

RESIDENTIAL ENVIRONMENT IMPACT SURVEY (REIS)

Date: _____ Evaluator: _____ Residence: _____

I. Walk Through Observation Guide

Access to space:

- Accessibility throughout the home

- Availability/accessibility of space for activity of participants choice (kitchen, laundry)

Cognitive and physical supports:

- Cognitive supports include photos, reminder systems, posted schedule, checklists, etc.

- Physical supports include grab bars, stair railings, adaptive equipment

Physical Environment:

- Barriers inside and outside the home (presence of stairs and railing, clutter, crowdedness)

- Adequate lighting

- Width of doorways, ease of use of doorknobs or handles, doors easy to open, light switches within reach

- Bathroom accessibility: toilet height, grab bars for toilet and tub, sink

Natural Environment:

- Accessibility and condition of the yard outside the home

Furniture:

- Degree to which furniture matches capabilities of participants (chairs/sofa easy to get on and off, comfortable)

- Safety concerns (bathroom, throw rugs, carpeting)

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I. Walk Through Observation Guide (con't)

Sensory Environment:

- Presence of extreme temperatures, noxious odors, visual or auditory distractions, noise level
- Opportunity to modify sensory qualities of the environment to the extent desired
- Availability of sensory input (rocking chair)
- Availability of quiet space

Homelike Qualities:

- Home décor, does it reflect personal interests
- Décor, food and music, does it reflect the culture of the participants
- Presence of pictures on the walls
- Quality of furniture, typical of what is found in a home

Presence of objects:

- Objects present for activities that the residents may have a desire to do, such as books, movies, exercise equipment, computer, and crafts
- Observe for the use of mobility aids or adaptive equipment

Personal Preferences:

- Degree to which the environment seems to support the exploration of interests, social relationships, personal preferences and decision-making

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I. Walk Through Observation Guide (con't)

Schedule:

- Daily schedule
- How duties/responsibilities are allotted and communicated
- Opportunities to deviate from set routine
- Impact of routine on life/functioning inside the home

Interaction with Others in the Home and Family/Friends:

- Behaviors, attitudes, or emotions expressed towards each other
- Social network outside the home
- Problem resolution
- Nature of interaction among participants in the home

Interaction with Staff:

- Nature of interaction with participants (maternal, neutral, authoritative, paternal)
- Behaviors, attitudes, or emotions expressed towards participants
- Problem resolution
- Decision making process
- Support for autonomy and empowerment

RESIDENTIAL ENVIRONMENT IMPACT SURVEY (REIS)

Date: _____ Evaluator: _____ Residence: _____

IIa. Guide for Observation of Activities/Tasks

It is suggested that three activities be observed. This should include one mealtime, one transition time (morning routine or bedtime routine), and one group activity, either a community meeting or a leisure/recreation activity.

Activity Observed:

Participants and Staff Present:

Nature of Interactions:

- Participant-Participant:

- Participant-Staff:

Staff and Environmental Support:

- Type(s) of support provided

- How is support provided?

- Is the level of support appropriate?

- Is the level of support desired by the resident(s)?

Additional Comments:

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IIb. Guide for Observation of Activities/Tasks

It is suggested that three activities be observed. This should include one mealtime, one transition time (morning routine or bedtime routine), and one group activity, either a community meeting or a leisure/recreation activity.

Activity Observed:

Participants and Staff Present:

Nature of Interactions:

- Participant-Participant:

- Participant-Staff:

Staff and Environmental Support:

- Type(s) of support provided

- How is support provided?

- Is the level of support appropriate?

- Is the level of support desired by the resident(s)?

Additional Comments:

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IIc. Guide for Observation of Activities/Tasks

It is suggested that three activities be observed. This should include one mealtime, one transition time (morning routine or bedtime routine), and one group activity, either a community meeting or a leisure/recreation activity.

Activity Observed:

Participants and Staff Present:

Nature of Interactions:

- Participant-Participant:

- Participant-Staff:

Staff and Environmental Support:

- Type(s) of support provided

- How is support provided?

- Is the level of support appropriate?

- Is the level of support desired by the resident(s)?

Additional Comments:

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Date: _____ Evaluator: _____ Residence: _____

III.a: SPACE

Information Obtained Via Group Interview of Participants/Residents

Listed below are places in and around the home environment. For each statement, mark how the residents respond when questioned about whether they have access to be in and use the space.				Next, for items that are not always accessible, mark how important accessibility is to the residents.		Add any additional comments in this section.
	Not accessible	Sometimes accessible	Always accessible	Not important	Important	Comments
Physical Spaces						
Bedroom						
Kitchen						
Laundry room						
Living room						
Bathroom						
Storage area for personal items (clothes, money, grooming items) such as closets, drawers, or containers						
Place to be alone						
Place for interaction with others (housemates, guests)						
Natural environment						
Yard						
Safe place to walk around outside the home						

Additional questions:

- Is there a quiet space available if it gets noisy?

- Do you feel the home is comfortable?

- Do you feel safe living here?

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Date: _____ Evaluator: _____ Residence: _____

III.a: SPACE (con't)

Information Obtained Via Group Interview of Participants/Residents

Listed below are features of the environment. For each statement, mark how the residents respond when questioned about whether these features are a problem.			Add any additional comments in this section.
	No problem	This is a problem	Comments (describe the problem and the limit/barrier that it presents)
Physical Environment			
Stairs outside home			
Stairs inside home			
Type of furniture			
Amount of furniture in room			
Amount of clutter (a lot of objects in the home)			

Additional questions:

- Are there any things about the home like temperature, noise, lighting, smell that affect you, or that bother you?

- Are you allowed to change the temperature, lighting, and noise level when you want?
 - How important is this to you?

- Is the home easy to move around in? (Getting around in the kitchen, living room, bedroom, bathroom, other rooms, opening doors, getting through doorways.) (Note if anyone in the home has a mobility impairment and/or if anyone uses any assistive device such as a cane, walker, or wheelchair).

- Is the bathroom easy to use and does it feel safe? (Getting on and off the toilet and in and out of the tub/shower)

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Date: _____ Evaluator: _____ Residence: _____

III.b: OBJECTS

Information Obtained Via Group Interview of Participants/Residents

Below is a list of personal objects that may or may not be found in the residential home. For each object check whether it is readily available to the participants or not available to them.			Next, for objects that are not available, check whether each object is important to the interviewees (optional section).		. Check if object was observed in the home.		Add any additional comments in this section
Object	Not Available	Available	Not Important	Important	Yes	No	Comments
Activities of Daily Living (ADL)							
Grooming Supplies/Makeup (shampoo, soap, deodorant, feminine products)							
Grooming Tools (razor, toothbrush, nail clippers)							
Clothing							
Adaptive equipment: special eating utensils, dressing aids.							
Leisure/Recreation							
Your own television							
Your own VCR/DVD player and videos/DVDs							
Your own music player or radio							
Your own materials for your hobbies, like art & craft supplies (paints, markers, paper, scissors, glue, yarn, craft kits), gardening tools, camera (if relevant)							
Your own educational materials (worksheets, pencils, workbooks, textbooks)							
Your own money							
Your own books							
Your own photographs							
Your own "stuff"							
Other: _____ _____							

- Was there anything I didn't ask you about that is important to you?

- Are there things you don't have in the home that you would like to have, if possible?

RESIDENTIAL ENVIRONMENT IMPACT SURVEY (REIS)

Date: _____ Evaluator: _____ Residence: _____

III.c: TASKS/ ACTIVITIES

Information Obtained Via Group Interview of Participants/Residents

Below are activities that the participants may or may not do. For each activity check whether or not they do the activity. If the activity is not applicable to the home, check "Not Applicable" (N/A). If they don't do the activity, note the reason.					Add any additional comments in this section.	
Activity	N/A	Do you do the activity?		If you don't do the activity, are you interested in doing it?		If you are interested in doing the activity, but you're not doing it, what is stopping you from doing the activity?
		Y	N	Y	N	
Activities of Daily Living (ADL)						
Feeding yourself						
Dressing yourself						
Bathing/Showering yourself						
Using the toilet yourself						
Grooming yourself (shaving, brush teeth, nail care, makeup)						
Instrumental Activities of Daily Living (IADL)						
Using the telephone to make or receive calls						
Spending my money on what I want						
Taking medication						
Shopping						
Cooking/Baking						
Exercising						
Taking care of a pet						
Work/School/Chores						
Going to work or to a work program						
Going to a day program						
Going to school or job training program						
Going to a volunteer job						
Doing household chores (cleaning, laundry)						
Doing yardwork/gardening						
Leisure/Recreation						
Drawing/Painting						
Sewing/crafts/knitting						
Reading						
Taking pictures						
Home decorating						
Watching TV/movie						

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Below are activities that the participants may or may not do. For each activity check whether or not they do the activity. If the activity is not applicable to the home, check "Not Applicable" (N/A). If they don't do the activity, note the reason.					Add any additional comments in this section.	
Activity	N/A	Do you do the activity?		If you don't do the activity, are you interested in doing it?		If you are interested in doing the activity, but you're not doing it, what is stopping you from doing the activity?
		Y	N	Y	N	
Leisure/Recreation (con't)						
Using the computer (games, email, web)						
Writing (poems, stories, journaling)						
Planning for parties/events in the home						
Attending parties/events in the home						
Dancing						
Singing						
Listening to music						
Playing board games or cards						
Playing a sport						
Walking in the neighborhood for pleasure/exercise						
Visiting family inside the home						
Visiting friends inside the home						
Community Activities						
Going to the park, fitness center, YMCA, or other fitness facility						
Going on trips/traveling						
Using public transportation/ paratransit						
Going to the movies						
Going to the library						
Going to community events (sporting events, plays, concerts)						
Going to a restaurant						
Going on dates						
Going to church or temple						
Other things not listed						
Other: _____						
Other: _____						
Other: _____						

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III.d: SOCIAL GROUPS/SOCIAL ENVIRONMENT Information Obtained Via Group Interview of Participants/Residents

Below are decisions that are made in the environment. For each statement, indicate how these decisions are made. If decisions are made by a person other than staff, indicate if it is parent, peer, etc.						Next, for each item where someone else decides, is that a decision that the residents would like to make themselves?		Add any additional comments in this section.	
Who makes the decision?									
Decision	Individual resident 's decision	Group decision by the residents	Staff & resident decide together	Staff or other person's decision	If other's decision, indicate who it is.	No	Yes	Comments	
Personal Preferences									
Arrange & decorate your own room									
Arrange & decorate common areas									
What clothes to wear									
What to listen to on the radio									
What to watch on TV and when									
What to spend money on and when									
What to eat for meals and when									
Where to put money, clothing, grooming products									
Schedule/Routine									
What time to wake up & go to sleep									
What is done after work									
How to spend free time									
When and how chores are done									
When to take showers/baths									
When phone calls are made & received									
When visitors are allowed									
What to do with visitors									
Social policies									
How roommates are put together									
How rooms are assigned									
Who goes on outings									
Where to go on outings									
Who can leave the home and when									
In general, how rules and decisions are made about how things go									

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III.d: SOCIAL GROUPS/SOCIAL ENVIRONMENT (con't) Information Obtained Via Group Interview of Participants/Residents

Additional questions:

Routine

- Describe your daily routine, from the time you wake up until the time you go to sleep. Is this the way you like it?
- Do you have enough time to do what you want, enough free time?
- If you could change anything about your day, what would it be?

Social Interaction with housemates, family and friends

- Do you have friends outside the home? How often do you call them? Do you visit them or do they come visit you?
- Do you talk to your neighbors?
- Do you have contact with your family? How often? Do you visit them or do they come visit you?
- Do you get along with everyone in your home?
- Do you ever have a disagreement with someone in your home? What happens when there is a disagreement?
- What is it like during mealtimes? Do people talk with each other? (Staff and residents, residents and residents)

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III.d: SOCIAL GROUPS/SOCIAL ENVIRONMENT (con't) Information Obtained Via Group Interview of Participants/Residents

Social Interaction with Staff

- How do you get along with staff?

- Are staff members available when you want to talk?

Policies/Rules

- What are the rules in your home?

- Are there rules that you think should be changed? (You may want to include a disclaimer that the evaluator does not have the power to change the rules but can convey the desire for the rules to be changed)

- Do you ever go out of the home on your own? Do you decide where you want to go?

- If you don't ever go out, why not? (don't want to, never did it before, want to but it is not allowed)

Placement in Home

- How was it decided that you would live here?

- Is this where you want to live and why?

RESIDENTIAL ENVIRONMENT IMPACT SURVEY (REIS)

Each item below refers to an aspect of the residential environment and is scored using a 4-point scale. Your rating should reflect how each aspect of the environment meets the needs and desires of the residents, and the extent to which the appropriate level of support and opportunity is provided.	
4 Strength	This environmental aspect is a strength of the residential setting and provides all of the residents with exceptional opportunities and support.
3 Appropriate	This environmental aspect provides appropriate support and opportunities for the residents in the residential setting.
2 Needs some improvement	Some improvement is needed for this environmental aspect to provide appropriate support and opportunities for the residents in the residential setting.
1 Needs major improvement	Major improvement is needed so that this environmental aspect can provide support and opportunities for the residents in the residential setting.
NR Not rated	Not rated , not enough information to rate this item
N/A Not applicable	This item does not apply to this residential setting

Evaluator:	Home Coordinator/Supervisor:	Residents participating:	
Date(s):			
Name/type of home:	Staff participating:		
Address of home:			

1. Access to Space: The extent to which physical space provides appropriate accessibility and meets the needs/desires of the residents	4	3	2	1	NR	N/A
Comments:						
2. Natural Environment: The extent to which the area around the home provides appropriate accessibility and meets the needs/desires of the residents	4	3	2	1	NR	N/A
Comments:						
3. Physical Environment: The extent to which the physical environment is barrier-free and facilitory of independence and safety	4	3	2	1	NR	N/A
Comments:						
4. Sensory Environment: The extent to which sensory conditions and opportunities in the home are appropriate and meet the needs/desires of the residents	4	3	2	1	NR	N/A
Comments:						
5. Homelike Qualities: The extent to which the home is comfortable, homelike, culturally appropriate, and a welcoming environment.	4	3	2	1	NR	N/A
Comments:						
6. ADL Objects: The extent to which objects for activities of daily living are available and the support provided for their use is appropriate	4	3	2	1	NR	N/A
Comments:						
7. Leisure Objects: The extent to which leisure objects are available and the support provided for their use is appropriate	4	3	2	1	NR	N/A
Comments:						
8. Adaptive Equipment: The extent to which appropriate and necessary adaptive equipment is provided and support provided for its use is appropriate	4	3	2	1	NR	N/A
Comments:						
9. Participation in ADL: The extent to which there are opportunities and resources for the residents to participate in performing activities of daily living (eating, dressing, bathing, grooming)	4	3	2	1	NR	N/A
Comments:						

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10. Participation in Work and Chores: The extent to which there are opportunities and resources for the residents to participate in performing work and chores to the extent they desire	4	3	2	1	NR	N/A
Comments:						
11. Participation in IADL: The extent to which there are opportunities and resources for the residents to participate in performing instrumental activities of daily living (cooking, laundry, managing finances, shopping, use of the phone, computer)	4	3	2	1	NR	N/A
Comments:						
12. Participation in Leisure/Recreational Activities: The extent to which there are opportunities and resources for the residents to participate in leisure activities	4	3	2	1	NR	N/A
Comments:						
13. Community Activities: The extent to which there are opportunities and resources for the residents to participate in events and outings in the community	4	3	2	1	NR	N/A
Comments:						
14. Self-Expression: The extent to which there are opportunities and resources for the residents to participate in expressing themselves via decorating personal space, clothing choice, and choice of how to spend time	4	3	2	1	NR	N/A
Comments:						
15. Schedule/Routine: The extent to which the schedule and routine facilitates maximum participation and independence	4	3	2	1	NR	N/A
Comments:						
16. Interactions with Others Living in the Home, Family and Friends: The extent to which there are opportunities and resources for the residents to interact with others	4	3	2	1	NR	N/A
Comments:						
17. Interactions with Staff: The extent to which interactions with staff are positive and appropriate	4	3	2	1	NR	N/A
Comments:						
18. Decision Making: The extent to which there are opportunities and resources for residents to participate in decisions that impact on life in the home (policies, rules, routines, privileges)	4	3	2	1	NR	N/A
Comments:						
19. Level of Assistance Provided: The extent to which the level of assistance provided to residents by staff is appropriate, desired, and supports maximum participation	4	3	2	1	NR	N/A
Comments:						
20. Autonomy: The extent to which opportunities for autonomy and independence meet the needs and desires of the participants	4	3	2	1	NR	N/A
Comments:						
21. Empowerment: The extent to which residents are provided with appropriate opportunities and resources to identify and pursue the things that are most important to them, make informed decisions of consequence, and advocate for themselves	4	3	2	1	NR	N/A
Comments:						
22. The Goal Process: The extent to which the goals established for the residents provide an appropriate and useful measure of potential achievement and progress	4	3	2	1	NR	N/A
Comments:						
23. Outside Communication: The extent to which communication with the day program/work center and family is well-coordinated and supports the full participation of the residents in home, day program, and family activities	4	3	2	1	NR	N/A
Comments:						
24. Occupational Identity and Role Development: The extent to which residents are provided with appropriate opportunities and resources to develop a positive and meaningful occupational identity and roles	4	3	2	1	NR	N/A
Comments:						

**RESIDENTIAL ENVIRONMENT IMPACT SURVEY (REIS)
RECOMMENDATION FORM**

Evaluator:	
Date:	
Name/address of residence:	
Coordinator/Supervisor of residence:	
Priority	<p>Recommendations for Administration:</p> <p><i>Possible strategies:</i></p> <p>Recommendations for Coordinator/Supervisor:</p> <p><i>Possible strategies:</i></p> <p>Recommendations for others (QMRP, consulting psychologist, social worker):</p> <p><i>Possible strategies:</i></p> <p>Recommendations for Direct Care Staff:</p> <p><i>Possible strategies:</i></p> <p>Recommendations for Residents:</p> <p><i>Possible strategies:</i></p>

RESIDENTIAL ENVIRONMENT IMPACT SURVEY (REIS)

To be completed by responsible staff/administration (Names: _____)

Response/Comments:

Plan/Timeline: