

OEDI Life Activity Areas

MOBILITY

INTENT of this section: This item assesses the individual's mobility skills not only in and around his/her own home, but around his/her neighborhood and community.

The rater should keep in mind the following guidelines of FEAST that apply to each of the OEDI items:

FREQUENCY...*of the functional limitation*

EFFORT...*needed to complete the task*

ADEQUACY...*of task completion*

SAFETY...*in completing the task*

TIME...*needed to complete the task*

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

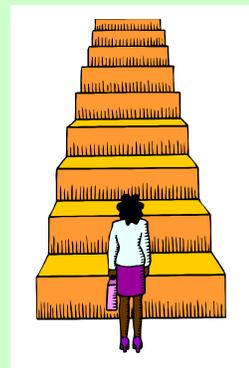
A. Using stairs in two-story buildings independently.

YES NO

Generally, if the individual needs to use a wheelchair most of the day, this item would be answered **NO**. Score this sub-item **NO** if the individual can climb a set of stairs, but the climb exhausts him/her to the point that he/she must rest for a period of time. The individual must also be able to consistently climb up and down stairs safely, for a score of **YES**. If the individual has fallen on the stairs more than twice in the past year, score **NO** for this sub-item.

Suggested clarifying questions/observations for additional guidance, if needed:

- Does someone hold your hand on the stairs?
- When you get to the top of the stairs, are you tired and/or need to rest?
- Do you frequently fall on the stairs?
- Is someone waiting for you to get to the top of the stairs?
- Are you able to use stairs in school to get to your next class?
- Do you need a railing?
- Where is your bedroom?
- Where is the bathroom in your home?



B. Navigating environmental barriers such as curbs.**YES NO**

This sub-item should be scored with **YES** if the individual can usually step over curbs or thresholds.

Suggested clarifying questions/observations for additional guidance, if needed:

- Can you navigate doorways, gates, getting in and out of cars, sidewalk cracks, grass, parking lots with holes and cement stops?

C. Possessing the strength and stamina to get to and move around adequately in places of business and recreation (stores, theaters, banks, etc.).**YES NO**

Score **NO** if the individual is able to maneuver through malls, parks, businesses, etc., but only for limited amounts of time due to a lack of stamina or strength. This is measured once the individual is in the facility. It is not about transportation.

Suggested clarifying questions/observations for additional guidance, if needed:

- Do you know when to take a break?
- How long can you walk without resting?
- How many stores can you get through without a break?
- What are things that require much more effort for you to do for yourself?
- Do you participate in any regular recreational activities?

**D. Entering and exiting his/her own home independently including locking and unlocking the door.****YES NO**

The rater should assess these skills using the individual's own home, even if it has been modified (lowered locks, ramps, etc.). Score this sub-item **NO** if the individual can get into and out of his/her residence but cannot lock or unlock the door. An electronic method of locking the door is acceptable.

Suggested clarifying questions/observations for additional guidance, if needed:

- Do you use a key, keypad or latch?
- Do you lock up your bicycle?
- Do you have a locker at school?



E. Crossing streets independently and safely in a reasonable amount of time (e.g., the amount of time allotted by a traffic light). YES NO

Score **NO** if the individual is capable of walking, but cannot safely cross streets due to other limitations (speed, cognitive abilities, or impulsive behavior). This sub-item should be assessed with the individual's typical setting in mind (home, work, community). A reasonable amount of time should be defined based on the environment (i.e., in an urban setting the amount of time allotted by a traffic light is reasonable; in a rural setting a reasonable amount of time might be defined according to the individual's ability to judge distance and speed of traffic). Rater should look for patterns of safe street crossing where the individual would regularly have to cross. The intent is not crossing the busiest street if the individual would never have the occasion to do so.

Suggested clarifying questions/observations for additional guidance, if needed:

- Do you safely cross through parking lots?
- Where do you ride your bike?
- Do you go places in the community alone? If so, where?
- Do you get your own mail (rural areas)?
- Do you look both ways when crossing the street?
- Do you cross between parked cars?



F. Accessing public restrooms independently. YES NO

Locating the correct, sex-appropriate bathroom is also a requirement of this item. If the individual can use public restrooms, but cannot do so independently (i.e., someone opens the door for the individual). Then a **NO** should be scored. This sub-item does not deal with toileting.

Suggested clarifying questions/observations for additional guidance, if needed:

- Do you know what the symbols on the restroom doors mean?
- Do you require assistance getting in and out of the stall?



Scoring criteria for Mobility:

All of the sub-items in this area with the exception of “D” assume an environment that has not been made specially accessible.

If TWO sub-items are marked **NO**, then the item must have a conclusion of **NO**.
The item must have a conclusion of **NO** for the individual to have a Substantial Functional Limitation (SFL) in **Mobility**.

SELF-CARE

Intent of this section: This skill area measures the ability to complete the item. This does not measure the willingness of the individual to complete the item. If the applicant is clearly able to complete the requirements of the items but “chooses” not to do them, the item should be scored **YES**. Include a written explanation and cross-reference to the Self-Direction area. These items address basic daily living skills that are completed on a regular basis.

The rater should keep in mind the following guidelines of FEAST that apply to each of the OEDI items:

FREQUENCY...of the functional limitation

EFFORT...needed to complete the task

ADEQUACY...of task completion

SAFETY...in completing the task

TIME...needed to complete the task

1 The individual independently eats a prepared meal including:

This item addresses eating a meal, **not** the preparation of it (*preparation of the meal is addressed later in the “Capacity for Independent Living” area*). This item assumes that the individual is seated at a table in front of a meal that is already prepared. The sub-items below must be assessed with the understanding that the utensils are within reach.

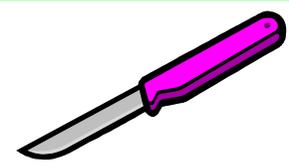
A. Cutting food (excluding cutting tough meats).

YES NO

Score **YES** if the individual is able to safely and adequately cut almost all of their food. Score **NO** if the individual needs others to cut their food. If the individual can cut all but a few foods, then score **YES** as long as those foods are limited (e.g., only tough meats). Assistive devices such as rocker knives are acceptable as long as they meet the criteria for allowable assistive devices.

Suggested clarifying questions/observations for additional guidance, if needed:

- Do you cut your own food when eating?
- What type of utensils do you use by yourself?
- Do you eat in the cafeteria at school/ work with everyone else?
- Do you cut your own food there?
- If the individual is unable to cut his/her food, ask why (*may be lack of opportunity*).



B. Lifting food and drink to mouth.**YES NO**

Assistive devices such as a swivel spoon are acceptable if the individual can use them independently. It is acceptable to use a straw in order to prevent spills.

Suggested clarifying questions/observations for additional guidance, if needed:

- Do you feed yourself?
- Do you sometimes need someone to help you?

C. Chewing and swallowing.**YES NO**

The individual must be able to chew and swallow foods that have not been specially processed. A **NO** must be scored if the person is fed through a G-Tube or eats only very soft or pureed foods.

Suggested clarifying questions/observations for additional guidance, if needed:

- Do you have any problems chewing or swallowing the foods that you eat?
- Are there any foods you don't eat because they are hard for you to chew or swallow?

D. Completing process without choking.**YES NO**

This individual must be able to eat “customary” (neither pureed, nor pieces which are overly large or small) food without choking. The choking does not have to be life-threatening to be scored **NO**. If the individual chokes often or periodically, then **NO** should be scored.

Suggested clarifying questions/observations for additional guidance, if needed:

- Have you ever choked on food while eating? How long ago?
- Do people remind you to cut your food up small and eat slowly?
 - What types of food have you choked on?



E. Completing the eating process without excessive spillage.**YES NO**

This item assumes the individual is not receiving assistance from others with eating. Score **NO** if the individual spills too much or leaves food on their face to such an extent that he/she or the people around him/her are embarrassed or uncomfortable. Score **NO** if he/she sits in a less noticeable area of the restaurant or typically does not eat away from home for this reason. Score **NO** if the individual must clean himself/herself beyond what is normal or have someone else clean him/her after every meal.

Suggested clarifying questions/observations for additional guidance, if needed:

- Do you often change your shirt after eating?
- Do you require some type of protective garment while eating?

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

The assessment strategy for this item assumes that the individual is already in a bathroom that is fairly accessible. If the individual utilizes alternative methods of urinary voiding, the individual must complete the entire routine independently. This item includes safe and clean practices.

A. Anticipating the need for toileting (no accidents day or night). YES NO

Score **NO** if accidents occur on a regular basis. If the accidents are very infrequent or if they are related to specific illnesses or injuries that have since passed, score **YES**. For example, some persons with epilepsy have accidents during or following seizures, but have no problems the rest of the time.

Suggested clarifying questions/observations for additional guidance, if needed:

- Do you sometimes have toileting accidents? If yes, how often?
- Where/ when does this happen most often?
- Is it only when you are sick?



B. Transferring to and from toilet. YES NO

The individual must be able to transfer to and from the toilet without any physical assistance for this sub-item. The rater should also determine whether the individual performs this activity safely.

Suggested clarifying questions/observations for additional guidance, if needed:

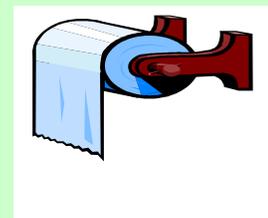
- Are there times when this is difficult for you to accomplish?
- What is an example of when you have difficulty with this?

C. Cleaning self well enough so as not to constitute a health hazard or emit odor. YES NO

Score **NO** if the individual requires any verbal or physical assistance to obtain an acceptable level of cleanliness.

Suggested clarifying questions/observations for additional guidance, if needed:

- Do you require assistance after a bowel movement?
- Has this area ever been addressed at school/ work?



D. Completing toileting process without interfering with other activities. YES NO

If the individual has the ability to finish, but chooses not to, then YES can be scored. If alternative methods of urinary voiding or fecal evacuation are applicable, the individual must independently complete the entire routine. Consider FEAST.

Suggested clarifying questions/observations for additional guidance, if needed:

- Do others often tell you to "hurry up"?
- Does it take a long time in all environments?

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

This item requires an individual to complete all of his/her own dressing and undressing. If he/she can complete as much as 90% of his/her own dressing and undressing but requires the assistance of another person for the remaining 10%, then he/she is not doing it independently and should receive **NO** scores for the applicable sub-items.

A. Selecting attire (style or taste is not evaluated). YES NO

“Selecting attire” means choosing correct clothing items each morning (a shirt, a pair of pants, two shoes, etc.). These items do not have to be color or pattern coordinated or in fashion. This sub-item does not require the individual to take the clothes out of the closet, dresser, etc.

Suggested clarifying questions/observations for additional guidance, if needed:

- Do you pick out your own clothes?
- What do you like to wear?



B. Selecting seasonally appropriate attire.**YES NO**

To score **NO**, the incorrect choice of clothing must be obvious (e.g., a sundress in February). This sub-item allows for flexibility for seasonal changes. The rater must try to assess the capacity of the individual to select the correct seasonal clothing.

Suggested clarifying questions/observations for additional guidance, if needed:

- Are you able to pick out your own clothes?
- What would you wear if it were cold outside?
- What would you wear if it was really hot outside?
- Current trends or fads should be considered.

**C. Completing buttoning and fastening of all everyday clothing items.****YES NO**

The individual should be assessed using the individual's own clothing. If he/she typically wears pullovers and sweatshirts because buttons are difficult to fasten, he/she should be assessed using those clothes. If he/she requires consistent assistance, even if limited to only one item (such as shoes), then **NO** should be scored. Assistive devices such as buttonhooks are acceptable. If he/she always wears slip-ons or Velcro, he/she would not need to tie. This could also apply to individuals who wear pullover shirts and elastic pants. Consider FEAST.

Suggested clarifying questions/observations for additional guidance, if needed:

- Is there any type of clothing you do not wear because of difficulty using buttons, zippers or shoelaces?
- Do you only wear certain types of clothing?



D. Putting on clothing correctly (not backwards or inside out).**YES NO**

An individual must be able to consistently put all clothing items on correctly. If he/she can put them all on correctly except for one item, **NO** should still be scored. Score **YES** if a particular item is not put on correctly for fashion reasons but is aware of the appropriate way. Style and choice should not be taken into account.

Suggested clarifying questions/observations for additional guidance, if needed:

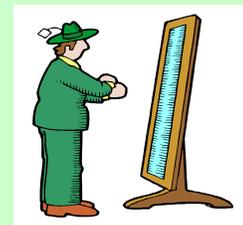
- Do you sometimes have your t-shirts, sweatpants on backwards?
- If so, how often?

**E. Dressing self within 30 minutes.****YES NO**

An individual must dress independently and consistently (including all underwear, shoes, socks, etc.) without any verbal or physical assistance within 30 minutes.

Suggested clarifying questions/observations for additional guidance, if needed:

- How long does it take you to get dressed in the morning?
- Does anyone have to assist you? If so, why?

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

The individual must be able to perform all of these activities independently or after an initial prompt. Any physical or verbal assistance will result in a **NO** score. If the individual clearly can do it, but for some reason chooses not to, cross-reference to Self-Direction. If, for cultural reasons, the individual does not bathe or brush his/her teeth consistently, score a **YES** as long as the other family members also bathe and brush their teeth with the same frequency.

A. Transferring into and out of the tub or shower.**YES NO**

The individual must be able to independently and safely transfer in and out of the shower/tub. Assistive devices such as grab bars and fold-up tub benches are allowed as long as the individual uses them independently.

Suggested clarifying questions/observations for additional guidance, if needed:

- Do you prefer a shower or bath?
- Does anyone help you get in/out? If so, why?

**B. Washing self in shower or tub, shampooing hair, rinsing and towelng off within 30 minutes.****YES NO**

Once the individual is in the shower or bath, he/she must be able to wash independently. If he/she cannot adequately rinse out the shampoo, for example, a **NO** should be scored.

Suggested clarifying questions/observations for additional guidance, if needed:

- Does anyone have to help you wash? If so, why?
- Have you ever tried to do this by yourself? If yes, how long ago?
- Does anyone stand in the bathroom with you and tell you what to wash next?

**C. Controlling water faucets without scalding self.****YES NO**

The individual must be able to control both the hot and cold water faucets and monitor the temperature of the water prior to getting into the tub or shower. Score **NO** if the individual uses only cold water because he/she is afraid of being scalded or cannot adjust the water appropriately to preference or a comfortable setting. If the hot water tank temperature has been lowered or the place to turn the faucet has been marked, **NO** should also be scored.

Suggested clarifying questions/observations for additional guidance, if needed:

- Does anyone help you set the water temperature? If yes, why?
- Have you ever set the temperature by yourself?
- If yes, what happened?



D. Brushing teeth using a toothbrush and toothpaste.**YES NO**

The individual must possess the ability to put the toothpaste on the toothbrush and consistently brush his/her teeth without step-by-step instruction. The individual should be able to take care of his/her specific dental needs (i.e., cleaning dentures).

Suggested clarifying questions/observations for additional guidance if needed:

- Do you put your own toothpaste on your toothbrush?
- Do you brush your own teeth, If not, why?
- Does someone have to remind you to brush? If yes, how often?

**E. Brushing or combing hair without assistance.****YES NO**

The individual should be able to perform this function adequately and independently. This item does not include styling. The individual should be able to brush his/her entire head of hair. Individual may choose to keep hair short for ease of care. Score **YES** if brushing or combing hair is not required because of hairstyle.

Suggested clarifying questions/observations for additional guidance, if needed:

- Do you brush or comb your own hair? If not, why?
- Does someone have to remind you to do so? If yes, how often?

**F. Shaving using electric or blade shaver.****YES NO N/A**

The individual must be able to perform this activity adequately. This sub-item should be scored **NO** if a physical problem exists (i.e., shaking). If a woman chooses to shave body hair, then this sub-item applies. If a man does not shave, then the rater must find out why. If an individual chooses to wear a beard, then he must be able to trim it or arrange to have it trimmed (e.g., at the barbershop) independently. If he does not trim the beard, then **NO** must be scored unless he has shaved or trimmed his beard in the past and now chooses not to do so.

Suggested clarifying questions/observations for additional guidance, if needed:

- Do you shave yourself? If not, why?
- How often do you (or someone else) trim your beard?
- Does anyone have to remind you to shave (or trim your beard)? If yes, how often?

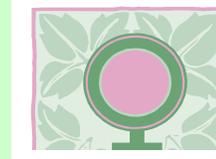


G. Women: Independently caring for menstrual needs adequately. YES NO N/A

The woman must be able to perform this activity independently without physical or verbal assistance. If the woman requires any verbal or assistance, **NO** should be scored. Proper disposal of used items should be included.

Suggested clarifying questions/observations for additional guidance, if needed:

- Do you carry your own supplies?
- Do you independently take care of your personal care issues while at school/ work/ or in the community?



5

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

If the individual takes medications, you may want to ask what type and why he/she takes it. This may give you the information to answer the questions below. This item is applicable if the individual uses **on-going, prescribed medications** (oral, topical, patch, and/or inhalers). These medications could include seizure medications, psychotropics, insulin, antihistamines for asthma, birth control pills, etc. “On-going” means that the medication is one that is likely to continue indefinitely. Many people only need medications during “attacks” of some sort (e.g., asthma, bee stings, oncoming seizures) or in certain environments (e.g., severe allergic reactions). In those cases, the medications would be considered ongoing and would be reviewed for appropriate time of usage. **Medications prescribed for a temporary illness or injury would not be considered ongoing.** The individual does not have to take the medication indefinitely. The individual must be able to complete all of the activities involved in taking medications without assistance. If someone other than a pharmacist or physician sorts the medications for the individual (i.e., by days of the week), the rater should mark **NO**.

For Prescribed Medications

A. Opening and closing a non-childproof container.

YES NO NA

The rater should keep in mind that the individual must be able to open only a non-childproof container. The individual may use different types of containers for ease of access as long as the container that is used either comes from the pharmacist prepackaged or he/she personally transfers the medications from the original container into one of his/her own choosing.

Suggested clarifying questions/observations for additional guidance, if needed:

- Do you open your own pill container, weekly planner or bubble pack? If not, why?
- Do you independently fill an alternative container?



B. Consistently obtaining the correct dosage.

YES NO NA

This sub-item applies to oral medication only. Scoring for this sub-item will depend upon the type of medication prescribed. For example, taking three rather than two aspirin is a much less serious mistake than taking too many Valium. The rater should score **NO** when others consistently determine the correct dosage for the individual.

Suggested clarifying questions/observations for additional guidance, if needed:

- What type(s) of medicine(s) do you take?
- Why do you take these medication(s)?
- How much/how many do you take?



C. Swallowing without choking, with or without liquids, as appropriate.

YES NO NA

The individual must be able to do this independently, using whatever medication form prescribed (pill, liquid, etc.). If the individual has a G-Tube, this could be scored as **N/A**.

Suggested clarifying questions/observations for additional guidance, if needed:

- Does your medication have to be altered before ingesting (i.e., crushed)?



D. Taking the medication as prescribed by the doctor.

YES NO NA

As with sub-item **B.**, scoring for this sub-item will depend upon the type of medication prescribed. Consistently not taking birth control pills within ½ hour of the prescribed time (every 24 hours) should not result in a **NO** conclusion as long as the individual takes one every day. On the other hand, an individual suffering from an oncoming asthma attack should take the prescribed medication within only a few minutes. Occasionally forgetting a dosage for non-threatening circumstances should not be counted if this omission is infrequent and inconsistent. .

Suggested clarifying questions/observations for additional guidance, if needed:

- How long does it take to take your medication (s)?
- Does the prescription give a specific time to be taken?
- What could happen if you miss a dose of your medication?
- How do you remember to take your medication(s)?
- Does someone have to remind you? If yes, how often?

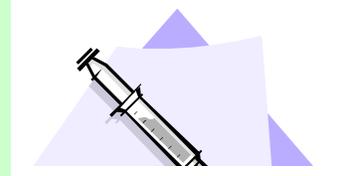


E. Following sterile procedures and completing injections. YES NO NA

This sub-item only applies to persons with medically **prescribed injections only**. For injections, the individual must complete all of the steps independently, including filling the syringe to the correct level applying alcohol, injecting themselves and properly disposing of the syringe.

Suggested clarifying questions/observations for additional guidance, if needed:

- Does anyone have to help you? If yes, how often?

**F. Consistently obtaining the correct dosage. YES NO N/A**

This sub-item applies to doctor prescribed **injected medication only**. If the syringe comes pre-filled by the pharmacy, **N/A** should be scored.

Suggested clarifying questions/observations for additional guidance, if needed:

- What kind of medicine do you take?
- When do you take this medicine and in what dosage?

Scoring Criteria for Self-Care:

For Item 5, Sub-Items A through D, score **NA** (Not Applicable) if the individual does not take oral medication.

For Item 5, Sub-Items E and F, score **NA** if the individual does not administer or take injections.

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

ONE item must have a conclusion of **NO** for the individual to have a substantial functional limitation in **Self-Care**.

SELF-DIRECTION

Intent of this Section: Self-Direction measures the person's ability to make decisions about social activities, planning and setting goals, protecting one's interest, establishing and asserting one's rights and maintaining social relationships and resolving problems in daily living.

The rater should keep in mind the following guidelines of FEAST that apply to each of the OEDI items:

FREQUENCY...*of the functional limitation*

EFFORT...*needed to complete the task*

ADEQUACY...*of task completion*

SAFETY...*in completing the task*

TIME...*needed to complete the task*

Cross-Referencing

All of the areas, with the exception of Self-Direction permit raters to score **YES** conclusions for abilities that the individual has but for some reason does not consistently demonstrate. For example, an individual who has recently demonstrated the ability to bathe independently but refuses to do so (because he/she really hates to bathe) should receive a **YES** conclusion for the applicable Self-Care sub-item. The rater would then make a note of this refusal on the corresponding page of the OEDI and would apply that information to the Self-Direction items, if appropriate. Prior to scoring a **YES** for the applicable item and cross-referencing to the Self-Direction area, make sure that the individual has the capacity to understand the implications of his/her choice. For example:

- Many individuals with a diagnosis of mental retardation may not have the cognitive skills to recognize the need for these socially necessary capacities.
- A person with mild mental retardation who refuses to ever wash his/her hair could receive a **NO** score. The individual may not have the capacity to understand the implications of not washing his/her hair.
- The rater should make a note in the Cross-Reference Citation Section and then determine whether the individual has a limitation in Self-Direction based on this information.
- The cross reference can also be used to substantiate why a person may have scored a **YES** in another area because he/she may have the skill and ability to complete the task. The person should not be assessed when he/she is in a crisis (i.e., medical or mental health crisis).

Example in Self-Care

An individual who has, in the past, demonstrated the ability to brush his/her teeth independently (4 D.) but refuses to do so now (the individual really hates to brush) should receive a **YES** conclusion for that Self-Care sub-item. The rater should determine if the individual fully understands the implications of the decision. The rater would then document this information under the Cross-Reference Citations Section found at the end of the Self-Direction Section, in the OEDI.

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

This item focuses on the individual's ability to get along with other people. The rater should try to determine if the individual *consistently* alienates people, is abusive to self or others, or destroys property. The rater needs to inquire if the person has lasting relationships. If not, why? Determine if the individual goes to movies, shopping or events with others.

A. Initiated activities with other people.

YES NO

If the individual only maintains relationships with family members or one individual then the rater should determine why the individual does not participate in other relationships. If the individual prefers to be alone, the rater must determine if he/she has the ability to initiate activities when needed or wanted. Score **NO** if the individual never initiates interactions with others.

Suggested clarifying questions/observations for additional guidance, if needed:

- Do you ask for help or assistance from parents/teachers/coaches/neighbors/classmates?
- Do you seek social interactions with other adults or peers?



B. Maintained relationships.**YES NO**

A relationship would be defined as a significant connection with another person including an ongoing exchange of feelings between the parties. Merely living with family is not enough to constitute a **YES** conclusion.

Suggested clarifying questions/observations for additional guidance, if needed:

- How often do you make non-required phone calls to peers and adults?
- Do you have a close connection with someone outside the home? If yes, who?
- How often do you regularly communicate with the same person by phone, mail or computer (e-mail or instant messaging)?
- Do you invite others over to your home or do you sit with particular friends at lunch? If yes, who?

**C. Behaved in such a way as to not cause injury to self or others.****YES NO**

If the individual caused harm to another person or to themselves by hitting, throwing objects, scratching, etc., then this sub-item should be scored **NO** unless those behaviors occurred more than a year ago. Typical sibling rivalry is not necessarily scored **NO**, unless there is a serious injury. Interviewer is looking for a pattern of injurious behavior.

Suggested clarifying questions/observations for additional guidance, if needed:

- Do you bully others or injure other people? If yes, ask for examples.
- What type of trouble do you get into at work, school or in the community?



D. Behaved in such a way as to not have a pattern of damage to own property or possessions of others. YES NO

If the individual caused harm to another person or to himself/herself by hitting, throwing objects, scratching, etc., then this sub-item should be scored **NO** unless those behaviors occurred more than a year ago.

Suggested clarifying questions/observations for additional guidance, if needed:

- Have you gotten angry and damaged your property or others by punching a hole in the wall, deliberately breaking your own or others' belongings, willfully throwing, tearing or smashing items?
- What do you do when you're mad?

E. Displayed adequate social skills. YES NO

A consistent pattern of "poor sportsmanship" or inappropriate social or age related behavior would probably result in a **NO** for this item.

Suggested clarifying questions/observations for additional guidance, if needed:

- Does the individual follow school and basic social/community rules? If no, what are some examples?
- If any, what are some examples of inappropriate behavior displayed by the individual?
- How do you handle it if people want you to do something you think you should not do?



2 The individual eats adequately to avoid health problems including:

The rater should ascertain whether the individual eats adequately enough to avoid health problems. The issue here is not whether the individual always eats a perfectly nutritious, well-balanced diet; however, the meals should not be excessive in volume, fat, sugar or caffeine. The rater should determine if the individual would be able to choose an adequate diet if given the opportunity. If the individual has a food allergy or an eating disorder of some sort, do they properly manage it?

A. Deciding when to eat.**YES NO**

The rater assesses how often the individual chooses to eat (three times/day, ten times/day) and if it is adequate enough to maintain health. This item is not measuring if he/she can make a meal.

Suggested clarifying questions/observations for additional guidance, if needed:

- When do you usually eat?
- Do you know when you should eat?
- What do you do when you get hungry?
- Where is the food kept at your home?
- If you are home alone, will you get food for yourself?

B. Deciding what to eat.**YES NO**

The rater should try to determine if an individual chooses an adequate diet (not a perfect diet but one that is not excessive in volume, fat, sugar or caffeine). If not currently allowed to decide, could he/she do so consistently if given the opportunity? The diet chosen by the individual must be healthy enough so as to not cause health problems if implemented over time. For example, an individual who consistently eats only sundaes and french fries should receive a **NO** score for this sub-item.

Suggested clarifying questions/observations for additional guidance, if needed:

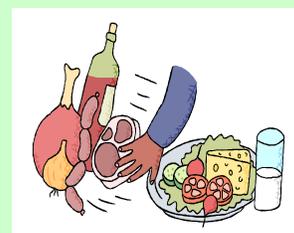
- What do you usually eat?
- What do you usually drink?
- How often do you eat fast food? What type?
- What foods are needed to stay healthy?

**C. Adhering to a particular diet schedule when the individual may be at risk due to specific medical problems, such as diabetes, severe allergic reactions, PKU, etc.****YES NO NA**

This sub-item is only applicable if the individual is currently managing a medically prescribed diet related to his/her condition. This sub-item deals with people who have food allergies or other known health risks. An individual who has an allergy to milk, for example, should independently control his/her diet by not eating or drinking dairy products. A person who is medically obese should control his/her food intake. Score **NA** if the individual does not have a medical problem related to diet.

Suggested clarifying questions/observations for additional guidance, if needed:

- Tell me about your particular diet or medical condition.
- What could happen if your diet is not followed?
- Has the doctor prescribed a particular diet? If yes, why?



3 The individual arranges medical and dental treatment including:

A. Recognizing and communicating the need for medical or dental treatment. YES NO

The individual has an understanding of his/her medical or dental needs and communicates those needs. The rater is determining the ability of the individual to let others know that he/she is ill or injured, not addressing ongoing chronic conditions. If only a caregiver can understand the individual's communication, a **NO** should be scored. If an unfamiliar person can understand what the individual is trying to communicate, **YES** should be scored. **NO** should also be scored if he/she only communicates sickness by maladaptively acting out discomfort.

Suggested clarifying questions/observations for additional guidance, if needed:

- If you are sick or hurt what do you do? What would be some of your symptoms?
- How do others know you are ill or in pain?
- When should you see a doctor? See a dentist?



B. Knowing whom to call and arranging for the appointment or requesting others to do so. YES NO

If the individual were to have a medical or dental need, he/she should know whom to contact or where to go for assistance (doctor, dentist, ER, Urgent Care). If so, he/she actually follows through with the arrangements. A **YES** should be scored if the individual can independently arrange the appointments or request others to do so.

Suggested clarifying questions/observations for additional guidance, if needed:

- Do you know your doctor's name and how to contact him/her?
- How do you remember the date and time of the appointment?
- Do you have a medical problem that needs controlled by a physician's orders (diabetes, PKU, allergies)?
- What kind of doctors do you see. For what? How often?

4 The individual has sufficient assertiveness skills, including:

A. Expressing personal opinions (e.g., likes, dislikes).

YES NO

Does the individual express opinions concerning work, friends, movies, television, food, clothing, etc.? He/she must communicate in some verbal or nonverbal way other than just by crying and smiling.

Suggested clarifying questions/observations for additional guidance, if needed:

- Can you tell me or point to something that you like/dislike?
- Do you have your own opinions or do others influence you?
- Do you express opinions directly or indirectly (e.g., do you shove your plate aside if you don't like the spinach)?



B. Requesting assistance when needed (e.g., help with finding a place to live, locating an item in a store, etc.).

YES NO

Failure to request assistance when needed may imply that the individual is too shy to ask for help. The rater should look for patterns of behavior. There needs to be a variety of requests, not just the same request all of the time. The requests should extend beyond home to community settings.

Suggested clarifying questions/observations for additional guidance, if needed:

- Tell me how you get help with things like homework, video games, accessing the internet, getting directions or asking for a ride to work.
- Would you ask for help if something you were using didn't work?
- How do you order at a restaurant? Do you do so independently?

C. Protecting self from abuse by avoiding dangerous situations, YES NO leaving the area, reporting an incident, yelling for help, etc. This should not be interpreted to mean that the person should necessarily physically defend themselves. This includes sexual, physical, financial, or emotional abuse; or pressure to take, buy, or sell illicit drugs.

Protecting oneself from abuse should also include reasonable preventive measures that could decrease the likelihood of being abused (e.g., not putting oneself at risk by walking at night in a potentially dangerous neighborhood). If the individual falsely reports incidents or is too afraid to go any place because of imagined abuse, this sub-item should be scored **NO**.

Suggested clarifying questions/observations for additional guidance, if needed:

- In the past year, have there been instances where the individual did not recognize or react to an occurrence of abuse (e.g., walking down a dark alley, avoiding or side tracking a threatening group of people on the street or other locations)?
- What would you do if someone threatened and/or harmed you?
- If someone did something to you that you didn't like, who would you tell?

5 The individual makes independent decisions regarding daily activities including:

The intent of this item is to determine how well the individual can make and then follow through on daily decisions. The rater should focus on whether or not the individual makes harmful decisions rather than on the specifics of a particular sub-item. If the individual does not make many daily decisions, the rater should investigate to find out why. The rater should remember that just one good or bad decision is not the same as a pattern. Look instead for evidence of consistent good decision-making. For example, the individual may decide to go to bed at midnight every night, even though he/she must get up early in the morning to go to work. This may or may not be a “harmful” decision. If the lack of sleep adversely affects the individual’s health or work performance, then the rater should score a **NO**. If the individual spends an entire paycheck on “1-900 calls” and cannot pay the rent, they may be evicted. On the other hand, if an individual cannot buy popcorn at the movies because he/she loaned their roommate money, the consequences are not dire. It is also important to keep in mind the severity of the bad decision. The more severe the implications of the decision, the fewer instances will be needed for a **NO** conclusion.

A. Deciding what to do.**YES NO**

Based upon available options, does the individual make the majority of daily decisions regarding what to do? If not, query to find out why. If the individual resides in a group home and has no input in making the decision of when to get up, do not penalize. Look for other areas where the individual does demonstrate the ability to make decisions. The rater may already know the answers to these questions by answers from other sections of the OEDI.

Suggested clarifying questions/observations for additional guidance, if needed:

- What do you do on the weekends/after school/after work?
- Would you sit around most of the day if someone didn't give you something to do?

**B. Adequately following through with decisions.****YES NO**

Once an individual selects an activity or task, they should follow through on implementing the activity. If, for example, they want to watch a television show, the television should be turned on at the right time. If an individual cannot accomplish the activity due to physical constraints, they should ask for assistance.

Suggested clarifying questions/observations for additional guidance, if needed:

- Do you follow through with an initiated activity rather than impulsively jumping from one activity to another resulting in incomplete tasks?
- Do you follow through with the things you start?

C. Understanding the cause and effect of decisions.**YES NO**

Does the individual understand the consequences of his/her actions? For example, spending a whole paycheck on one item resulting in no funds for other purchases. Is he/she able to step things out (e.g., if I do this, what may happen)?

Suggested clarifying questions/observations for additional guidance if needed:

- If you don't follow school/work rules what would happen?
- What could happen if you get in a car with a stranger?
- What should you do if you miss your ride/bus? Why?
- What would you do if you spilled milk on your shirt?
- Do you know that darting into traffic could result in injury?
- Is going in to watch TV while your food is cooking a good idea? Why?



D. Changing future decisions based on consequences.**YES NO**

Rater is looking for poor decisions that continue to be made over and over. This is a step beyond cause and effect.

Suggested clarifying questions/observations for additional guidance if needed:

- Do you repeat inappropriate behaviors in spite of regular consequences (e.g., swearing at an authority figure, aggressive acts toward family members in spite of numerous groundings, loitering in the community despite numerous warnings by police or community authorities)?
- Have you been suspended from school or work?
- Have you had multiple jobs in a relatively short period of time?

Instructions for Self-Direction Cross-Reference Citations

If the individual does not have the required **Two No's** in Self-Direction but does have a number of cross-reference items, the rater has the authority to “override” the criterion. Therefore, the rater may score a Substantial Functional Limitation in **Self-Direction**. Please document clearly when you are overriding the criterion. This is a judgment call and therefore needs to be supported with examples that apply to the individual. In order to obtain this information, the rater may need to investigate from a variety of sources.

The cross-reference citations apply only to the **Self-Direction** area.

If you are cross-referencing from another area, list the area and item you are cross-referencing here and the rationale for over-riding this section.

Scoring Criteria for Self-Direction:

For Sub-Item 2 C., score **NA** (Not Applicable) if the individual doesn't have a medical problem related to diet.

If ANY sub-item is marked **NO** then that item must have a conclusion of **NO**.

TWO items must have a conclusion of **NO** for the individual to have a substantial functional limitation in **Self-Direction**.

CAPACITY FOR INDEPENDENT LIVING

Intent of this section: To determine basic survival skills in an independent living situation including the ability to use community resources to feed, clothe and obtain basic essentials.

The rater should keep in mind the following guidelines of FEAST that apply to each of the OEDI items:

FREQUENCY...of the functional limitation

EFFORT...needed to complete the task

ADEQUACY...of task completion

SAFETY...in completing the task

TIME...needed to complete the task

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 needed to meet basic daily needs including medicines, food, clothing and toiletries. YES NO

This item requires that the individual be able to use various public places of business. It does not require that the individual be able to use public transportation. For example, once the individual is at a grocery store or mall, can he/she independently purchase items (i.e., groceries, clothes, medications, postage stamps)? He/she doesn't have to carry (either by hand, in a basket attached to a wheelchair, etc.) all of these items at any one time but should be able to carry enough to avoid having to make several trips to complete the shopping.

When the individual has little opportunity due to restrictions imposed by place of residence or workplace, score **YES** if the individual clearly has the ability or has done so consistently in the past. Since many people are not routinely given the opportunity to do their own shopping, the rater should assess what type of shopping the individual is capable of doing independently. The rater also must determine what types of shopping others do for the individual and why. If he/she is clearly able to do his/her shopping independently and there is evidence that he/she has done so at some point in the recent past, the rater could still score a **YES** for this sub-item. The individual may shop by phone, but again would have to show a history of buying all of his/her groceries, clothes, medications, etc. in order to score a **YES** for this sub-item.

Suggested clarifying questions/observations for additional guidance, if needed:

- How do you obtain your medicine, food, clothing and other needs?
- Do you shop online?
- What type of things do you shop for?
- What items do you purchase?
- Where are some of the places that you shop?
- What are some of your clothing sizes?

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

A. Being left alone for a minimum of eight waking hours without risk.

YES NO

Has the individual remained alone for eight waking hours or longer on at least several occasions in the recent past? If not, why? If he/she is not currently spending time alone, ask why. Does someone call to check on him/her if he/she is left alone for this period of time?

Suggested clarifying questions/observations for additional guidance, if needed:

- What do you do when you are alone?
- How long have you stayed by yourself at one time?
- Does someone need to call and check on you?



B. Recognizing and obtaining help when necessary.**YES NO**

Can the individual recognize when an emergency exists? Does he/she know who to call in an emergency? Is he/she able to follow evacuation procedures?

Suggested clarifying questions/observations for additional guidance, if needed:

- What would you do if the stove caught fire?
- Who would you call in an emergency?
- Have you ever needed to call “911”?
- What would you do if someone tried to break in?
- What would you do in a tornado?

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

A. Preparing sandwiches, microwave meals or TV dinners**YES NO**

(the focus is on the preparation of the food, not the operation of the range, oven or microwave).

This sub-item requires the individual to prepare simple meals. When using the microwave, for example, the individual should be able to open boxes and unwrap the food to put it into the microwave. If the individual can independently prepare sandwiches, including getting out the bread and lunch meat or peanut butter, score **YES** for this sub-item. Remember, he/she must be able to do the activity adequately and within a reasonable amount of time. If he/she does not currently prepare even these relatively simple meals, ask why.

Suggested clarifying questions/observations for additional guidance, if needed:

- What do you like to eat?
- How do you make the meal?



B. Cleaning up after meals and storing food appropriately. YES NO

This sub-item requires that the individual adequately clean up after meals. This includes putting the food away and cleaning utensils.

Suggested clarifying questions/observations for additional guidance, if needed:

- What do you do with your dirty dishes?
- What do you do with leftovers?
- What foods need to be refrigerated?

4

The individual operates ordinary household equipment without assistance including:

The rater should determine whether the individual uses these and various other household appliances and if not, why. This sub-item requires safe operation of these appliances. If he/she is not currently given an opportunity to use household equipment but has done so in the past, he/she may still receive a **YES** conclusion for this sub-item. An individual who does not own some of these appliances must be able to use the closest alternative to them (a clothes line would suffice for a dryer). An individual who is Amish, for example, would have to be able to adequately use a broom in lieu of a vacuum cleaner, or a washboard in lieu of a washer.

A. Operating an oven, range or microwave or alternative. YES NO

If the individual uses a range or oven but has burned himself/herself on several occasions, or has over- or under-cooked food, safety is an issue and the item should be scored with **NO**.

Suggested clarifying questions/observations for additional guidance, if needed:

- Can you tell me how to operate the oven, the microwave or the stove?
- How long would you cook certain foods?



B. Operating a vacuum cleaner or alternative.**YES NO**

The individual would need to possess the ability to turn on a vacuum cleaner and complete the task so that the carpet is cleaned adequately.

Suggested clarifying questions/observations for additional guidance, if needed:

- Can you tell me how to use a vacuum cleaner?

C. Operating a clothes washer and dryer or alternative.**YES NO**

Washing and drying which results in color fading, etc. by choice or lack of care may not reflect a deficit here. However, clothing damage resulting from improper skills would indicate a deficit. In order to score a **YES** for this item, the individual must be able to put in the clothes, add detergent, take out the clothes, dry them, etc., all independently.

Suggested clarifying questions/observations for additional guidance, if needed:

- Do you do your own laundry?
- How do you operate a washer and dryer?
- How much soap do you use?
- How do you separate your clothes?
- Could the individual learn how to operate a washer and dryer if he/she doesn't?

Scoring Criteria for Capacity for Independent Living:

If ANY sub-item is marked **NO** then that item must have a conclusion of **NO**.

TWO items must have a conclusion of **NO** for the individual to have a Substantial Functional Limitation in **Capacity for Independent Living**.

LEARNING

INTENT of this section: To measure basic functional academic skills.

In this area, the individual may communicate by verbalizing, gesturing, demonstrating, signing, typing, or writing the information.

The rater should keep in mind the following guidelines of FEAST that apply to each of the OEDI items:

FREQUENCY...*of the functional limitation*

EFFORT...*needed to complete the task*

ADEQUACY...*of task completion*

SAFETY...*in completing the task*

TIME...*needed to complete the task*

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

This item addresses the individual's comprehension of operating a radio or television and understanding program content—not the physical ability to operate those appliances. This item may be modified to allow for cultural or religious differences.

A. Naming a favorite television or radio program, computer game, video game or movie. YES NO

The rater is not to make a judgment as to the age-appropriateness of the program or the programming preferences of the individual. Examples of acceptable responses include but are not limited to radio: news/weather updates or sports broadcasts; television: news, game shows, or sitcoms. An example of an unacceptable response, requiring further questioning would be, "I listen to whatever is on." If needed, the rater should ask follow-up questions to elicit further information.

Suggested clarifying questions/observations for additional guidance, if needed:

- What did you last listen to/watch on TV?
- What was the last video you watched?
- What was the last video game you played?



B. Communicating the general content of the program or game. YES NO

Answers can be very basic and are not limited to: Wheel of Fortune is a game show where you try to guess what's up on the board; The Simpsons is about a cartoon family; American Idol is a contest for singers. In all cases, the information provided in this sub-item should apply to the programs listed in the previous sub-item.

Suggested clarifying questions /observations for additional guidance, if needed.

- Can you tell me about it?
- Who is in the show?
- What did they do?
- What kind of music do you listen to?
- Who is your favorite actor?



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

A. Selecting 85 cents.**YES NO**

Ask the individual to do the following: "Give me 85 cents." or "Show me 85 cents." If the first response is incorrect, put the coins back together, rephrase the question and offer the opportunity to do it again. If the second attempt is incorrect, score **NO**.

B. Counting out a total amount of money (\$2.00).**YES NO**

Ask the individual the following: "What is the total amount of money here?" The correct answer should be "\$2.00", not 5 quarters, 5 dimes, etc. If the first response is incorrect, offer an opportunity to do it again.

C. Selecting \$1.31.**YES NO**

Ask the individual to do the following: "Give me \$1.31." or "Show me \$1.31." If the individual is incorrect on his/her first attempt, put the coins back together, rephrase the question and give him/her a chance to do it again. If he/she fails on the second attempt, score **NO**.



3 The individual demonstrates time telling skills without assistance including:

The rater should obtain this information using any type of timepiece used by the individual (analog, digital, large face clock, or Braille). This does not mean having a sense of time or lapsed time.

A. Telling time to the nearest quarter hour.

If the correct time is 4:11, the rater should score a **YES** if the individual's answer is correct or nearly correct, such as 4:10, 4:11 or 4:15. Score **NO** if the answer given is 4:00 or another incorrect response.



B. Telling the time of at least TWO events in the individual's life **YES NO** (e.g., time to get up; time of a favorite program; time to catch the bus, or eat lunch, etc.).

Examples of acceptable responses include: "I catch the bus at 8:30." "I watch '60 Minutes' at 7:00."; "I take my medication at 4:00 and 8:00." If the individual only responds, "I eat dinner in the evening." or "I get up in the morning." and cannot give further information after inquiring, a **NO** should be scored.

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

Note that the individual only needs to answer four of the eight sub-items correctly to receive a conclusion of YES for this item. The focus is on the individual's ability to provide information from memory related to his/her personal history. If the individual hands the rater a card with the information on it because he/she cannot speak, the individual must be able to identify the location of the specific information on the card in order to receive a **YES** for the sub-item.

A. Name. YES NO

The individual must be able to give both first and last names.

B. Date of birth (month, date and year). YES NO

The individual must be able to give the correct month, date and year.

C. Place of birth (city or name of hospital). YES NO

Acceptable answers include the specific name of the hospital (Riverside Hospital) or the city or town (Columbus). If the individual responds “hospital” or “Ohio” and cannot give further information after questioning, the rater should score a **NO**.

D. Address. YES NO

The individual must be able to provide a house or apartment number and street name. If the individual has recently moved (within the past 30 days) and has not learned the new address, the sub-item may be scored **YES** if the individual knows the previous address.

E. Telephone Number. YES NO

The area code is not required for a **YES** score. If the individual has recently received a new phone number (within the past 30 days) and has not learned the new number, the sub-item may be scored **YES** if the individual knows the previous phone number.

F. Social Security Number. YES NO

The individual must recite the number from memory or be able to locate the number on an ID or Social Security card.

G. Education or employment information.**YES NO**

Ask the individual to “Tell me about where you went to school.” or “Tell me about your job and how long you have worked there.” Examples of acceptable answers include but are not limited to: “Went to Jones High School, dropped out when I was 16.”; “Was in special education classes and graduated in '91.”; “For the past few years I worked at Mr. Ed’s Veterinary Hospital.”

H. Nature of disabling condition.**YES NO**

Use this question as a last resort. The individual does not need to respond with highly technical/medical language (e.g., mosaic Down syndrome or traumatic brain injury) for the sub-item to be scored **YES**. Acceptable answers include but are not limited to: “I broke a bone in my neck and can’t walk.”; “I’m a slow learner.”; “I have cerebral palsy.” You may not need to ask this question.

Suggested clarifying questions /observations for additional guidance, if needed:

- Why do you need help?
- What could you use help with?
- Why do you need to take medication?

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

Give the individual the Reading Document. Tell the individual he/she may read it to himself/herself or out loud. Allow the individual three (3) minutes to read the document. Tell him/her when he/she is finished, you will ask him/her to answer questions about it.

The rater cannot prompt or assist the individual during the reading. The rater should ask the questions aloud. The individual may not look at the passage when answering the questions. Note that the individual only needs to answer **TWO** of the questions correctly and finish reading the document within three minutes to receive a **YES** conclusion for this item. *If the individual obviously cannot read the paragraph, do not embarrass him/her by asking the questions.* Braille, Spanish and Arabic versions of the Reading Document are available from the Ohio Department of Developmental Disabilities.

A. Did the individual read the document in three minutes?**YES NO**

If the individual did not finish reading the entire passage within three minutes, score a **NO** for the sub-item.



B. Did the individual correctly answer at least TWO of the following questions? (The following are reasonable responses but there could be other answers that are also reasonable).

YES NO**1. Who did the woman save?**

Accept: "The little boy."; "Boy."

2. Where was the boy playing?

Accept: "Near a pond."; "By a pond."

3. Who was he playing with?

Accept: "His dog."; "A dog."

4. What did the dog do?

Accept: "Jumped in the water after a duck."; "Jumped into the water."; "Followed the duck."

5. What did the little boy do?

Accept: "Waded into the water after the dog."; "Went into the water after the dog."; "Went into the water after him."; "Jumped into the water."

6. What was the little boy wearing?

Accept: "Rubber boots."; "Boots" (Do not accept "clothes").

7. What happened to the boots?

Accept: "Filled up with water."

8. How did the little boy almost drown?

Accept: "Sat down in the water."; "Tried to get the boots off."

Scoring Criteria for Learning:

For Item 4, if FIVE or more sub-items are marked **NO**, then that item must have a conclusion of **NO**.

For all other items, except for Item 4, if ANY sub-item is marked **NO**, then that item must have a conclusion of **NO**.

TWO items must have a conclusion of **NO** for the individual to have a Substantial Functional Limitation in **Learning**.

ECONOMIC SELF-SUFFICIENCY

INTENT of this section: The ability to maintain employment and utilize earned money to purchase the things he/she needs to live.

The rater should keep in mind the following guidelines of FEAST that apply to each of the OEDI items:

FREQUENCY...*of the functional limitation*

EFFORT...*needed to complete the task*

ADEQUACY...*of task completion*

SAFETY...*in completing the task*

TIME...*needed to complete the task*

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

The key to this item is whether the individual could manage or direct all of his/her funds appropriately. If someone else manages a portion or all of his/her funds, the rater must find out why. In order to score a **YES**, the rater will have to find evidence that an individual is either currently directing his/her budgeting or has done so in the past. The reason for not budgeting can be convenience; however, if the individual lacks the skills to budget, score a **NO**. For individuals ages 16-22 the management of money may be limited to his/her available funds (i.e., allowance) comparable to peers. If an individual has a payee, it doesn't necessarily indicate an answer of **NO**. Query to determine why he/she has a payee. If it is because he/she needs someone to pay his/her bills, a **YES** should be scored. If it is because of poor choices (drugs, alcohol, gambling) this would be cross-referenced to Self-Direction. If the individual has done so in the past but is not currently, the rater should inquire why.

A. Budgeting money adequately for day-to-day living expenses. YES NO

This item does not call for high-level math skills; instead, it is concerned with determining the individual's level of organization and responsibility with respect to participating in the basic management of personal financial matters either directly or by directing others to do so. This item relates most specifically to the individual's ability to do an adequate job of budgeting his/her money for day-to-day living expenses.

This does not include the management of a checkbook. It is the understanding that he/she has funds committed each month (rent, utilities, food, etc.) For individuals age 16-22 the management of money may be limited to his/her available funds comparable to peers (e.g., his/her allowance).

(Suggested clarifying questions/observations next page)

Suggested clarifying questions/observations for additional guidance, if needed:

- How much allowance do you receive?
- For individuals between the ages of 16 and 22: How do you manage The money you receive?
- What type of bills would you have to pay every month?
- How would you keep track of your bills?
- How would you organize your bills?
- What is the approximate amount of your bills?
- What are your daily expenses?
- What do you spend your allowance on?
- Do you save any money or do you spend it all right away?



2 The individual communicates the reason for working including:

This item deals with the individual's understanding of why people work and his/her preference of vocations and understanding of some basic skills necessary to maintain a job.

A. Describing the reason for working.

YES NO

Acceptable answers include, but are not limited to: earning money, satisfaction, contributions, being with friends, learning new jobs, etc. Also acceptable are: "To pay for rent and food"; "To keep busy." Unacceptable answers include: "Because I'm supposed to."; "Because my parents make me."

Suggested clarifying question/observation for additional guidance, if needed:

- Why do people work?



B. Describing vocational preference.

Acceptable answers include any recognized vocation. The rater Must not make a judgment as to whether the response is a realistic one for the individual. The rater should also refrain from prompting the individual by listing various vocations.

YES NO**Suggested clarifying questions/observations for additional guidance, if needed:**

- What type of job would you like to try?
- What are some jobs that your relatives/friends do?
- If you could have any job, what would it be?
- What types of jobs have you had in the past? Did you like them?
- If the individual has never worked, ask about volunteer jobs, school trainings, etc.

C. Describing some skills necessary for the vocational preference. YES NO

Acceptable answers should include some job requirements without judging whether the job is realistic. Whatever job the individual listed in the previous sub-item, he/she must know several of the basic skills necessary to get and maintain that job; it is not necessary for the individual to provide technical details of the job. If the individual named “janitor” in the previous sub-item, acceptable answers for this sub-item could include “mop, take out trash, etc.”. He/she must list several skills to score **YES**.

Suggested clarifying questions/observations for additional guidance, if needed:

- What type of skills do you need in order to keep your job?



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

This item assesses the individual's current and previous work/school experience. If the individual has never worked, the rater must explore whether he/she has other experience (volunteer work in the community, school, training settings) in which he/she has demonstrated these work skills. Other settings should only be considered if the individual is either young or has in some way been prevented from being involved in employment. A good criterion for the rater to keep in mind is whether the individual could maintain an entry-level job in the community with no supports such as a stock clerk, a receptionist, or a server.

A. Promptness.

YES NO

Can the individual independently maintain a schedule so that he/she arrives at the job/school on time? Would the frequency of arriving late be such that he/she would lose his/her job in the community? If so, score **NO** for this sub-item. Also, if an individual is driven to work by someone else, is he/she ready on time? If he/she needs prompting to be ready for his/her ride, a **NO** should be scored.

Suggested clarifying questions/observations for additional guidance, if needed:

- If there were a flexible schedule, would you be able to follow it?
- What would you expect to happen if someone didn't take you to work/school?
- Are you ready on time?
- Do you get to your school and your classes on time?
- Who makes sure that you get to work?
- Do you set your alarm to make sure you are on time?
- Do your parents have to get you up everyday?



B. Regular attendance.**YES NO**

Is the individual's absentee rate within acceptable limits based on competitive standards? Would the frequency of absenteeism cause the individual to lose a job in the community? If so, score **NO**. If he/she were to be absent but for the intervention or assistance of others, a **NO** should be scored. If the person is choosing not to attend, this could be Self-Direction.

Suggested clarifying questions/observations for additional guidance, if needed:

- Do you call off when you are not able to go to work?
- How often do you miss work?
- Have you ever lost a job due to poor attendance?
- Are you absent because of medical reasons?

C. AGE 22 AND ABOVE: Producing at a reasonable rate of quality and quantity after initial training (compare with the rate of a worker without a disability).

YES NO NA

The rater must assess the individual's abilities for this sub-item in terms of his/her comparability to those abilities of the typical person. Unless the rater believes the individual could maintain a job in the community without supports after he/she has learned the job or been job coached, a **NO** should be scored for this sub-item. If the person doesn't have a job history, ask why. If the individual has modifications to the job and works independently, a **YES** should be scored.

Suggested clarifying questions/observations for additional guidance, if needed:

- Do you stay on task?
- Have you ever had a job? (volunteer, paper route, etc.)
- What type of jobs have you had?
- How long were you employed?
- Have you ever been fired? If so, why?
- Do you require someone to always check up on you?
- Do you need a Job Coach?

Scoring Criteria for Capacity for Economic Self-Sufficiency:

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

TWO items must have a conclusion of **NO** for the individual to have a Substantial Functional Limitation in **Economic Self-Sufficiency**.

RECEPTIVE AND EXPRESSIVE LANGUAGE

INTENT of this section: This item focuses on the individual's receptive and expressive language skills. If the individual uses only a foreign language, the services of an interpreter may be needed to determine whether the individual understands the questions. Primary language does not include sign language. For the individual who does use sign language, a no must be scored unless he/she clearly understands (e.g., by lip reading) what the rater is saying without the use of an interpreter.

The rater should keep in mind the following guidelines of FEAST that apply to each of the OEDI items:

FREQUENCY...*of the functional limitation*

EFFORT...*needed to complete the task*

ADEQUACY...*of task completion*

SAFETY...*in completing the task*

TIME...*needed to complete the task*

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

This sub-item addresses receptive language only.

A. Understanding interviewer's questions.

YES NO

Raters are trying to determine whether the individual understands general questions. Raters may wish to ask the individual about his/her special interests or hobbies. Response may be written or verbal. This item may be answered based on communication throughout the interview. If the individual uses a sign language interpreter to understand the interviewer, NO must be scored.

Suggested clarifying questions/observations for additional guidance, if needed:

- How does the individual communicate with the interviewer?
- Does the individual understand the interviewer?
- Can the individual complete a one-step verbal direction?



2

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

The next two sub-items address expressive language only.

This item focuses on how well the individual can communicate with anyone other than friends or family. Augmentative communication devices (including paper and pencil, portable electronic devices, and/or laptop computers, etc.) are permissible if the equipment/device meets the qualifications of allowable assistive devices (reliable, personally owned, and readily accessible) in all situations.

A. The individual can be understood by someone who is **YES NO** unfamiliar.

Score this sub-item **NO** if the individual can only be understood in one specific activity or environment (i.e., if the individual can go to a specific restaurant and order a meal but can't go to any other restaurant).

Suggested clarifying questions/observations for additional guidance, if needed:

- Does the individual engage in a two-way conversation during the interview? (*if more than a yes/no response it will probably not be necessary to ask the sample questions*).
- How is school going?
- How often are you asked to repeat things or hung up on when using the telephone?
- How do you express your needs to someone who is unfamiliar?



B. Answering questions relevantly and with more than a yes or no response. YES NO

Score **YES** if the individual can answer open-ended questions with a relevant short statement response.

Suggested clarifying questions/observations for additional guidance, if needed:

- Has the individual been able to answer with statements during the assessment?
- Has the individual engaged in a reciprocal conversation with the rater?

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

The focus here is on simple messages. It is not necessary to use the examples that are listed if other examples at the same ability level would be more appropriate for a specific individual. The individual may write the message on the OEDI document. Legibility and spelling are not to be assessed unless the message is unreadable.

A. Printing, writing or typing a short legible message from dictation within a reasonable amount of time. YES NO

Score **NO** if the individual is unable to complete a message (e.g., “Call Mom at home” or “Joe is working late”). (FEAST applies here. The individual should write the message on the score sheet.)

Suggested clarifying questions/observations for Additional guidance, if needed:

- Did the individual complete the message without assistance (help with holding the pen or paper; prompting on spelling, frequently repeating the message, etc.)?



Scoring criteria for Receptive and Expressive Language:

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

ONE item must have a conclusion of **NO** for the individual to have a Substantial Functional Limitation in **Receptive and Expressive Language**.