

**Attachment A: Interview Protocol for Veterans with Severe Injuries**

**Interviewer:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Interviewee**  
**Name:** \_\_\_\_\_ **Study ID:** \_\_\_\_\_

**Address:**  
\_\_\_\_\_  
\_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Contact Info:**  
**Phone:** \_\_\_\_\_

**email:** \_\_\_\_\_

**Proxy Interviewee:**  
\_\_\_\_\_

**Relationship to Interviewee:**  
\_\_\_\_\_

**Administrative Data (may be able to get this through CWINRS)**

**Year of Birth:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Race/Ethnicity:** \_\_\_\_\_

**Disability Rating:** \_\_\_\_\_  
**Type of Disability:**  
\_\_\_\_\_

**Length of time in VR&E program (months/years):** \_\_\_\_\_

**Date of discharge from military:** \_\_\_\_\_

**Benefits eligible for and used:** \_\_\_\_\_

## INTRODUCTION

Good morning/afternoon/evening and thank you for taking the time to participate in this interview. My name is (*Interviewer's Name*). I am from ICF International, headquartered in Fairfax, VA, and we have been asked by the VA to conduct a study of the employment of individuals with severe injuries in the Vocational Rehabilitation and Employment (VR&E) Program.

## ABOUT THE STUDY

As part of this study, we are interviewing individuals with severe injuries about their employment goals and outcomes. We will also interview job counselors and other representatives of successful employment counseling programs. We thank you for your participation in this interview.

Did you receive the informed consent form that we sent to you when scheduling this interview? Have you signed it?

[If signed, as for it to be returned; if not, read through form and ask for verbal consent]

Did you receive a copy of the interview protocol?

[IF YES] – Have you had a chance to look through it? [Handle any questions. If “NO” answer here, proceed with rest of protocol anyway]

We would like to record the audio portion of this interview but we will do so only if you give us permission. You should feel free to say “No” if recording the interview will make you uncomfortable in any way. Do we have your permission? [*Note answer: Yes No*]

## ABOUT THE INTERVIEW QUESTIONS

During this interview, we would like to ask you some questions about the factors that affect your ability to get and keep a job. Some of the topics we will cover include your living arrangements, your health care and needs relating to your disability, and your work history. We will also ask about your daily life and how you spend your time. I know that these questions are very personal and appreciate your willingness to participate.

**WHAT ASSISTANCE DO YOU NEED?**

*People with disabilities often need assistance. We would like to differentiate between personal care for physical disabilities and supervision for cognitive problems. First, focus on physical “hands on” assistance: This includes help with eating, grooming, bathing, dressing, management of a ventilator or other equipment, transfers, etc. Keeping in mind these daily activities...*

1. How many hours in a typical 24-hour day do you have someone with you to provide physical assistance for personal care activities such as eating, bathing, dressing, toileting, and mobility?  
\_\_ hours paid assistance  
\_\_ hours unpaid (family, others)

*Now, focus on supervision for cognitive problems instead of physical assistance. This includes remembering, decision making, judgment, etc.*

2. How much time is someone with you in your home to assist you with activities that require remembering, decision making, or judgment?

[1]\_\_ Someone else is always with me to observe or supervise.

[2]\_\_ Someone else is always around, but they only check on me now and then.

[3]\_\_ Sometimes I am left alone for an hour or two.

[4]\_\_ Sometimes I am left alone for most of the day.

[5]\_\_ I have been left alone all day and all night, but someone checks in on me.

[6]\_\_ I am left alone without anyone checking on me.

3. How much of the time is someone with you to help with remembering, decision making, or judgment when you go away from your home?

[1]\_\_ I am restricted from leaving, even with someone else.

[2]\_\_ Someone is always with me to help with remembering, decision making, or judgment when I go anywhere.

[3]\_\_ I go to places on my own as long as they are familiar.

[4]\_\_ I do not need help going anywhere.

*Now, I have a series of questions about your typical activities.*

**ARE YOU UP AND ABOUT REGULARLY?**

4. On a typical day, how many hours are you out of bed? \_\_\_\_ hours
5. In a typical week, how many days do you get out of your house and go somewhere? \_\_\_\_ days
6. In the last year, how many nights have you spent away from your home (excluding hospitalizations?)  
[0]\_\_\_\_ none [1]\_\_\_\_ 1-2 [3]\_\_\_\_ 3-4 [5]\_\_\_\_ 5 or more

#### *HOW DO YOU SPEND YOUR TIME?*

7. How many hours per week do you spend working in a job for which you get paid? hours \_\_\_\_ (occupation: \_\_\_\_\_)
8. How many hours per week do you spend in school working toward a degree in an accredited technical training program (including hours in class and studying)? \_\_\_\_ Hours
9. How many hours per week do you spend in active homemaking including parenting, housekeeping, and food preparation? \_\_\_\_ Hours
10. How many hours per week do you spend in home maintenance activities such as gardening, house repairs, or home improvement? \_\_\_\_ Hours
11. How many hours per week do you spend in recreational activities such as sports, exercise, playing cards, or going to movies? Please do not include time spent watching TV or listening to the radio. \_\_\_\_ Hours
12. How many hours per week do you spend volunteering? \_\_\_\_ Hours (type of volunteer activity: \_\_\_\_\_)

#### *WITH WHOM DO YOU SPEND YOUR TIME?*

13. Do you live in your own home or apartment?
14. Do you live in a facility where supports are provided? (*Supports include things such as transportation, assistance with activities of daily living*)
15. How many people do you live with? \_\_\_\_

16. Is one of them your spouse or significant other? [1]\_\_\_\_ Yes [0] \_\_\_\_ No  
[9]\_\_\_\_ Not applicable (subject lives alone)
17. Of the people you live with how many (others) are relatives? \_\_\_\_
18. How many business or organizational associates do you visit, phone, or write to at least once a month? \_\_\_\_ associates
19. How many friends (non-relatives contacted outside business or organizational settings) do you visit, phone, or write to at least once a month? \_\_\_\_ friends
20. With how many strangers have you initiated a conversation in the last month (for example, to ask information or place an order)?  
[0]\_\_\_\_ none [1]\_\_\_\_ 1-2 [3]\_\_\_\_ 3-4 [6]\_\_\_\_ 6 or more
21. Does your family support your returning to work? *If yes: How? If no: Why do you say that?*
22. Do your friends and community members support your returning to work? *If yes: How? If no: Why do you say that?*
23. Are you a member of any Veterans Service Organizations? Which ones? Do they provide any service that you use that may assist you in returning to work? *If yes: How?*
24. Are you a member of any disability organizations? Which ones? Do they provide any service that you use that may assist you in returning to work? *If yes: How?*

#### WHAT FINANCIAL RESOURCES DO YOU HAVE?

25. Approximately what was your **individual** annual income in the last year (consider all sources including wages and earnings, disability benefits, pensions and retirement income, income from court settlements, investments and trust funds, child support and alimony, contributions from relatives, and any other source.)
- |                     |                  |
|---------------------|------------------|
| a. Less than 10,000 | c. 15,000-20,000 |
| b. 10,000-15,000    | d. 20,000-25,000 |

- e. 25,000-35,000
- f. 35,000-50,000
- g. 50,000-75,000
- h. 75,000 or more

26. Approximately what was the combined annual income, in the last year, of **all family members in your household**? (consider all sources including wages and earnings, disability benefits, pensions and retirement income, income from court settlements, investments and trust funds, child support and alimony, contributions from relatives, and any other source.)

- a. Less than 10,000
- b. 10,000-15,000
- c. 15,000-20,000
- d. 20,000-25,000
- e. 25,000-35,000
- f. 35,000-50,000
- g. 50,000-75,000
- h. 75,000 or more

27. Approximately how much did you pay last year for medical care expenses? (Consider any amounts paid by yourself or the family members in your household and not reimbursed by insurance or benefits.)

*Would you say your unreimbursed medical expenses are..."*

- a. Less than 1000
- b. 1,000-2,500
- c. 2,500-5,000
- d. 5,000-10,000
- e. 10,000 or more

**ABOUT YOURSELF AND YOUR DISABILITY:**

28. What type of injury or disability do you have? (*Blindness, amputation, burns, traumatic brain injury, spinal cord injury, polytrauma, or another type*)?

29. What, if any, assistive technology do you use? (*Wheel chairs, prostheses, screen readers*)

30. After your injury, have you begun any training or educational programs for a specific trade or profession?

- a. What was the program?
- b. Did you complete the program? Why or why not?
- c. What accommodations did you need for the program? Did you receive them? If not, why not?

**ABOUT YOUR BENEFITS:**

31. Please describe any benefits you are receiving or have received since your injury. Do you:
- Receive Disability compensation from the VA?
  - Receive Social Security Disability Insurance (SSDI)?
  - Receive Supplemental Security Income (SSI)?
  - Receive housing assistance, Food Stamps, or Temporary Assistance to Needy Families (TANF)?
32. Please describe your participation in any vocational rehabilitation and employment programs since your injury.
- The Vocational Rehabilitation & Education program at the VA  
*If yes:*
    - approximately when did you start participating in this program?*
    - did you have input into your program goals?*
    - did you agree with the goals in your plan?*
    - what types of services did you receive (e.g. independent living skills, education, training, learning to start your own business, job search)?*
  - Your state's rehabilitation program for individuals with disabilities seeking employment  
*If yes:*
    - approximately when did you start participating in this program?*
    - did you have input into your program goals?*
    - did you agree with the goals in your plan?*
    - what types of services did you receive (e.g. independent living skills, education, training, learning to start your own business, job search)?*
  - The VETS program or other programs offered by the Department of Labor  
*If yes:*
    - approximately when did you start participating in this program?*
    - did you have input into your program goals?*
    - did you agree with the goals in your plan?*
    - what types of services did you receive (e.g. independent living skills, education, training, learning to start your own business, job search)?*

**ABOUT YOUR EDUCATIONAL BACKGROUND:**

33. What was the highest grade you completed?



34. Do you have any additional work-related training or certification? If yes, please describe.

*ABOUT YOUR EMPLOYMENT:*

35. Can you describe your employment history since your injury?

- a. How many jobs have you had?
- b. Have you received promotions or other recognition for your work?
- c. Has your work history since your injury (and since your discharge if applicable) met your expectations?
- d. How many days have you had to take off due to your disability?

36. Are you currently employed?

- a. If so, what type of work do you do?
- b. If previously employed, have you been able to return to the same type of job? Is it more or less physically demanding? Does it require more or less education? Does it require more or less skill?
- c. Are you satisfied with the type of work you are doing?
- d. Are you satisfied with the money that you earn at this job?
- e. How long have you been in this or other positions with this employer?
- f. What types of assistance or accommodations do you utilize in the workplace?
- g. What other types of assistance or accommodations would help you at work?
- h. How did you obtain this position? (How do you find out about it?, wanted ads, connections, etc.)
- i. What was the name of the program(s), if any, that helped you to obtain this position? (*e.g., if VA, what department?*). Do you continue to receive support from this program at your current job?

37. If you are not employed, could you describe why not? For example, are you retired, not looking for work, not able to work, in school, or other reasons?

**BARRIERS TO GETTING AND KEEPING A JOB:**

First, please tell me how often each of the following has been a barrier to your own participation in the activities that matter to you. Think about the past year, and tell me whether each item on the list below has been a problem **daily, weekly, monthly, less than monthly, or never**. If the barrier occurs, then answer how big a problem the barrier is with regard to your participation in the activities that matter to you. Note: if a question asks specifically about **school or work** and you neither work nor attend school, check not applicable.

38. In the past 12 months...							Big Problem	
							Little Problem	
							Not Applicable	
							Never	
							Less Than Monthly	
							Monthly	
							Weekly	
							Daily	
a. How often has the availability of transportation been a problem for you? When this problem occurs has this been a big problem or a little problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How often has the natural environment - temperature, terrain, climate- made it difficult to do what you need to do? When this problem occurs has this been a big problem or a little problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How often have other aspects of your surroundings -lighting, noise, crowds, etc- made it difficult to do what you want or need to do? When this problem occurs has this been a big problem or a little problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. In the past 12 months...							Big Problem
	Daily	Weekly	Monthly	Less Than Monthly	Never	Not Applicable	Little Problem
d. How often has the information you wanted or needed not been available in a format you can use or understand? When this problem occurs has this been a big problem or a little problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How often has the availability of health care and medical care been a problem for you? When this problem occurs has this been a big problem or a little problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. How often did you need someone else's help in your home and could not get it easily? When this problem occurs has this been a big problem or a little problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. How often did you need someone else's help at school or work and could not get it easily? When this problem occurs has this been a big problem or a little problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. How often did you experience prejudice or discrimination? When this problem occurs has this been a big problem or a little problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. How often did the policies and rules of businesses and organizations make problems for you? When this problem occurs has this been a big problem or a little problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. In the past 12 months...							Big Problem	
	Not Applicable	Never	Little Problem	Less Than Monthly	Monthly	Weekly	Daily	
j. How often did government programs and policies make it difficult to do what you want or need to do? When this problem occurs has this been a big problem or a little problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. How often has a lack of good jobs in your community been a problem for you in getting and keeping a job? When this problem occurs has this been a big problem or a little problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. How often has the availability of appropriate housing been a problem for you in getting and keeping a job? When this problem occurs has this been a big problem or a little problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. How often has feeling depressed or anxious made it difficult for you to get and keep a job? When this problem occurs has this been a big problem or a little problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. How often has fear of losing other benefits made it difficult for you to get and keep a job? When this problem occurs has this been a big problem or a little problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. How often has your ability to communicate with others made it difficult for you to get and keep a job? When this problem occurs has this been a big problem or a little problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. In the past 12 months...							Big Problem	
	Daily	Weekly	Monthly	Less Than Monthly	Never	Not Applicable	Little Problem	
p. How often has being self-consciousness about your disability made it difficult for you to get and keep a job? When this problem occurs has this been a big problem or a little problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. How often has limited employment experience prior to the injury made it difficult for you to get and keep a job? When this problem occurs has this been a big problem or a little problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. How often have delays in getting vocational rehabilitation services made it difficult for you to get and keep a job? When this problem occurs has this been a big problem or a little problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. How often has not being able to perform work tasks such as interacting with colleagues and supervisors, using a computer, accessing printed information made it difficult for you to get and keep a job? When this problem occurs has this been a big problem or a little problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. How often has not being able to work independently made it difficult for you to get and keep a job? When this problem occurs has this been a big problem or a little problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>38. In the past 12 months...</b>									
		Daily	Weekly	Monthly	Less Than Monthly	Never	Not Applicable	Little Problem	Big Problem
u. How often has not being able to work at the same speed as colleagues made it difficult for you to get and keep a job? When this problem occurs has this been a big problem or a little problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. How often have problems remembering, concentrating, or making decisions made it difficult for you to get and keep a job? When this problem occurs has this been a big problem or a little problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. How often have attitudes or misconceptions of potential employers (e.g., employers with whom you've interviewed) made it difficult for you to get and keep a job? When this problem occurs has this been a big problem or a little problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. How often have supervisor's or employer's attitudes toward you been a problem for you in getting and keeping a job? When this problem occurs has this been a big problem or a little problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. How often have coworkers' attitudes toward you been a problem for you in getting and keeping a job? When this problem occurs has this been a big problem or a little problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. How often have hiring or employment policies (e.g., pre-employment testing, scheduling) been a problem for you in getting and keeping a job? When this problem occurs has this been a big problem or a little problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. In the past 12 months...							Big Problem	
							Little Problem	
	Daily	Weekly	Monthly	Less Than Monthly	Never	Not Applicable		
aa. How often has ongoing need for treatment made it difficult for you to get and keep a job? When this problem occurs has this been a big problem or a little problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb. How often has pain associated with your injury made it difficult for you to get and keep a job? When this problem occurs has this been a big problem or a little problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cc. How often have your physical limitations made it difficult for you to get and keep a job? When this problem occurs has this been a big problem or a little problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dd. How often have problems with assistive technologies and adaptive equipment made it difficult for you to get and keep a job? When this problem occurs has this been a big problem or a little problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ee. How often has fatigue made it difficult for you to get and keep a job? When this problem occurs has this been a big problem or a little problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ff. How often has your overall health been a problem for you in getting and keeping a job? When this problem occurs has this been a big problem or a little problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. Is there anything in particular that has helped or hurt you in your attempts to find and maintain employment?

40. Is there anything else you would like to share about the topics we discussed or about other factors affecting your ability to get and keep a job?

**Attachment B: Interview Protocol for State and Private Sector Personnel**



## **INTRODUCTION**

Good morning/afternoon/evening and thank you for taking the time to participate in this interview. My name is *(Interviewer's Name)*. I am from ICF International, headquartered in Fairfax, VA, and we have been asked by the VA to conduct a study of the employment of individuals with severe injuries in the Vocational Rehabilitation and Employment (VR&E) Program.

## **ABOUT THE STUDY**

As part of this study, we are interviewing individuals with severe injuries about their employment goals and outcomes as well as job counselors and other representatives of successful employment counseling programs. We thank you for your participation in this interview.

Did you receive the informed consent form that we sent to you when scheduling this interview? Have you signed it?

[If signed, as for it to be returned; if not, read through form and ask for verbal consent]

Did you receive a copy of the interview protocol?

[IF YES} – Have you had a chance to look through it? [Handle any questions. If “NO” answer here, proceed with rest of protocol anyway]

## **IMPORTANT INFORMATION**

We would like to record the audio portion of this interview but we will do so only if you give us permission. You should feel free to say “No” if recording the interview will make you uncomfortable in any way. Do we have your permission? *[Note answer: Yes No]*

Thank you for your participation. Let's begin the interview.

During this interview, we would like to discuss with you specific cases of vocational rehabilitation with individuals with severe injuries. We would like to discuss a few of the best cases of vocational rehabilitation success, and maybe even a few cases that were learning opportunities or times when a different strategy may have proved more successful. We will focus on the situations, the actions taken, and the outcomes of the cases.

To begin, think of an individual whose case sticks out in your mind. It could be a case that you are proud of or a time when you learned something the hard way.

*Other probes for eliciting a case description: Try to think of...*

- *an individual client who worked well in vocational rehabilitation and succeeded,*
- *a day at work when you were particularly effective,*
- *a time when you saw a coworker handling a situation and you thought, "If I were in the same situation, I would handle it differently",*
- *an individual client whose abilities and needs exemplify your most challenging successful cases,*
- *a case that exemplifies a coworker's strengths and successes,*
- *a time when you realized too late that you should have done something differently,*
- *an individual client whose abilities and needs exemplify your most challenging unsuccessful cases,*
- *a mistake you saw a new counselor make on the job, or*
- *a time when you saw a more experienced worker take an action that helped them avoid mistakes.*

Now that you have a specific critical incident or case in mind, let's work through a few questions about it.

**Critical Incident Report Form**

<b>A.</b>	What were the functional abilities and needs of the individual? What was his/her disability? What other background information is helpful in understanding your work with this individual (family/social support, previous employment experience, etc)? [Describe the context]
<b>B.</b>	What did the job counselor do?
<b>C.</b>	What was the outcome or result of the counselor/program's action?
<b>D.</b>	Circle the number below that best reflects the level of performance that this event exemplifies

1	2	3	4	5	6	7
Highly Ineffective			Moderately effective			Highly Effective



For the ones that you rated as particularly challenging, please tell us what you did to address the problem.

--

*For others (at the discretion of the interviewer): Why wasn't this a problem?*

--

Great, thank you. Is there another critical incident or case we can discuss?

*[Read the bulleted list above again if needed, then use additional copies of the Critical Incident Report Form as needed. Try to obtain and record six (6) critical incidents with each respondent. Get the ratings above for each critical incident. Number the pages and code the interview in the upper right corner of each page, including additional copies of the Critical Incident Report Form. ]*