

INICO-FEAPS Scale

*Comprehensive Quality of Life Assessment
of people with
Intellectual and Developmental Disabilities*

Authors:

Miguel Ángel Verdugo

Laura E. Gómez

Benito Arias

Marc J. Tassé

R.L. Schalock

*"Leisure Time" ("Tiempo Libre"). José María Rodríguez Cabañas
VI Competition of Digital Photography (First Award, 2008)*

*People with intellectual disability in their daily lives (Las personas con discapacidad en la vida cotidiana)
Premio Fundación Grupo Norte*

INSTITUTO UNIVERSITARIO DE
INTEGRACION EN LA COMUNIDAD



iwico

UNIVERSIDAD DE SALAMANCA



INICO – FEAPS

© 2013

*For further information, please see:
<http://inico.usal.es/9/menu/publicaciones.aspx>*

Person
assessed

	Day	Month	Year
Date of administration	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>

PERSON ASSESSED

IDENTIFICATION CODE: <input type="text"/>	
First Name and Last Name(s): <input type="text"/>	
Address: <input type="text"/>	
Town/City: <input type="text"/>	State/Province: <input type="text"/>
Zip/Postal Code: <input type="text"/>	Telephone: <input type="text"/>

MAIN RESPONDENT

First Name and Last Name(s): <input type="text"/>	
Position: <input type="text"/>	
Agency / Affiliation: <input type="text"/>	
Address: <input type="text"/>	
Town/City: <input type="text"/>	State/Province: <input type="text"/>
Zip/Postal Code: <input type="text"/>	Telephone: <input type="text"/>
E-mail: <input type="text"/>	

OTHER RESPONDENTS

Name of other Respondents:	Relationship to the Person Assessed:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

REPORT OF OTHER PERSONS

INSTRUCTIONS:

Below are a series of statements related to the quality of life of the person you are assessing. Select the answer that BEST describes the person assessed. Please answer ALL items.

KEY TO ANSWERS:

“N” = Never

“S” = Sometimes

“O” = Often

“A” = Always

SELF-DETERMINATION		N	S	O	A
1	He/she uses public transportation (bus, train, taxi...) by him/herself (unsupervised)	1	2	3	4
2	He/she decides who comes into his/her personal spaces (e.g., bedroom, bathroom)	1	2	3	4
3	He/she participates in the decisions that are taken in his/her home	1	2	3	4
4	He/she chooses his/her own clothes to buy	1	2	3	4
5	Someone else decides what clothes he/she will wear each day	4	3	2	1
6	Someone else chooses what activities he/she does in his/her free time	4	3	2	1
7	He/she weighs all the possible consequences before taking a decision	1	2	3	4
8	He/she lacks personal goals, hobbies and interests	4	3	2	1
9	He/she states his/her preferences, verbally or by gesturing, when he/she is allowed to choose	1	2	3	4
Total Raw Score					

REPORT OF OTHER PERSONS

RIGHTS		N	S	O	A
10	He/she is allowed to take part in designing his/her individual plan	1	2	3	4
11	He/she disrespects other people's rights and property	4	3	2	1
12	The people around him/her respect his/her personal privacy (e.g., they knock on the door before coming in)	1	2	3	4
13	He/she has a place where he/she can be alone when he/she wants to be	1	2	3	4
14	People take his/her things without asking	4	3	2	1
15	The service provider adequately protects the confidentiality of his/her data (the information cannot be accessed inappropriately, private information is not disclosed, etc.)	1	2	3	4
16	He/she is given information about the goals contained in his/her individual plan	1	2	3	4
17	He/she has been explained his/her rights	1	2	3	4
18	He/she finds it difficult to know when his/her behavior may lead to legal problems	4	3	2	1
Total Raw Score					

EMOTIONAL WELL-BEING		N	S	O	A
19	He/she shows signs of depression (e.g., lack of energy, lack of appetite, sleep disorders...)	4	3	2	1
20	He/she doesn't want to do anything	4	3	2	1
21	He/she shows signs of anxiety (e.g., fidgety, pacing, bites nails...)	4	3	2	1
22	He/she has challenging behaviors	4	3	2	1
23	He/she is self-confident	1	2	3	4
24	He/she is optimistic with what he/she may be able to do in the future	1	2	3	4
25	He/she is proud of him/herself	1	2	3	4
26	He/she shows a desire to change his/her way of life	4	3	2	1
27	He/she enjoys the things he/she does	1	2	3	4
Total Raw Score					

REPORT OF OTHER PERSONS

SOCIAL INCLUSION		N	S	O	A
28	He/she joins in conversations with other people on topics of shared interest	1	2	3	4
29	He/she often goes to places in his/her community (e.g., shops, restaurants, parks) without any problem	1	2	3	4
30	He/she has friends who do not have a disability	1	2	3	4
31	He/she is excluded from his work group, leisure group or group of friends	4	3	2	1
32	He/she finds it difficult to engage in activities with people who do not have a disability	4	3	2	1
33	He/she gets the support he/she needs to succeed in his/her job/task	1	2	3	4
34	Only a few people are prepared to help him/her when he needs it	4	3	2	1
35	His/her merits, skills, abilities and contributions are recognized	1	2	3	4
36	The people around him/her have a negative image of him/her	4	3	2	1
Total Raw Score					

PERSONAL DEVELOPMENT		N	S	O	A
37	He/she has opportunities to learn about things that interest him/her	1	2	3	4
38	He/she has a individual plan tailored to his/her preferences	1	2	3	4
39	He/she is given training activities that encourage his/her autonomy	1	2	3	4
40	He/she lacks opportunities to learn new things	4	3	2	1
41	He/she carries out his/her job/tasks competently and responsibly	1	2	3	4
42	He/she has difficulty solving problems	4	3	2	1
43	He/she manages his/her own money	1	2	3	4
44	He/she dresses appropriately for the occasion	1	2	3	4
45	He/she lacks the personal technical help that he/she needs (e.g., adapted keyboard, adapted mouse, pictograms, etc.)*	4	3	2	1
Total Raw Score					

* If he/she does not need any technical help, select NEVER (4).

REPORT OF OTHER PERSONS

INTERPERSONAL RELATIONSHIPS		N	S	O	A
46	He/she has difficulty finding or keeping a girlfriend/boyfriend	4	3	2	1
47	He/she has difficulty maintaining intimate relationships	4	3	2	1
48	He/she has few friends to go out and have fun	4	3	2	1
49	He/she friends who listen to him/her when he/she has a problem	1	2	3	4
50	He/she shows appropriate emotions/feelings	1	2	3	4
51	His/her peer relationships at work (or at the agency he/she attends) are good	1	2	3	4
52	He/she has good relationships with people of different ages	1	2	3	4
53	Most people enjoy his/her company	1	2	3	4
54	He/she calls, writes to or visits people he/she likes	1	2	3	4
Total Raw Score					

MATERIAL WELL-BEING		N	S	O	A
55	He/she does not have money to buy the things he/she needs	4	3	2	1
56	He/she saves up to be able to buy special things (e.g., a gift, special clothes, etc.)	1	2	3	4
57	The place where he/she lives is suitable or safe	1	2	3	4
58	The place where he/she works (or engages in other daily activities) is suitable or safe	1	2	3	4
59	He/she has access to the information that interests him/her (newspaper, television, Internet, magazines, etc.)	1	2	3	4
60	He/she has access to the new technologies (e.g., cellular phone, Internet)	1	2	3	4
61	He/she has the things he/she needs to pursue his hobbies	1	2	3	4
62	He/she lacks what he/she needs to live well	4	3	2	1
63	He/she has the services and supports he/she needs	1	2	3	4
Total Raw Score					

REPORT OF OTHER PERSONS

PHYSICAL WELL-BEING		N	S	O	A
64	He/she gets enough rest	1	2	3	4
65	He/she wears dirty clothes	4	3	2	1
66	He/she has poor hygiene habits	4	3	2	1
67	He/she does sports or engages in leisure activities	1	2	3	4
68	He/she takes his/her medication as directed	1	2	3	4
69	He/she tells others when he/she is not feeling well	1	2	3	4
70	He/she receives proper healthcare services	1	2	3	4
71	He/she has routine medical check-ups (e.g., dentist, optometrist, etc.)	1	2	3	4
72	He/she watches his/her weight	1	2	3	4
Total Raw Score					

Please provide any other information that might be relevant to this assessment:

SELF-REPORT

INSTRUCTIONS:

Hi (person's name), I want you to think about your life in general, about the places where you live, work and have fun, about your family, friends and the professionals you know. Afterwards, you're going to tell me how you feel about all that. Remember that there are no right or wrong answers. I only want to know how you feel and what you think about these aspects of your life, so just answer truthfully.

Before you start on the questions, let's spend a little time on the options you can choose from for your answers. You have four choices to choose from to answer each question:

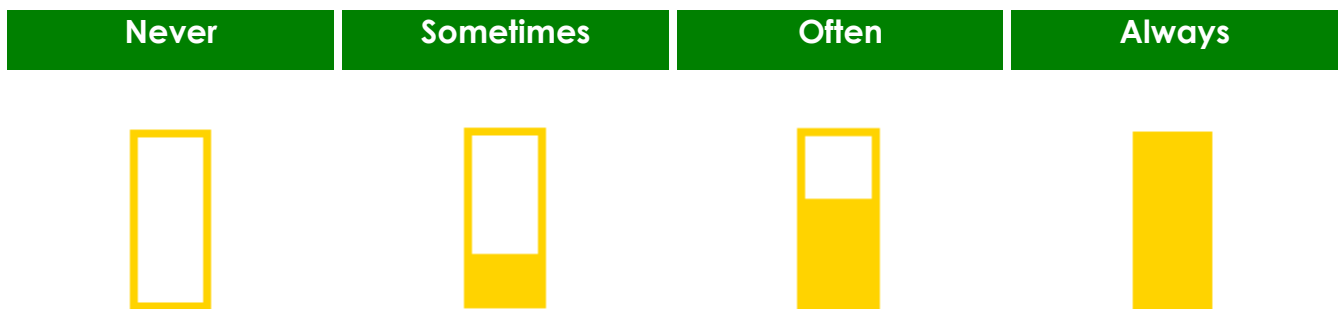
'Never' if what it says in the question never occurs to you on any day.

'Sometimes' if what it says in the question sometimes occurs to you, but not most of the time (in other words, not very frequently; for example, some days but not others).

'Often' if what it says in the question occurs to you most of the time (in other words, very frequently; for example, almost every day)

'Always' if what it says in the question always occurs to you (for example, every day).

KEY TO PICTURE SYMBOLS:



ITEMS TO PRACTISE ON:

"I like listening to music".

"I have trouble sleeping".

"I read the newspaper".

SELF-REPORT

When you've understood the choices you can choose from for your answers, we'll give you a set of questions about your life. Circle the answer you think best describes you. Remember, there are no right or wrong answers. Your answers will only be used to try and improve things that you don't like or that upset you. Please answer all the questions.

KEY TO ANSWERS:

"N" = Never

"S" = Sometimes

"O" = Often

"A" = Always

SELF DETERMINATION		N	S	O	A
1	I use public transportation (bus, train, taxi, etc.) by myself (unsupervised)	1	2	3	4
2	I decide who comes into my personal spaces (e.g., my bedroom, bathroom, etc.)	1	2	3	4
3	I participate in the decisions that are taken in my home	1	2	3	4
4	I choose my own clothes to buy	1	2	3	4
5	Someone else decides what clothes I will wear each day	4	3	2	1
6	Someone else chooses what activities I do in my free time	4	3	2	1
7	I weigh all the possible consequences before taking a decision	1	2	3	4
8	I make plans to do activities that interest me	1	2	3	4
9	I state my preferences when I am allowed to choose	1	2	3	4
Total Raw Score					

SELF-REPORT

RIGHTS		N	S	O	A
10	I am allowed to take part in designing my individual plan	1	2	3	4
11	I respect other people's property and rights	1	2	3	4
12	The people around me respect my privacy (e.g., they knock on the door before coming in)	1	2	3	4
13	I can be alone when I want to be	1	2	3	4
14	People take my things without asking	4	3	2	1
15	People at the agency tell others the things I say to them (private comments I make to them)	4	3	2	1
16	I am given information about the goals contained in my individual plan	1	2	3	4
17	My rights have been explained to me	1	2	3	4
18	I find it difficult to know when my behavior may lead to legal problems	4	3	2	1
Total Raw Score					

EMOTIONAL WELL BEING		N	S	O	A
19	I feel like crying	4	3	2	1
20	I don't feel like doing anything	4	3	2	1
21	I'm worried or nervous a lot	4	3	2	1
22	I have behavior problems	4	3	2	1
23	I am self-confident	1	2	3	4
24	I feel good when I think about my future	1	2	3	4
25	I feel proud of myself	1	2	3	4
26	I would like to change my way of life	4	3	2	1
27	I enjoy the things I do	1	2	3	4
Total Raw Score					

SELF-REPORT

SOCIAL INCLUSION		N	S	O	A
28	I join in conversations with other people on topics that interest me	1	2	3	4
29	I often go to places in my community (e.g., restaurants, shops, parks) without any problem	1	2	3	4
30	I have friends who do not have a disability	1	2	3	4
31	I feel excluded from my work group, leisure group or group of friends	4	3	2	1
32	I find it difficult to engage in activities with people who do not have a disability	4	3	2	1
33	I get the support I need to succeed in my job (tasks or activities)	1	2	3	4
34	Many people help me when I need it	1	2	3	4
35	People tell me when I do things well	1	2	3	4
36	The people around me have a negative image of me	4	3	2	1
Total Raw Score					

PERSONAL DEVELOPMENT		N	S	O	A
37	Others teach me things that interest me	1	2	3	4
38	I have an individual plan tailored to my preferences	1	2	3	4
39	I am learning things that make me more independent	1	2	3	4
40	I have opportunities to learn new things	1	2	3	4
41	I carry out my job (tasks or activities) competently and responsibly	1	2	3	4
42	I am unable to solve problems	4	3	2	1
43	I manage my own money	1	2	3	4
44	I dress appropriately for the occasion	1	2	3	4
45	I have the technical support (e.g., adapted keyboard, adapted mouse, pictograms, etc.) that I need*	1	2	3	4
Total Raw Score					

* If he/she does not need technical help, select ALWAYS (4).

SELF-REPORT

INTERPERSONAL RELATIONSHIPS		N	S	O	A
46	I have difficulty finding or keeping a girlfriend/boyfriend	4	3	2	1
47	I have difficulty maintaining intimate relationships	4	3	2	1
48	I have few friends to go out and have fun	4	3	2	1
49	I have friends who listen to me when I have a problem	1	2	3	4
50	I express my emotions and feelings to my friends	1	2	3	4
51	I get on well with my co-workers (or at the agency I attend)	1	2	3	4
52	I have a good relationship with people of different ages	1	2	3	4
53	Most people dislike being around me	4	3	2	1
54	I call, write, or visit people I like	1	2	3	4
Total Raw Score					

MATERIAL WELL BEING		N	S	O	A
55	I have money to buy the things I need	1	2	3	4
56	I save up to buy special things (e.g., a gift, special clothes, etc.)	1	2	3	4
57	The place where I live is suitable or safe	1	2	3	4
58	The place where I work (or carry out any type of activity or task) is suitable or safe	1	2	3	4
59	I have access to information that interests me (newspaper, television, Internet, magazines, etc.)	1	2	3	4
60	It is impossible for me to access the new technologies (e.g., cellular phone, Internet)	4	3	2	1
61	I have the things I need to pursue my hobbies	1	2	3	4
62	I have what I need to live a good life	1	2	3	4
63	I have the services and supports I need	1	2	3	4
Total Raw Score					

SELF-REPORT

PHYSICAL WELL BEING		N	S	O	A
64	I get enough rest	1	2	3	4
65	I wear dirty clothes	4	3	2	1
66	I have poor hygiene habits	4	3	2	1
67	I do sports or engage in leisure activities	1	2	3	4
68	I take my medication as directed	1	2	3	4
69	I tell other people when I am not feeling well	1	2	3	4
70	I am happy with the healthcare services I receive	1	2	3	4
71	I have routine medical check-ups (e.g., dentist, optometrist, etc.)	1	2	3	4
72	I watch my weight	1	2	3	4
Total Raw Score					

Other things I would like to say

If the scale was completed with the help of an interviewer and the interviewer wants to add any relevant information about the assessment, they may do so below:

SUMMARY SCORES

REPORT OF OTHER PERSONS

1. Enter the total raw scores for each dimension
2. Enter the standard scores and percentiles
3. Enter the Quality of Life Index and its corresponding percentile

QUALITY OF LIFE DOMAINS	Total Raw Scores	Standard Scores	Percentiles
SELF DETERMINATION (SD)			
RIGHTS (RI)			
EMOTIONAL WELL BEING (EW)			
SOCIAL INCLUSION (SI)			
PERSONAL DEVELOPMENT (PD)			
INTERPERSONAL RELATIONSHIPS (IR)			
MATERIAL WELL BEING (MW)			
PHYSICAL WELL BEING (PW)			
Total Standard Score (sum)			
Quality of Life Index (Composite Standard Score)			
Quality of Life Percentile			

SELF REPORT

1. Enter the total raw scores for each dimension (yellow boxes)
2. Enter the standard scores and percentiles
3. Enter the Quality of Life Index and its corresponding percentile

QUALITY OF LIFE DOMAINS	Total Raw Scores	Standard Scores	Percentiles
SELF DETERMINATION (SD)			
RIGHTS (RI)			
EMOTIONAL WELL BEING (EW)			
SOCIAL INCLUSION (SI)			
PERSONAL DEVELOPMENT (PD)			
INTERPERSONAL RELATIONSHIPS (IR)			
MATERIAL WELL BEING (MW)			
PHYSICAL WELL BEING (PW)			
Total Standard Score (sum)			
Quality of Life Index (Composite Standard Score)			
Quality of Life Percentile			

PROFILES OF SCORES

QUALITY OF LIFE PROFILES

Circle the standard score for each domain and Quality of Life Index. Connect the circles/standard scores with a line to form the profile.

REPORT OF OTHER PERSONS									
SD	RI	EW	SI	PD	IR	MW	PW	QoL Index	Percentile
16-20	16-20	16-20	16-20	16-20	16-20	16-20	16-20	>133	99
15	15	15	15	15	15	15	15	122-133	95
14	14	14	14	14	14	14	14	118-121	90
13	13	13	13	13	13	13	13	114-117	85
								112-113	80
12	12	12	12	12	12	12	12	109-111	75
								108	70
11	11	11	11	11	11	11	11	105-107	65
								103-104	60
								101-102	55
10	10	10	10	10	10	10	10	100	50
								97-99	45
								96-97	40
9	9	9	9	9	9	9	9	93-95	35
								92	30
8	8	8	8	8	8	8	8	89-91	25
								87-88	20
7	7	7	7	7	7	7	7	82-86	15
6	6	6	6	6	6	6	6	77-81	10
5	5	5	5	5	5	5	5	71-76	5
1-4	1-4	1-4	1-4	1-4	1-4	1-4	1-4	<71	1

SELF REPORT									
SD	RI	EW	SI	PD	IR	MW	PW	QoL Index	Percentile
16-20	16-20	16-20	16-20	16-20	16-20	16-20	16-20	>132	99
15	15	15	15	15	15	15	15	122-132	95
14	14	14	14	14	14	14	14	117-121	90
13	13	13	13	13	13	13	13	115-116	85
								112-114	80
12	12	12	12	12	12	12	12	109-111	75
								107-108	70
11	11	11	11	11	11	11	11	105-106	65
								104	60
								101-103	55
10	10	10	10	10	10	10	10	100	50
								98-99	45
								95-97	40
9	9	9	9	9	9	9	9	94-95	35
								92-93	30
8	8	8	8	8	8	8	8	89-91	25
								86-88	20
7	7	7	7	7	7	7	7	83-85	15
6	6	6	6	6	6	6	6	79-82	10
5	5	5	5	5	5	5	5	71-78	5
1-4	1-4	1-4	1-4	1-4	1-4	1-4	1-4	<71	1