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| **Attachment A** **CPS Disability Supplement Questions** |
| ***Question number*** | ***Question wording*** | ***Response options*** | ***Who will receive the question*** |
| **Intro** | **This month we would like to learn more about how people in different circumstances deal with labor market challenges.** |  |  |
| **1** | **Previously, you mentioned that (you/Name) had difficulty \_\_\_\_\_\_\_\_\_. How [(has this difficulty)/(have these difficulties)] affected (your/his/her) ability to complete current work duties? Would you say this has caused no difficulty, a little difficulty, moderate difficulty, or severe difficulty?**  | **1. No difficulty2. A little difficulty3. Moderate difficulty4. Severe difficulty5. Don't Know6. Refused** | **Disability and Employed** |
| **2** | **[(Have you)/(Has Name)] EVER worked for pay at a job or business?**  | **1. Yes2. No3. Don't Know4. Refused** | **Disability and Not in the Labor Force or Unemployed** |
| **3** | **Earlier it was reported that (you/Name) had difficulty \_\_\_\_. Did (you/he/she) ever leave or lose a job because of reasons related to (this difficulty/these difficulties)?**  | **1. Yes2. No3. Don't Know4. Refused** | **1. Q2 = 1 OR Disability and Employed** |
| **4** | **The purpose of this next question is to identify barriers to employment faced by persons with difficulties. Do you consider any of the following a barrier to employment for (you/Name)? (Read each answer category, wait for respondent to answer yes or no. Check box if yes.)** | **1. Lack of education or training****2. Lack of job counseling3. Lack of transportation4. Loss of government assistance5. Need for special features at the job****6. Employer or coworker attitudes****7. (Fill with one or more of the 6 difficulties as identified in the basic CPS, e.g., “Your difficulty hearing”)****8. Other-specify (do not read)9. None (do not read)10. Don't Know (do not read)11. Refused (do not read)** | **Disability and Not in Labor Force or Unemployed** |
| **5** | **If [(this barrier)/(these barriers)] could be removed, would (you/Name) be able to work?**  | **1. Yes2. No3. Don't Know4. Refused** | **Q4=1-6, 8** |
| **6** | **The purpose of this next question is to find out if (you have/Name has) taken advantage of any of the following sources that help people prepare for work or advance on the job. In the past 5 years, [(Have you)/(Has Name)] received assistance from: (Read and mark all that apply.)1. Vocational Rehabilitation Centers2. One Stop Career Centers3. Ticket to Work Program4. Assistive Technology Act Program5. Center for Independent Living for Individuals with Disabilities6. Client Assistance Program7. Any other employment assistance program** | **1. Yes2. No****3. Haven’t heard of this program4. Don't Know5. Refused6. No Assistance** | **Disability** |
| **7** | **How helpful was (this source)? Would you say it was not at all helpful, a little helpful, somewhat helpful, or very helpful?**  | **1. Not at all helpful2. A little helpful3. Somewhat helpful4. Very helpful5. Don't Know6. Refused** | **Q6=1 for each option** |
| **8** | **Have (you/NAME) ever requested any change in your current workplace to help you do your job better? For example, changes in work policies, equipment, or schedules.** | **1. Yes2. No3. Don't Know4. Refused** | **Employed** |
| **9** | **What change did (you/Name) request? (Read and mark all that apply.)** | **1. New or modified equipment2. Physical changes to the workplace3. Policy changes to the workplace4. Changes in work tasks, job structure or schedule5. Changes in communication or information sharing6. Changes to comply with religious beliefs7. Accommodations for family or personal obligations****8. Training9. Other changes10. Don't Know11. Refused** | **Q8=1** |
| **10** | **Was the change granted?**  | **1. Yes2. No3. Partially4. Don't Know5. Refused** | **Q8=1** |
| **11** | **How [(do you)/(does Name)] typically commute to work? (Do not read answer categories, mark all that apply.)** | **1. Bus2. Specialized bus or van service for people with disabilities3. Train/subway4. Taxi5. Own vehicle6. Passenger in a friend or family member's car7. Carpool8. Bicycle9. Walk10. Other11. Work from home12. Don't Know13. Refused** | **Employed** |
| **12** | **(Do you/Does Name) do any work at home for (your/his/her) job or business?**  | **1. Yes2. No3. Don't Know4. Refused** | **Employed** |
| **13** | **[When (you/he/she) (work/works) at home, how/How] many hours per week (do/does) (you/he/she) usually work at home as part of this job?**  | **1. Free Response \_\_\_2. Hours vary****3. Don’t Know****4. Refused** | **Q12=1** |
| **14** | **Are those hours worked at home usually considered paid work hours?**  | **1. Yes2. No3. Don't Know4. Refused** | **Q12=1** |
| **15** | **(Do/Does) (you/he/she) have a formal arrangement with (your/his/her) employer to be paid for the work that (you/he/she) (do/does) at home, or (were/was) (you/he/ she) just taking work home from the job?**  | **1. Paid2. Taking work home****3. Don’t Know****4. Refused** | **Q12=1** |
| **16** | **What are the reasons why (you work/Name works) at home? (Do not read answer categories, mark all that apply.)** | **1. Less commuting2. Reduce expenses for transportation, food, clothing, etc.3. Coordinate work schedule with work and family needs4. More control over own life5. Illness, disability, health reasons6. Mandated by employer to reduce employer costs7. Managed by employer to meet local transportation management and pollution abatement requirement8. More productive****9. Self employed/Business at home10. Other11. Don't Know12. Refused** | **Q12=1** |
| **17** | **(Do/Does) (you/Name) have flexible work hours that allow (you/him/her) to vary or make changes in the time [(you begin and end)/(he begins and ends)/(she begins and ends)] work?**  | **1. Yes2. No3. Don't Know4. Refused** | **Employed** |
| **18** | **Some people are in temporary jobs that last only for a limited time or until the completion of a project. Is your job temporary?**  | **1. Yes2. No3. Don't Know4. Refused** | **Employed** |
| **19** | **There are a variety of programs designed to provide financial assistance to people. In the PAST YEAR did (you/Name) receive assistance from any of the following programs? (Read and mark all that apply.)1. Workers Compensation2. Social Security Disability Income3. Supplemental Security Income4. Veterans Disability compensation5. Disability Insurance Payments6. Other disability payments7. Medicaid8. Medicare****9. Other** | **1. Yes2. No3. Don't Know4. Refused** | **All** |
| **20** | **Some financial assistance programs include limitations on the amount of work you can do. Did (this program/any of these programs) cause you to work less than you would otherwise?** | **1. Yes2. No3. Don't Know4. Refused** | **Q19=1-9** |