

Resident Questionnaire

Beginning Date / Time: _____

Name: _____ Nickname: _____

DOB: _____

Sex/Race: _____

Address: _____

SSN: _____

Phone Number: _____

Can you read and write? _____

Do you live/work here? _____

How long have you lived with owner/operator? _____

How long at this address? _____

How did you get here? _____

Who watches over everyone most of the time? _____

What other locations have you lived? _____

Do you share a room? With whom do you share a room? _____

Are you ever punished for misbehaving? How are you punished? _____

Have you ever witnessed anyone hurt in the home (tied up or hit)? _____

Has anyone made you uncomfortable, mad, or sad? Why? _____

Did you eat well? Typical breakfast, lunch, dinner, and snacks? _____

Do you ever go out to eat? If yes, where? _____

Health

What is your mental/physical health status (diagnosis) or disability? _____

What medicine are you taking? _____

Where is it kept? _____

Who gives it to you? _____

How do you know when it's time for your medication? _____

How do you get refills? _____

Do you have a doctor you see when you get sick? _____

If so, what is the doctor's name? _____

Do you need help going to the bathroom; if yes, who helps you? _____

How often do you take a bath or shower, and does anyone help you? _____

Do you attend any programs during the day? If yes, where and how you get there? _____

Benefits and Funds

Do you receive a check from the government (SSA, VA, Food Stamps or other financial assistance)? _____

Do you provide your food stamps or food stamp money to anyone? _____

Did you give anyone permission to use your food stamp card? _____

Do you have a Rep payee? Who is the payee? _____

Was it your choice to have them as a payee? _____

How do you know your payee? Do you know where your payee banks? _____

Whose name is the rent/utilities in? _____

Did you give anyone permission to use your name on the rent or utilities? _____

Do you get spending money? How much? _____

What services are included in your rent payment (food, clothing, shelter, medicine, utilities, transportation, etc.)? _____

Environment

Who is in charge of the residents? _____

Does anyone come by to check on you? If so, who and how often? _____

Have you seen locks on the doors inside this residence or any other where you've lived? _____

What are the locks on the doors used for? _____

Who locks and unlocks the doors? _____

Are you allowed to leave at anytime? _____

Are you allowed to go outside when you wanted? _____

Who does laundry and how often is it done? _____

Who does the house cleaning and often is it done? _____

Do you ever travel or go on vacation? _____

Follow up statements to questions: _____

Interviewer(s): _____ End Time: _____