

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]

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?

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?

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?

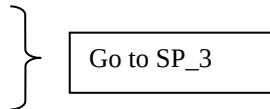
- Very supportive
- Somewhat supportive
- Not supportive
- Refused
- Don't Know

SOCIAL PROTECTION

Asked of All People, age 18+

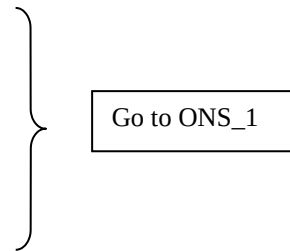
SP_1. In the month ending [date], were [you/he/she] receiving any government disability benefits?

- Yes (go to SP_2)
- No
- Refused
- Don't Know



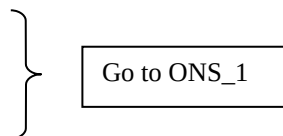
SP_2. When did [you/he/she] start receiving benefits?

- Before my last job began
- During the time I had my last job (
- 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
- Refused
- Don't know



SP_4. When did [you/he/she] stop receiving those benefits?

- Before my last job began
- During my last job
- 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