

## [Changes to the Establishment Background Questionnaire]

### Information About You

Many workers are being asked to complete this survey. Your answers to these questions will help us know that workers with differing amounts of experience and different backgrounds are included.

Please read each question carefully and mark your answer by putting an **X** in the box beside your answer, or by writing an answer on the line provided.

**1. What is the title of your current job? (PLEASE PRINT)**

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**2. For how long have you worked at this job? (Mark one box)**

- Ten years or more
- At least 6 years, but less than 10 years
- At least 3 years, but less than 6 years
- At least 1 year, but less than 3 years
- At least 3 months, but less than 12 months
- At least 1 month, but less than 3 months
- Less than 1 month

**3. In your current job, are you employed by (Mark one box)**

- Government
- Private for-profit company
- Nonprofit organization including tax exempt and charitable organizations
- Self-employed
- Family business

4. **If you are working in the family business, is this business incorporated?**

- Yes
- No
- Not working in a family business

5. **In what year were you born?** ..... 1 9 \_\_\_\_\_

6. **Are you male or female?** (Mark one box)

- Male
- Female

7. **Are you Hispanic or Latino?** (Mark one box)

- Yes
- No

8. **What is your race?** (Mark one or more boxes)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

9. ~~Do you have any of the following long-lasting conditions?~~

~~Yes~~ ~~No~~

~~a. Blindness, deafness, or a severe vision or hearing impairment?.....~~

~~b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?.....~~

**10. Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any difficulty doing any of the following activities?**

~~Yes~~ ~~No~~

~~a.~~

~~Learning, remembering, or concentrating?~~

~~b.~~

~~Dressing, bathing, or getting around inside the home?~~

~~c.~~

~~Going~~

outside-  
the-  
home-  
alone-to-  
shop-or-  
visit-a-  
doctor's-  
office?  
\_\_\_\_\_

Working-  
at-a-job-  
or-  
business  
?\_\_\_\_\_

**119. Indicate the highest level of education that you have completed**  
(please check only one box):

- Less than a High School Diploma**
- High School Diploma – or the equivalent (for example, GED)**~~(or GED or High School Equivalence Certificate)~~
- Post-Secondary Certificate** - awarded for training completed after high school (for example, in agriculture or natural resources, computer services, personal or culinary services, engineering technologies, healthcare, construction trades, mechanic and repair technologies, or precision production)~~in Personnel Services, Engineering-related Technologies, Vocational Home Economics, Construction Trades, Mechanics and Repairers, Precision Production Trades~~)

- Some College Courses**
- Associate's Degree** (or other 2-year degree)
- Bachelor's Degree**
- Post-Baccalaureate Certificate** - awarded for completion of an organized program of study; designed for people who have completed a Baccalaureate degree but do not meet the requirements of academic degrees carrying the title of Master.
- Master's Degree**
- Post-Master's Certificate** - awarded for completion of an organized program of study; designed for people who have completed a Master's degree but do not meet the requirements of academic degrees at the doctoral level.
- First Professional Degree** - awarded for completion of a program that
  - o requires at least 2 years of college work before entrance into the program,
  - o includes a total of at least 6 academic years of work to complete, and
  - o provides all remaining academic requirements to begin practice in a profession.
- Doctoral Degree**
- Post-Doctoral Training**

Yes No

10. Are you deaf or do you have serious difficulty hearing? .....

11. Are you blind or do you have serious difficulty seeing even when wearing glasses? .....

12a. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? .....

b. Do you have serious difficulty walking or climbing stairs? .....

c. Do you have difficulty dressing or bathing? .....

13. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? .....

## Your Professional Certifications

**1. Please write the names of job-related professional certifications that you have earned:**

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

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## Your Apprenticeship Certificates

**2. Please write the names of job-related apprenticeship programs that you have completed:**

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

## Your Association Memberships

Finally, we would like to know about the professional associations to which you belong.

1. Are you currently a member of the following job-related association(s)? (Please respond for each association listed.) ~~one or more professional associations? (Please respond for each association listed; if none are listed below, please skip to Question 2.)~~

<association name>

Yes  No

<association name>

Yes  No

2. Please print the names of any other job-related associations to which you belong:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_