

Scale On Advocacy And Rights (SOAR)

(To Be Answered by the Focus Person or the Responding Family Member)

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Ask the focus person to rate the indicators on advocacy and rights. If the focus person can't answer, accept answers from the family member or whoever knows the person best. **Ask for what they believe the focus person would say.**

1. To what extent do you believe your rights are respected here?

- 1 Never
- 2 Rarely
- _____ 3 Sometimes
- 4 Usually
- 5 Always
- 9 Don't know or not applicable

2. Did you experience any dissatisfaction or conflicts with the paid services you received in the past year?

- 1 Yes
- _____ 2 No

3. If yes, please describe the nature of your conflict

- 1 Conflict over service quantity
- _____ 2 Conflict over service quality
- 3 Other (Please Describe: _____)
- 9 Don't Know or Not Applicable

4. Did you receive any assistance in dealing with the conflict?

- 1 Yes
- _____ 2 No

5. If yes, what kind of support or advocacy services did you access to address the situation?

- 1 Relative or family member
- 2 Friend or other nonpaid supporter
- _____ 3 Self advocacy organization
- 4 Other advocacy organization (for example, parent advocacy organization)
- 5 Other (please describe: _____)
- 9 Don't know or not applicable

6. How satisfied were you with the help you received from your supporter or the advocacy organization?

- 1 Very Dissatisfied
- 2 Dissatisfied
- _____ 3 In Between
- 4 Satisfied
- 5 Very Satisfied
- 9 Don't know or not applicable

7. About how many days did it take for the matter to get resolved?

_____ Days

8. How satisfied were you with the outcome of the situation?

1 Very Dissatisfied

2 Dissatisfied

_____ 3 In Between

4 Satisfied

5 Very Satisfied

9 Don't know or not applicable

9. Are you involved in any meetings or activities of People First or any other self-advocacy groups?

1 Never

2 Once in a while (once or twice a year)

_____ 3 Sometimes (3 to 11 times a year)

4 Often (12 to 23 times a year, or about monthly)

5 Very Often (more than 24 times a year, or more than twice a month)

Completion Time

1. _____ Minutes to complete this PLQ, excluding breaks and interruptions.