

VRFD Enrollment Survey

INTERVIEWER: READ OR PARAPHRASE

For many people with spinal cord injury or brain injury, seeking employment after injury is an important goal. There are services available to help people with disabilities. However, the best ways to coordinate and deliver these services are not yet known. This project will compare two ways of coordinating and delivering services that are designed to help people with spinal cord injury or brain injury obtain employment.

The Social Security Administration, Kessler Foundation, and Mathematica, a research organization, are working together on this project. As part of this study, we will interview Kessler Institute for Rehabilitation patients with spinal cord injuries or brain injuries.

Thank you for agreeing to participate in this survey. Participation is voluntary but very important. The survey takes about 20 minutes to complete. Your responses will be kept private and used only for research purposes. You may skip any question you do not wish to answer. Your responses will be combined and reported with other responses in total; no individual names or responses will be reported.

If you have any questions about the survey, please contact Mathematica at 1-833-806-8690. (this is a toll-free call) or email us: vrfd@mathematica-mpr.com.

A. Employment

The first questions are about your employment.

A1. Were you employed or seeking work at the time of your injury?

MARK ONE ONLY

- 1 Employed
- 2 Seeking work
- 3 Neither employed nor seeking work

A2. How many years did you work before your injury?

|_|_| YEARS

A3. During the next 12 months, how likely do you think it is that you will be working at a job for pay or profit? By 'working at a job for pay or profit' we mean at a job where you get paid money for the work you do.

- 1 Very likely
- 2 Somewhat likely
- 3 Not very likely
- 4 Not at all likely

A4. [If Q1=1 and Q3=1 or 2]

Do you expect to return to work at the former job you had prior to your injury?

- 1 Yes
- 0 No

A5. The following are some reasons why it might be difficult to work following a Spinal Cord Injury (SCI) or Brain Injury (BI). For each of the statements below, please say whether you strongly agree, agree, disagree, or strongly disagree.

		MARK ONE PER ROW			
		STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a.	I am limited in my ability to work because my injury is too severe.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
b.	I am worried that my injury will get worse if I work.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
c.	I am limited in my ability to work because I do not have reliable transportation to and from work.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
d.	I am limited in my ability to work because I do not have help for daily living activities, such as dressing or bathing.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
e.	I am limited in my ability to work because I am caring for children or others.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
f.	I am limited in my ability to work because I am finishing a school or training program.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
g.	I don't have the skills or training I need to return to work.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
h.	Employers will not provide supports, accommodations, or the flexibility I need because of my injury.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
i.	Work is not available.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
j.	Other reason not listed (SPECIFY) _____	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄

A6. Did you receive any job training, job coaching, or support services before the time of your injury?

- 1 Yes
- 0 No
- d Unknown

A7. Did you receive any services from the Department of Vocational Rehabilitation Services (DVRS) before the time of your injury?

- 1 Yes
- 0 No
- d Unknown

A8. Had you ever spoken with or received services from a benefit specialist or Work Incentive Planning Assistance (WIPA) program provider prior to your injury? These are programs funded by Social Security to provide information to beneficiaries about how their benefits are affected by work.

- 1 Yes

o No

d Unknown

B. Education

The next questions are about your education.

B1. Were you a student at the time of your injury?

MARK ONE ONLY

- 1 Yes
- 2 No

B2. Do you expect to attend school in the next 12 months?

- 1 Yes
- 0 No

B3. What is the highest level of education you have completed?

MARK ONE ONLY

- 1 8th grade or less
- 2 9th-11th grade
- 3 High school diploma or GED
- 4 Some college but no degree
- 5 2-year college degree or vocational diploma
- 6 Completed bachelor's degree or higher
- 7 Other

C. Health

The next questions are about your health.

C1. Prior to the time of your injury, would you say that your health was excellent, very good, good, fair, or poor?

MARK ONE ONLY

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor

C2. What kinds of health coverage do you have?

MARK ONE OR MORE BOXES

- 1 Private insurance
- 2 Medicaid
- 3 Medicare
- 4 Other insurance
- 5 No insurance

D. Demographics

The next questions are about you and your background. This information will be used to ensure information is collected accurately from state and federal databases. It will be kept private.

D1. What is your full legal name?

First name

Last name

Preferred first name if different from legal name

D2. What is your date of birth?

Birthdate: |_|_|/|_|_|/|_|_|_|_|
Month Day Year

D3. What is your Social Security Number?

|_|_|-|_|-|_|_|_|_|

D4. What is your sex?

- 1 Male
2 Female

D5. What is your ethnic background?

- 1 Hispanic or Latino
2 Non-Hispanic or Latino

D6. What is your race?

MARK ONE OR MORE BOXES

- 1 American Indian or Alaska Native
2 Asian
3 Black or African/American
4 Native Hawaiian or other Pacific Islander

- 5 White
- 6 Other

D7. What is your marital status?

MARK ONE ONLY

- 1 Single/never married
- 2 Married
- 3 Separated
- 4 Divorced
- 5 Widowed

D8. How many adults (age 18 or older) currently live in your household?

|_|_| ADULTS

D9. In the last 12 months, what was the total income of all members of your household from all sources before taxes and other deductions? Please include any money from jobs, public assistance programs, or any other source.

IF NEEDED: Household means people who live in your house on a permanent basis and contribute to the household financially. Please include your own income and the income of everyone living with you. Do not include income from people who live in your household temporarily. If you live in a group home, please include only your own income.

MARK ONE ONLY

- 1 Less than \$10,000
- 2 \$10,000 to less than \$20,000
- 3 \$20,000 to less than \$30,000
- 4 \$30,000 to less than \$50,000
- 5 \$50,000 or more

D10. Do you speak Spanish regularly in your household?

- 1 Yes
- 0 No

E. Contact Information

- E1. What is your mailing address? We will reach out to you in about a year for your second survey.**

Address:

City, State, Zip Code:

- E2. What is your cell phone number?**

|_|_|_| - |_|_|_| - |_|_|_|_|_|

Area Code

Number

- E3. What is another telephone number to call to reach you?**

|_|_|_| - |_|_|_| - |_|_|_|_|_|

Area Code

Number

- E4. What is the best e-mail address where we may send you study-related information?**

To help us get back in touch with you in a year for your second survey, please provide the name, address, and telephone number of two people who will always know how to reach you. This information will be kept private and will only be used if we are unable to reach you.

FIRST PERSON

- E5. Please provide the name of someone who will always know how to contact you.**

First name

Last name

E6. What is this person's address?

Address:

City, State, Zip Code:

E7. What is the best telephone number to reach this person?

|_|_|_| - |_|_|_| - |_|_|_|_|_|
Area Code Number

E8. Is this number a...

- 1 Cell phone
- 2 Landline
- 3 Work/office

E9. What is this person's relationship to you?

SECOND PERSON

E10. Please provide the name of someone else who will always know how to contact you.

First name

Last name

E11. What is this person's address?

Address:

City, State, Zip Code:

E12. What is the best telephone number to reach this person?

|_|_|_| - |_|_|_| - |_|_|_|_|
Area Code Number

E13. Is this number a...

- 1 Cell phone
- 2 Landline
- 3 Work/office

E14. What is this person's relationship to you?

Thank you for taking the time to complete this survey.