

**Job Accommodations Network User Follow-Up Interview
OTHER Version
Interview Structure**

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Section I. Introduction and Informed Consent

Hello. My name is _____. I am calling to invite you to participate in a research study being conducted by West Virginia University on behalf of the Job Accommodation Network or JAN.

On _____ (date), you contacted JAN, either by phone or electronically to request information about _____. During that consultation you indicated your willingness to participate in a follow-up interview. I have been hired by JAN to do follow-up interviews that will evaluate JAN services.

Have I reached you at an OK time to talk?

If Yes, continue

If No, "What would be a better time?" _____.

As you may be aware, JAN is a free consulting service that provides information about job accommodations, the Americans with Disabilities Act, and the employability of people with disabilities. The purpose of this follow-up is to evaluate JAN's service and to identify ways that it could improve services to its clients.

This follow-up will take about 15 minutes of your time. The information that you provide to us will be kept confidential to the extent permitted by law. Any reports or articles about these follow-ups will describe results in a summarized manner so that you cannot be identified.

Your participation in this interview is voluntary. Your decision whether or not to participate will not affect the services you may receive from JAN. You may choose not to take part at all or you may choose to stop participating at any time, and you won't be penalized or lose the ability to use JAN's services.

There are no foreseeable risks to participating in this research study. There will be no personal benefit to participating in this study.

Do you have any questions at this point?

Do you wish to take part in the follow-up at this time?

If Yes, continue

If No, "Is there a better time in which you wish to take part in the follow-up?" _____

Section II. Outreach

1. How did you know to contact the Job Accommodation Network

(ALL THAT APPLY); [Interviewers FIELD CODE into the following categories]

- a. Used JAN service before
- b. Previous user of JAN service (specify if another employer)
- c. JAN Website
- d. Other website (not JAN website)
- e. Internet search
- f. Referral from:
 - Organization (list) _____
 - Government Agency (list) _____
 - Company
 - DOL Call Center
 - EARN
 - JAN self –employment service
- g. Friend/co-worker/word of mouth
- h. Personal contact with JAN staff member
- i. Rehabilitation professional
- j. Medical professional
- k. Educational institution
- l. Union
- m. Legal professional
- n. Newspaper/magazine/book/professional journal article
- o. Television (report or advertisement)
- p. Listed in a directory
- q. I&R Service
- r. Conference
- s. JAN Publication or Brochure
- t. JAN presentation
- u. Used JAN self-employment service before
- v. Previous user of JAN Self-employment service
- w. JAN Self-employment Website
- x. JAN Self-employment Publication or Brochure
- y. Other (please specify): _____

Section III. ACCOMMODATION OUTCOME

"The following questions explore the outcomes of your consultation with JAN."

ASK ONLY IF WORK ACCOMMODATION INFORMATION WAS PROVIDED
Else go to III E for EDUCATION ACCOMMODATION

W1. Was the accommodation you discussed with the JAN consultant about your family member/friend/other

- a. applying for a job
- b. a job that he or she just started or is going to start
- c. keeping his or her current job
- d. being promoted
- e. some other situation? _____

W2. a. Does this person have a physical, mental, or other health condition that substantially limits a major life activity other than working, such as breathing, thinking, walking, talking, seeing, hearing, and so on?

Yes

No (Go to Question W2c).

b. On a scale from 1 to 5, with 1 being not at all limited and 5 being substantially limited, please rate the degree to which the person's physical, mental, or other health condition(s) limit their major life activities.

1	2	3	4	5	DK	RF
Major life activities				Major life activities		
Not limited				Substantially limited		

c. Does this person have a physical, mental, or other health condition that substantially limits the kind or amount of work that he/she can do?

Yes

No (Go to Question 3)

d. On a scale from 1 to 5, with 1 being not at all limited and 5 being substantially limited, please rate the extent to which this person's physical, mental, or other health condition(s) limits the kind or amount of work that he/she can do?

1	2	3	4	5	DK	RF
Work				Work		
Not limited				Substantially limited		

e. On a scale from 1 to 5, with 1 being not limited at all and 5 being substantially limited, how limited is this person's functional ability to work without accommodations?

1	2	3	4	5	DK	RF
Not limited				Substantially limited in working		

f. On a scale from 1 to 5, with 1 being not limited at all and 5 being substantially limited, how limited is this person's functional ability to work with accommodations?

1	2	3	4	5	DK	RF
Not limited				Substantially limited in working		

W3. How many years has this family member/friend/other been with the company?

W4. What is the wage (by hour or annually) for his/her job

a. by hour _____ and how many hours does he/she work on average per week _____

b. Annually _____

IF DK, THEN,

Does this job usually pay

- a. less than \$10,000 per year
- b. \$10,000 - \$20,000
- c. \$20,001 - \$50,000
- d. \$50,001 - \$100,000
- e. More than \$100,000

[If queried, interviewer may say "Because JAN is a service funded by the federal government, it is important for JAN to establish that they reach a wide range of individuals."]

W5. What is your family member's/friend's/other's highest level of education

- a. Did not complete high school
- b. High school certificate (not high school diploma)
- c. High school diploma or GED (code this if participant says "graduated from high school")
- d. Associates degree (2 year degree)
- e. Graduated from college (4 year degree)
- f. Degree from graduate/professional school (e.g., MA, MBA, PhD, MD, JD)
- g. DK
- h. RF

W6. What is his or her gender? [Interviewers ask even if it seems evident]

[If queried, interviewer may say "Because JAN is a service funded by the federal government, it is important for JAN to establish that they reach a wide range of individuals.]

- a. Male
- b. Female
- c. DK
- d. RF

W7. What is the employee's race or ethnicity? (CHOOSE ALL THAT APPLY?)

Race

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Native Hawaiian or Other Pacific Islander
- e. White
- f. Other

Ethnicity

- g. Hispanic or Latino
- h. Not Hispanic or Latino
- i. DK
- j. RF

W8. What is his or her age?

- a. less than 18
- b. 18 - 25
- c. 26 - 35
- d. 36 - 45
- e. 46 - 55
- f. 56 - 65
- g. 66 and over
- h. DK
- i. RF

W9. SKIP

W10. After your interaction with JAN, was an accommodation made? (Choose one of a-h)

- a. Yes or No
- b. Implementation Pending (DECISION TO ACCOMMODATE MADE, BUT IMPLEMENTATION PENDING (EXPLAIN/Why?) _____)
- c. Decision pending (explain/Why?) _____
- d. No (Please explain why an accommodation was not made.) [Interviewer to query for reason for rejecting accommodation.] _____
- e. other (e.g., employee resigned) _____
Please tell me briefly about that. _____
- f. DK
- g. RF
- h. N/A

10a. Who makes the decision whether the company will provide an accommodation? (mark all that apply)

- a. Human Resources department
- b. Personnel department
- c. Legal department
- d. Managers
- e. Employee's supervisor
- f. Other: _____

W11. Did this accommodation solution that (was made, is pending implementation, the decision is pending on, was rejected) include: [Repeat as necessary as preface to each item in table.]

	Yes		No	Rejected	Pending	DK	RF
	Made	Waiting					
a. Buying a product or piece of equipment (like software, or a tool)? What specific products or pieces of equipment?	Has that accommodation been made?	Are you still waiting on implementation?					
b. Modifying a product or piece of equipment (like software, or a tool) Please describe how the product or equipment was or will be modified?							

<p>c. Modifying the worksite (like a ramp, lighting or mirrors)</p> <p>Please describe the modifications to the worksite</p>							
	Yes	No	Rejected	Pending	DK	RF	
	Made	Waiting					
<p>d. Changes to a work schedule (such as flex time, shift change, part time)</p> <p>Please describe the changes to the work schedule</p> <p>[Light duty = work schedule change if same job, reassignment of changed job title]</p>	Has that accommodation been made?	Are you still waiting on implementation?					
<p>e. Moving the employee to another job (or reassignment)</p> <p>What type of work was the employee doing before reassignment & what type is or will he being doing after</p>							
<p>f. Changes in workplace policy</p> <p>What workplace policies were modified?</p>							
<p>g. Formal or Company Education of co-workers</p> <p>Please describe how the company was/is going to educate co-workers</p>							
<p>h. Providing an interpreter, reader, job coach or personal attendant services?</p> <p>Which services were provided</p>							
<p>i. Providing information in an alternative format (e.g., large print, taped text, Braille, etc.)</p> <p>What alternative formats were provided</p>							

- b. Human Resources funds
- c. Company general funds
- d. Other: _____

- 15b. Who has the authority to authorize expenditure for accommodations?
- a. Local managers/supervisors
 - b. Human Resources representatives
 - c. Corporate/General Management
 - d. Other: _____

[IF ONLY ONE ANSWER TO W15, SKIP TO Section III.E]

- W16. How much did (or will) each pay? (PERCENT OR \$ AMOUNT)
- a. Employer
 - b. Employee
 - c. Rehabilitation Services
 - d. Insurance Company
 - e. Other

III.E. Education Accommodation

Ask only if Purpose of Call = Education Accommodation, Else skip to section IV.

E1. Was the accommodation you discussed with JAN about accommodating your family member/friend/other for

- a. Elementary/Middle school K-8
- b. High School 9-12
- c. Technical Trade School
- d. Higher Education - College or University level
- e. Other (Please explain: _____)

E2. Is he or she

- a. Currently enrolled in a program
- b. Applying for a program
- c. Other (Please explain: _____)

E6. What is your family member's/friend's/other's gender? [Interviewers ask even if it seems evident] [If queried, interviewer may say "Because JAN is a service funded by the federal government, it is important for JAN to establish that they reach a wide range of individuals."]

- a. Male
- b. Female
- c. DK
- d. RF

E7. What is his or her race or ethnicity? (CHOOSE ALL THAT APPLY?)

Race

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Native Hawaiian or Other Pacific Islander
- e. White
- f. Other

Ethnicity

- g. Hispanic or Latino
- h. Not Hispanic or Latino
- i. DK
- j. RF

E8. What is your family member's/friend's age?

- a. less than 18
- b. 18 - 25
- c. 26 - 35
- d. 36 - 45
- e. 46 - 55
- f. 56 - 65
- g. 66 and over
- h. DK
- i. RF

E9. SKIP

E10. After your interaction with JAN, was an accommodation made? (Choose one of a-h)

a. Yes or No

b. Implementation Pending (DECISION TO ACCOMMODATE MADE, BUT IMPLEMENTATION PENDING (EXPLAIN/Why?) _____)

c. Decision pending (explain/Why?) _____

d. No (Please explain why an accommodation was not made.) [Interviewer to query for reason for rejecting accommodation.] _____

e. other (e.g., employee resigned) _____
Please tell me briefly about that. _____

- f. DK
- g. RF
- h. N/A

E11. Did this accommodation solution include: [Repeat as necessary as preface to each item in table.]

	Yes		No	Rejected	Pending	DK	RF
	Made	Waiting					
<p>a. Buying a product or piece of equipment (like software, or a tool)? What specific products or pieces of equipment?</p>	<p>Has that accommodation been made?</p>	<p>Are you still waiting on implementation?</p>					
<p>b. Modifying a product or piece of equipment (like software, or a tool) Please describe how the product or equipment was or will be modified?</p>							
<p>c. Modifying the facility (e.g., ramps, bathroom modification, parking) Please describe the modifications of the facility</p>							
<p>d. Changes to student schedule Please describe the changes to the student schedule</p>							
<p>e. Changes to course or school policy (e.g., allow service animal, increase time to take exam) What was the change to course or school policy</p>							
<p>f. Providing interpreter, reader, scribe, or other service? Which services were provided?</p>							
<p>g. Providing information in an alternative format (e.g., large print, taped text, Braille, etc.) What alternative formats were provided</p>							

e. Other: _____

Section IV. Legislative Outcomes

ASK ONLY IF Purpose of Call = WORK LEGISLATION, EDUCATION LEGISLATION, or PUBLIC ACCOMMODATION;
Else GO To Section V.

Legislation Information:

The next few questions ask about how you, your family member, friend or other used the information about ADA or other laws that you received from JAN.

1. Did the information help you, your family member or friend to understand the ADA or another law?
 - a. YES
 - b. NO
 - c. DK
 - d. RF

2. Was the information used to argue for or make a policy decision?

[FOR WORK LEGISLATION: If interviewee asks for definition of a policy decision, interviewers may say: A policy decision means a change in the way that a company does business. This may include a change in employee guidelines, policies, and exceptions to policies.]

[FOR EDUCATION LEGISLATION: If interviewee asks for definition: "A policy decision means a change in the way educational services are delivered. This may include a change in guidelines, policies and exceptions to policies.]

[FOR PUBLIC ACCOMMODATION: If interviewee asks for definition: "A policy decision means a change in the way that a company or government office does business. This may include a change in the guidelines, policies and exceptions to policies."]

- a. YES
- b. NO (SKIP TO Next Section)
- c. DK (SKIP TO Next Section)
- d. RF (SKIP TO Next Section)

3. What was the outcome of that policy decision?
 - a. the policy was changed
 - b. the policy was not changed
 - c. the decision about whether to change the policy is still pending
 - d. other. (Explain) _____
 - i. DK
 - j. RF

