

**APPENDIX B**  
**SURVEY INSTRUMENT**

**POST VOCATIONAL REHABILITATION EXPERIENCES STUDY (PVRES)  
DRAFT QUESTIONNAIRE – PAPER VERSION**

**May 9, 2007**

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**SECTION A. EMPLOYMENT**

Enter today's date:

This survey is about things that happened over the past year. Please think about the time period between today and the same month last year. Read each question carefully. After answering, follow the directions to the next appropriate question. Please write legibly. You may want to ask for help if you don't know the answers to the questions.

The first questions are about work.

A1. Have you ever worked for pay?  
(Count self-employed or owning your own business as working for pay.)

Yes..... Go to question A2  
No..... Skip to question A26, page xx

A2. Have you worked for pay since this time last year?

Yes ..... Go to question A3  
No..... Skip to question A26, page xx

A3. How many jobs have you held since this time last year?

\_\_\_\_\_  
NUMBER OF JOBS

A4. Are you currently working for pay?  
(Do you have a job now that pays you money or gives you a paycheck?)

Yes..... Skip to question A5a  
No..... Go to question A5

A5. What was your most recent paid job?

\_\_\_\_\_  
MOST RECENT JOB: Skip to question A8

A5a. Are you working more than one job now?  
(Only include jobs you work for pay.)

Yes.....  
No.....

Go to question A5b  
Skip to question A7

A5b. How many jobs do you work now?

\_\_\_\_\_  
NUMBER OF JOBS

A5c. Do you typically work more hours per week on one job than the other?

Yes.....  
No.....

Go to question A5d  
Go to question A5e

A5d. Which job do you or did you typically work the most hours?

\_\_\_\_\_  
JOB WORKED THE MOST HOURS

A5e. Which job have you held the longest?

\_\_\_\_\_  
JOB HELD THE LONGEST

A7. How many hours a week do you usually work? If you work more than one job, include all jobs.  
Include overtime if you usually work overtime.

\_\_\_\_\_  
HOURS PER WEEK

A8. Since this time last year, how many months did you work?

\_\_\_\_\_  
NUMBER OF MONTHS WORKED

If you are currently working, the next questions are about your current job. If you have more than one job answer for the job you worked the most hours since this time last year.

If you are not currently working, answer the next questions thinking about your most recent job.

**Most important, you should answer all the questions in this survey thinking about the same job. We will call it your “main” job.**

A9. Do you or did you work for a community rehabilitation program or a workshop?  
(Answer the question for your “main” job.)

Yes.....  
No.....

A10. Which of the following best describes your employer for your “main” job?  
CHOOSE ONLY ONE

A private business or organization.....  
Local government.....  
State government.....  
Federal government.....  
Self-employed.....

A11. Please describe the kind of business or industry. For example: food service, hospitality, manufacturing, construction, wholesale or retail trade, finance, insurance, real estate, services, public administration, agriculture.

BUSINESS OR INDUSTRY: \_\_\_\_\_

A12. Does your employer’s business, or your job, focus mainly on providing services to or promoting people with disabilities?

Yes.....  
No.....

A13. What kind of work are **you** or were **you** doing on your “main” job? Write in your job title or describe your work. For example, waiter/waitress, high school math teacher, auto mechanic, stock clerk, data entry.

KIND(S) OF WORK: \_\_\_\_\_

A14. What are or were your duties at this job? For example: typing, keeping account books, filing, selling cars, operating a printing press.

DUTIES: \_\_\_\_\_

A15a. What is the address or the location where you work or worked at your "main" job? Provide as much information as you can. Examples of locations include shopping mall, office building, industrial park.

STREET ADDRESS: \_\_\_\_\_  
LOCATION \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_  
ZIP: \_\_\_\_\_

A16. Did you have this same job at this time last year?

Yes.....  
No.....  
Not employed at this time last year.....

A17. How did you find your "main" job job?  
Check only one.

By myself or through a friend.....  
With help from the vocational rehabilitation agency.....  
Through a state employment agency or One-Stop Center.....  
Through an employment service.....  
With help from a social service agency.....  
Through some other type of agency.....

A18. When did you start working at your "main job"?

       
MONTH                  YEAR

A19. When did you stop working at your "main" job?

I am still working at this job.....      Skip to question A22

       
MONTH                  YEAR

A20. Was it your choice or your employer's decision that made you stop working?

My choice.....      Skip to question A20c  
My employer's decision.....      Go to question A20b

A20b. What was the main reason you stopped working?  
Check only one.

- I was laid off or the plant closed.....
- I was fired.....
- I had a temporary job that ended.....
- It was seasonal work.....
- Some other reason: Specify \_\_\_\_\_

**Skip to question A21.**

A20c. What is the main reason you stopped working?  
Check only one.

- I retired.....
- I was sick or ill .....
- I enrolled in school or a training program.....
- I had family care responsibilities/homemaker.....
- There was a change in a previously existing disability/I acquired another disability.....
- To obtain or keep health benefits (such as Medicare or Medicaid).....
- To obtain or keep federal disability benefits (such as SSDI or SSI).....
- I did not have reliable transportation.....
- I was not able to get needed accommodations....
- I did not want to work.....
- Some other reason: Specify \_\_\_\_\_

A21. Was the job:  
Check only one.

- Full-time.....
- Part-time.....

A22. How many hours per week do you or did you usually work at your "main" job? Include overtime if you usually work overtime.

\_\_\_\_\_  
HOURS PER WEEK

A23. Since this time last year, on your "main" job, have you or did you work the following shifts?  
Check one on each line.

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| a. The evening shift, for example, 5 pm to midnight.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The night shift, for example from midnight to 9 am..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The weekend shift.....                                  | <input type="checkbox"/> | <input type="checkbox"/> |

A24. Since this time last year have you received any promotions on your "main" job?

Yes..... Go to question A24a  
No..... Skip to question A25

A24a. Did you receive an increase in pay?

Yes.....  
No.....

A24b. Did you receive additional benefits with the promotion?

Yes.....  
No.....

A25. Since this time last year, would you say your responsibilities on your "main" job:

Increased, .....  
Stayed about the same, or .....  
Decreased?.....

If you are currently working, check here  and skip to section B on page XX. Otherwise go to question A26.

A26. Have you spent any time looking for a job in the **past 4 weeks**?

Yes..... Go to question A27  
No..... Skip to question A28



A27. In the **past 4 weeks**, to look for work did you do any of the following?  
 Check one on each line.

	YES	NO
a. Contact your state's employment service office .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Ask friends or relatives .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Look through job advertisements in a newspaper or on the internet.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Contact the State Vocational Rehabilitation Agency....	<input type="checkbox"/>	<input type="checkbox"/>
e. Contact a local independent living center .....	<input type="checkbox"/>	<input type="checkbox"/>
f. Contact a private employment agency or program.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Contact any employers in person, by mail, email or by phone .....	<input type="checkbox"/>	<input type="checkbox"/>
h. Something else Please describe: _____	<input type="checkbox"/>	<input type="checkbox"/>

A28. What is the **main** reason you are not working now? This might be the same reason you gave earlier for leaving work or a different reason. Is it because you:  
 Check only one.

- Are retired.....
- Are sick or ill .....
- Are enrolled in school or a training program.....
- Have family care responsibilities/homemaker.....
- Cannot work due to a disability.....

Want to qualify for Medicare or Medicaid  
coverage.....  
Do not have reliable transportation.....  
Are not able to get needed accommodations.....  
Do not want to work.....  
Some other reason? (specify)\_\_\_\_\_

**SECTION B. DESCRIPTION OF DISABILITIES OR OTHER IMPAIRMENTS**

This section asks about your health and any difficulty you may have with activities of daily life.

- B1. Thinking of your physical, mental and emotional health would you say your health in general is...  
Check only one.

Excellent.....  
Very good.....  
Good.....  
Fair.....  
Poor.....

- B2. Activities of daily life include caring for oneself, doing manual work or tasks with your hands, walking, seeing, hearing, speaking, breathing, learning and working. Thinking back to this time last year, would you say that you now have:  
Check only one.

Less difficulty with major activities of life than  
you did then .....  
About the same amount of difficulty .....  
More difficulty .....

- B3. Do you have a long-lasting, severe vision impairment? By long lasting we mean lasting 6 months or longer.

Yes..... Go to question B3a  
No..... Go to question B4

- B3a. Do you use an assistive device, the help of another person to read words or letters in print, or both?  
Check all that apply

I use an assistive device.....  
I use help from another person.....  
I do not use either .....

- B4. Do you have a long-lasting, severe hearing impairment? By long lasting we mean lasting 6 months or longer.

Yes..... Go to question B4a  
No..... Go to question B5

- B4a. Do you use an assistive device such as a hearing aid, the help of an interpreter or other person, or both?  
Check all that apply

I use an assistive device.....  
I use help from another person.....  
I do not use either .....

B5. Do you have a long-lasting condition that makes it hard to walk, climb stairs, reach, lift, or carry?  
By long lasting we mean lasting 6 months or longer.

Yes..... Go to question B5a  
No..... Go to question B6

B5a. Do you use an assistive device, the help of another person, or both to walk, climb stairs, reach, lift or carry?  
Check all that apply

I use an assistive device.....  
I use help from another person.....  
I do not use either .....

B6. Do you have difficulty learning, remembering, or concentrating because of a long lasting physical, mental or emotional condition? By long lasting we mean lasting 6 months or longer.

Yes..... Go to question B6a  
No..... Go to question B7

B6a. Do you use the help of another person, an assistive device, or both to help you learn, remember or concentrate?  
For example, to help you manage your money or read and understand the newspaper, by making a list of your job duties or reminding you when to do certain things.  
Check all that apply.

I use an assistive device.....  
I use help from another person.....  
I do not use either .....

B7. Do you have difficulty dressing, bathing, or getting around inside the house because of a long lasting physical, mental or emotional condition? By long lasting we mean lasting 6 months or more.

Yes..... Go to question B7a  
No..... Go to question B8

B7a. Do you use an assistive device, the help of another person, or both to do any of these activities?  
For example, to dress, bath, or get around the house.  
Check all that apply.

I use an assistive device.....  
I use help from another person.....  
I do not use either .....

B8. Do you have difficulty going outside the home alone to shop or visit a doctor's office because of a long lasting physical, mental or emotional condition? By long lasting we mean lasting 6 months or more.

Yes.....

No.....

The next questions are about any difficulty you might have working.

B9. Do you have difficulty working at a job or business because of a long lasting physical, mental or emotional condition? By long lasting we mean lasting 6 months or more.

Yes.....

No.....

B10. Thinking back to this time last year would you say the severity of your condition or disability is

About the same, .....

More severe or .....

Less severe? .....

B11. What year did you first develop a disability? That is when was the onset of the condition or when did you first notice it as a disability?

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YEAR

### SECTION C. WORKPLACE FEATURES

If you have not worked for pay since this time last year check here  and skip to Section D on page XX.

The next questions are about accommodations you may have or may have had at your "main" job. This is the same job you answered questions about earlier.

If you are currently working, your "main" job is your current job. If you have more than one job your "main" job is the job you worked the most hours since this time last year.  
If you are not currently working, answer the questions thinking about your most recent job.

C1. Do you have any problems getting around, or getting where you need to be, where you work ?

Yes.....

No.....

C2. When you are at work, do you use special equipment to get around?  
Examples include a scooter or a wheelchair or some other special mobility equipment.

Yes.....

No.....

C3. Do you use special equipment or devices such as a modified workstation or seating, special pens, or other office furniture or supplies at work?

Yes.....

No.....

C4. When you do your work do you use any special devices to help communicate with other people?  
Examples of these special devices are a voice synthesizer, communication board, TTY or a telecommunications device.

Yes.....

No.....

If you do not have a long lasting severe visual impairment check here  and skip to question C7.

C5. Do you use anything such as special lighting, enlarged print materials, audio tapes or low vision aids when you do your work?

Yes.....

No.....

C6. Do you use specialized hardware or software in order to use a computer at your job?  
Check one.

- Yes.....
- No.....
- I do not use computer.....

C7. Do you have any of the following types of personal assistance at your "main" job because of a medical condition, impairment or disability?

Do not include supervisors as personal assistants. Only include co-workers if it is their job to provide personal assistance.

	YES	NO
a. A personal assistant to help with job related tasks or activities.....	<input type="checkbox"/>	<input type="checkbox"/>
b. A personal assistant to help with personal care needs at work.....	<input type="checkbox"/>	<input type="checkbox"/>
c. A job coach to help train you and supervise your work.....	<input type="checkbox"/>	<input type="checkbox"/>
d. A reader, oral or sign language interpreter to assist you at work.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Other personal assistance Please describe: _____	<input type="checkbox"/>	<input type="checkbox"/>

C8. Because of a medical condition, impairment or disability, do you personally have any of the following types of accommodations at your work? That is at your "main" job.

	YES	NO
a. Do you have flexible working hours? This is a change in the length or the time of the workday.	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you work from home via telephone or computer some or all of the time? This is sometimes called telecommuting.	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you share one job with another worker to cover one full-time job? This is also called job sharing. A full-time job is 35 or more hours a week.	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you have a compressed work week? That's where you work full-time hours in a reduced number of days. A full-time job is 35 or more hours a week.	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you have paid or unpaid leave to care for dependents, for your education, or for other reasons?	<input type="checkbox"/>	<input type="checkbox"/>
f. Do you have modified job duties? That is a change in the tasks you are assigned or how they are performed.	<input type="checkbox"/>	<input type="checkbox"/>

C9. Because of a medical condition, impairment, or disability is there any workplace accommodation you feel you need but do not have at your "main" job?

Yes.....

No.....

If yes, please describe what you need \_\_\_\_\_

\_\_\_\_\_



**SECTION D. EARNINGS AND BENEFITS**

If you have not worked for pay since this time last year check here  and skip to question D5.

The pay questions are about your "main" job. This is the same job you answered questions about earlier.

If you are currently working, your "main" job is your current job. If you have more than one job your "main" job is the job you worked the most hours since this time last year.  
If you are not currently working, answer the questions thinking about your most recent job.

D1. What is, or was, the usual amount of your paycheck? This is the amount you bring home or the net pay line on your pay stub. If you do not know the exact amount and do not have a pay stub, an approximate amount is acceptable.

\$ \_\_\_\_\_  
AMOUNT

D1a. How often are or were you paid the amount you entered above? Was it:  
Check only one.

- Daily, .....
- Weekly, .....
- Every 2 weeks or twice a month, .....
- Monthly, or .....
- Annually? .....
- Other. Please specify \_\_\_\_\_

D2. What is or was your pay before taxes and other deductions on your "main" job. Include your wages or salary. If you got bonuses include that. Count your tips. Also include commissions. Looking at your pay stub, this is your current gross pay.

\$ \_\_\_\_\_  
AMOUNT

D3. What is or was your regular hourly pay on your "main" job? That is your pay **before** taxes are taken out.

\$ \_\_\_\_\_  
PER HOUR

D4. Have you received any tips or commissions since this time last year on your main job?  
Tips are cash given to you in addition to regular pay. They are sometimes called a gratuity.  
Commissions are additions to your regular pay based on your output or sales.

- Yes.....
- No.....

D5. What were your personal total earnings in 2006?  
 This would be found on your tax return or the W-2(s) submitted with your income tax return. This would be from wages, salaries, commissions, tips, and bonuses for all jobs you had in 2006. You will find this on line 1 of form 1040 EZ or line 7 of form 1040. It is on line or box number 1 on your W2.

\$: \_\_\_\_\_  
 EARNINGS

If you have not worked for pay since this time last year check here  and skip to question D8.

The next questions are about the benefits from your "main" job and other sources.

D6. Do you or did you have medical or health insurance through **your employer** at your "main" job?  
 This would be through your business if you are self-employed.

Yes.....  
 No.....

D6a. Does your employer pay for the medical or health insurance, or do you pay some or all of the costs?  
 Do not include co-pays. Answer for insurance through your business if you are self-employed.

Employer pays all costs.....  
 I pay some costs.....  
 I pay all costs.....

D7. Do you have any of the following benefits through your job or employer? This would be through your business if you are self-employed.  
 Check one on each line.

	YES	NO
a. Dental insurance.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Sick days with pay.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Paid vacation.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Transportation, a transportation allowance, or transportation discounts.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Long-term disability insurance.....	<input type="checkbox"/>	<input type="checkbox"/>
f. A pension or retirement plan.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Any other non-medical benefit Please describe: _____	<input type="checkbox"/>	<input type="checkbox"/>

The next questions are about your receipt of benefits not related your "main" job.

D8. Do you currently have medical or health insurance from any of the following sources?

	YES	NO
a. Medicaid	<input type="checkbox"/>	<input type="checkbox"/>
b. Medicare	<input type="checkbox"/>	<input type="checkbox"/>
c. Medical insurance from other public sources	<input type="checkbox"/>	<input type="checkbox"/>
d. Private insurance through your own employment	<input type="checkbox"/>	<input type="checkbox"/>
e. Private insurance through other means, not including insurance through an employer. (Such as through your spouse or partner's insurance, or through your retirement or pension program, or Medigap coverage.)	<input type="checkbox"/>	<input type="checkbox"/>

D8B. Do you pay for your Medicaid insurance? (Some people pay to keep Medicaid coverage when they are no longer eligible for the benefit.)

- I do not receive Medicaid.....
- Yes, I pay for my Medicaid.....
- No, I do not pay for my Medicaid.....

The next questions are about different sources of financial support.

D9. Since this time last year have you personally received SSDI (Social Security Disability Insurance)?

- Yes..... Go to question D9a
- No..... Go to question D10

D9a. Are you currently receiving SSDI?

- Yes.....
- No.....

D9b. How much do you receive or did you receive monthly? Please estimate if you do not recall the exact amount.

\$ \_\_\_\_\_  
MONTHLY AMOUNT

D9c. For how many months during the past 12 months have you received SSDI?

\_\_\_\_\_  
NUMBER OF MONTHS

D10. Since this time last year have you personally received SSI (Supplemental Security Income) for the Aged, Blind, or Disabled?

Yes..... Go to question D10a  
No..... Skip to question D11

D10a. Are you currently receiving SSI?

Yes.....  
No.....

D10b. How much do you receive or did you receive monthly? Please estimate if you do not recall the exact amount.

\$ \_\_\_\_\_  
MONTHLY AMOUNT

D10c. For how many months during the past 12 months have you received or did you receive SSI for the Aged, Blind, or Disabled?

\_\_\_\_\_  
NUMBER OF MONTHS

D11. Since this time last year have you personally received TANF (Temporary Assistance for Needy Families)? This transitional employment assistance program may have a different name in your state.

Yes..... Go to question D11a  
No..... Skip to question D12

D11a. Are you currently receiving TANF?

Yes.....  
No.....

D11b. How much do you or did you receive monthly? Please estimate if you do not recall the exact amount.

\$ \_\_\_\_\_  
MONTHLY AMOUNT

D11c. For how many months during the past 12 months have you received or did you receive TANF?

\_\_\_\_\_  
NUMBER OF MONTHS

D12. Since this time last year have you personally received General Assistance from the state or local government?

Yes..... Go to question D12a  
No..... Skip to question D13

D12a. Are you currently receiving it?

Yes.....  
No.....

D12b. How much do you or did you receive monthly? Please estimate if you do not recall the exact amount.

\$ \_\_\_\_\_  
MONTHLY AMOUNT

D12c. For how many months during the past 12 months have you received or did you receive General Assistance?

\_\_\_\_\_  
NUMBER OF MONTHS

D13. Since this time last year have you personally received Veteran's Disability Benefits (VA)?

Yes..... Go to question D13a  
No..... Skip to question D14

D13a. Are you currently receiving VA benefits?

Yes.....  
No.....

D13b. How much do you or did you receive monthly? Please estimate if you do not recall the exact amount.

\$ \_\_\_\_\_  
MONTHLY AMOUNT

D13c. For how many months during the past 12 months have you received or did you personally receive Veteran's Disability Benefits?

\_\_\_\_\_  
NUMBER OF MONTHS

D14. Since this time last year have you personally received retirement income?

Yes..... Go to question D14a  
No..... Skip to question D15

D14a. Are you currently receiving retirement income?

Yes.....  
No.....

D14b. How much do you or did you receive monthly? Please estimate if you do not recall the exact amount.

\$ \_\_\_\_\_  
MONTHLY AMOUNT

D14c. For how many months during the past 12 months have you received or did you receive retirement income?

\_\_\_\_\_  
NUMBER OF MONTHS

D15. Since this time last year have you personally received Worker's Compensation?

Yes..... Go to question D15a  
No..... Skip to question D16

D15a. Are you currently receiving Worker's Compensation?

Yes.....  
No.....

D15b. How much do you receive or did you receive monthly? Please estimate if you do not recall the exact amount.

\$ \_\_\_\_\_  
MONTHLY AMOUNT

D15c. For how many months during the past 12 months have you received or did you receive Worker's Compensation?

\_\_\_\_\_  
NUMBER OF MONTHS

D16. Since this time last year have you personally received any other cash benefit or support from public sources?

Yes..... Go to question D16a  
No..... Skip to question D17

D16a. What is it called?

\_\_\_\_\_  
NAME OF CASH BENEFIT OR SUPPORT

D16b. Are you currently receiving it?

Yes.....  
No.....

D16c. How much do you receive monthly? Please estimate if you do not recall the exact amount.

\$ \_\_\_\_\_  
MONTHLY AMOUNT

D16d. For how many months during the past 12 months have you received cash benefits or support from public sources?

\_\_\_\_\_  
NUMBER OF MONTHS

D17. What is your most important source of financial support? This could be less than half of your total support. Is it...  
Check only one.

Personal income such as earnings, interest,  
dividends, rent payments, .....  
Support from family and friends including  
spouse's income, .....  
Public support/benefits,.....  
Personal retirement income/pension or,.....  
Some other source?.....

D18. Do you **personally** receive Section 8 housing assistance?

Yes.....  
No.....

D19a. Does your **household** receive Food Stamps?

Yes.....  
No.....

D19b. Does **anyone in your household** receive any form of public assistance, such as SSI, TANF, unemployment benefits, or Section 8 housing?

Yes.....  
No.....

D20. During the **past 2 months**, did you generally have enough money each month to pay for the following?

Check one on each line.

	YES	NO
a. Food.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Clothing.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Housing.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Traveling around for things like shopping, going to medical appointments, or visiting friends and relatives.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Social activities like movies or eating in restaurants.....	<input type="checkbox"/>	<input type="checkbox"/>



**SECTION E – COMMUNITY RESOURCES, SERVICES, SUPPORTS AND ATTITUDES**

The next questions are about services or programs in the community that people sometimes use.

E1a. Have you received services from the state Vocational Rehabilitation agency, since this time last year?

Yes.....  
No.....

E1b. Have you applied for services from the state Vocational Rehabilitation agency since this time last year?

Yes.....  
No.....

E2Aa. Since this time last year did you participate in a day program? This is a place to go during the day to help deal with a disability. Sometimes called a club program or ACT.

Yes..... Go to question E2Ba  
No..... Skip to question E2Ab

E2Ba. Is the program just for people with disabilities?

Yes.....  
No.....

E2Ab. Since this time last year did you participate in a recreation, athletic, or exercise program?

Yes..... Go to question E2Bb  
No..... Skip to question E2Ac

E2Bb. Is the program just for people with disabilities?

Yes.....  
No.....

E2Ac. Since this time last year did you participate in a support group? Examples include peer support, a job club, drop-in, self help, a club program, Alcoholics Anonymous, Narcotics Anonymous, Overeaters Anonymous or other 12 step programs.

Yes..... Go to question E2Bc  
No..... Skip to question E2C

E2Bc. Is the program just for people with disabilities?

Yes.....  
No.....

E2C. Since this time last year have you used an independent living center?

Yes.....  
No.....

E2D. Since this time last year have you used a state employment or a local "One Stop" center?

Yes.....  
No.....

The next questions are about help you may have received finding and keeping a job.

E3Aa. Since this time last year did you receive job-search assistance, such as help looking for a job including training in job seeking skills?

Yes..... Go to question E3Ba  
No..... Skip to question E3Ab

E3Ba. Did you receive this service from the State Vocational Rehabilitation Agency?

Yes.....  
No.....

E3Ab. Since this time last year did you receive job-placement assistance that is, help getting a job?

Yes..... Go to question E3Bb  
No..... Skip to question E3Ac

E3Bb. Did you receive this service from the State Vocational Rehabilitation Agency?

Yes.....  
No.....

E3Ac. Since this time last year did you receive on-the-job supports such as a job coach or someone to check with you and your employer that everything is going well?

Yes..... Go to question E3Bc  
No..... Skip to question E3Ad

E3Bc. Did you receive this service from the State Vocational Rehabilitation Agency?

Yes.....  
No.....

E3Ad. Since this time last year did you receive personal assistance services including reader and interpreter services?

Yes..... Go to question E3Bd  
No..... Skip to question E4

E3Bd. Did you receive this service from the State Vocational Rehabilitation Agency?

Yes.....  
No.....

The next questions ask about services to help determine your needs and about different types of guidance you may have received.

E4Aa. Since this time last year did you receive assessment or testing services?

Yes..... Go to question E4Ba  
No..... Skip to question E4Ab

E4Ba. Did you receive this service from the State Vocational Rehabilitation Agency?

Yes.....  
No.....

E4Ab. Since this time last year did you receive diagnosis or treatment of impairments or problems caused by your disability?

Yes..... Go to question E4Bb  
No..... Skip to question E4Ac

E4Bb. Did you receive this service from the State Vocational Rehabilitation Agency?

Yes.....  
No.....

E4Ac. Since this time last year did you receive vocational rehabilitation counseling and guidance?

Yes..... Go to question E4Bc  
No..... Skip to question E4Ad

E4Bc. Did you receive this service from the State Vocational Rehabilitation Agency?

Yes.....  
No.....

E4Ad. Since this time last year did you receive help with planning or obtaining benefits?

Yes..... Go to question E4Bd  
No..... Skip to question E4Ae

E4Bd. Did you receive this help from the State Vocational Rehabilitation Agency?

Yes.....  
No.....

E4Ae. Since this time last year did you receive advocacy or help to let you know your rights and what services are available to you?

Yes..... Go to question E4Be  
No..... Skip to question E5

E4Be. Did you receive this from the State Vocational Rehabilitation Agency?

Yes.....  
No.....

E4Af. Since this time last year did you receive any case management services?

Yes..... Go to question E4Bf  
No..... Skip to question E5Aa

E4Bf. Did you receive this help from the State Vocational Rehabilitation Agency?

Yes.....  
No.....

The next questions are about education or training you may have received since this time last year.

E5Aa. Since this time last year did you receive any educational training? For example, college or university training, occupational or vocational training, basic academic or remedial literacy training, training to get a high school equivalency or GED.

Yes..... Go to question E5Ba  
No..... Skip to question E5Ab

E5Ba. Did you receive this training from the State Vocational Rehabilitation Agency?

Yes.....  
No.....

E5Ab. Since this time last year did you receive any type of job-related training including on-the-job training, job skills training, job readiness training, or job seeking skills?

Yes..... Go to question E5Bb  
No..... Skip to question E5Ac

E5Bb. Did you receive this training from the State Vocational Rehabilitation Agency?

Yes.....  
No.....

E5Ac. Since this time last year did you receive training to help you to use Braille or sign language?

Yes..... Go to question E5Bc  
No..... Skip to question E5Ad

E5Bc. Did you receive this training from the State Vocational Rehabilitation Agency?

Yes.....  
No.....

E5Ad. Since this time last year did you receive any orientation and mobility training? This is training on how to move around or get about either outside or indoors.

Yes..... Go to question E5Bd  
No..... Skip to question E6Aa

E5Bd. Did you receive this training from the State Vocational Rehabilitation Agency?

Yes.....  
No.....

E6Aa. The next questions are about other types of assistance you may have received since this time last year. Since this time last year did you receive any training on how to use transportation?

Yes..... Go to question E6Ba  
No..... Skip to question E6Ab

E6Ba. Did you receive this training from the State Vocational Rehabilitation Agency?

Yes.....  
No.....

E6Ab. Since this time last year did you receive any transportation services? For example a van to take you to your job, help paying for a bus pass, or help with car repair costs.

Yes..... Go to question E6Bb  
No..... Skip to question E6Ac

E6Ba. Did you receive this assistance from the State Vocational Rehabilitation Agency?

Yes.....  
No.....

E6Ac. Since this time last year did you receive help with things like food or shelter, clothing needed for work, including uniforms? This could be in the form of cash or you could have been given clothes, food, etc.

Yes..... Go to question E6Bc  
No..... Skip to question E6Ad

E6Bc. Did you receive this assistance from the State Vocational Rehabilitation Agency?

Yes.....  
No.....

E6Ad. Since this time last year did you receive housing assistance such as Section 8 housing or help in finding housing?

Yes..... Go to question E6Bd  
No..... Skip to question E6Ae

E6Bd. Did you receive this assistance from the State Vocational Rehabilitation Agency?

Yes.....  
No.....

E6Ae. Since this time last year did you receive help caring for children or others in the household including child care?

Yes..... Go to question E6Be  
No..... Skip to question E6Af

E6Be. Did you receive this help from the State Vocational Rehabilitation Agency?

Yes.....  
No.....

E6Af. Since this time last year did you receive help in the home such as someone to do chores, deliver or cook meals?

Yes..... Go to question E6Bf  
No..... Skip to question E7

E6Bf. Did you receive this help from the State Vocational Rehabilitation Agency?

Yes.....  
No.....

E7. The following questions ask about medical services you might have received from any source. Since this time last year did you **receive** any of the following kinds of medical services?

Check one box on each line.

	YES	NO
a. Surgery to correct a medical condition?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Mental health counseling or substance abuse services including treatment for alcohol or drug abuse?.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Prescription drugs or other medical supplies?.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Medically needed assistive technology, such as a hearing aid, brace, artificial limb?.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Physical therapy or occupational therapy?.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Emergency treatment or hospitalization; for example, a visit to the emergency room or staying overnight in the hospital?.....	<input type="checkbox"/>	<input type="checkbox"/>

E8. Do you have routinely scheduled meetings with a mental health, mental retardation, or developmental disability case manager?

Yes.....  
No.....  
Not applicable.....

E9. Have you ever used Ticket to Work?

Yes.....  
No.....  
Have not heard of Ticket to Work.....

The following questions are about family, friends, and other relationships that may support you.

E10a. If you need to talk, is there someone you can count on to listen to you.

None of the time,.....  
Some of the time, or .....  
Most of the time?.....

E10b. If you need to make a difficult decision, is there someone you can count on to listen and give good advice...

None of the time,.....  
Some of the time, or .....  
Most of the time?.....

E10c. Is there someone to help you in a crisis or in emergencies?

Yes.....  
No.....

E11Aa. During the past 2 **weeks** did you get together socially with co-workers?

Yes..... Go to question E11Ba  
No..... Skip to question E11Ab  
I am not working..... Skip to question E11Ab

E11Ba. How many times did you do this during the past 2 weeks?

\_\_\_\_\_  
NUMBER OF TIMES

E11Ab. During the past 2 **weeks** did you get together socially with other friends or neighbors?

Yes..... Go to question E11Bb  
No..... Skip to question E11Ad

E11Bb. How many times did you do this during the past 2 weeks?

\_\_\_\_\_  
NUMBER OF TIMES

E11Ac. During the past 2 **weeks** did you get together with any relatives **not including** those living with you??

Yes..... Go to question E11Bc  
No..... Skip to question E12

E11Bc. How many times did you do this during the past 2 **weeks**?

\_\_\_\_\_  
NUMBER OF TIMES

E12. The next questions are about volunteer work. Have you done any work as an unpaid volunteer since this time last year?

Yes..... Go to question E12A  
No..... Skip to question F1

E12A. Did your volunteer work provide you with opportunities to do any of the following?  
Check one box on each line.

	YES	NO
a. Interact with other people.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Learn and practice work skills.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Explore your own interests.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Belong to or feel part of a community.....	<input type="checkbox"/>	<input type="checkbox"/>



**SECTION F: EDUCATION AND TRAINING**

This section is about your education and any training you may have received.

F1. Are you currently enrolled in an education or training program or have you been at any time since this time last year? (For example, college, a vocational or trade program, high school equivalency.)

Yes..... Go to question F1a  
No..... Skip to question F5

F1a. What kind of program is this?  
Check only one.

- Elementary/secondary education .....
- Equivalency certificate or GED.....
- Associate degree program.....
- Vocational/technical program.....
- Apprenticeship or on-the-job training.....
- Coursework/classes not leading to a degree  
or certificate.....
- 4 year college or university.....

F5. What is the highest grade of school that you have completed?  
Check only one.

- No formal schooling.....
- Elementary education (grades 1-8).....
- Some secondary education (grades 9-12),  
but no high school diploma.....
- High school graduate with a diploma or  
certificate of attendance from a regular  
education program.....
- High school graduate with a diploma or  
certificate of completion from a special  
education program.....
- Equivalency certificate or GED.....
- Some post-secondary education, no degree.....
- Associate degree.....
- Vocational/technical certificate.....
- Bachelor's degree.....
- Master's degree or higher.....

F6Aa. Do you have a state-issued professional license?  
You must pass an exam for this type of license.

Yes..... Go to question F6Ba  
No..... Skip to question F6Ab

F6Ba. When did you obtain this?

--	--	--	--	--	--

Month Year

F6Ab. Do you have a certificate of completion of a formal apprenticeship program?

Yes.....

Go to question F6Bb

No.....

Skip to question F6Ac

F6Bb. When did you obtain this?

--	--	--	--	--	--

Month Year

F6Ac. Do you have a certificate of completion of a vocational/technical program?

Yes.....

Go to question F6Bc

No.....

Skip to question F6Ad

F6Bc. When did you obtain this?

--	--	--	--	--	--

Month Year

F6Ad. Do you have some other type of certificate not listed above?

Yes.....

Go to question F6Bc

No.....

Skip to question F6Ad

F6Bd. What type of certificate is it?

---

TYPE OF CERTIFICATE

F6Cd. When did you obtain this?

--	--	--	--	--	--

Month Year

**SECTION G. HOUSEHOLD INFORMATION**

This section is about you and your household.

G0. What is your date of birth?

Month Year

G1. What is your marital status?

Check only one.

- Married.....
- Widowed.....
- Divorced.....
- Separated.....
- Never Married.....

G2a. Do you live alone?

- Yes.....
- No.....

Skip to question G3a  
Go to question G2b

G2b. How many other people live with you at this time?

\_\_\_\_\_

NUMBER OF PEOPLE

G3a. Do you have any dependents?

- Yes.....
- No.....

Go to question G3b  
Skip to question G4

G3b. How many dependents do you have?

\_\_\_\_\_

NUMBER OF DEPENDENTS

G4. Are you the person who owns or rents the home where you live?

- Yes.....
- No .....

G5A. Which one of the following best describes your current housing situation?

- A private home or apartment. This includes  
living independently, with family, roommates  
or with other people ..... Skip to question G6
- A group living situation, institution or facility ..... Go to question G5B
- Some other situation..... Go to question G5B

G5B. Which one of the following best describes your housing situation?  
Check only one.

- Community residence, supported housing,  
or group home..... Skip to question G6
- Rehabilitation facility..... Skip to question G6
- Mental health facility..... Skip to question G6
- Nursing home..... Skip to question G6
- Adult correctional facility..... Skip to question G6
- Halfway house..... Skip to question G6
- Substance abuse treatment center..... Skip to question G6
- Homeless shelter, mission or flophouse,  
homeless, transient, living on the street  
or in a car..... Skip to question G6
- Other ..... Go to question G5C

G5C. Please check the one category below that best describes your housing.

- Boarding school or other residential school  
that is not a college.....
- College dormitory or other college housing.....
- Youth detention center.....
- Military housing.....
- Assisted living center or supervised apartment....
- Hospital or medical facility.....
- Some other type of institution for people with  
disabilities.....
- Some other setting.....

G6. Have you been homeless at any time since this time last year?

- Yes..... Go to question G6a
- No ..... Skip to question G7a

G6a. About how many days were you homeless since this time last year?

---

NUMBER OF DAYS

G7a. Are you of Hispanic, Latino, or other Spanish origin?

Yes.....

No .....

G7b. What is your race?  
Check all that apply.

White.....

African American or Black.....

American Indian or Alaska Native.....

Asian.....

Native Hawaiian or other Pacific Islander.....

**SECTION H: KEEPING IN TOUCH**

We'll be sending you a questionnaire again next year. We want to be sure we don't lose track of you.

H1a. For our records please write your address.

Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_

H2a. Where should we mail your check for \$10?

Check here if it is the address above  and go to question H2b

Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_

H2b. How should your name appear on the check?

\_\_\_\_\_  
NAME

H3a. What is your e-mail address?

\_\_\_\_\_  
EMAIL ADDRESS

I do not have an email address

H4a. What is the best phone number for us to use next year?

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
BEST PHONE NUMBER:

H4b. Is this a TTY number?

Yes.....  
No .....

H4c. Did someone else help you complete this questionnaire?

Yes.....Go to question H4d  
No .....Skip to question H5

H4d. Please provide that person's name and address so we can mail a check for \$10.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_

H5. Please provide the name, address, and phone number of someone who does not currently live with you who is likely to know where you are if you move.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

H5c. What is this person's email address?

---

EMAIL ADDRESS:

H5d. What is this person's relationship to you?

Mother .....  
Adoptive Mother .....  
Stepmother .....  
Foster Mother .....  
Legal Guardian .....  
Sister/Stepsister .....  
Aunt .....  
Grandmother .....  
Father .....  
Adoptive Father .....  
Stepfather .....  
Foster Father .....  
Legal Guardian .....  
Brother/Stepbrother .....  
Uncle .....  
Grandfather .....  
Cousin .....  
Family Friend/Neighbor .....  
Other (Specify) \_\_\_\_\_

H6. Please provide the name, address, and phone number of someone else who also would know where you are if you move?

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

H6c. What is this person's email address?

\_\_\_\_\_  
EMAIL ADDRESS:

H6d. What is this person's relationship to you?

Mother .....  
Adoptive Mother .....  
Stepmother .....  
Foster Mother .....  
Legal Guardian .....  
Sister/Stepsister .....  
Aunt .....  
Grandmother .....  
Father .....  
Adoptive Father .....  
Stepfather .....  
Foster Father .....  
Legal Guardian .....  
Brother/Stepbrother .....  
Uncle .....  
Grandfather .....  
Cousin .....  
Family Friend/Neighbor .....  
Other (Specify) \_\_\_\_\_

Thank you. You may use the preaddressed and postage paid envelope to return your questionnaire.