

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

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

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

	home from the job?		
16	What are the reasons why (you work/Name works) at home? (Do not read answer categories, mark all that apply.)	1. Less commuting 2. Reduce expenses for transportation, food, clothing, etc. 3. Coordinate work schedule with work and family needs 4. More control over own life 5. Illness, disability, health reasons 6. Mandated by employer to reduce employer costs 7. Managed by employer to meet local transportation management and pollution abatement requirement 8. More productive 9. Self employed/Business at home 10. Other 11. Don't Know 12. Refused	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?	1. Yes 2. No 3. Don't Know 4. Refused	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?	1. Yes 2. No 3. Don't Know 4. Refused	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.) 1. Workers Compensation 2. Social Security Disability Income 3. Supplemental Security Income 4. Veterans Disability compensation 5. Disability Insurance Payments 6. Other disability payments 7. Medicaid 8. Medicare	1. Yes 2. No 3. Don't Know 4. Refused	All

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