

Disability and Employment Questionnaire October 2004

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Please read and respond to each question. If you have any questions or need assistance, please ask a member of our research team. We are here to help.

Remember you have the right to skip any questions or stop taking the questionnaire at any time without any consequences.

Remember your name will not appear on this questionnaire and the responses you provide will remain confidential.

The following questions are about your background.

1. What is your age? _____

2. Are you... (check one)? _____ Male
_____ Female

3. Are you... (check one)? _____ Caucasian/White
_____ African-American/Black
_____ Latino/Hispanic
_____ Asian
_____ Native Hawaiian/Pacific Islander
_____ Native American/American Indian
_____ Multi/Biracial...please describe _____
_____ Other...please describe _____

4. Were you born in the United States? ____ Yes ____ No (If YES, go to question 5)

If NO, what country were you born in? _____

How long have you lived in the United States? _____

5. Are you... (check one)? _____ Married/Partnered
_____ Single
_____ Divorced
_____ Separated
_____ Widowed
_____ Other...please describe _____

6. Who do you live with (check all that apply)?

_____ On my own	_____ In a nursing home or residential center
_____ With my spouse/partner	_____ Other...please describe
_____ With my children	_____
_____ With friends or roommates	
_____ With a personal assistant	
_____ With family members (for example, mother, aunt)	

7. How many children do you have? _____ (If you have no children, go to question 8)

How many of your children live with you? _____

8. What is the highest grade in school or college that you completed? _____

9. What is the highest degree that you have received (check one)?

- _____ I do not have a diploma, certificate, or degree
_____ High School Diploma/GED
_____ Certificate from a training program
(for example, culinary, cosmetology, computer)
_____ Associates Degree
_____ Bachelors Degree
_____ Masters Degree
_____ Doctorate Degree
_____ Other...please describe _____

10. Did you receive special education classes/services while in school? ____ Yes ____ No

11. Did you receive transitions services from your high school? ____ Yes ____ No

12. What is your disability? _____

13. At what age, did you become disabled? _____

14. Have you ever worked for money? ____ Yes ____ No (If NO, go to question 16)

15. For the last three jobs you have held, provide the following information (starting with your most recent job):

What was your title or responsibilities?	How long were you employed at this job?	How did you find out about this job?	Why did you leave this job?
1.	Was this work: Part time <input type="checkbox"/> Full time <input type="checkbox"/>		
2.	Was this work: Part time <input type="checkbox"/> Full time <input type="checkbox"/>		
3.	Was this work: Part time <input type="checkbox"/> Full time <input type="checkbox"/>		

16. Right now, are you...(check one)?

- ☐ employed full-time
- ☐ employed part-time
- ☐ unemployed
- ☐ in school
- ☐ in a job training program

17. If you are unemployed, have you been looking for work?

☐ Yes ☐ No (If No, go to question 18)

If you are looking for work, how long have you been looking? _____

18. How do you support yourself financially? What are your main sources of income (check all that apply)?

- ☐ I have a job
- ☐ I receive SSI (Supplemental Security Income)
- ☐ I receive SSDI (Social Security Disability Insurance)
- ☐ I receive TANF (Temporary Assistance for Needy Families)
- ☐ My family provides financial support
- ☐ Other...please describe _____

19. About how much money do you earn per month from work? _____

20. About how much money do you receive per month from government assistance programs? _____

21. Which forms of transportation do you use the most when working or looking for work (check all that apply)?

- ☐ I have my own car
- ☐ I get transportation from members of my family
- ☐ I get transportation from my friends
- ☐ I rely on CTA buses and trains
- ☐ I rely on RTA (Paratransit) buses
- ☐ I rely on taxis
- ☐ Other...please describe _____

The following questions are about your experiences with employment. For each question, indicate your level of personal concern by circling only one of the numbers. There are no right or wrong answers.

I am <u>never</u> concerned 0	I am <u>sometimes</u> concerned 1	I am <u>often</u> concerned 2	I am <u>always</u> concerned 3
1. How concerned are you about knowing where to look for work (for example, looking in newspapers, calling employment agencies, attending job fairs)?			
0	1	2	3
2. How concerned are you about completing job applications?			
0	1	2	3
3. How concerned are you about your performance during job interviews?			
0	1	2	3
4. How concerned are you about your level of education when you are looking for work?			
0	1	2	3
5. How concerned are you about your age when you are looking for work?			
0	1	2	3
6. How concerned are you about your lack of job experiences when you are looking for work?			
0	1	2	3
7. How concerned are you about your job skills (for example, computer skills, typing skills) when you are looking for work?			
0	1	2	3

I am <u>never</u> concerned 0	I am <u>sometimes</u> concerned 1	I am <u>often</u> concerned 2	I am <u>always</u> concerned 3
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8. How concerned are you about knowing how to use the internet when looking for jobs?

0 1 2 3

9. How concerned are you about knowing how to use the internet when applying for jobs?

0 1 2 3

10. How concerned are you about your disability affecting your performance at work?

0 1 2 3

11. How concerned are you about the physical accessibility of your home impacting your
ability to look for work? ability to get to work?

0 1 2 3 0 1 2 3

IF THIS QUESTION DOES NOT APPLY TO YOU, CHECK THIS BOX ☐

12. How concerned are you about the job site being physically accessible when you are
looking for work? working?

0 1 2 3 0 1 2 3

IF THIS QUESTION DOES NOT APPLY TO YOU, CHECK THIS BOX ☐

13. How concerned are you about the availability of sign language interpreters when you are

looking for work? working?

0 1 2 3 0 1 2 3

IF THIS QUESTION DOES NOT APPLY TO YOU, CHECK THIS BOX ☐

I am <u>never</u> concerned 0	I am <u>sometimes</u> concerned 1	I am <u>often</u> concerned 2	I am <u>always</u> concerned 3
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14. How concerned are you about written materials being available in alternate format (for example, Braille, large print) when you are

<u>looking for work?</u>	<u>working?</u>
0 1 2 3	0 1 2 3

IF THIS QUESTION DOES NOT APPLY TO YOU, CHECK THIS BOX ☐

15. How concerned are you about assistive technology/devices (for example, computer, TTY, Braille reader) when you are

<u>looking for work?</u>	<u>working?</u>
0 1 2 3	0 1 2 3

IF THIS QUESTION DOES NOT APPLY TO YOU, CHECK THIS BOX ☐

16. How concerned are you about asking for a reasonable accommodation (for example, a job coach, flexible time, work from home) when you are

<u>looking for work?</u>	<u>working?</u>
0 1 2 3	0 1 2 3

17. How concerned are you about having a personal assistant when you are

<u>looking for work?</u>	<u>working?</u>
0 1 2 3	0 1 2 3

IF THIS QUESTION DOES NOT APPLY TO YOU, CHECK THIS BOX ☐

18. How concerned are you about transportation when you are

<u>looking for work?</u>	<u>working?</u>
0 1 2 3	0 1 2 3

19. How concerned are you about childcare when you are

<u>looking for work?</u>	<u>working?</u>
0 1 2 3	0 1 2 3

IF THIS QUESTION DOES NOT APPLY TO YOU, CHECK THIS BOX ☐

I am <u>never</u> concerned 0	I am <u>sometimes</u> concerned 1	I am <u>often</u> concerned 2	I am <u>always</u> concerned 3
-------------------------------------	---	-------------------------------------	--------------------------------------

27. How concerned are your family members about you losing medical benefits when you are

<u>looking for work?</u>				<u>working?</u>			
0	1	2	3	0	1	2	3

IF THIS QUESTION DOES NOT APPLY TO YOU, CHECK THIS BOX ☐

28. How concerned are you about reductions or loss of your cash benefits (for example, SSI, SSDI, or TANF) when you are

<u>looking for work?</u>				<u>working?</u>			
0	1	2	3	0	1	2	3

IF THIS QUESTION DOES NOT APPLY TO YOU, CHECK THIS BOX ☐

29. How concerned are your family members about reductions or loss of your cash benefits (for example, SSI, SSDI, or TANF) when you are

<u>looking for work?</u>				<u>working?</u>			
0	1	2	3	0	1	2	3

IF THIS QUESTION DOES NOT APPLY TO YOU, CHECK THIS BOX ☐

30. How concerned are you about the current economy when you are looking for work?

0	1	2	3
---	---	---	---

31. How concerned are you about the amount of emotional support you get from your family when you are

<u>looking for work?</u>				<u>working?</u>			
0	1	2	3	0	1	2	3

IF THIS QUESTION DOES NOT APPLY TO YOU, CHECK THIS BOX ☐

32. How concerned are you about your level of personal motivation when you are looking for work?

0	1	2	3
---	---	---	---

The following questions are about programs that you may have used to help prepare you for work or help you find work.

1. Have you ever used services from an agency or organization to help you prepare for work or help you find work (for example, ORS, DORS, Calor, El Valor, Lighthouse, Jewish Vocational Services)?

_____ **No** (If NO, go to item 1 on page 16)

_____ **Yes** (If YES, list the agencies or organizations that have helped you to prepare for work or helped you find work and go to page 12)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

What types of services have you received from employment organizations or agencies (such as ORS, DORS, Calor, Valor, Lighthouse, Jewish Vocational Services)? Check all that apply to you.

- For the services that you checked above, list any positive experiences that you had (for example, getting a job, having your home modified, getting hand controls).**

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

**Please indicate your response by circling one of the numbers.
Remember, there are no right or wrong answers, and the information
that you provide will remain confidential.**

<u>Never a</u> problem 0	<u>Sometimes</u> a problem 1	<u>Often a</u> problem 2	<u>Always a</u> problem 3
--------------------------------	------------------------------------	--------------------------------	---------------------------------

1. To what extent have you had problems scheduling appointments with your employment (or VR) counselor.

0	1	2	3
---	---	---	---
2. To what extent have you had problems making it to your appointments with your employment (or VR) counselor.

0	1	2	3
---	---	---	---
3. To what extent have you had problems with transportation when you were scheduled to see your employment (or VR) counselor.

0	1	2	3
---	---	---	---
4. To what extent have you had problems returning telephone calls to your employment (or VR) counselor.

0	1	2	3
---	---	---	---
5. To what extent have you had problems following through with tasks that were discussed with your employment (or VR) counselor (for example, calling an employer, completing a job application, searching the internet for jobs).

0	1	2	3
---	---	---	---
6. To what extent have you had problems with employment (or VR) counselors who are uninformed or lack knowledge about services.

0	1	2	3
---	---	---	---

<u>Never a</u> problem 0	<u>Sometimes</u> a problem 1	<u>Often a</u> problem 2	<u>Always a</u> problem 3
7. To what extent have you had problems with being assigned too many employment (or VR) counselors.			
0	1	2	3
8. To what extent have you had problems with employment (or VR) counselors who do not return your telephone calls.			
0	1	2	3
9. To what extent have you had problems with employment (or VR) counselors who do not understand your disability.			
0	1	2	3
10. To what extent has it been a problem to have employment (or VR) counselors who are not disabled.			
0	1	2	3
11. To what extent have you had problems with employment (or VR) counselors who do not speak your language.			
0	1	2	3
12. To what extent has it been a problem to have employment (or VR) counselors who are not of your racial/ethnic background.			
0	1	2	3
13. To what extent have you had problems with employment (or VR) counselors who do not follow through with goals that were discussed.			
0	1	2	3

<u>Never a problem</u> 0	<u>Sometimes a problem</u> 1	<u>Often a problem</u> 2	<u>Always a problem</u> 3
14. To what extent have you had problems with employment (or VR) counselors who have work goals that are different from your work goals.			
0	1	2	3
15. To what extent have you had problems with being placed in jobs that do not pay well. IF THIS QUESTION DOES NOT APPLY TO YOU, CHECK THIS BOX <input type="checkbox"/>			
0	1	2	3
16. To what extent have you had problems with being placed in jobs that are short-term (or temporary). IF THIS QUESTION DOES NOT APPLY TO YOU, CHECK THIS BOX <input type="checkbox"/>			
0	1	2	3
17. To what extent have you had problems with being placed in jobs that are below your skills and abilities. IF THIS QUESTION DOES NOT APPLY TO YOU, CHECK THIS BOX <input type="checkbox"/>			
0	1	2	3
18. To what extent have you had problems with being placed in jobs that are above your skills and abilities. IF THIS QUESTION DOES NOT APPLY TO YOU, CHECK THIS BOX <input type="checkbox"/>			
0	1	2	3

The following questions are about your experiences with the Ticket to Work program.

1. Have you ever received a SSI or SSDI check on a monthly basis?

_____ Yes
_____ No

2. Have you received a ticket from the Ticket to Work Program?

_____ Yes

Below is a picture of the ticket:

_____ No

Social Security Administration

Ticket to Work and Self-Sufficiency

_____ Ticket Number

_____ Claim Account Number

_____ Issue Date:

Form SSA-1359 (2-2002)

SOCIAL SECURITY ADMINISTRATION

This ticket is issued to you by the Social Security Administration under the Ticket to Work and Self-Sufficiency Program. If you want help in returning to work or going to work for the first time, you may offer this ticket to an Employment Network of your choosing or take it to your State vocational rehabilitation agency for services. If you choose an Employment Network and it agrees to take your ticket, or if you choose your State agency and you qualify for services, these providers can offer you services to help you go to work.

An Employment Network provides the services at no cost to you. The Social Security Administration will pay the Employment Network if you assign your ticket to it, and the Employment Network helps you go to work and complies with other requirements of the Program. An Employment Network serving under the Program has agreed to abide by the rules and regulations of the Program under the terms of its agreement with the Social Security Administration for providing services under the Program. Your State agency can tell you about its rules for getting services.

Commissioner of Social Security

If you answered yes to this question, please continue answering the remaining questions.

If you answered no to this question, please turn to page 19 and read our thank you note.

3. Did you read the materials that came with the ticket from the Ticket to Work program?

_____ Yes
_____ No

4. How well did you understand the materials that came with the ticket from the Ticket to Work program?

I did not
understand them

0

I understood
them a little

1

I understood
most of them

2

I understood
all of them

3

5. If you speak mostly Spanish, were the materials that came with the ticket from the Ticket to Work program available in Spanish?

IF THIS QUESTION DOES NOT APPLY TO YOU, CHECK THIS BOX ☐

_____ Yes
_____ No

6. Did you call the telephone number that came with the ticket from the Ticket to Work program? Dialing this telephone number would have connected you to Maximus.

_____ Yes
_____ No

If yes, what happened next?

7. Did you receive information about Employment Networks (ENs)?

_____ Yes
_____ No

8. Did you call an Employment Network (EN)?

_____ Yes
_____ No

9. Did you develop a work plan with an Employment Network (EN)?

_____ Yes
_____ No

10. Were you placed in a job by an Employment Network (EN)?

_____ Yes
_____ No

11. Did you talk with a Benefits Planner (a person who reviewed your benefits if you were to use the ticket)?

_____ Yes
_____ No

12. How satisfied were (are) you with the Ticket to Work program? Circle one.

I am not
satisfied

1

I am a little
satisfied

2

I am
satisfied

3

I am very
satisfied

4

13. How satisfied were (are) you with the Employment Networks (EN)? Circle one.

IF THIS QUESTION DOES NOT APPLY TO YOU, CHECK THIS BOX ☐

I am not
satisfied

1

I am a little
satisfied

2

I am
satisfied

3

I am very
satisfied

4

14. In your own words, please describe how the Ticket to Work program works.

THANK YOU!

Thank you for taking the time to complete this questionnaire. Your responses will be combined with the responses of others, and we hope to use this information to improve employment services for people with disabilities.