

# NDIA Support Service Planning Questions for NDIS Participants

**Participant Ref #:** .....

- What level of school have you completed. ....
- What is the highest level of post school qualification you have completed .....
- Who do you currently live with .....
- What are your current housing arrangements .....
- What type of employment activities do you currently attend or participate in .....
- What is your current annual income .....
- What is the annual income of your household .....
- What educational activities are you currently participating in .....
- Other, please specify .....
- Are you currently studying full time or part time .....
- Are you seeking injury compensation .....

## NDIA Risk Assessment for NDIS Participants

- Are there times when you don't feel safe? Yes/No  
What do you do when you don't feel safe? Call Someone/Manage it Myself
- Does that usually solve the problem? Yes/No  
Do you have any concerns about any area in your life about disability? Yes/No

### What areas of your life do you have concerns about?

- Health: Yes/No  
Home, and or where I live Yes/No
- Safety when I'm out: Yes/No
- Money: Yes/No
- If you need help in an emergency, do you have anyone you can depend on for help? Yes/No
- How many people do you think you could contact for help in an emergency?: .....
- Do you make your own decisions?: Yes/No
- Do you have a Guardian?: Yes/No
- Are you able to make decisions about things, like what you like to do or which companies you want to help you?: Yes/No

### Who helps you with this?

My Family and/or Friends?: Yes/No

My Guardian and/or Nominee?: Yes/No

- Unsure?: Yes/No
- Do you need help with your planning and getting your supports?: Yes/No
- Who would you like to help you?: .....
- On a scale of 1 to 5, where 1 is low and 5 is high, what level of help do you think you need?: .....
- Do you ever worry about people you know taking money from you?: Yes/No/Not Sure.
- Has this ever happened?: Yes/No/Not Sure
- Do you feel you have enough help with your day to day finances?: Yes/No/Not Sure

**Who helps you with your finances?:**

- My Family: Yes/No
- My Friends: Yes/No
- No one: Yes/No
- Unsure: Yes/No
- Do you want some help with your Finances?: Yes/No
- Do you manage you own support funding?: Yes/No
- Is your disability the result of an accident or event?: Yes/No
- When did you first notice you disability started to effect activities you do in your everyday life?: .....
- Plan Duration/Months: .....

**NDIA Outcomes Questionnaire for NDIS Participants**

**Domain 1: “Choice & Control”**

- Do you choose who supports you?: Yes/No  
Comment:.....
- Do you choose what you do each day?: Comment:  
.....
- Who makes most decisions in my life?:  
.....  
Do you feel able to advocate (stand-up) for yourself? That is, Do you feel able to speak up if you have issues or problems accessing supports?: Yes/No Comment:  
.....
- Have you ever participated in a self-advocacy group meeting, conference or event?:  
Yes/No Comment: .....
- Do you want more choice and control in your life?: Yes/No Comment:  
.....
- Has the NDIS helped you have more choices and more control over you life?: Yes/No  
Comment:.....

## Domain 2: “Daily Living Activities”

- Do you need support to do domestic tasks, e.g: Shopping, Cooking, Cleaning and Meal Preparation?: Yes/No Comment: .....
- Do you get support for domestic tasks?: Yes/No Comment: .....
- Does the support you currently receive enable you to perform the tasks yourself as much as possible?: Yes/No Comment:.....
- Do you need support with personal care, e.g. washing yourself, dressing, etc?: Yes/No Comment: .....
- Do you get support with personal care, e.g. washing yourself, dressing, etc?: Yes/No Comment: .....
- Does the support you get meet your needs?: Yes/No Comment: .....
- Does the support you currently receive allow you to care for yourself as much as possible?; Yes/No Comment: .....
- Do you need support for Travel and transport?: Yes/No Comment: .....
- Do you get support for Travel and Transport?: Yes/No Comment: .....
- Does the support you get meet your needs?: Yes/No Comment: .....
- Does the support you currently receive allow you to travel by yourself as much as possible?: Yes/No Comment: .....
- Do you need support to communicate with other people?: Yes/No Comment: .....
- Do you get support for Communicating with others?: Yes/No Comment: .....
- Do you need support for getting out of the house?: Yes/No Comment:.....
- Do you get support for getting out of the house?: Yes/No Comment: .....
- Does the support you receive meet your needs?: Yes/No Comment: .....
- Does the support you currently receive allow you to get out of the house with as little assistance as possible?: Yes/No Comment: .....
- Do you need assistance in dealing with your finance/money?: Yes/No Comment: .....
- Do you get support in dealing with your finance/money?: Yes/No Comment: .....
- Does the support you receive meet your needs?: Yes/No Comment: .....
- Does the support you currently receive allow you to manage you finance/money wherever possible?: Yes/No Comment: .....
- Do you need support with reading and/or writing?: Yes/No

- Do you get support with reading and/or writing?: Yes/No Comment:  
.....
- Do you need support with using technology?: Yes/No Comment:  
.....
- Do you get support with using technology?: Yes/No Comment:  
.....
- Have you ever undertaken training to do more of these daily activities by yourself?:  
Yes/No Comment: .....
- Has the NDIS helped you with daily living activities?: Yes/No

**Domain 3: Relationships**

- Do you have someone outside your home to call when you need help?: Yes/No Paid Staff: ..... Friends: ..... Comment: .....
- Are you happy with how often you see your family?: Yes/No Comment:  
.....
- Do you provide care/support for others?: Yes/No
- Do you have friends other than family or paid staff?: Yes/No
- Are you happy with how often you see friends?: Yes/No N/A
- Has the NDIS helped you to meet more people?: Yes/No

**Domain 4: “Home”**

- Thinking about where you currently live in relation to your disability: Are you happy with the home you live in?: Yes/No Comment:  
.....
- Will you want to live there in 5 years time?: Yes/No Comment:  
.....
- How safe or unsafe do you feel in your home?: Comment:  
.....
- Has your involvement with the NDIS helped you to choose a home that is right for you?: Yes/No Comment: .....

**Domain 5: Health & Wellbeing**

- Overall, do you think that your health is excellent, very good, good, fair or poor?  
..... Comment: .....
- Do you have a doctor that you see on a regular basis? Yes/No
- Have you had difficulty getting health services? Yes/No
- How many times have you been to hospital in the past 12 months? Yes/No
- Do you feel safe getting out and about in your community? Yes/No Comment:  
.....
- Has your involvement with the NDIS improved your health and well being? Yes/No

**Domain 6: Lifelong Learning**

- Do you get opportunities to learn new things? Yes/No
- Do you currently participate in education, training or skill development? Yes/No
- Where do you do this? Comment:.....
- Are you in a class for students with a disability? Yes/No
- Is it what you want? Yes/No Comment: .....
- In the last 12 months, is there any course or training that you wanted to do but couldn't Yes/No Comment: .....
- Has your involvement with the NDIS helped you learn things you want to learn or to take courses you want to take Yes/No

**Domain 7: "Work"**

- Are you currently working in an unpaid job?: Yes/No
- Are you currently working in a paid job?: Yes/No
- What type of employment is it?: Comment: .....
- Other, please specify.....
- Do you get the support you need to do your job?: Yes/No Comment: .....
- Has your involvement with the NDIS helped you find a job that's right for you?: Yes/No Comment: .....

**Domain 8: "Social, Community and Civic Participation:**

- Do you spend your free time doing activities that interest you?: Yes/No Comment: .....
- In the past 12 months, is there anything that you wanted to do but couldn't?: Yes/No Comment: .....
- Are you currently a volunteer? Yes/No
- Have you been actively involved with a community cultural or religious group in the past 12 months?: Yes/No
- Do you know people in your community?: Yes/No Comment: .....
- How often do you feel you are able to have a say with the service that provide support for you?: Comment: .....
- Has the NDIS helped you to become more involved?: Yes/No