs and has an understanding of managing his/her funds including:**

A. Budgeting money adequately for . . . . .  Yes  No  
 Comments: \_\_\_\_\_

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.  
 Conclusion for this item:  Yes  No

**2 The individual communicates the reason for working including:**

A. Describing the reason for . . . . .  Yes  No  
 Comments: \_\_\_\_\_

B. Describing vocational . . . . .  Yes  No  
 Comments: \_\_\_\_\_

C. Describing some skills necessary for . . . . .  Yes  No  
 Comments: \_\_\_\_\_

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.  
 Conclusion for this item:  Yes  No

**3 The individual demonstrates the general requirements of maintaining community employment without assistance including:**

A. Promptness . . . . .  Yes  No  
 Comments: \_\_\_\_\_

B. Regular attendance . . . . .  Yes  No  
 Comments: \_\_\_\_\_

C. AGE 22 AND ABOVE: Producing at a reasonable . . . . .  Yes  No  NA  
 Comments: \_\_\_\_\_

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item:  Yes  No

Summary: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Scoring Criteria for Economic Self-Sufficiency**

TWO items must have a conclusion of **NO** for the individual to have a Substantial Functional Limitation (SFL) in ECONOMIC SELF-SUFFICIENCY.

Does the individual have a SFL in ECONOMIC SELF-SUFFICIENCY? [  ] Yes [  ] No

Source: [  ] Applicant [  ] Informant [  ] Documentation [  ] Observation

Comments: \_\_\_\_\_

**OEDI Answer Sheet  
 RECEPTIVE AND EXPRESSIVE LANGUAGE**

**1 The individual understands the content of ordinary spoken conversations in his/her primary language including:**

A. Understanding interviewer's . . . . .  Yes  No  
 Comments: \_\_\_\_\_

If THIS sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item:  Yes  No

**2 The individual communicates with others unfamiliar to him/her without assistance including:**

A. The individual can be understood by . . . . .  Yes  No  
Comments: \_\_\_\_\_

B. Answering questions relevantly and . . . . .  Yes  No  
Comments: \_\_\_\_\_

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.  
Conclusion for this item:  Yes  No

**3 The individual prints, writes, or types a simple message without assistance including:**

A. Printing, writing or typing a . . . . .  Yes  No  
Comments: \_\_\_\_\_

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.  
Conclusion for this item:  Yes  No

Summary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Scoring Criteria for Receptive and Expressive Language**

ONE item must have a conclusion of **NO** for the individual to have a Substantial Functional Limitation (SFL) in RECEPTIVE AND EXPRESSIVE LANGUAGE.

Does the individual have a SFL in RECEPTIVE AND EXPRESSIVE LANGUAGE?  
[ ] Yes [ ] No

Source: [ ] Applicant [ ] Informant [ ] Documentation [ ] Observation

Comments: \_\_\_\_\_

