



**Keeping People with Disabilities in the Workforce: Negotiating Work, Life and Disability –
Field Initiated Research Project**

**Survey Instrument:
Work-life Balance for People with Disabilities or Chronic Health
Conditions**

OVERVIEW

For everyone, whether a person with a disability or not, it is essential to find the proper balance between work and other life domains, such as family, leisure, and self-care. This study is one of the first to specifically investigate the work/life experiences and strategies of competitively employed individuals with disabilities. Findings from this project may aid understanding of the factors that contribute to individuals with disabilities finding satisfying, sustainable employment and to having longer, more productive careers.

The Work-Life Balance study is providing new knowledge about how people with disabilities effectively manage work-life negotiations, what employer policies and practices contribute to positive balance for these workers, and best practices employers and disability service providers can engage in to help individuals with disabilities to find and retain employment.

This project is funded by the National Institute on Disability, Independent Living, and Rehabilitation Research), a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS), under Grant # 90IF0051-01-00.

The survey was administered in May and June of 2014.

Work-life Balance for People with Disabilities or Chronic Health Conditions

Introduction

The Employment & Disability Institute at Cornell University invites you to participate in a survey

This survey deals with important issues regarding balancing work and life with disabilities or chronic health conditions.

The survey asks about several factors that affect work-life balance and this research will provide a foundation for understanding:

- The work and life stressors faced by individuals with disabilities and/or chronic health conditions.
- The ways that individuals with disabilities and/or chronic health conditions balance work and other life demands.
- The workplace policies and practices that may better support individuals with disabilities and/or chronic health conditions in the workplace.

By completing this survey you are agreeing to participate in the research. The survey should take approximately 15-20 minutes to complete. You are not likely to have any direct benefit from being in this research study, other than, perhaps an increased awareness of how you manage work-life demands. Your participation is voluntary and there is no penalty if you choose not to participate. Some of the questions in this survey are about sensitive issues (such as harassment) or may cover topics you would not want your employer to know about (such as job satisfaction). Your responses to all questions will be kept strictly confidential, and digital data will be stored in secure computer files. Reports based on this survey will not include any individually identifiable information. We anticipate that participation in this survey presents no greater risk than everyday use of the internet, however electronic communications are not necessarily secure and could be viewed by a third party.

Thank you in advance for sharing your time and experiences with us. If you would prefer to take this survey by phone, please call: 866 606 5595.

Note: The main researcher conducting this study is LaWanda Cook, Ph.D. at Cornell University. If you have any questions, you may contact her at (NUMBER). If you have any questions or concerns regarding your rights as a subject in this study, you may contact the Cornell University Institutional Review Board (IRB) for Human Participants at 607-255-5138 or access their website at <http://www.irb.cornell.edu>. You may also report your concerns or complaints anonymously through Ethicspoint online at www.hotline.cornell.edu or by calling toll free at 1-866-293-3077. Ethicspoint is an independent organization that serves as a liaison between the University and the person bringing the complaint so that anonymity can be ensured. This research is funded by the U.S. Department of Education National Institute on Disability and Rehabilitation Research (grant #H133G130136).

This survey focuses on understanding the experiences of individuals with disabilities and/or chronic health conditions who are employed.

For this survey, a "person with a disability and/or chronic health condition" includes, but is not limited to, individuals with a physical or cognitive impairment, mental health condition, chronic health condition (such as heart disease or diabetes), or a vision or hearing impairment.

Do you have a disability and/or chronic health condition, as defined above?

- Yes
- No

For this survey, "employment" refers to paid work arrangements, including permanent and temporary positions in public or private organizations, or self-employment. It does not include work in places like sheltered workshops.

Are you currently employed?

- Yes
- No

Have you been employed within the last 6 months

- Yes
- No

(If respondent is not currently employed but has been employed in the last 6 months, skip to section 2. If respondent has not been employed in last 6 months, skip to end of survey)

Section 1 (Currently Employed)

Workplace Benefits, Policies, and Programs

Please indicate whether the following workplace benefits or programs are AVAILABLE TO YOU and whether YOU HAVE USED them.

If you have more than one job, please answer the question focusing on the job where you work the most hours per week.

	This benefit is AVAILABLE to me at my current job			I have USED THIS BENEFIT in my current job	
	Yes	No	Not sure	Yes	No
Health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retirement benefits (e.g., pension plans, 401k or 403b programs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid vacation and/or sick leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare and/or eldercare/caregiver programs (e.g., on-site care, subsidies or grants)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wellness programs (e.g., fitness, Employee Assistance Programs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alternative work arrangements (e.g., work from home, flextime, part-time work arrangements, job sharing or compressed work week)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Whether available to you or not, what WORKPLACE BENEFIT, POLICY OR PROGRAM is or would be MOST HELPFUL FOR YOU in balancing your work and personal life? Why?

Thinking of using work-life benefits, policies, or programs to what extent do you AGREE or DISAGREE with the following statements? (e.g., flexible scheduling, wellness programs, vacation time, etc.)

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
In my organization, employees who use work-life programs are viewed as less serious about work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable using work-life programs at my organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with my organization's work-life benefits, policies and/or programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Workplace Experiences

Thinking of your current job/employer, to what extent do you AGREE or DISAGREE with the following statements?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I am satisfied with what I am getting paid for my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that my job is secure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have good friends at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel appreciated at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job allows me to realize my full potential.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have enough time away from work to take care of my personal and family needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have what I need at work to get my job done effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees in my organization are valued for who they are as people, not just for the jobs that they fill.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My organization has a culture in which employees appreciate the differences that people bring to the workplace.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

On the whole, how satisfied are you with your current job?

- 1 Extremely Dissatisfied
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Extremely Satisfied

To what extent do you AGREE or DISAGREE with the following statements?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I am quite proud to tell people where I work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel a strong sense of belonging to my organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will probably look for a new job in the next year.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often think about quitting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about your relationship with YOUR IMMEDIATE SUPERVISOR, to what extent do you agree or disagree with the following statements?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
My supervisor understands my issues and needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My supervisor recognizes my potential.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have confidence in my supervisor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Workplace Harassment and Discrimination

Some workplaces have issues with harassment and/or discrimination, and this can affect how people feel at work. Harassment refers to ongoing unwanted actions by one person toward another, such as threats or demands. Discrimination refers to the unjust or prejudicial treatment of individuals on the basis race, sex, age, disability or other personal characteristics. In your current workplace have YOU been subjected to harassment and/or discrimination at your workplace during the last 12 months.

- Yes
- No

Please describe your experiences with harassment and/or discrimination at your current workplace.

In your current workplace have you seen OTHERS being subjected to harassment and/or discrimination at your workplace during the last 12 months.

- Yes
- No

Please describe your experience of seeing OTHERS being subjected to harassment and/or discrimination at your current workplace.

Balancing the Demands of Work and Life

The next set of questions are about your personal experiences in managing the demands of work and your personal life, including your disability and/or chronic health condition.

How often is this true for you. . .

	Never	Rarely	Sometimes	Often	Always
Worries about your job distract you when you are at home.	<input type="radio"/>				
Personal or family issues distract you when you are at work.	<input type="radio"/>				
The support and respect you get in your personal life make you feel confident about yourself at work.	<input type="radio"/>				
Respect and support from work makes you feel confident in your personal life.	<input type="radio"/>				

How often are you concerned about . . .

	Never	Rarely	Sometimes	Often	Always
Balancing your health, work, and personal life.	<input type="radio"/>				
The impact of your disability and/or chronic health condition on your ability to remain employed.	<input type="radio"/>				
Meeting the demands of your job given your disability and/or chronic health condition.	<input type="radio"/>				
Telling people you work with about your disability and/or chronic health condition.	<input type="radio"/>				

To what extent do you agree or disagree with the following statements?

When I need support, I can rely on...

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
My immediate supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My coworkers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My spouse/partner, friends and relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

“Work-life balance” is about managing work, relationships with family/friends, taking care of yourself, and spending time on leisure and personal interests. Everyone has different work and non-work activities that are important to them, and people use different strategies to try to find the right balance for themselves.

In your life, what personal and work activities are important to you?

How do you manage these activities so you have a sense of “balance” between work and other things that are important to you?

Thinking of work in general, to what extent do you AGREE or DISAGREE with the following statements?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Even if I did not need the money, I would continue to work somewhere.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working is an important part of who I am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

About You

What type of disability and/or chronic health conditions do you have?

	Yes	No
Are you deaf or do you have serious difficulty hearing?	<input type="radio"/>	<input type="radio"/>
Are you blind or do you have serious difficulty seeing even when wearing glasses?	<input type="radio"/>	<input type="radio"/>
Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?	<input type="radio"/>	<input type="radio"/>
Do you have serious difficulty walking or climbing stairs?	<input type="radio"/>	<input type="radio"/>
Do you have difficulty dressing or bathing?	<input type="radio"/>	<input type="radio"/>
Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	<input type="radio"/>	<input type="radio"/>
Do you have a mental health or emotional condition? (e.g., depression, anxiety disorder, bi-polar disorder/manic depression, alcohol problem, post-traumatic stress disorder, etc.)	<input type="radio"/>	<input type="radio"/>
Do you have any other disability, impairment or serious health condition not captured by the questions above? (e.g. heart condition, lung or respiratory condition, diabetes, cancer, high blood pressure, stomach/digestive problems, kidney problems, thyroid problems, etc.) Please specify your condition:	<input type="radio"/>	<input type="radio"/>

Disclosing a disability and/or chronic health condition is a personal choice, and individuals have a variety of reasons for telling or not telling others.

How apparent or visible are your disabilities and/or chronic health conditions to others?

(If you have more than one disability and/or chronic health condition, please select all that apply).

- Not apparent
- Somewhat apparent
- Very apparent

In your current job, how were your experiences telling people about your disability and/or chronic health condition?

If you have more than one job, please answer the question focusing on the job where you work the most hours per week.

	Positive	Neutral	Negative	I did not disclose to this person/group
Supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A coworker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Human Resources Representative/Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Equal Opportunity (EO) and Diversity Representative/Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please describe your experiences disclosing your disability and/or chronic health condition at work.

Workplace Accommodations

Workplace accommodations are modifications to the work environment, or the way in which a job is done so that an employee with a disability can perform the essential functions of their job. Employers often have a formal process for requesting a disability-related accommodation. However, other types of accommodations may be provided on an informal basis (such as switching shifts with a coworker in order to attend doctor's appointments).

Please describe your experience requesting and/or receiving formal or informal disability/health-related accommodation(s) at your current workplace.

If you have more than one job, please answer the question focusing on the job where you work the most hours per week.

Everyone has aspects of themselves that are important in how they see themselves. How you see yourself may impact the choices you make in balancing your work and life.

When I think about who I am, my...

	Unimportant	Moderately Important	Very Important
Race and ethnicity is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual orientation is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability and/or chronic health condition is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

About Your Current Job

For the following questions, if you have more than one job, please answer the questions focusing on the job at which you work the most hours per week.

Which of the following best describes your work arrangement?

- Regular, permanent employee (full or part-time)
- Independent contractor, independent consultant, or freelance worker
- Temporary agency/temporary employee
- Other, please specify _____

In which occupational field do you work?

- Business and financial
- Community and social service
- Computer and information technology
- Construction and extraction
- Education, training, and library
- Food preparation and serving
- Healthcare
- Management, business, and finance
- Other, please specify _____
- Office and administrative support
- Personal care and service
- Production
- Sales
- Transportation and material moving

Do you work for a . . .

- For-profit company or organization
- Not-for-profit organization
- Government agency/organization (e.g., federal, state, local)
- I am self-employed
- Other, please specify _____

In your current job(s), how many TOTAL hours do you typically work each WEEK? If you have more than one job, please report the total number of hours you work at all jobs.

Total Hours Per Week _____

What is your gender?

- Male
- Female
- Other

What is your age? _____

What is the highest level of school that you have completed?

- Less than high school
- High school diploma or GED
- Vocational/technical degree or certificate
- Some college (no degree)
- Associate degree
- College degree (Bachelor's degree)
- Advanced or graduate degree (Master's degree or higher)

Which of the following racial/ethnic backgrounds do you identify with? (Check all that apply)

- White
- Black or African-American
- Asian
- Latino/Hispanic
- Other, please specify _____

What is your current marital status?

- Married
- Partnered/committed relationship
- Single, never married
- Separated, divorced or widowed
- Other, please specify _____

How many children ages 0 to 17 live in your household either full or part time?

Number of Children _____

On average, how many hours per week do you spend caring for family members?

(e.g., children, family members who are elderly or who have disabilities)

Total Hours Per Week _____

What was your total household income before taxes in 2013?

- Less than \$25,000
- \$25,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 - \$149,999
- \$150,000 - \$199,999
- \$200,000 or more

Is there anything else about balancing work, life and a disability and/or chronic health condition that you would like to share?

To learn more about work-life balance for individuals with disabilities and/or chronic health conditions, we will be talking to some of the people who answered this survey. If you would be

willing to participate in a FOCUS GROUP about this topic, please enter your name and contact information below.

Name _____

Phone Number _____

Email address _____

END OF SECTION 1

Section 2 (Currently Unemployed)

Workplace Benefits, Policies, and Programs

Please indicate whether the following workplace benefits or programs were AVAILABLE TO YOU through your most recent employer and whether YOU USED them.

If you had more than one job, please answer the questions focusing on the job where you worked the most hours per week.

	This benefit was AVAILABLE to me at my most recent job			I USED THIS BENEFIT in my most recent job	
	Yes	No	Not sure	Yes	No
Health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retirement benefits (e.g., pension plans, 401k or 403b programs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid vacation and/or sick leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare and/or eldercare/caregiver programs (e.g., on-site care, subsidies or grants)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wellness programs (e.g., fitness, Employee Assistance Programs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alternative work arrangements (e.g., work from home, flextime, part-time work arrangements, job sharing or compressed work week)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Whether it was available to you or not, what WORKPLACE BENEFIT, POLICY OR PROGRAM was or would have been MOST HELPFUL FOR YOU in balancing your work and personal life? Why?

Thinking of using work-life benefits, policies, or programs to what extent do you AGREE or DISAGREE with the following statements? (e.g., flexible scheduling, wellness programs, vacation time, etc.)

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
In my organization, employees who used work-life programs were viewed as less serious about work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt comfortable using work-life programs at my organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was satisfied with my organization's work-life benefits, policies and/or programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Workplace Experiences

Thinking of your most recent job/employer, to what extent do you AGREE or DISAGREE with the following statements?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I was satisfied with what I was getting paid for my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that my job was secure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had good friends at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt appreciated at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job allowed me to realize my full potential.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had enough time away from work to take care of my personal and family needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had what I needed at work to get my job done effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees in my organization were valued for who they are as people, not just for the jobs that they filled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My organization had a culture in which employees appreciated the differences that people bring to the workplace.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

On the whole, how satisfied were you with your most recent job?

- 1 Extremely Dissatisfied
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Extremely Satisfied

To what extent do you AGREE or DISAGREE with the following statements?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I was quite proud to tell people where I worked.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt a strong sense of belonging to my organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will probably look for a new job in the next year.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often thought about quitting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about your relationship with YOUR IMMEDIATE SUPERVISOR, to what extent do you agree or disagree with the following statements?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
My supervisor understood my issues and needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My supervisor recognized my potential.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had confidence in my supervisor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Workplace Harassment and Discrimination

Some workplaces have issues with harassment and/or discrimination, and this can affect how people feel at work. Harassment refers to ongoing unwanted actions by one person toward another, such as threats or demands. Discrimination refers to the unjust or prejudicial treatment of individuals on the basis race, sex, age, disability or other personal characteristics. In your most recent workplace were YOU subjected to harassment and/or discrimination during the last 12 months.

- Yes
- No

Please describe your experiences with harassment and/or discrimination at your most recent workplace.

In your most recent workplace did you see OTHERS being subjected to harassment and/or discrimination during the last 12 months.

- Yes
- No

Please describe your experience of seeing OTHERS being subjected to harassment and/or discrimination at your most recent workplace.

Balancing the Demands of Work and Life

The next set of questions are about your personal experiences in managing the demands of work and your personal life, including your disability and/or chronic health condition.

How often was this true for you. . .

	Never	Rarely	Sometimes	Often	Always
Worries about your job distracted you when you were at home.	<input type="radio"/>				
Personal or family issues distracted you when you were at work.	<input type="radio"/>				
The support and respect you got in your personal life made you feel confident about yourself at work.	<input type="radio"/>				
Respect and support from work made you feel confident in your personal life.	<input type="radio"/>				

How often were you concerned about . . .

	Never	Rarely	Sometimes	Often	Always
Balancing your health, work, and personal life.	<input type="radio"/>				
The impact of your disability and/or chronic health condition on your ability to remain employed.	<input type="radio"/>				
Meeting the demands of your job given your disability and/or chronic health condition.	<input type="radio"/>				
Telling people you worked with about your disability and/or chronic health condition.	<input type="radio"/>				

To what extent do you agree or disagree with the following statements?

When I needed support, I could rely on...

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
My immediate supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My coworkers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My spouse/partner, friends and relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

“Work-life balance” is about managing work, relationships with family/friends, taking care of yourself, and spending time on leisure and personal interests. Everyone has different work and non-work activities that are important to them, and people use different strategies to try to find the right balance for themselves.

In your life, what personal and work activities are important to you?

How do you manage these activities so you have a sense of balance between work and other things that are important to you?

Thinking of work in general, to what extent do you AGREE or DISAGREE with the following statements?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Even if I did not need the money, I would continue to work somewhere.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working is an important part of who I am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

About You

What type of disability and/or chronic health conditions do you have?

	Yes	No
Are you deaf or do you have serious difficulty hearing?	<input type="radio"/>	<input type="radio"/>
Are you blind or do you have serious difficulty seeing even when wearing glasses?	<input type="radio"/>	<input type="radio"/>
Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?	<input type="radio"/>	<input type="radio"/>
Do you have serious difficulty walking or climbing stairs?	<input type="radio"/>	<input type="radio"/>
Do you have difficulty dressing or bathing?	<input type="radio"/>	<input type="radio"/>
Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?	<input type="radio"/>	<input type="radio"/>
Do you have a mental health or emotional condition? (e.g., depression, anxiety disorder, bi-polar disorder/manic depression, alcohol problem, post-traumatic stress disorder, etc.)	<input type="radio"/>	<input type="radio"/>
Do you have any other disability, impairment or serious health condition not captured by the questions above? (e.g., heart condition, lung or respiratory condition, diabetes, cancer, high blood pressure, stomach/digestive problems, kidney problems, thyroid problems, etc.) Please specify your condition:	<input type="radio"/>	<input type="radio"/>

Disclosing a disability and/or chronic health condition is a personal choice, and individuals have a variety of reasons for telling or not telling others.

How apparent or visible are your disabilities and/or chronic health conditions to others?

(If you have more than one disability and/or chronic health condition, please select all that apply)

- Not apparent
- Somewhat apparent
- Very apparent

In your most recent job, how were your experiences telling people about your disability and/or chronic health condition?

If you had more than one job, please answer the question focusing on the job where you worked the most hours per week.

	Positive	Neutral	Negative	I did not disclose to this person/group
Supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A coworker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Human Resources Representative/Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Equal Opportunity (EO) and Diversity Representative/Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please describe your experiences disclosing your disability and/or chronic health condition at work.

Workplace Accommodations

Workplace accommodations are modifications to the work environment, or the way in which a job is done so that an employee with a disability can perform the essential functions of their job. Employers often have a formal process for requesting a disability-related accommodation. However, other types of accommodations may be provided on an informal basis (such as switching shifts with a coworker in order to attend doctor's appointments).

Please describe your experience requesting and/or receiving formal or informal disability/health-related accommodation(s) at your most recent workplace.

If you have more than one job, please answer the question focusing on the job where you work the most hours per week.

Everyone has aspects of themselves that are important in how they see themselves. How you see yourself may impact the choices you make in balancing your work and life.

When I think about who I am, my...

	Unimportant	Moderately Important	Very Important
Race/ethnicity is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual orientation is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability and/or chronic health condition is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

About Your Most Recent Job

For the following questions, if you had more than one job, please answer the questions focusing on the job at which you work the most hours per week.

Which of the following best describes your work arrangement?

- Regular, permanent employee (full or part-time)
- Independent contractor, independent consultant, or freelance worker
- Temporary agency/position
- Other, please specify _____

In which occupational field did you work?

- Business and financial
- Management, business, and finance
- Other, please specify _____
- Community and social service
- Computer and information technology
- Construction and extraction
- Education, training, and library
- Food preparation and serving
- Healthcare
- Office and administrative support
- Personal care and service
- Production
- Sales
- Transportation and material moving

Did you work for a . . .

- For-profit company or organization
- Not-for-profit organization
- Government agency/organization (e.g., federal, state, local)
- I am self-employed
- Other, please specify _____

In your most recent job(s), how many TOTAL hours did you work each WEEK? If you had more than one job, please report the total number of hours you work at all jobs.

Total Hours Per Week _____

What is your gender?

- Male
- Female
- Other

What is your age? _____

What is the highest level of school that you have completed?

- Less than high school
- High school/GED
- Vocational/technical
- Some college
- Associates degree
- College degree (Bachelor's degree)
- Advanced or graduate degree (Master's degree or higher)

Which of the following racial/ethnic backgrounds do you identify with? (Check all that apply)

- White
- Black or African-American
- Asian
- Latino/Hispanic
- Other, please specify _____

What is your current marital status?

- Married
- Partnered/committed relationship
- Single, never married
- Separated, divorced or widowed
- Other, please specify _____

How many children ages 0 to 17 live in your household either full or part time?

Number of Children _____

On average, how many hours per week do you spend caring for family members?

(e.g., children, family members who are elderly or who have disabilities)

Total Hours Per Week _____

What was your total household income before taxes in 2013?

- Less than \$25,000
- \$25,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 - \$149,999
- \$150,000 - \$199,999
- \$200,000 or more

Is there anything else about balancing work, life and a disability and/or chronic health condition that you would like to share?

To learn more about work-life balance for individuals with disabilities and/or chronic health conditions, we will be talking to some of the people who answered this survey. If you would be willing to participate in a FOCUS GROUP about this topic, please enter your name and contact information below.

Name _____

Phone Number _____

Email address _____