**Appendix 1: Labor Force Module of Persons with Disabilities Questions to be cognitively tested**

The Public Health Service Act provides us with the authority to do this research (42 United States Code 242k). All information which would permit identification of any individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0222).

OMB #0920-0222; Expiration Date: 07/31/2018

**DISABILITY IDENTIFICATION**

**\*Note to reviewers: The disability identification questions (taken from the Washington Group) will be asked for context and will not to be cognitively tested.**

VIS\_1. [Do/Does] [you/he/she] have difficulty seeing, even when wearing [your/his/her] glasses]? Would you say… [*Read response categories*]

 1. No difficulty

 2. Some difficulty

 3. A lot of difficulty

 4. Cannot do at all / Unable to do

 5. *Refused*

HEAR\_1. [Do/Does] [you/he/she] have difficulty hearing,even when using a hearing aid(s)]? Would you say… [*Read response categories*]

1. No difficulty

2. Some difficulty

3. A lot of difficulty

4. Cannot do at all / Unable to do

5. *Refused*

*6. Don’t know*

MOB\_1. [Do/Does] [you/he/she] have difficulty walking or climbing steps? Would you say… [*Read response categories*]

1. No difficulty

2. Some difficulty

3. A lot of difficulty

4. Cannot do at all / Unable to do

5. *Refused*

*6. Don’t know*

COM\_1. Using [your/his/her] usual language, [do/does] [you/he/she] have difficulty communicating, for example understanding or being understood? Would you say… [*Read response categories*]

1. No difficulty

2. Some difficulty

3. A lot of difficulty

4. Cannot do at all / Unable to do

5. *Refused*

*6. Don’t know*

COG\_1. [Do/does] [you/he/she] have difficulty remembering or concentrating? Would you say… [*Read response categories*]

1. No difficulty

2. Some difficulty

3. A lot of difficulty

4. Cannot do at all / Unable to do

5. *Refused*

*6. Don’t know*

SC\_1. [Do/does] [you/he/she] have difficulty with self-care, such as washing all over or dressing? Would you say… [*Read response categories*]

1. No difficulty

2. Some difficulty

3. A lot of difficulty

4. Cannot do at all / Unable to do

5. *Refused*

*6. Don’t know*

UB\_1. [Do/Does] [you/he/she] have difficulty raising a 2 liter bottle of water or soda from waist to eye level? Would you say… [*Read response categories*]

1. No difficulty

2. Some difficulty

3. A lot of difficulty

4. Cannot do at all / Unable to do

5. *Refused*

*6. Don’t know*

*Interviewer: If respondent asks whether they are to answer about their emotional states after taking mood-regulating medications, say: “Please answer according to whatever medication [you were/he was/she was] taking*.”

ANX\_1. How often [do/does] [you/he/she] feel worried, nervous or anxious? Would you say… [Read response categories]

1. Daily

2. Weekly

3. Monthly

4. A few times a year

5. Never

6. *Refused*

*7. Don’t know*

ANX\_2. Thinking about the last time [you/he/she] felt worried, nervous or anxious, how would

[you/he/she] describe the level of these feelings? Would [you/he/she] say… [Read response categories]

1. A little

2. A lot

3. Somewhere in between a little and a lot

4. *Refused*

*5. Don’t know*

**EMPLOYMENT STATUS**

EM\_1a. What was [your/his/her] employment status last week?

Employed (worked for pay or profit)

Unemployed (i.e. not in employment, carried out activities to seek employment and were currently available to take up employment given a job opportunity

Not employed nor unemployed

Refused

Don’t know

EM\_1b. ***(If employed)*** Do [you/he/she] unusually work full time or part-time?

Full-time

Part-time

Refused

Don’t know

**BARRIERS**

***For people who are not employed nor unemployed ask EW\_1a and b.***

EW\_1a. Which of the following things would make it more likely for [you/he/she] to look for work. Check all that apply.

Better education and training

Better transportation

Fewer family responsibilities

Access to assistive devices, like a wheelchair, prosthesis, or hearing aid

Access to personal assistance

Other: Please specify

None of the above

Refused

Don’t know

EW\_1b. (If more than one reason is checked in EW\_1a) What is the main thing that would make it easier to work]

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***For people who are unemployed ask EW\_2a and b.***

EW\_2a. Which of the following things would make it easier for [you/he/she] to find work? Check all that apply.

Better education and training

Better transportation

Fewer family responsibilities

Access to assistive devices, like a wheelchair, prosthesis, or hearing aid

Access to personal assistance

Other: Please specify

None of the above

Refused

Don’t know

EW\_2b. (If more than one reason is checked in EW\_2a) What is the main thing that would make it easier for [you/he/she] to find work?

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***For employed people who are working part-time ask EW\_3a and b.***

EW\_3a. Which of the following things would make it more likely for [you/he/she] to work more hours? Check all that apply.

Better education and training

Better transportation

Fewer family responsibilities

Access to assistive devices, like a wheelchair, prosthesis, or hearing aid

Access to personal assistance

Other: *Please specify*

None of the above

Refused

Don’t know

EW\_3b. (If more than one reason is checked in EW\_3a) What is the main thing that would make it easier for [you/he/she] to work more hours?

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**ACCOMMODATIONS: For people who are employed**

WA\_1. Has [your/his/her] workplace been set up in a way to account for difficulties [you/he/she] have in doing certain activities?

Yes, and no more modifications are needed

Yes, but more modification are needed

No, but I need them

No, but I do not need them

Refuse

Don’t Know

WA\_2. Is [your/his/her] work schedule arranged to account for difficulties [you/he/she] have in doing certain activities?

Yes, and no more arrangements are needed

Yes, but more arrangements are needed

No, but I need my schedule changed

No, but I do not need my schedule changed

Refuse

Don’t Know

WA\_3. Are [your/his/her] work tasks arranged to account for difficulties [you/he/she] have in doing certain activities?

Yes, and no more arrangements are needed

Yes, but more arrangements are needed

No, but I need my tasks to be changed

No, but I do not need my tasks to be changed

Refuse

Don’t Know

**ATTITUDES: Asked of All People, age 18+**

ATT\_1. How willing are employers to hire people with disabilities?

Unwilling

Somewhat willing

Very Willing

Refused

Don’t Know

ATT\_2. How willing are people to work alongside people with disabilities?

Unwilling

Somewhat willing

Very Willing

Refused

Don’t Know

**ATTITUDES: Asked of People with Disabilities, age 18+**

ATT\_3. How supportive are [your/his/her] family members of [your/his/her] decisions about working?

Very supportive

Somewhat supportive

Not supportive

Refused

Don’t Know

**SOCIAL PROTECTION**

**Asked of All People, age 18+**

SP\_1. In the month ending [date], were [you/he/she] receiving any government disability benefits?

Yes (go to SP\_2)

No

Go to SP\_3

Refused

Don’t Know

SP\_2. When did [you/he/she] start receiving benefits?

Before my last job began

During the time I had my last job (

Go to ONS\_1

After my last job ended)

I have never had a job

Refused

Don’t know

SP\_3. Have [you/he/she] ever received government disability benefits?

Yes (go to SP\_4)

No

Go to ONS\_1

Refused

Don’t know

SP\_4. When did [you/he/she] stop receiving those benefits?

Before my last job began

During my last job

Go to ONS\_1

After my last job ended

Refused

Don’t know

**DISABILITY ONSET**

**For all people with a disability, age 18+**

**\*Note to reviewers: The disability identification questions (taken from the Washington Group) will be asked for context and will not to be cognitively tested.**

ONS\_1. You mentioned some difficulties doing some things. When did the first of these difficulties start?

At birth

Before the age of 15

Between the ages of 15 and 29

Between the ages of 30 and 60

After age 60

Occurred gradually over time

Refused

Don’t know