## **JAN Individual Survey**

Start of Block: Default Question Block
Q1 What was your reason for contacting the Job Accommodation Network (JAN)?
O An accommodation (1)
O To understand the ADA or any other disability law or policy (2)
O Both (3)
Q2 How did you know to contact JAN?
O Used JAN service before/Previous user of JAN service (1)
O Internet search (2)
O Referral. Please explain. (3)
Other. Please explain. (4)
O Do not know (5)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email <a href="DOL\_PRA\_PUBLIC@dol.gov">DOL\_PRA\_PUBLIC@dol.gov</a> and reference the OMB Control Number 1225-0059. Note: Please do not return the completed survey to this address.

Q3 Was the accommodation you discussed with the JAN consultant about:
O Keeping your current job (8)
O Applying for a new job (1)
A job that you just started or are going to start (2)
O Being promoted (5)
Other. Please explain. (6)
O Do not know (7)
Page Break ————————————————————————————————————

Q6 What is your highest level of education?
O Did not complete high school (1)
O High school certificate (not high school diploma) (2)
O High school diploma or GED (3)
O Associates degree (2 year degree) (4)
O Graduated from college (4 year degree) (5)
O Degree from graduate/professional school (e.g., MA, MBA, PhD, MD, JD) (6)
O Prefer not to answer (7)
Q7 What is your gender?
O Male (1)
O Female (2)
O Transgender (3)
O Prefer not to answer (4)

Q8 Wha	t is your race? (Choose all that apply)
	American Indian or Alaska Native (1)
	Asian (2)
	Black or African American (3)
	Native Hawaiian or Other Pacific Islander (4)
	White (5)
	Other (6)
	Prefer not to answer (9)
Q53 Wh	nat is your ethnicity? (Choose all that apply)
	Hispanic or Latino (1)
	Not Hispanic or Latino (2)
	Prefer not to answer (3)

Q9 What is yo	ur age?		
O Less th	an 17 (1)		
O 18-24	(2)		
25-29	(3)		
30-39	(4)		
O 40-49	(5)		
O 50-59	(6)		
O 60-65	(7)		
○ 66 and	over (8)		
O Prefer	not to answer (9)		
Page Break -			

Q4 How many years have you been with the company?	
Q5 What is the wage for your job? (pick one)	
O By hour (\$) (1)	
O Annually (\$) (2)	
O Do not know (3)	
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Q12 Who makes the decision whether the company will provide that apply)	an accommodation? (Mark all
Human Resources/Employee Relations or Personnel D	Department (1)
Legal Department (2)	
Managers (3)	
Employee's Supervisor (4)	
Diversity and Inclusion Office (5)	
Other. Please explain. (6)	
Q13 After your interaction with JAN, was an accommodation made of the commodation with JAN, was an accommodation made of the commodate of the commodate made of the commodate made of the commodate of the commodat	le, but implementation pending).
O Do not know (5)  Not applicable (6)	_

Skip To: Q29 If After your interaction with JAN, was an accommodation made? (Choose all that apply) = Not applicable

Q54 What did the accommodation solution include?

	Accommodati on made (1)	Accommodati on implementatio n is pending (2)	Decision about the accommodati on is pending (3)	Accommodati on was rejected (4)	Not applicabl e (5)
Buying a product or piece of equipment (like software or tool)? What specific products or pieces of equipment? (1)	0	0	0	0	0
Modifying a product or piece of equipment (like software or a tool)? Please describe how the product or equipment was or will be modified. (2)	0	0	0	0	0
Modifying the worksite (like a ramp, lighting, or mirrors)? Please describe the modification to the worksite. (3)	0	0	0	0	0
Changes to a work schedule (such as flex time, or part time)? Please describe the changes to the work schedule.	0	0	0	0	0

Moving the employee to another job (or reassignment)? What type of work was the employee doing before reassignment and what type of are they doing after?  (13)	0	0	0	0	0
Changes in workplace policy? What workplace changes were modified? (14)	0	0	0	0	0
Formal or company education of co-workers? Please describe how the company was/is going to educate co- workers? (5)	0	0	0	0	0
Providing an interpreter, reader, job coach, or personal attendant services? What services were provided? (6)	0	0	0	0	0

Providing information in an alternative format (e.g., large print, taped text, Braille, etc.)? What alternative formats were provided? (7)	0	0	0	0	0
Working from home or telework? What arrangements were made (number of hours in a week)? (8)	0	0	0	0	0
Are there accommodations solutions that we have not talked about? If yes, please specify.	0	0	0	0	0
Modified the employee's work station (moved, rearranged, or ergonomic)? How was the work station modified? (10)	0	0	0	0	0

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Q15 How effective was the accommodation?
Extremely effective (1)
O Effective (2)
O Neutral (3)
O Somewhat effective (4)
O Not effective at all (5)
O Do not know (6)
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Q16 Please describe why the accommodation was or was not effective?	
Q17 Approximately how much did the accommodation cost (or is expected to cost)?	
One-time cost, amount \$ (1)	
O Annually, amount \$ (2)	
O Do not know (3)	
Skip To: Q20 If Approximately how much did the accommodation cost (or is expected to cost)? = Annually, amount \$	
Skip To: Q20 If Approximately how much did the accommodation cost (or is expected to cost)? >= Annually, amount \$	
Q20 Who helped (or will help) pay for this accommodation? (All that apply)	
Employer (1)	
Employee (2)	
Rehabilitation Services (3)	
Insurance Company (4)	
Other (5)	
Do not know (6)	

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If Who helped (or will help) pay for this accommodation? (All that apply) = Employer

Q21 If "Employer," what was the source of funding for this accommodation?
O Departmental Funds (1)
O Human Resource Funds (2)
O Company General Funds (3)
O Specific Accommodation - Related Funds (4)
Other (5)
O Do not know (6)
Q22 Who has the authority to authorize expenditure for accommodations?
Q22 Who has the authority to authorize expenditure for accommodations?  Local Managers/Supervisors (1)
Local Managers/Supervisors (1)
Local Managers/Supervisors (1)  Human Resource Representatives (2)
Local Managers/Supervisors (1)  Human Resource Representatives (2)  Corporate/General Management (3)

Skip To: Q24 If Who has the authority to authorize expenditure for accommodations? = Do not know

	se all that apply.)	00%.
	Employer (8)	
	Employee (9)	
	Rehabilitation services (10)	
	Insurance company (11)	
	Other. Please Explain. (12)	
	Do not know (13)	
	dollars, how much of the cost of the accommodation was beyond what you wour an employee in the same position who did not have a disability?	ıld have
employ cost dif	ample, an employer might purchase a computer monitor for all of his employees ree may need a large screen rather than a regular monitor as an accommodation if the ference between the large screen monitor and the regular monitor would be the sare asking about.	n. The
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Q29 Did the information JAN provided help you to understand the ADA or another law?
O Yes (1)
O No (2)
O Do not know (3)
Q30 Was the information used to argue for or make a policy change?
O Yes (1)
O No (2)
O Do not know (3)
Skip To: Q32 If Was the information used to argue for or make a policy change? = No Skip To: Q32 If Was the information used to argue for or make a policy change? = Do not know
Q31 What was the outcome of that policy decision?
The policy was changed (1)
The policy was not changed (2)
The decision about whether to change the policy is still pending (3)
O Confirm/validate/interpret existing policy (4)
O Accommodation decision made (5)
Other. Please explain. (6)
O Do not know (7)
Page Break ————————————————————————————————————

Q32 Have you visited the JAN website within the last year? ( AskJAN.org )
O Yes (1)
O No (2)
O Do not know (3)
Skip To: Q39 If Have you visited the JAN website within the last year? (AskJAN.org) = No Skip To: Q39 If Have you visited the JAN website within the last year? (AskJAN.org) = Do not know
Q36 How was the website to navigate?
O Easy (1)
O Somewhat easy (2)
O Neutral (3)
O Somewhat difficult (4)
O Difficult (5)
O Do not know (6)
Q35 How was it for you to obtain the information that you needed from the website?
O Easy (1)
O Somewhat easy (2)
O Neutral (3)
O Somewhat difficult (4)
O Do not know (6)

Q37	What did you hope to find on the website?	
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-		
Q38	Did you find it?	
(	Yes (1)	
	ores (I)	
(	If no, please explain. (2)	
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Q39 How easy or difficult was it to contact JAN?
O Easy (1)
O Somewhat easy (2)
O Neutral (3)
O Somewhat difficult (4)
O Difficult (5)
O Do not know (6)
Q40 How were you treated by the receptionist at JAN?
O Courteously (1)
O Somewhat courteously (2)
O Neutral (3)
O Somewhat not courteously (4)
O Not courteously (5)
O Do not know (6)
Q50 Comments:

Q41 How were you treated by the consultant at JAN?	
Courteously (1)	
O Somewhat courteously (2)	
O Neutral (3)	
O Somewhat not courteously (4)	
O Not courteously (5)	
O Do not know (6)	
Q51 Comments:	

Q42 How well did the consultant understand your needs?
O Understood (1)
O Somewhat understood (2)
O Neutral (3)
O Somewhat misunderstood (4)
O Misunderstood (5)
O Do not know (6)
Q52 Comments:
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Q43 How well did the information that you received meet your needs?
O Met my needs well (1)
O Met my needs somewhat well (2)
O Neutral (3)
O Did not really meet my needs (4)
O Did not meet my needs (5)
O Do not know (6)
Q44 How could the services you received have better met your needs?
Q45 Where would you get the type of information that JAN provides if JAN did not exist?

Q46 Would you use the service again?
O Yes (1)
O No (2)
O Do not know (3)
Q47 Have you referred other people to JAN?
O Yes (1)
O No (2)
Q48 How likely would you be to refer other people to JAN?
C Likely (1)
O Somewhat likely (2)
O Neutral (3)
O Somewhat unlikelyUn (4)
O Unlikely (5)
O Do not know (6)
Q49 We would appreciate any comments or suggestions that you may have about JAN.