

**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 developmental disability = 1 Moderate developmental disability = 2 Severe developmental disability = 3 Profound developmental disability = 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
27e	Transfer object hand to hand	0	1	Yes = 0 No = 1
27f	Mark with a pencil	0	1	Yes = 0 No = 1

Ohio Developmental Disabilities Profile Question		Minimum Possible Points	Maximum Possible Points	Points Assigned to Response
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	