

# Supports Intensity Scale<sup>®</sup>

## Interview and Profile Form

Adult Version (ages 16 and up)

\_\_\_\_\_

ID/TRACKING NUMBER

Name \_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ Date SIS Completed \_\_\_\_\_

Address \_\_\_\_\_ YR / MO / DAY \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_ YR / MO / DAY \_\_\_\_\_

Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Language Spoken at Home \_\_\_\_\_ Age \_\_\_\_\_

Individuals or Organizations Providing Essential Supports: \_\_\_\_\_ Gender  Male  Female

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Other Pertinent Information \_\_\_\_\_

\_\_\_\_\_

Respondent Name	Relationship to Individual	Language Spoken
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Interviewer \_\_\_\_\_ Position \_\_\_\_\_

Agency/Affiliation \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

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American Association  
 on Intellectual and  
 Developmental Disabilities

AAIDD Supports Intensity Scale<sup>®</sup>

## Section 1. Support Needs Scale

**INSTRUCTIONS:** Identify the Frequency, Daily Support Time, and Type of Support that is reported necessary for the person to be successful in the six activity domains (Parts A–F). **Circle the appropriate number (0–4) for each measurement** (i.e., Frequency, Daily Support Time, Type of Support). (See rating key below.) Add across each line item to obtain the Raw Scores. Sum the Raw Scores down to obtain the Total Raw Score for each Part.

1. This scale should be completed without regard to the services or supports currently provided or available.
2. Scores should reflect the supports that would be necessary for this person to be successful in each activity.
3. If an individual uses assistive technology, the person should be rated with said technology in place.
4. Complete ALL items, even if the person is not currently performing a listed activity.

<b>Part A: Home Living Activities</b>	Frequency					Daily Support Time					Type of Support					Raw Scores
	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
1. Using the toilet	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
2. Taking care of clothes (includes laundering)	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
3. Preparing food	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
4. Eating food	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
5. Housekeeping and cleaning	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
6. Dressing	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
7. Bathing and taking care of personal hygiene and grooming needs	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
8. Operating home appliances	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
<b>TOTAL Raw Score</b>																
<b>Home Living Activities</b>																
Enter the Raw Score (max. = 92) on the SIS Profile, on page 8, Section 1A, Part A, Home Living Activities																

<b>RATING KEY</b>		
<p><b>FREQUENCY:</b> How frequently is support needed for this activity?</p> <p>0 = none or less than monthly            1 = at least once a month, but not once a week            2 = at least once a week, but not once a day            3 = at least once a day, but not once an hour            4 = hourly or more frequently</p>	<p><b>DAILY SUPPORT TIME:</b> On a typical day when support in this area is needed, how much time should be devoted?</p> <p>0 = none            1 = less than 30 minutes            2 = 30 minutes to less than 2 hours            3 = 2 hours to less than 4 hours            4 = 4 hours or more</p>	<p><b>TYPE OF SUPPORT:</b> What kind of support should be provided?</p> <p>0 = none            1 = monitoring            2 = verbal/gestural prompting            3 = partial physical assistance            4 = full physical assistance</p>

## Section 1. Support Needs Scale, continued

Circle the appropriate number (0–4) for each measurement. (See rating key.) Complete ALL items, even if the person is not currently performing a listed activity. Add the scores across to get a Raw Score. Add the Raw Scores down to get a Total Raw Score.

<b>Part B: Community Living Activities</b>	Frequency					Daily Support Time					Type of Support					Raw Scores
1. Getting from place to place throughout the community (transportation)	0	1	2	3	X	0	1	2	3	4	0	1	2	3	4	
2. Participating in recreation/leisure activities in the community settings	0	1	2	3	X	0	1	2	3	4	0	1	2	3	4	
3. Using public services in the community	0	1	2	3	X	0	1	2	3	4	0	1	2	3	4	
4. Going to visit friends and family	0	1	2	3	X	0	1	2	3	4	0	1	2	3	4	
5. Participating in preferred community activities (church, volunteer, etc.)	0	1	2	3	X	0	1	2	3	4	0	1	2	3	4	
6. Shopping and purchasing goods and services	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
7. Interacting with community members	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
8. Accessing public buildings and settings	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
<b>TOTAL Raw Score Community Living Activities</b>																

Enter the Raw Score (max. = 91) on the SIS Profile, on page 8, Section 1A, Part B, Community Living Activities

<b>Part C: Lifelong Learning Activities</b>	Frequency					Daily Support Time					Type of Support (TS)					Raw Scores
1. Interacting with others in learning activities	0	1	2	3	X	0	1	2	3	4	0	1	2	3	4	
2. Participating in training/educational decisions	0	1	2	3	X	0	1	2	3	X	0	1	2	3	4	
3. Learning and using problem-solving strategies	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
4. Using technology for learning	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
5. Accessing training/educational settings	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
6. Learning functional academics (reading signs, counting change, etc.)	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
7. Learning health and physical education skills	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
8. Learning self-determination skills	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
9. Learning self-management strategies	0	1	2	3	X	0	1	2	3	4	0	1	2	3	4	
<b>TOTAL Raw Score Lifelong Learning Activities</b>																

Enter the Raw Score (max. = 104) on the SIS Profile, on page 8, Section 1A, Part C, Lifelong Learning Activities

## Section 1. Support Needs Scale, continued

Circle the appropriate number (0–4) for each measurement. (See rating key.) Complete ALL items, even if the person is not currently performing a listed activity. Add the scores across to get a Raw Score. Add the Raw Scores down to get a Total Raw Score.

<b>Part D: Employment Activities</b>	Frequency					Daily Support Time					Type of Support					Raw Scores
1. Accessing/receiving job/task accommodations	0	1	2	3	X	0	1	2	3	4	0	1	2	3	4	
2. Learning and using specific job skills	0	1	2	3	X	0	1	2	3	4	0	1	2	3	4	
3. Interacting with co-workers	0	1	2	3	X	0	1	2	3	4	0	1	2	3	4	
4. Interacting with supervisors/coaches	0	1	2	3	X	0	1	2	3	4	0	1	2	3	4	
5. Completing work-related tasks with acceptable speed	0	1	2	3	X	0	1	2	3	4	0	1	2	3	4	
6. Completing work-related tasks with acceptable quality	0	1	2	3	X	0	1	2	3	4	0	1	2	3	4	
7. Changing job assignments	0	1	2	X	X	0	1	2	3	4	0	1	2	3	4	
8. Seeking information and assistance from an employer	0	1	2	3	X	0	1	2	3	4	0	1	2	3	4	
<b>TOTAL Raw Score Employment Activities</b>																

Enter the Raw Score (max. = 87) on the SIS Profile, on page 8, Section 1A, Part D, Employment Activities

<b>Part E: Health and Safety Activities</b>	Frequency					Daily Support Time					Type of Support					Raw Scores
1. Taking medications	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
2. Avoiding health and safety hazards	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
3. Obtaining health care services	0	1	2	3	4	0	1	2	X	X	0	1	2	3	4	
4. Ambulating and moving about	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
5. Learning how to access emergency services	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
6. Maintaining a nutritious diet	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
7. Maintaining physical health and fitness	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
8. Maintaining emotional well-being	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
<b>TOTAL Raw Score Health and Safety Activities</b>																

Enter the Raw Score (max. = 94) on the SIS Profile, on page 8, Section 1A, Part E, Health and Safety Activities

<b>RATING KEY</b>		
<p><b>FREQUENCY:</b> How frequently is support needed for this activity?</p> <p>0 = none or less than monthly            1 = at least once a month, but not once a week            2 = at least once a week, but not once a day            3 = at least once a day, but not once an hour            4 = hourly or more frequently</p>	<p><b>DAILY SUPPORT TIME:</b> On a typical day when support in this area is needed, how much time should be devoted?</p> <p>0 = none            1 = less than 30 minutes            2 = 30 minutes to less than 2 hours            3 = 2 hours to less than 4 hours            4 = 4 hours or more</p>	<p><b>TYPE OF SUPPORT:</b> What kind of support should be provided?</p> <p>0 = none            1 = monitoring            2 = verbal/gestural prompting            3 = partial physical assistance            4 = full physical assistance</p>

## Section 1. Support Needs Scale, continued

Circle the appropriate number (0–4) for each measurement. (See rating key.) Complete ALL items, even if the person is not currently performing a listed activity. Add the scores across to get a Raw Score. Add the Raw Scores down to get a Total Raw Score.

Part F: Social Activities	Frequency					Daily Support Time					Type of Support					Raw Scores
1. Socializing within the household	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
2. Participating in recreation/leisure activities with others	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
3. Socializing outside the household	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
4. Making and keeping friends	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
5. Communicating with others about personal needs	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
6. Using appropriate social skills	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
7. Engaging in loving and intimate relationships	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
8. Engaging in volunteer work	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
<b>TOTAL Raw Score Social Activities</b>																
Enter the Raw Score (max. = 93) on the SIS Profile, on page 8, Section 1A, Part F, Social Activities																

## Section 2. Supplemental Protection and Advocacy Scale

Circle the appropriate number (0–4) for each measurement. (See rating key.) Complete ALL items, even if the person is not currently performing a listed activity. Add the scores across to get a Raw Score. Rank the Raw Scores from highest to lowest (1 = highest). Enter the four highest ranked activities (1–4) and their scores on the SIS Profile.

Protection and Advocacy Activities	Frequency					Daily Support Time					Type of Support					Raw Scores	Rank Raw Scores from highest to lowest
1. Advocating for self	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4		
2. Managing money and personal finances	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4		
3. Protecting self from exploitation	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4		
4. Exercising legal responsibilities	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4		
5. Belonging to and participating in self-advocacy/support organizations	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4		
6. Obtaining legal services	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4		
7. Making choices and decisions	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4		
8. Advocating for others	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4		

List the four Protection and Advocacy Activities with the highest Raw Score (from highest to lowest) on the SIS Profile, on page 8, Section 2.

## Section 3. Exceptional Medical and Behavioral Support Needs

Circle the appropriate number to indicate how much support is needed for each of the items below. Subtotal the circled 1's and 2's. Total the subtotals. (See rating key.) Complete ALL items.

<b>Section 3A: Medical Supports Needed</b>	No Support Needed	Some Support Needed	Extensive Support Needed
<b>Respiratory care</b>			
1. Inhalation or oxygen therapy	0	1	2
2. Postural drainage	0	1	2
3. Chest PT	0	1	2
4. Suctioning	0	1	2
<b>Feeding assistance</b>			
5. Oral stimulation or jaw positioning	0	1	2
6. Tube feeding (e.g., nasogastric)	0	1	2
7. Parenteral feeding (e.g., IV)	0	1	2
<b>Skin care</b>			
8. Turning or positioning	0	1	2
9. Dressing of open wound(s)	0	1	2
<b>Other exceptional medical care</b>			
10. Protection from infectious diseases due to immune system impairment	0	1	2
11. Seizure management	0	1	2
12. Dialysis	0	1	2
13. Ostomy care	0	1	2
14. Lifting and/or transferring	0	1	2
15. Therapy services	0	1	2
16. Other(s)—Specify: _____ _____	0	1	2
<b>Subtotal of 1's and 2's</b>			
<b>Total (Add Subtotal of 1's and 2's)</b>			

Enter Total on the SIS Profile, on page 8, Section 3A:  
Support Considerations Based on Exceptional  
Medical and Behavioral Support Needs, *Medical*

## Section 3. Exceptional Medical and Behavioral Support Needs, continued

Circle the appropriate number to indicate how much support is needed for each of the items below. (See rating key.)  
Complete ALL items.

<b>Section 3B: Behavioral Supports Needed</b>	No Support Needed	Some Support Needed	Extensive Support Needed
<b>Externally directed destructiveness</b>			
1. Prevention of assaults or injuries to others	0	1	2
2. Prevention of property destruction (e.g., fire setting, breaking furniture)	0	1	2
3. Prevention of stealing	0	1	2
<b>Self-directed destructiveness</b>			
4. Prevention of self-injury	0	1	2
5. Prevention of pica (ingestion of inedible substances)	0	1	2
6. Prevention of suicide attempts	0	1	2
<b>Sexual</b>			
7. Prevention of sexual aggression	0	1	2
8. Prevention of nonaggressive but inappropriate behavior (e.g., exposes self in public, exhibitionism, inappropriate touching or gesturing)	0	1	2
<b>Other</b>			
9. Prevention of tantrums or emotional outbursts	0	1	2
10. Prevention of wandering	0	1	2
11. Prevention of substance abuse	0	1	2
12. Maintenance of mental health treatments	0	1	2
13. Prevention of other serious behavior problem(s) Specify: _____ _____	0	1	2
<b>Subtotal of 1's and 2's</b>			
<b>Total (Add Subtotal of 1's and 2's)</b>			

Enter Total on the SIS Profile, on page 8, Section 3B:  
Support Considerations Based on Exceptional  
Medical and Behavioral Support Needs, Behavioral

### RATING KEY

- 0 = no support needed
- 1 = some support needed (i.e., providing monitoring and/or occasional assistance)
- 2 = extensive support needed (i.e., providing regular assistance to manage the medical condition or behavior)

# Supports Intensity Scale® (SIS) Scoring Form & Profile

\_\_\_\_\_

ID/TRACKING NUMBER

Name \_\_\_\_\_

Date SIS Completed \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
YR MO DAY

Name of Interviewer \_\_\_\_\_

## Section 1A: Support Needs Ratings

1. Enter the Raw Scores for parts A-F from pages 2-5.
2. Enter the Standard Scores and Percentiles using Appendix 6.2.
3. Enter the SIS Support Needs Index using Appendix 6.3.

Activities Subscales	Total Raw Scores (From pages 2-5)	Standard Scores (See Appendix 6.2)	Subscale Percentiles (See Appendix 6.2)
A. Home Living			
B. Community Living			
C. Lifelong Learning			
D. Employment			
E. Health & Safety			
F. Social			
<b>Standard Scores TOTAL (sum)</b>			
<b>SIS SUPPORT NEEDS INDEX (Composite Standard Score) (See Appendix 6.3)</b>			
<b>Percentile of Support Needs Index (See Appendix 6.3)</b>			

## Section 1B: Support Needs Profile

Circle the Standard Score for each Activities Subscale and the SIS Support Needs Index. Then connect the subscale circles to form a graph.

Percentile	A. Home Living	B. Community Living	C. Lifelong Learning	D. Employment	E. Health & Safety	F. Social	SIS Support Needs Index	Percentile
99	17-20	17-20	17-20	17-20	17-20	17-20	> 131	99
	15-16	15-16	15-16	15-16	15-16	15-16	124-131	
90	14	14	14	14	14	14	120-123	90
	13	13	13	13	13	13	116-119	
80							113-115	80
	12	12	12	12	12	12	110-112	
70							108-109	70
							106-107	
60	11	11	11	11	11	11	105	60
							102-104	
50	10	10	10	10	10	10	100-101	50
							98-99	
40	9	9	9	9	9	9	97	40
							94-96	
30							92-93	30
	8	8	8	8	8	8	90-91	
20							88-89	20
	7	7	7	7	7	7	85-87	
10	6	6	6	6	6	6	82-84	10
	5	5	5	5	5	5	75-81	
1	1-4	1-4	1-4	1-4	1-4	1-4	< 74	1

## Section 2:

### Support Considerations Based on Protection and Advocacy Scores

List the 4 highest ranked Protection and Advocacy Activities from page 5

Activity	Raw Score
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

## Section 3: Support Considerations Based on Exceptional Medical and Behavioral Support Needs

### A. MEDICAL

1. Enter the number of Total points from page 6. \_\_\_\_\_
2. Is this Total larger than 5? 

Yes	No
-----	----
3. Is at least one "2" circled for Medical Supports Needed on page 6? 

Yes	No
-----	----

### B. BEHAVIORAL

1. Enter the number of Total points from page 7. \_\_\_\_\_
2. Is this Total larger than 5? 

Yes	No
-----	----
3. Is at least one "2" circled for Behavioral Supports Needed on page 7? 

Yes	No
-----	----

If "yes" has been circled on any of the questions above, it is highly likely that this individual has greater support needs than others with a similar SIS Support Needs Index.