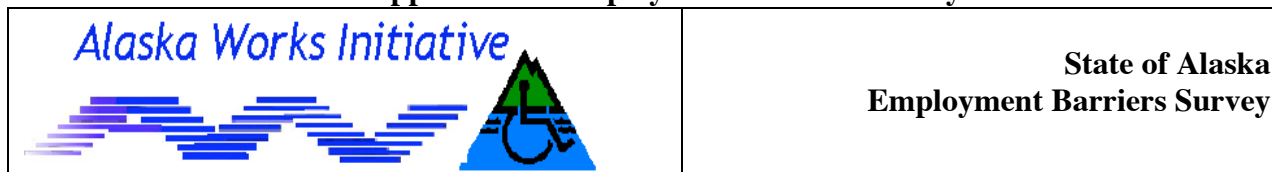


Appendix A: Employment Barriers Survey #1



EMPLOYMENT PREFERENCES

Questions 1 - 4 ask about what kind of job arrangements you would like to have, considering your disability and your health. We are interested in what you would like to do, not what you are currently doing.

1. Do you see yourself **working** for pay or getting a **better job** in the next 12 months?
 Yes
 No —→ *Go to Question 5*
 Not sure
2. Would you like to work **part-time** or **full-time**?
 Part-time (less than 30 hours a week)
 Full-time (30 hours or more a week)
 Not sure
3. Would you rather work **outside your home**, work **from your home**, or **work part-time in each place**?
 Work outside my home
 Work from my home
 Work part-time at home and part-time outside my home
 Not sure
4. If you could have your ideal job, what kind of work would you like to be doing?

VOCATIONAL REHABILITATION SERVICES

5. Have you **ever** received **vocational rehabilitation services** from **any** agency or program?
 Yes
 No —→ *Go to Question 7*

Please turn to reverse side →

6. Have you **ever participated in any** of the following **vocational rehabilitation services**? *Mark one response on each line.*

<i>Vocational Rehabilitation Services</i>		Yes	No	Don't Know
a.	Pre-job skills training, like getting to work on time, or following directions (Pre-employment Training).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Specific skills training, like word processing or automobile mechanics (Job Skill Training).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Work experience where pay is often by the piece, is usually below minimum wage and most other workers also have disabilities (Sheltered Work).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Temporary paid work in the community sponsored by an agency (Transitional Employment).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Paid work where a job coach or other support person works along side or visits regularly (Supported Employment).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Programs that provide help with resume preparation, job searching, and interview skills (Job-finding Skills).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUR EMPLOYMENT BEFORE SOCIAL SECURITY DISABILITY BENEFITS OR ADULT PUBLIC ASSISTANCE

Questions 7 - 14 ask about your employment *before* you started collecting Social Security benefits or Adult Public Assistance.

7. Were you employed or self-employed **at any time before** you started collecting Social Security benefits or Adult Public Assistance?
 No —→ **Go to Question 14**
 Yes

8. What category **best describes** the position you held at your **last job before** you became disabled? *Mark only one*
 Does not apply..... I did not work
 Executive, administrative, managerial..... includes executives, small business owners,
 Professional.....includes teachers, nurses, programmers, doctors
 Secretarial, clerical..... includes clerks, typists, bookkeepers, tellers
 Technical, paraprofessional..... includes drafters, teacher's aides, nurse's aides
 Skilled craft..... includes mechanics, carpenters, electricians
 Service, maintenance..... includes child care workers, truck drivers
 Other (please specify)..... _____

9. About how many hours a week did you work at your **last job** before you started collecting Social Security benefits or Adult Public Assistance? *Mark only one*
 Less than 20 hours per week (part-time)
 20 to 29 hours per week (half-time or more)
 30 or more hours per week (full-time)

10. What were your **average** monthly wages (**before** taxes are taken out) from your last job before you started collecting Social Security benefits or Adult Public Assistance? \$_____ per month

11. How would you rate your overall satisfaction with the conditions of your employment **before** you started collecting Social Security benefits or Adult Public Assistance? **Mark only one**
- Very satisfied
 - Somewhat satisfied
 - Neither satisfied nor dissatisfied
 - Somewhat dissatisfied
 - Very dissatisfied
12. How many years **total did you work before** you began collecting Social Security benefits or Adult Public Assistance? **Mark only one**
- None
 - Less than 1 year
 - 1 to 2 years
 - 2 to 6 years
 - 6 to 10 years
 - More than 10 years
13. How **many years has it been** since you **last worked for pay** at a job lasting 30 days or more? **Mark only one**
- Less than 1 year
 - 1 to 2 years
 - 2 to 6 years
 - 6 to 10 years
 - More than 10 years
 - I have never worked for pay
 - Not applicable, I am currently working
14. If you were **not employed before** you started collecting Social Security benefits or Adult Public Assistance, were you doing any of the following? **Mark all that apply**
- Not applicable, I was employed
 - Looking for work
 - Parenting
 - Going to school or participating in a training program
 - Doing volunteer or other unpaid work
 - None of the above
 - Other (please specify) _____

YOUR EMPLOYMENT AFTER SOCIAL SECURITY DISABILITY BENEFITS OR ADULT PUBLIC ASSISTANCE BEGAN

15. Are you **currently** self-employed?
- Yes
 - No
16. Are you **currently** employed?
- Yes
 - No —► **Go to Question 18**
17. What are your **average** monthly wages (**before** taxes are taken out) from your current job:
 \$_____ per month.

18. If you were **not employed after** you started collecting Social Security benefits or Adult Public Assistance, were you doing any of the following? *Mark all that apply*
- Not applicable, I was employed
 - Looking for work
 - Parenting
 - Going to school, in a training program, or in vocational rehabilitation
 - Doing volunteer or unpaid work
 - None of the above
 - Other (please specify) _____
19. Have you been employed or self-employed **for more than 30 days at the same job** since you began collecting Social Security benefits or Adult Public Assistance?
- Yes
 - No —► *Go to Question 24*

Thinking about your most recent paying job lasting 30 days or more...

20. How many years have you worked **at your most recent paying job** since you started collecting Social Security benefits or Adult Public Assistance? *Mark only one*
- Less than 1 year
 - 1 to 2 years
 - 2 to 6 years
 - 6 to 10 years
 - 10 years or more
 - I have not worked for pay
21. In general, how many hours a week did you work at your **most recent paying job** lasting 30 days or more? *Mark only one*
- Less than 20 hours a week (part-time)
 - 20 to 29 hours a week (half-time or more)
 - 30 or more hours a week (full-time)
 - I have not worked for pay
22. What category **best describes the position** you held at your **most recent paying job lasting 30 days or more**? *Mark only one*
- Does not applyI did not work
 - Executive, administrative, managerial..... includes executives, small business owners
 - Professional..... includes teachers, nurses, programmers, doctors
 - Secretarial, clerical.....includes clerks, typists, bookkeepers, tellers
 - Technical, paraprofessional..... includes drafters, teachers aides, nurses aides
 - Skilled craft..... includes mechanics, assemblers, carpenters,
 - Service, maintenance..... includes child care workers, truck drivers
 - Other (please specify)..... _____
23. Overall, how satisfied are you with your work experience in **your most recent job lasting 30 days or more**? *Mark only one*
- Very satisfied
 - Somewhat satisfied
 - Neither satisfied nor dissatisfied
 - Somewhat dissatisfied
 - Very dissatisfied

I have not worked for pay

GETTING AND STAYING AT A JOB SINCE YOU STARTED SOCIAL SECURITY DISABILITY BENEFITS OR ADULT PUBLIC ASSISTANCE

There are many factors that affect a person’s ability to get and stay at a job. We want to know about your experiences with the following supports and services.

- If you are **currently employed**, answer the questions about **your current job**.
- If you are **not currently employed**, answer the following questions about **your most recent job since you started collecting disability benefits**.
- If **never employed**, answer the following questions by what **you think would influence your work decisions**.

24. For the following statements, mark how important you think the supports or services are in influencing your decision to **get a job** and to **stay at a job**. *One response per line!*

How important is:	Very Important	Somewhat Important	Somewhat Unimportant	Not important at all	Does not apply
a. Support from family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Affordable housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Paid or unpaid personal care assistant services at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Paid personal care assistant services at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Reliable transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Affordable transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Accessible transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Vocational rehabilitation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Work accommodations based on your disability (<i>accessible work space, extra training or special equipment</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Affordable health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Job coach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Control over pace or scheduling of your work activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Ability to take time off for health-related reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Benefits such as life insurance, paid time off, and a retirement plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Supportive employer attitudes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Supportive co-worker attitudes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Affordable child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Benefits analysis and counseling by a trained benefits counselor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Assistive technology services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Support from a mental health provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Support from substance abuse treatment provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. For the following statements, **mark** whether you strongly agree, somewhat agree, somewhat disagree or strongly disagree. *Mark only one response in each line!*

	Statements	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
a.	I am limited in my ability to work because of my disability or health problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Working for pay will affect my ability to keep my Social Security benefits or Adult Public Assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Unless a job offers prescription coverage, I can't afford to take it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	It is difficult to get the vocational rehabilitation services I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	I can't get health insurance at a job because of my disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	I will not be eligible for Medicare or Medicaid if I return to work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	I don't have adequate skills or training to return to work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Unless a job offers mental health coverage, I can't afford to take it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	If I work for pay, it will be hard to earn enough money to make up for lost Social Security benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	It will be difficult to re-qualify for Social Security benefits or Adult Public Assistance in the future if I work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Would you like the ability to **set aside earnings** in an Independence Account (savings for a down payment on home and/or goods or services that enhance your independence and employment potential), a Retirement Account, or a Medical Savings Account?

- Yes
 No

27. Do you currently receive **Adult Public Assistance**?

- Yes
 No

28. If you currently receive Adult Public Assistance, would you **like the ability to save money** beyond the \$2,000 limit for an individual or \$3,000 for a couple even if it meant you would lose your Adult Public Assistance check?

- Yes
 No
 N/A

ABOUT YOU

29. What **year** were you born? _____

30. What is your **gender**?

- Female Male

31. How would you describe your **race**? *Mark only one*
- Alaskan Native or American Indian
 - Asian
 - Black or African-American
 - Native Hawaiian or Pacific Islander
 - White
 - Bi/multi-racial
 - Other (please specify) _____
32. How would you describe your **ethnicity**? *Mark only one*
- Hispanic or Latino
 - Not Hispanic or Latino
33. What is the **highest** grade or level of school you have completed? *Mark only one*
- Less than 7 years
 - 7 to 9 years
 - 10 to 12 years, without a diploma
 - High school diploma equivalent (GED)
 - High school diploma
 - Some college
 - Completed vocational / technical training or a two-year degree program
 - Completed a four - year college degree program
 - Graduate school
34. In general, would you say your **physical health** is:
- Excellent
 - Good
 - Fair
 - Poor
 - Very Poor
35. In general, would you say your **emotional health** is:
- Excellent
 - Good
 - Fair
 - Poor
 - Very Poor
36. During the **past 4 weeks**, how much energy did you have?
- Very much
 - Quite a lot
 - Some
 - A little
 - None
37. During the **past 4 weeks**, how much did your physical health or emotional problems limit your usual social activities with family and friends?
- Not at all
 - Very little

- Somewhat
- Quite a lot
- Could not do social activities

38. Which best describes how your **primary** disability occurred? *Mark only one*

- At birth
- Suddenly
- Developed gradually
- Due to an accident
- Not sure

39. What do you consider to be your **PRIMARY** disability? *Mark only one*

<input type="checkbox"/> Amputation	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Anxiety Disorder	<input type="checkbox"/> HIV / AIDS
<input type="checkbox"/> Arthritis or other inflammatory disease	<input type="checkbox"/> Learning disability
<input type="checkbox"/> Bad back	<input type="checkbox"/> Manic Disorder
<input type="checkbox"/> Bipolar Disorder	<input type="checkbox"/> Mental retardation or other developmental disability (MR/DD)
<input type="checkbox"/> Blind or other vision impairment	<input type="checkbox"/> Muscular Dystrophy
<input type="checkbox"/> Cancer	<input type="checkbox"/> Neurological Disorder (Multiple Sclerosis, Parkinson's, seizures, stroke, ALS)
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Obsessive - Compulsive Disorder (OCD)
<input type="checkbox"/> Chronic Fatigue Syndrome (CFS)	<input type="checkbox"/> Post-Polio Syndrome
<input type="checkbox"/> Depression	<input type="checkbox"/> Renal / kidney disease
<input type="checkbox"/> Deaf or other hearing impairment	<input type="checkbox"/> Respiratory disease (asthma, Cystic Fibrosis)
<input type="checkbox"/> Diabetes or other endocrine disorders	<input type="checkbox"/> Schizoaffective Disorder
<input type="checkbox"/> Digestive system disorders	<input type="checkbox"/> Schizophrenia
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Sickle-Cell Anemia
<input type="checkbox"/> Fetal Alcohol Syndrome (FAS)	<input type="checkbox"/> Spinal cord injury
<input type="checkbox"/> Fibromyalgia	<input type="checkbox"/> Substance abuse (alcohol, drugs)
<input type="checkbox"/> Heart disease	<input type="checkbox"/> Traumatic Brain Injury (TBI)

Other psychiatric disability (please specify)

Other physical disability (please specify)

40. In addition **to your primary disability**, have you been diagnosed with or experienced **any other** medical conditions, impairments, or disabilities? (Please specify)

41. What is your **marital status**? *Mark only one*

- Married
- Living with domestic partner or significant other
- Never married
- Divorced

- Widowed
- Separated

42. Do you have children who **live** with you?

- Yes
- No —→ **Go to Question 44**

43. Do any of the children **living with you** have a disability?

- Yes
- No

44. If someone helped you complete this survey, **who was that person?** *Mark only one*

- Spouse or partner
- Family member
- Friend or neighbor
- Personal assistant
- Case manager, care coordinator, or mental health worker
- Other (please specify) _____
- No one helped me complete this survey

45. What is your **zip code**? _____

46. Would you like a **copy** of the survey findings?

- No
- Yes (Please provide your name and complete address below)

47. Is there **anything** else you would like to tell us?

Please return surveys to: Center for Human Development, Attn: April Warwick, 2210 Arca Drive, Anchorage, AK 99508.

Thank You for Your Time!
Oregon Health Policy Institute