

Guided Questions for Transition/Work Phone Survey

Statement of Assent

Hi. My name is _____. I am calling you on behalf of the Mental Retardation Needs Council of Harris County. Our goal is to find out the work status of persons with mental retardation after they complete high school. The information you give us is very important. It will help us to improve ways to better support persons after they leave school. Do I have your permission to start asking you some questions? Your name will remain private.

_____ YES _____ NO (If answer is NO, say thank you and stop the interview.)

PART I: RESPONDENT

1. Are you a person with mental retardation who is 22 years of age or older?

_____ YES _____ NO

If YES to question 1, skip question 2, go to question 3.

2. Are you a parent, a guardian, or a caregiver of a person with mental retardation who is 22 years of age or older?

_____ PARENT _____ GUARDIAN _____ CAREGIVER _____ NO

If NO to question 2, say "thank you" and stop the interview.

If this is an interview with a parent, guardian or caregiver go to question 21.

3. I would like your permission to keep your name in order to follow-up with you each year for the next five years. Would you give this permission?

_____ YES _____ NO

If NO, skip next 4 questions, and go to question 21.

a. Can you tell me your name? _____

b. Can you tell me your address? _____

c. What is your zip code? _____

d. What is the best phone number to contact you again? _____

PART II: CONSUMER INTERVIEW PROTOCOL

4. Please tell me about your living situation. After I read the choices please tell me which one applies to you.

a. Do you live by yourself? _____ YES _____ NO

b. Do you live with a roommate? _____ YES _____ NO

c. Do you live with family or relatives? _____ YES _____ NO

d. Do you live in a group home? _____ YES _____ NO

e. Do you live in a residential facility? _____ YES _____ NO

f. Other situation? _____ YES _____ NO

5. Do you have a job now? _____ YES _____ NO

If NO, skip questions 5-15, and go to question 16.

6. Please tell me what you do at your job.

7. Where is your job? _____

8. How long have you had this job?

9. How many hours per day do you work at this job? _____

10. How many days per week do you work at this job? _____

11. How much do you get paid for this job? \$_____

Is this amount per: hour _____ per day _____ per week _____ per month or _____?

12. How do you get to your job?

13. Do you need help doing your job? _____ NO _____ YES

If NO to question 13, skip question 14, and go to question 18.

14. How much help do you need? _____ A lot _____ Some help _____ A little

15. What kind of help do you need? _____

After recording the response to question 15, skip questions 16 through 17i, and go to question 18.

16. You said you do not have a job. Do you want to have a job? YES NO

17. Can you tell me the reason why you do not have a job right now? Is it because:

(check all that apply)

- a. You do not want to work? Yes No N/A
- b. You do not have a way to get to a job? Yes No N/A
- c. Your medical or health situation does not allow you to work? Yes No N/A
- d. You have problems getting along with others at work? Yes No N/A
- e. You need help doing the job? Yes No N/A
- f. No one helped you find a job? Yes No N/A
- g. You must take care of a family member? Yes No N/A
- h. You would lose income or benefits if you earn money? Yes No N/A
- i. Other reasons: _____

18. What ethnicity are you?

White African American Hispanic Asian or Other group?

19. Interviewer, please indicate the gender of the interviewee. Female Male

20. Thank you so much for spending the time to help us understand better the job situations or persons with mental retardation. If you have questions concerning this survey, please call José Ramirez at phone number 713-970-7621.

PART III: NON-CONSUMER INTERVIEW PROTOCOL

21. Please tell me about the living situation of the person you're caring for. After I read the choices please tell me which one applies to this person:

- a. Does he/she live alone? YES NO
- b. Does he/she live with a roommate? YES NO
- c. Does he/she live with family or relatives? YES NO
- d. Does he/she live in a group home? YES NO
- e. Does he/she live in a residential facility? YES NO
- f. Other living situation? YES NO
- g. How old is she/he? _____

22. Does he/she have a job now? YES NO

If NO, skip questions 23-32, and go to question 33.

23. Please tell me what he/she does at this job. _____

24. Where is this job? _____

25. How long has he/she had this job? _____

26. How many hours per day does he/she work at this job? _____

27. How many hours per week does he/she work at this job? _____

28. How much does this job pay? \$ _____

Is this amount: per hour per day per week per month or _____?

29. How does he/she get to the job? _____

30. Does he/she need help doing the job? NO YES

If NO to question 30, skip questions 31-33, and go to question 34.

31. How much help does he/she need? A lot Some help A little

32. What kind of help is needed? _____

After recording the response to question 32, skip the questions 33-34, and go to question 35.

33. You said the person does not have a job. Does he/she want to have a job? YES
 NO

34. Can you tell me the reason why he/she does not have a job right now? Is it because:

a. He/she does not want to work. Yes No N/A

b. He/she does not have a way to get to a job. Yes No N/A

c. Medical or health situation doesn't allow her/him to work. Yes No N/A

d. He/she has problems getting along with others at work. Yes No N/A

e. He/she needs help doing the job. Yes No N/A

f. No one helped. He/she does not find a job. Yes No N/A

g. He/she must take care of a family member. Yes No N/A

h. He/she would lose income or benefits if you earn money. Yes No N/A

i. Other reason: _____

35. Please tell me about his/her ethnicity? Is he/she

White African American Hispanic Asian or Other group?

36. Please tell me about the person's gender. Is he/she Female Male?

37. I would like your permission to keep your name on file in order to follow-up with you each year for the next five years. Do you give this permission? YES NO

38. Can you tell me your name? _____

39. Can you tell me your address? _____

40. What is your zip code? _____

41. What are the best phone numbers to contact you again? _____

42. Thank you so much for spending the time to help us understand better the job situations of persons with mental retardation. If you have questions concerning this survey, please call José Ramirez at the phone number 713-970-7612.

