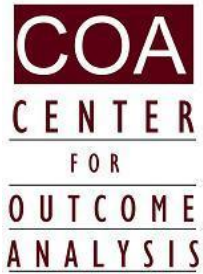


Employment and Day Activity Outcomes: THEN and NOW Survey



Center for Outcome Analysis

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INFORMATION ABOUT YOU (THE FOCUS PERSON)

1. _____ 2. _____ 3. _____
First Name M.I. Last Name

4. **Identification** number _____

5. **Helper:** If you (the focus person) are getting help to answer these questions, who is helping?
(Not the helper's name, just the relationship. Such as: Case Manager, Support Coordinator, Direct Support Worker, Job Coach, Brother, Sister, Father, Mother, friend, colleague)

6. **Interviewer Name and Title**

_____ Name _____ Title

7. **DATE** of this interview: ____ / ____ / _____

8. **DATE OF BIRTH** (the focus person's date of birth)

____ / ____ / ____
Month Day Year

9. **AGE** (the focus person's age)

10. **SEX**

1 Male

_____ 2 Female

11. ETHNIC IDENTIFICATION

Check All That Apply	
	1 White or Caucasian
	2 Black or African-American
	3 American Indian or Alaska Native
	4 Asian
	5 Native Hawaiian or Other Pacific Islander
	6 Hispanic or Latino
	7 Other
	99 Refused, left blank

12. PRIMARY ETHNIC IDENTIFICATION

Check ONE Primary	
	1 White or Caucasian
	2 Black or African-American
	3 American Indian or Alaska Native
	4 Asian
	5 Native Hawaiian or Other Pacific Islander
	6 Hispanic or Latino
	7 Other
	99 Refused, left blank

13. MARITAL STATUS

- _____ 1 Never married
- _____ 2 Married now
- _____ 3 Married in past, single now
- _____ 99 Refused, Don't know

14. PARENTAL STATUS

- _____ 7a. Number of children
- _____ 7b. Number of dependent children

15. LEGAL STATUS

- _____ 1 No guardian or conservator or legal representative
- _____ 2 Guardian or legal representative
- _____ 3 Power of attorney granted to another
- _____ 99 Don't Know

16. DISABILITIES AND PERCEIVED SIGNIFICANCE

1 = Major disability 2 = Some disability 3 = No disability

Note: Please allow the person and the person’s assistants to define what “some” and “major” mean

	Description	Major Disability 1	“Some” Disability 2	No Disability 3	D/K 99
1	Ambulation (Walking)	1	2	3	99
2	Autism	1	2	3	99
3	Behavior: Aggressive or Destructive	1	2	3	99
4	Behavior: Self-Abusive	1	2	3	99
5	Brain Injury	1	2	3	99
6	Cerebral Palsy	1	2	3	99
7	Communication	1	2	3	99
8	Dementia (Including Alzheimer's Disease)	1	2	3	99
9	Health Problems (Major)	1	2	3	99
10	Hearing	1	2	3	99
11	Intellectual Disability (Intentionally redundant with Item8)	1	2	3	99
12	Mental Illness	1	2	3	99
13	Physical Disability Other Than Ambulation	1	2	3	99
14	Seizures	1	2	3	99
15	Substance Abuse	1	2	3	99
16	Swallowing: Inability to swallow independently	1	2	3	99
17	Vision	1	2	3	99
18	Other (s) _____	1	2	3	99

17. Communication – Your (the focus person’s) ability to communicate with a person you just met:

- 0 No verbal or nonverbal communication that a stranger could understand
- 1 Very limited – nonverbal only
- 2 Limited – mixture of nonverbal and some short verbal
- _____ 3 Moderate – some sentences
- 4 Good – can communicate with new people pretty well with effort
- 5 Very Good – good communication with occasional difficulty, repeating
- 6 Excellent – no difficulty communication with new people fully

**18. About how many years ago did you leave the sheltered work setting?
(Use locally preferred terms, like workshop, work center, or 14C setting)**

_____ Year

19. About how many years did you work for pay in a sheltered work setting?

_____ Years

20. Did you have any paid work before that sheltered workshop?

- _____ 1 Yes, more than one job before the workshop
- _____ 2 Yes, one job before the workshop
- _____ 3 No (Skip to question 22)

21 What kind(s) of paid work before that sheltered setting?

- _____ 1 All part time
- _____ 2 Some part time some full time
- _____ 3 All full time

22. Wage Level(s) before that sheltered setting

- _____ 1 All less than minimum wage
- _____ 2 Mixed
- _____ 3 All at minimum wage or more

23. About how many years of work before that sheltered setting?

_____ Years

24. Living Situation Now

- _____ 1 With parents or other relatives
- _____ 2 Independent (my own place)
- _____ 3 Group home
- _____ 4 Life sharing / supported living / adult foster home
- _____ 5 Other

25. How many people live in your home?

_____ number of people total including you

26. Relatives – do you have parents or other relatives involved in your life?

- _____ 1 No
- _____ 2 A little
- _____ 3 Some
- _____ 4 A lot
- _____ 5 Very much (once a week or more by phone or in person)

Time, Money, & Integration – THEN & NOW

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- **THEN** means just before leaving the sheltered work setting. (No matter when that was.)
 - A sheltered work setting means a place in which people could earn less than minimum wage.
 - This is sometimes called a “14C” program.
- **NOW** means last week. (Or a recent “typical week” if last week was unusual.)

HOURS: Estimate how many hours per week are or were worked, on average, in each kind of work setting

EARNINGS: Estimate how much money per week you (the focus person) earned or earns from each kind of activity on average

INTEGRATION: Write the number for HOW INTEGRATED you were (or the focus person was) THEN and NOW. Integration means being in the presence of people without disabilities OTHER THAN STAFF/PAID WORKERS:

Completely segregated	Never in the presence of people without disabilities OTHER THAN STAFF	1
Mostly segregated	Some or a little of the time in the presence of people without disabilities	2
In between	Between 2 and 4	3
Mostly integrated	Often in situation where people without disabilities are, or might be, present	4
Completely integrated	Nearly always in a situation where people without disabilities might be present	5

Type of Day Activity	# Hours Work Per Week THEN	# Hours Work Per Week NOW	\$ Earned Per Week THEN	\$ Earned Per Week NOW	Integration THEN	Integration NOW
1 Self-Employed: Has His/Her Own Business						
2 Regular Job (Competitive Employment)						
3 Supported Employment (Community job with help)						
4 Enclave or Work Crew Employment						
5 Sheltered Employment or Workshop Employment						
6 Pre-Vocational Program or Vocational Rehabilitation Program						
7 Day Habilitation Program (Adult Day Program, Non-Vocational Day Program)						
8 Community Experience – also called Options or Option Quest – daily activities going to community places						
9 Physical activities – walking, hiking, gym, sports						
10 Volunteer work (for town or church or organization)						
11 Senior Citizen Program						
12 Partial Hospitalization Program - Mental Health Oriented						
13 School – public or private						
14 Adult Education - GED, Adult Ed, Trade School, etc.						
15 Other _____						
TOTAL HOURS			xxx	xxx	xxx	Xxx

Qualities of Work Life “THEN and NOW” Scale

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This scale should be completed via interview with the person directly. If the person needs or wants assistance from a friend, relative, or ally, that is fine.

Ask the person and/or the person’s chosen ally to say what work life was like in each area. First ask about life back “THEN” when the person was in a sheltered work setting. Next, ask about “NOW.” (If it works better to alternate THEN and NOW with this particular person, that is fine.)

Use the “Two Either-Or Questions” approach. Ask if each work area was “good or bad” THEN and NOW. Example: “Before you decided to train with the Employment Initiative, how was your stress, good or bad”? If the answer is “so-so,” “in between,” or something similar, probe and make sure that the best answer is 3, “In Between.” If the answer is either Bad or Good, follow up with a second Either-Or question, like, “Would you say Bad or Very Bad?” Please do reword, rephrase any item to make sure the person’s comprehension is good.

For Each Statement: Bad, Good, or In Between?

1	2	3	4	5	9
Very Bad	Bad	In Between	Good	Very Good	Don’t Know, N/A

	THEN	NOW
1. Ability to get help in my work when I need it		
2. Being good at my work		
3. Being proud of what I do		
4. Boredom (lots of boredom is bad=low score)		
5. Fear of losing my health care and benefits (Lot of fear=low score)		
6. Getting to and from work		
7. Happiness about work		
8. I like what I do during the day		
9. Loneliness during work (lonely = low score)		
10. Looking forward to work		
11. Making enough money		
12. Making my own choices about work		
13. Relationships with customers/co-workers		
14. Relationships with my family		
15. Relationships with my friends		
16. Wearing what I want to work		
17. Working the amount that I want to		
18. Physical or medical accommodations (accessibility) where I work		
19. Feeling safe at work (including any kind of abuse or mistreatment)		
20. Ability to act appropriately at the job / day activity		
21. Fear of being treated badly during the day by peers		
22. Fear of being treated badly during the day by boss, employers, or staff		
23. Fear for safety going to and from day activity		

Interview Method

1. About how much of this interview was answered directly by the person without assistance?

(Begin with “less than half or more than half” and follow up with “

- 0 None
- 1 Less than half
- _____ 2 About half
- 3 More than half
- 4 All or nearly all

2. About how much of this interview was answered directly by the person with assistance?

- 0 None
- 1 Less than half
- _____ 2 About half
- 3 More than half
- 4 All or nearly all