**Interview Guide for CIL Consumers**

2011 NCIL Field Test

1. CIL NUMBER AND Consumer’s outcome measurement number

CIL Number (01-45) \_\_\_\_\_\_\_\_\_\_

CONSUMER’S NUMBER (01-25, for analysis purposes only) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Consumer’s name (OR PARENT’S NAME IF THE CONSUMER IS A MINOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Consumer’s telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Date YOU completed THE TELEPHONE interview \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF YOU COULDN’T COMPLETE THE INTERVIEW, WHY NOT:

\_\_\_\_ DISCONNECTED/WRONG NUMBER

\_\_\_\_ DECEASED

\_\_\_\_ UNWILLING TO PARTICIPATE

\_\_\_\_ NO RETURN PHONE CALL AFTER SEVERAL ATTEMPTS

**Part A -- Telephone interview**

WHEN YOU HAVE THE CONSUMER ON THE PHONE, READ:

“Hi, my name is \_\_ \_(your name)\_\_\_\_\_\_\_ with \_\_\_\_(name of your CIL)\_\_\_\_. We are conducting an important survey of randomly selected Consumers to help improve our agency’s services. Your name was selected as part of the random sample. Do you mind if I ask you a few questions about the services you’ve received from our Center? All answers will be kept completely confidential. “

IF THE CONSUMER DOESN’T REMEMBER WORKING WITH YOU, REMIND WITH WHOM S/HE WORKED AND APPROXIMATE DATES. PLEASE DO NOT REMIND THE CONSUMER ABOUT WHAT PROBLEMS OR ISSUES YOU WORKED ON.

If answer is no, try to re-schedule FOR aNOTHER time.

IF ANSWER IS STILL NO, DOCUMENT YOUR ATTEMPT AND THANK THE CONSUMER FOR HER/HIS TIME.

If answer is yes, continue:

“Thank you. For each question, please be as honest as possible. There are no right or wrong answers, just whatever you feel is true. We want to know how you feel, so we can do the best possible job. Let’s begin:”

1. Sometimes we’re able to help people **learn new skills, new knowledge, or new resources**, and sometimes we’re not. For you personally, do you think you’ve learned any new skills, knowledge, or resources you didn’t have when you first started working with \_\_\_(name of your CIL)\_\_\_?

Don’t Know\_\_\_\_ (GO TO QUESTION #7)

No\_\_\_\_\_\_\_\_\_\_\_ (go to question #7)

Yes \_\_\_\_\_\_\_\_\_\_ (ask QUESTION #6 below)

1. What *specific* skills, knowledge, or resources did you learn about that you didn’t know before? Write on The *FIRST* LINE BELOW the FIRST THING The consumer mentions. If the consumer mentions A SECOND THING, WRITE IT ON THE *SECOND* LINE.
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Sometimes we’re able to help people **become more independent,** and sometimes we’re not. For you personally, do you think you’ve become *more* independent, *less* independent, or the *same* as you were when we first started working together?

Don’t Know\_\_\_\_\_ (GO TO QUESTION #9)

Less Independent \_\_\_\_\_ (GO TO QUESTION #9)

Same Degree of Independence \_\_\_\_\_ (GO TO QUESTION #9)

More Independent \_\_\_\_\_ (ASK QUESTION #8 BELOW)

1. In what ways are you more independent than you were before we started working together? (Write ON THE LINES BELOW the first thing THE CONSUMER mentionS)

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

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1. Sometimes we’re able to help people **advocate on their own behalf**, and sometimes we’re not. For you personally, have you stood up for yourself until you got something you needed? WAIT FOR A RESPONSE, BUT IF THE CONSUMER DOESN’T SEEM TO UNDERSTAND THE QUESTION, ASK “For example, have you insisted that any person or organization give you an accommodation you needed?”

Don’t Know\_\_\_\_\_\_\_ (GO TO QUESTION #11)

No \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (go to question #11)

Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ask QUESTION #10 below)

1. What *specifically* did you do to advocate on your own behalf? (Describe the activity on the lines below)

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

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1. Sometimes we’re able to help people **try to change things in their community that will help other people with disabilities, too, not just them,** and sometimes we’re not. For example, someone might ask a store manager to change the store’s displays, so the store is more accessible for all people with disabilities. In your case, have you tried to change anything specific in your community any time since we began working together?

Don’t know \_\_\_\_\_\_\_\_\_ (GO TO THANK-YOU SCRIPT)

No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (go to THANK-YOU SCRIPT)

Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ask QUESTION #12 below)

1. What *specifically* did you do to try to change things in your community? (Describe the activity on the lines below)

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

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THANK-YOU SCRIPT:

“That’s all the questions I have. Thank you for your help. Your input will be useful to us and other Centers like us as we improve services for Consumers. And as I mentioned before, your answers will be kept completely confidential within our Center.”

**Part B – File review** (FILL IN THIS INFORMATION FROM THE CONSUMER’S FILE ***AFTER***YOU HAVE COMPLETED THE TELEPHONE INTERVIEW)

1. Consumer’s age on day of interview: \_\_\_\_\_\_\_\_ years
2. Consumer’s racial/ethnic background:

American Indian or Alaska Native \_\_\_\_\_

Asian \_\_\_\_\_

Black or African American \_\_\_\_\_

Native Hawaiian or Other Pacific Islander \_\_\_\_\_

White \_\_\_\_\_

Hispanic/Latino of any race or Hispanic/Latino only \_\_\_\_\_

Two or more races \_\_\_\_\_

Race and ethnicity unknown \_\_\_\_\_

1. Consumer’s disability:

Cognitive \_\_\_\_\_

Mental/Emotional \_\_\_\_\_

Physical \_\_\_\_\_

Hearing \_\_\_\_\_

Vision \_\_\_\_\_

Multiple disabilities \_\_\_\_\_

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

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