



Brainstorming Sample Questions
"What do you know?"



Financial:

What do you know about your money, in general?

What is the source (or sources) of your money?

Do you get SSI?

Do you have regular work and get a paycheck?

Is the paycheck the same every week/month?

Does anyone give you money as a gift during the year? How much?

Do you have a bank account for SSI? What bank? How much is in that account now?

Do you know the limits of the amount that can be in your SSI account?

Who is your rep payee?

What do they spend your money on? How do they decide what to spend it on?

Do you have regular bills that have to be paid monthly?

Do you pay for rent or groceries?

If you want to buy something, who do you go to for that?

Do you have an ABLE account? How much is in that?

Where did that money come from?

What can you spend the money in the ABLE account on?

Do you have a trust?



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Work:

If you are currently working, do you like what you do?

Are there things about your job that you would like to change?

Do you want to try something else and if so, what?

What type of training would be required for getting a new/different job?

How do you get to work?

How much money do you earn? Is it the same as people without disabilities?

Does your job require you to interact with people?

Can you advance (or get promoted) in your job?

What type of support do you need to be successful while you are at your job?

Do you own your own business?



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Medical and Health:

Do you have any chronic health conditions? If so, what are they?

How do you deal with your health / medical issues? Do you take medication?

If you take medication, what prescriptions? What dosage? What are the side effects of those medications?

Are you bothered now by side effects?

Who is your doctor? How often do you see him/her? Who goes with you to the doctor?

How do you address your overall health?

Are you happy with your weight?

Do you exercise? If so, what exercise do you do and how often?

If not, do you want to exercise? What type of things would you like to try?

How much do you eat? Who cooks for you?

How often do you see a dentist? Who is your dentist?

Do you know anything about your medical insurance? What company is it and what does it cover?



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Housing:

Tell me about where you live?

Is it safe?

Do you pay rent?

Who do you live with?

Did you choose to live with this person?

Do you have your own stuff with you? Did you choose your furniture and decorations?

What town do you live in?

Do you have your own room?

What is your neighborhood like?

Is your home near any public transportation?

How do people get around your neighborhood?

Can you get to where you need or want to go?



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Volunteering and Leadership:

How are you involved in volunteering and leadership in your community?

Have you ever advocated at the Capital?

Do you vote?

Do you listen to the news to understand the current issues?

Do you help at your church? Are you on any committees?

Do you belong to any civic organizations? Uniting for Change? Boy or Girl Scouts? Special Olympics? The Arc? UCP?

Do you hold any office or are you on any committees in these organizations?

Are you on the board of a nonprofit?

Do you work in a neighborhood garden?

Do you participate in neighborhood clean up day?

Do you volunteer at a pet shelter?



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Leisure Time:

In general, how do you spend your leisure time?

Do you decide what you want to do? How do you decide that?

Are you a member of a gym? Do you have a membership at a country club?

Do you play a team sport? Bowling? Softball?

Is there equipment required for your sport or activity

Do you knit or crochet?

Do you listen to music? Attend concerts?

Do you walk, ride a bike, run, or swim?

Do you ride horses?

Who do you participate in leisure activities with?

Do you play chess?

Do you play Video games?

Do you Read?

Do you go to the library? How do you choose your books?

Do you do puzzles?

Do you Paint? Draw?

What kind of help do you need to find and enjoy various activities?

Are you a member of a choir or a dance team?



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