

## Attachment A

### CPS Disability Supplement Questions

<i>Question number</i>	<i>Question wording</i>	<i>Response options</i>	<i>Who will receive the question</i>
<b>Intro</b>	This month we would like to learn more about how people in different circumstances deal with labor market challenges.		
<b>1</b>	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?	<ol style="list-style-type: none"> <li>1. No difficulty</li> <li>2. A little difficulty</li> <li>3. Moderate difficulty</li> <li>4. Severe difficulty</li> <li>5. Don't Know</li> <li>6. Refused</li> </ol>	<b>Disability and Employed</b>
<b>2</b>	[(Have you)/(Has Name)] EVER worked for pay at a job or business?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Don't Know</li> <li>4. Refused</li> </ol>	<b>Disability and Not in the Labor Force or Unemployed</b>
<b>3</b>	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)?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Don't Know</li> <li>4. Refused</li> </ol>	<b>1. Q2 = 1 OR Disability and Employed</b>
<b>4</b>	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.)	<ol style="list-style-type: none"> <li>1. Lack of education or training</li> <li>2. Lack of job counseling</li> <li>3. Lack of transportation</li> <li>4. Loss of government assistance</li> <li>5. Need for special features at the job</li> <li>6. Employer or coworker attitudes</li> <li>7. (Fill with one or more of the 6 difficulties as identified in the basic CPS, e.g., "Your difficulty hearing")</li> <li>8. Other-specify (do not read)</li> <li>9. None (do not read)</li> </ol>	<b>Disability and Not in Labor Force or Unemployed</b>

		<b>10. Don't Know (do not read)</b> <b>11. Refused (do not read)</b>	
5	<b>If [(this barrier)/(these barriers)] could be removed, would (you/Name) be able to work?</b>	<b>1. Yes</b> <b>2. No</b> <b>3. Don't Know</b> <b>4. Refused</b>	Q4=1-6, 8
6	<b>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.)</b>  <b>1. Vocational Rehabilitation Centers</b> <b>2. One Stop Career Centers</b> <b>3. Ticket to Work Program</b> <b>4. Assistive Technology Act Program</b> <b>5. Center for Independent Living for Individuals with Disabilities</b> <b>6. Client Assistance Program</b> <b>7. Any other employment assistance program</b>	<b>1. Yes</b> <b>2. No</b> <b>3. Haven't heard of this program</b> <b>4. Don't Know</b> <b>5. Refused</b> <b>6. No Assistance</b>	Disability
7	<b>How helpful was (this source)? Would you say it was not at all helpful, a little helpful, somewhat helpful, or very helpful?</b>	<b>1. Not at all helpful</b> <b>2. A little helpful</b> <b>3. Somewhat helpful</b> <b>4. Very helpful</b> <b>5. Don't Know</b> <b>6. Refused</b>	Q6=1 for each option
8	<b>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.</b>	<b>1. Yes</b> <b>2. No</b> <b>3. Don't Know</b> <b>4. Refused</b>	Employed
9	<b>What change did (you/Name) request? (Read and mark all that apply.)</b>	<b>1. New or modified equipment</b> <b>2. Physical changes to the workplace</b> <b>3. Policy changes to the workplace</b> <b>4. Changes in work tasks, job structure or schedule</b> <b>5. Changes in communication or information sharing</b> <b>6. Changes to comply with</b>	Q8=1

		<b>religious beliefs</b> <b>7. Accommodations for family or personal obligations</b> <b>8. Training</b> <b>9. Other changes</b> <b>10. Don't Know</b> <b>11. Refused</b>	
10	Was the change granted?	<b>1. Yes</b> <b>2. No</b> <b>3. Partially</b> <b>4. Don't Know</b> <b>5. Refused</b>	Q8=1
11	How [(do you)/(does Name)] typically commute to work? (Do not read answer categories, mark all that apply.)	<b>1. Bus</b> <b>2. Specialized bus or van service for people with disabilities</b> <b>3. Train/subway</b> <b>4. Taxi</b> <b>5. Own vehicle</b> <b>6. Passenger in a friend or family member's car</b> <b>7. Carpool</b> <b>8. Bicycle</b> <b>9. Walk</b> <b>10. Other</b> <b>11. Work from home</b> <b>12. Don't Know</b> <b>13. Refused</b>	Employed
12	(Do you/Does Name) do any work at home for (your/his/her) job or business?	<b>1. Yes</b> <b>2. No</b> <b>3. Don't Know</b> <b>4. Refused</b>	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?	<b>1. Free Response ____</b> <b>2. Hours vary</b> <b>3. Don't Know</b> <b>4. Refused</b>	Q12=1
14	Are those hours worked at home usually considered paid work hours?	<b>1. Yes</b> <b>2. No</b> <b>3. Don't Know</b> <b>4. Refused</b>	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	<b>1. Paid</b> <b>2. Taking work home</b> <b>3. Don't Know</b> <b>4. Refused</b>	Q12=1

	<b>home from the job?</b>		
16	What are the reasons why (you work/Name works) at home? (Do not read answer categories, mark all that apply.)	<ol style="list-style-type: none"> <li>1. Less commuting</li> <li>2. Reduce expenses for transportation, food, clothing, etc.</li> <li>3. Coordinate work schedule with work and family needs</li> <li>4. More control over own life</li> <li>5. Illness, disability, health reasons</li> <li>6. Mandated by employer to reduce employer costs</li> <li>7. Managed by employer to meet local transportation management and pollution abatement requirement</li> <li>8. More productive</li> <li>9. Self employed/Business at home</li> <li>10. Other</li> <li>11. Don't Know</li> <li>12. Refused</li> </ol>	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?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Don't Know</li> <li>4. Refused</li> </ol>	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?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Don't Know</li> <li>4. Refused</li> </ol>	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.)  <ol style="list-style-type: none"> <li>1. Workers Compensation</li> <li>2. Social Security Disability Income</li> <li>3. Supplemental Security Income</li> <li>4. Veterans Disability compensation</li> <li>5. Disability Insurance Payments</li> <li>6. Other disability payments</li> <li>7. Medicaid</li> <li>8. Medicare</li> </ol>	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Don't Know</li> <li>4. Refused</li> </ol>	All

	<b>9. Other</b>		
<b>20</b>	<b>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?</b>	<b>1. Yes</b> <b>2. No</b> <b>3. Don't Know</b> <b>4. Refused</b>	<b>Q19=1-9</b>