

**POINT VALUES ASSIGNED TO RESPONSES TO QUESTIONS
ON THE OHIO DEVELOPMENTAL DISABILITIES PROFILE
BY DOMAIN**

Medical Domain:

| Ohio Developmental Disabilities Profile Question | | Minimum Possible Points | Maximum Possible Points | Points Assigned to Response |
|---|--------------------------------------|--|--|---|
| 18a | Respiratory condition | 0 | 1 | Yes = 1 No = 0 |
| 18b | Cardiovascular condition | 0 | 1 | Yes = 1 No = 0 |
| 18c | Gastro-intestinal condition | 0 | 1 | Yes = 1 No = 0 |
| 18d | Genito-urinary condition | 0 | 1 | Yes = 1 No = 0 |
| 18e | Neoplastic disease | 0 | 1 | Yes = 1 No = 0 |
| 18f | Neurological disease | 0 | 1 | Yes = 1 No = 0 |
| 19a | History of seizures | 0 | 1 | Yes = 1 No = 0 |
| 19b | Type of seizures | 0 | 5 | No seizures this year = 0 Any other response = 1 each |
| 19c | Seizure frequency | 0 | 5 | If left blank = 0 None during the past year = 0 Less than once a month = 1 About once a month = 2 About once a week = 3 Several times a week = 4 Once a day or more = 5 |
| 20a | Prescription medications | 0 | 5 | None received = 0 Any other response = 1 |
| 20b | Medication by injection | 0 | 1 | Yes = 1 No = 0 |
| 20c | Support needed to take medication | 0 | 3 | Total support = 3 Assistance = 2 Supervision = 1 Independent = 0 |
| 21a | Nasogastric/gastrostomy feeding tube | 0 | 4 | Not applicable = 0 Once daily = 1 Twice daily = 2 Three or more times = 3 All shifts = 4 |
| 21b | Parenteral therapy | 0 | 4 | Not applicable = 0 Once daily = 1 Twice daily = 2 Three or more times = 3 All shifts = 4 |

| Ohio Developmental Disabilities Profile Question | | Minimum Possible Points | Maximum Possible Points | Points Assigned to Response |
|--|---|-------------------------|-------------------------|--|
| 21c | Jejunal tube | 0 | 4 | Not applicable = 0 Once daily = 1 Twice daily = 2 Three or more times = 3 All shifts = 4 |
| 21d | Tracheostomy care/suctioning | 0 | 4 | Not applicable = 0 Once daily = 1 Twice daily = 2 Three or more times = 3 All shifts = 4 |
| 21e | Wound care | 0 | 4 | Not applicable = 0 Once daily = 1 Twice daily = 2 Three or more times = 3 All shifts = 4 |
| 21f | Oxygen and respiratory therapy | 0 | 4 | Not applicable = 0 Once daily = 1 Twice daily = 2 Three or more times = 3 All shifts = 4 |
| 21g | Continuous/intermittent pump feeding | 0 | 4 | Not applicable = 0 Once daily = 1 Twice daily = 2 Three or more times = 3 All shifts = 4 |
| 21h | Vented feeding | 0 | 4 | Not applicable = 0 Once daily = 1 Twice daily = 2 Three or more times = 3 All shifts = 4 |
| 21i | Apnea monitor, CPAP, or pulse ox | 0 | 4 | Not applicable = 0 Once daily = 1 Twice daily = 2 Three or more times = 3 All shifts = 4 |
| 21j | Vent dependent | 0 | 4 | Not applicable = 0 Once daily = 1 Twice daily = 2 Three or more times = 3 All shifts = 4 |
| 22a | Missed two weeks due to medical condition | 0 | 1 | Yes = 1 No = 0 |
| 22b | Hospitalized in past year | 0 | 1 | Yes = 1 No = 0 |
| 22c | Training for special health care procedures | 0 | 1 | Yes = 1 No = 0 |
| 22d | Requires special diet | 0 | 1 | Yes = 1 No = 0 |

| Ohio Developmental Disabilities Profile Question | | Minimum Possible Points | Maximum Possible Points | Points Assigned to Response |
|--|-----------|-------------------------|-------------------------|--|
| 40f | Physician | 0 | 6 | No occurrences = 0 Annually = 1 Occasionally = 2 Monthly = 3 Weekly = 4 Frequently = 5 Daily = 6 |
| 40g | Dentist | 0 | 6 | No occurrences = 0 Annually = 1 Occasionally = 2 Monthly = 3 Weekly = 4 Frequently = 5 Daily = 6 |
| 40h | Nurse | 0 | 6 | No occurrences = 0 Annually = 1 Occasionally = 2 Monthly = 3 Weekly = 4 Frequently = 5 Daily = 6 |
| Medial Domain Total | | 0 | 88 | |

Behavioral Domain:

| Ohio Developmental Disabilities Profile Question | | Minimum Possible Points | Maximum Possible Points | Points Assigned to Response |
|--|-------------------------------------|-------------------------|-------------------------|--|
| 17a | Psychiatric diagnosis | 0 | 1 | Yes = 1 No = 0 |
| 30a | Has tantrums or emotional outbursts | 0 | 5 | No occurrences = 0 Occasionally = 1 Monthly = 2 Weekly = 3 Frequently = 4 Daily = 5 |
| 30b | Damages property | 0 | 5 | No occurrences = 0 Occasionally = 1 Monthly = 2 Weekly = 3 Frequently = 4 Daily = 5 |

| Ohio Developmental Disabilities Profile Question | | Minimum Possible Points | Maximum Possible Points | Points Assigned to Response |
|---|----------------------------|-------------------------------|-------------------------------|--|
| 30c | Physically assaults others | 0 | 5 | No occurrences = 0 Occasionally = 1 Monthly = 2 Weekly = 3 Frequently = 4 Daily = 5 |
| 30d | Disrupts others | 0 | 5 | No occurrences = 0 Occasionally = 1 Monthly = 2 Weekly = 3 Frequently = 4 Daily = 5 |
| 30e | Verbally abusive | 0 | 5 | No occurrences = 0 Occasionally = 1 Monthly = 2 Weekly = 3 Frequently = 4 Daily = 5 |
| 30f | Self-injurious | 0 | 5 | No occurrences = 0 Occasionally = 1 Monthly = 2 Weekly = 3 Frequently = 4 Daily = 5 |
| 30g | Teases or harasses peers | 0 | 5 | No occurrences = 0 Occasionally = 1 Monthly = 2 Weekly = 3 Frequently = 4 Daily = 5 |
| 30h | Resists supervision | 0 | 5 | No occurrences = 0 Occasionally = 1 Monthly = 2 Weekly = 3 Frequently = 4 Daily = 5 |
| 30i | Runs or wanders away | 0 | 5 | No occurrences = 0 Occasionally = 1 Monthly = 2 Weekly = 3 Frequently = 4 Daily = 5 |

| Ohio Developmental Disabilities Profile Question | | Minimum Possible Points | Maximum Possible Points | Points Assigned to Response |
|--|---|-------------------------|-------------------------|--|
| 30j | Steals | 0 | 5 | No occurrences = 0 Occasionally = 1 Monthly = 2 Weekly = 3 Frequently = 4 Daily = 5 |
| 30k | Eats inedible objects | 0 | 5 | No occurrences = 0 Occasionally = 1 Monthly = 2 Weekly = 3 Frequently = 4 Daily = 5 |
| 30l | Smears feces | 0 | 5 | No occurrences = 0 Occasionally = 1 Monthly = 2 Weekly = 3 Frequently = 4 Daily = 5 |
| 30m | Displays sexually inappropriate behavior | 0 | 5 | No occurrences = 0 Occasionally = 1 Monthly = 2 Weekly = 3 Frequently = 4 Daily = 5 |
| 30n | Displays behavior of a sexually offending or predatory nature | 0 | 5 | No occurrences = 0 Occasionally = 1 Monthly = 2 Weekly = 3 Frequently = 4 Daily = 5 |
| 31a | Does not follow safety rules | 0 | 5 | No occurrences = 0 Occasionally = 1 Monthly = 2 Weekly = 3 Frequently = 4 Daily = 5 |
| 31b | Displays repetitive/disruptive behavior | 0 | 5 | No occurrences = 0 Occasionally = 1 Monthly = 2 Weekly = 3 Frequently = 4 Daily = 5 |

| Ohio Developmental Disabilities Profile Question | | Minimum Possible Points | Maximum Possible Points | Points Assigned to Response |
|--|---|-------------------------|-------------------------|--|
| 31c | Threatens to harm self or others | 0 | 5 | No occurrences = 0 Occasionally = 1 Monthly = 2 Weekly = 3 Frequently = 4 Daily = 5 |
| 31d | Pattern of withdrawal behavior | 0 | 5 | No occurrences = 0 Occasionally = 1 Monthly = 2 Weekly = 3 Frequently = 4 Daily = 5 |
| 32a | Cannot be moved to less restrictive setting | 0 | 1 | Yes = 1 No = 0 |
| 32b | Behavioral procedures required | 0 | 1 | Yes = 1 No = 0 |
| 32c | Structured environment required | 0 | 1 | Yes = 1 No = 0 |
| 32d | Physical intervention required | 0 | 1 | Yes = 1 No = 0 |
| 32e | Supervised time-out/time away needed | 0 | 1 | Yes = 1 No = 0 |
| 32f | Requires one-on-one supervision | 0 | 5 | Yes = 5 No = 0 |
| 32g | Involved with criminal justice system | 0 | 5 | Yes = 5 No = 0 |
| 40a | Psychologist | 0 | 6 | No occurrences = 0 Annually = 1 Occasionally = 2 Monthly = 3 Weekly = 4 Frequently = 5 Daily = 6 |
| 40b | Psychiatrist | 0 | 6 | No occurrences = 0 Annually = 1 Occasionally = 2 Monthly = 3 Weekly = 4 Frequently = 5 Daily = 6 |
| Behavioral Domain Total | | 0 | 118 | |

Adaptive Skills Domain:

| Ohio Developmental Disabilities Profile Question | | Minimum Possible Points | Maximum Possible Points | Points Assigned to Response |
|--|-----------------------------------|-------------------------|-------------------------|--|
| 14b | Intellectual disability | 0 | 1 | Yes = 1 No = 0 |
| 14c | Autism | 0 | 1 | Yes = 1 No = 0 |
| 14d | Cerebral palsy | 0 | 1 | Yes = 1 No = 0 |
| 14e | Epilepsy/seizure disorder | 0 | 1 | Yes = 1 No = 0 |
| 14f | Learning disability | 0 | 1 | Yes = 1 No = 0 |
| 14g | Other neurological impairment | 0 | 1 | Yes = 1 No = 0 |
| 14h | Traumatic brain injury | 0 | 1 | Yes = 1 No = 0 |
| 15a | Primary developmental disability | 0 | 1 | Yes = 1 No = 0 |
| 16a | Level of intellectual functioning | 0 | 4 | Normal or above = 0 Not determined at this time = 0 Mild retardation = 1 Moderate retardation = 2 Severe retardation = 3 Profound retardation = 4 |
| 23a | Hearing | 0 | 4 | Normal = 0 Undetermined = 0 Mild loss = 1 Moderate loss = 2 Severe loss = 3 Profound loss = 4 |
| 24a | Vision | 0 | 4 | Fully sighted = 0 Undetermined = 0 Moderate impairment = 1 Severe impairment = 2 Light perception = 3 Total blindness = 4 |
| 25a | Mobility | 0 | 4 | Walks independently = 0 With difficulty = 1 With corrective device = 2 With assistance = 3 Cannot walk = 4 |
| 26a | Wheelchair mobility | 0 | 4 | Does not use wheelchair = 0 Independently = 1 Independently with assistance = 2 Requires assistance = 3 No mobility = 4 |
| 27a | Roll back to stomach | 0 | 1 | Yes = 0 No = 1 |
| 27b | Pull self up to standing | 0 | 1 | Yes = 0 No = 1 |
| 27c | Walk up and down stairs | 0 | 1 | Yes = 0 No = 1 |
| 27d | Pick up small objects | 0 | 1 | Yes = 0 No = 1 |

| Ohio Developmental Disabilities Profile Question | | Minimum Possible Points | Maximum Possible Points | Points Assigned to Response |
|--|----------------------------------|-------------------------|-------------------------|---|
| 27e | Transfer object hand to hand | 0 | 1 | Yes = 0 No = 1 |
| 27f | Mark with a pencil | 0 | 1 | Yes = 0 No = 1 |
| 27g | Turn pages of book one at a time | 0 | 1 | Yes = 0 No = 1 |
| 27h | Copy a circle | 0 | 1 | Yes = 0 No = 1 |
| 27i | Cut a straight line | 0 | 1 | Yes = 0 No = 1 |
| 33a | Toileting/bowels | 0 | 3 | Total support = 3 Assistance = 2 Supervision = 1 Independent = 0 |
| 33b | Toileting/bladder | 0 | 3 | Total support = 3 Assistance = 2 Supervision = 1 Independent = 0 |
| 33c | Taking shower or bath | 0 | 3 | Total support = 3 Assistance = 2 Supervision = 1 Independent = 0 |
| 33d | Brushing teeth or dentures | 0 | 3 | Total support = 3 Assistance = 2 Supervision = 1 Independent = 0 |
| 33e | Brushing or combing hair | 0 | 3 | Total support = 3 Assistance = 2 Supervision = 1 Independent = 0 |
| 33f | Selecting appropriate clothes | 0 | 3 | Total support = 3 Assistance = 2 Supervision = 1 Independent = 0 |
| 33g | Putting on clothes | 0 | 3 | Total support = 3 Assistance = 2 Supervision = 1 Independent = 0 |
| 33h | Undressing self | 0 | 3 | Total support = 3 Assistance = 2 Supervision = 1 Independent = 0 |
| 33i | Drinking from cup or glass | 0 | 3 | Total support = 3 Assistance = 2 Supervision = 1 Independent = 0 |
| 33j | Chewing and swallowing food | 0 | 3 | Total support = 3 Assistance = 2 Supervision = 1 Independent = 0 |

| Ohio Developmental Disabilities Profile Question | | Minimum Possible Points | Maximum Possible Points | Points Assigned to Response |
|--|--|-------------------------|-------------------------|---|
| 33k | Feeding self | 0 | 3 | Total support = 3 Assistance = 2 Supervision = 1 Independent = 0 |
| 33l | Making bed | 0 | 3 | Total support = 3 Assistance = 2 Supervision = 1 Independent = 0 |
| 33m | Cleaning room | 0 | 3 | Total support = 3 Assistance = 2 Supervision = 1 Independent = 0 |
| 33n | Doing laundry | 0 | 3 | Total support = 3 Assistance = 2 Supervision = 1 Independent = 0 |
| 33o | Using telephone | 0 | 3 | Total support = 3 Assistance = 2 Supervision = 1 Independent = 0 |
| 33p | Shopping for simple meal | 0 | 3 | Total support = 3 Assistance = 2 Supervision = 1 Independent = 0 |
| 33q | Preparing food that does not require cooking | 0 | 3 | Total support = 3 Assistance = 2 Supervision = 1 Independent = 0 |
| 33r | Using stove or microwave | 0 | 3 | Total support = 3 Assistance = 2 Supervision = 1 Independent = 0 |
| 33s | Crossing street in residential neighborhood | 0 | 3 | Total support = 3 Assistance = 2 Supervision = 1 Independent = 0 |
| 33t | Using public transportation for a simple direct trip | 0 | 3 | Total support = 3 Assistance = 2 Supervision = 1 Independent = 0 |
| 33u | Managing own money | 0 | 3 | Total support = 3 Assistance = 2 Supervision = 1 Independent = 0 |

| Ohio Developmental Disabilities Profile Question | | Minimum Possible Points | Maximum Possible Points | Points Assigned to Response |
|--|------------------------|-------------------------|-------------------------|--|
| 40c | Speech pathologist | 0 | 6 | No occurrences = 0 Annually = 1 Occasionally = 2 Monthly = 3 Weekly = 4 Frequently = 5 Daily = 6 |
| 40d | Physical therapist | 0 | 6 | No occurrences = 0 Annually = 1 Occasionally = 2 Monthly = 3 Weekly = 4 Frequently = 5 Daily = 6 |
| 40e | Occupational therapist | 0 | 6 | No occurrences = 0 Annually = 1 Occasionally = 2 Monthly = 3 Weekly = 4 Frequently = 5 Daily = 6 |
| 40i | Social worker | 0 | 6 | No occurrences = 0 Annually = 1 Occasionally = 2 Monthly = 3 Weekly = 4 Frequently = 5 Daily = 6 |
| Adaptive Skills Domain Total | | 0 | 124 | |