

EMPLOYMENT DATA

SECTION 3: (IE) INDIVIDUAL EMPLOYMENT (If you did not check IE in Q1, SKIP to Section 4.)

14. IE STARTED job (on employer payroll between Feb 1 – Apr 30): Yes No

14a. If YES, how was job obtained: Existing job Customized job

15. IE ENDED job (on employer payroll between Feb 1 – Apr 30): Yes No

15a. If YES, reason job ended (check one): New job Chose to leave/not a match Laid off Fired
 Employer closed/relocated Lack of job supports Lack of transportation Benefits/financial Benefits/medical
 Moved Health issues Other

15b. If YES, job length: < 1 month 1 month > < 3 months 3 month > < 6 mos. 6 months > < 12 mos.
 1 yr > < 2 yrs 2 yrs > < 5 yrs 5 yrs > < 10 yrs 10 yrs >

16. Were you employed in an individual job from April 5 - 18? Yes (go to Q17) No (skip to Section 4)

17. IE title (Appendix B): _____

17a. If other (write in): _____

If other, contact Vicki, vferrara@ric.edu, before entering online survey.

18. IE employer type (check one):

For-profit Non-profit DD agency Gov agency

19. IE industry (Select from Appendix C): _____

20. IE onsite support:

None Daily (100%) Daily (some) Weekly Monthly

21. IE offsite support:

None Daily (100%) Daily (some) Weekly Monthly

22. IE method of support:

In-person only Remote only Combination

23. IE employer consultation (check all that apply):

None In-person Remote

24. Tech: None Cell phone Computer/laptop Tablet Smart speaker

Smart watch Portable media player Communication aid Smart pen/stylus

Smart cane Other: _____

25. IE transportation: On own Public bus (RIPTA) RIDE paratransit

On demand services Private ambulance Agency/staff Family/friend

Co-worker/carpool NA (works at home)

26. IE length of employment:

< 1 mo 1 mo > < 3 mos

3 mo > < 6mos 6 mo > < 12mos

1 yr > < 2 yrs 2 yrs > < 5 yrs

5 yrs > < 10 yrs 10 yrs >

27. IE benefits received:

Employer-offered health ins

Sick

Personal days Vac days

Retirement plan

No benefits offered

28. IE hourly wage: _____

(min. wage is \$16.00)

29. IE work hours April 5 - 18:

_____ (Round to nearest 15 min.)

29a. IE reason for no hours:

Furlough Planned time off

Sick leave Lack of job supports

Other

SECTION 4: (SE) SELF-EMPLOYED (If you did not check SE in Q1, SKIP to Section 5.)

30. SE title (Appendix B): _____

30a. If other (write in): _____

If other, contact Vicki, vferrara@ric.edu, before entering survey.

31. SE length of employment: < 1 mo

1 mo > < 3 mos 3 mo > < 6 mos

6 mo > < 12 mos 1 yr > < 2 yrs

2 yrs > < 5 yrs 5 yrs > < 10 yrs 10 yrs >

32. SE onsite support Feb 1 - Apr 30: None

Daily (100%) Daily (some) Weekly Monthly

33. SE method of support Feb 1 - Apr 30:

In-person only Remote only Combination

34. Tech: None Cell phone Computer/laptop Tablet

Smart speaker Smart watch Portable media player

Communication aid Smart pen/stylus Smart cane

Other: _____

35. SE resources: None SE training

Support from business assoc/group SSA PASS plan

ORS funding Other: _____

36. SE bi-annual (12 mos) Gross income: _____

37. SE work hours: _____ (round to nearest 15 min.)

37a. SE reason no hours April 5 - 18:

Commission-based Seasonal Planned time off

Health issues Lack of job supports Other

Hours Key: 15 min = .25 30 min = .50 45 min = .75

Round work hour to nearest 15 minutes (i.e., 12 hours and 40 minutes = 12.75 hours)

EMPLOYMENT DATA (CONTINUED)

SECTION 5: (PPI) PROVIDER PAID INDIVIDUAL EMPLOYMENT (If you did not check PPI in Q1 SKIP to Section 6.)

38. PPI title (Appendix B): _____

38a. If other (write in): _____

If other, contact Vicki, vferrara@ric.edu, before entering survey.

39. PPI industry: (Appendix C): _____

40. PPI business type (check one): For-profit Non-profit
 DD agency Gov Business w/ mission to hire

41. PPI transportation:

On own Public bus (RIPTA) RIDE paratransit
 On-demand svcs Private ambulance Agency/staff
 Family/friend Co-worker/carpool
 N/A (works at home)

42. PPI length of employment:

< 1 mo 1 mo > < 3 mos
 3 mo > < 6 mos 6 mo > < 12 mos
 1 yr > < 2 yrs 2 yrs > < 5 yrs
 5 yrs > < 10 yrs 10 yrs >

43. PPI onsite support Feb 1 - Apr 30:

None Daily (100%) Daily (some)
 Weekly Monthly

44. PPI offsite support Feb 1 - Apr 30:

None Daily (100%) Daily (some)
 Weekly Monthly

45. PPI method of support Feb 1 - Apr 30:

In-person only Remote only Combination

46. PPI employer Consultation Feb 1 - Apr 30:

(check all that apply)

None In-person Remote

47. Tech: None Cell phone Computer/laptop Tablet

Smart speaker Smart watch Portable media player
 Communication aid Smart pen/stylus Smart cane
 Other: _____

48. PPI benefits received:

Employer-Offered Health Insurance
 Sick Personal days Vac days Retirement plan
 No benefits offered

49. PPI hourly wage: _____ (min. wage is \$16.00)

50. PPI work hours April 5 - 18 (round to nearest 15 minutes):

50a. PPI reason for no hours April 5 - 18:

Furlough Planned time off Sick leave
 Lack of job Supports other

SECTION 6: (PPG) PROVIDER PAID GROUP EMPLOYMENT (If you did not check PPG in Q1 SKIP to Section 7.)

51. PPG title (Appendix B): _____

51a. If other (write in) _____

If other, contact Vicki, vferrara@ric.edu, 401-456-8092

52. PPG industry: (Appendix C): _____

53. PPG business type (check one):

For-profit Non-profit DD agency
 Gov Bus. w/mission to hire

54. PPG number of workers:

2-3 4-6 7-10 more than 10

55. PPG transportation: On own Public bus (RIPTA)

RIDE paratransit On-demand services Private amb.
 Agency/staff Family Co-worker/carpool
 N/A (works at home)

56. PPG length of employment:

< 1 mo 1 mo > < 3 mos 3 mo > < 6 mos
 6 mo > < 12 mos 1 yr > < 2 yrs
 2 yrs > < 5 yrs 5 yrs > < 10 yrs 10 yrs >

57. PPG onsite support Feb 1 - Apr 30:

None Daily (100%) Daily (some)
 Weekly Monthly

58. PPG method of support Feb 1 - Apr 30:

In-person only Remote only Combination

59. Tech: None Cell phone Computer/laptop Tablet

Smart speaker Smart watch Portable media player
 Communication aid Smart pen/stylus Smart cane
 Other: _____

60. PPG benefits received:

Employer-offered health ins
 Sick days Personal days Vacation days
 Retirement contribution No benefits offered

61. PPG hourly wage: _____ (min. wage is \$16.00)

62. PPG work hours April 5 - 18 (round to nearest 15 minutes):

62a. PPG reason for no hours April 5 - 18:

Furlough Planned time off Sick leave
 Lack of job supports Other

**Hours Key: 15 min = .25 30 min = .50 45 min = .75
 Round work hour to nearest 15 minutes (i.e., 12 hours and 40 minutes = 12.75 hours)**

NON-WORK ACTIVITY DATA

63. CBNW length: < 3 mos. 3 mos. > < 6 mos. 6 mos. > < 12 mos. 1 yr. > < 3 yrs. 3 yrs. > < 5 yrs.
 5 yrs. > < 10 yrs. 10 yrs. > < 15 yrs. 15 yrs. >

64. CBNW method of support Feb 1 - Apr 30: In-person only Remote only Combination No support provided

65. Tech: None Cell phone Computer/laptop Tablet Smart speaker Smart watch Portable media player
 Wearable fitness tracker Communication aid Smart pen/stylus Smart cane Other: _____

66 CBNW hours from April 5 - 18: Yes No

66a. CBNW reason for no hours: Health issues Planned time off Lack of supports Other

Section 7: (CWNW) Community-Based Non-Work Activity (If you did not check CBNW in Q1, skip to Section 8.)

67. Activity type	Hours (Q67)	# of Activities (Q67a)	Who else participated (Q67b) Check all that apply	Attendees (Q67c) Check One
Art, leisure, recreation (e.g., show, dining, crafting class)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 – 4 <input type="checkbox"/> 5 – 9 <input type="checkbox"/> 10 – 14 <input type="checkbox"/> 15+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 – 4 <input type="checkbox"/> 5 – 9 <input type="checkbox"/> 10 – 14 <input type="checkbox"/> 15+	<input type="checkbox"/> I attended all activities on my own <input type="checkbox"/> I attended some or all activities with other people (check all that apply): <input type="checkbox"/> 1 to 2 PWD <input type="checkbox"/> 1+ family mbrs <input type="checkbox"/> 3 to 5 PWD <input type="checkbox"/> 1+ staff <input type="checkbox"/> More than 5 PWD <input type="checkbox"/> 1+ community mbrs	<input type="checkbox"/> Mostly people with disabilities <input type="checkbox"/> Mostly the public or community
Health & fitness (e.g., exercise class, wellness session, daily walk)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 – 4 <input type="checkbox"/> 5 – 9 <input type="checkbox"/> 10 – 14 <input type="checkbox"/> 15+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 – 4 <input type="checkbox"/> 5 – 9 <input type="checkbox"/> 10 – 14 <input type="checkbox"/> 15+	<input type="checkbox"/> I attended all activities on my own <input type="checkbox"/> I attended some or all activities with other people (check all that apply): <input type="checkbox"/> 1 to 2 PWD <input type="checkbox"/> 1+ family mbrs <input type="checkbox"/> 3 to 5 PWD <input type="checkbox"/> 1+ staff <input type="checkbox"/> More than 5 PWD <input type="checkbox"/> 1+ community mbrs	<input type="checkbox"/> Mostly people with disabilities <input type="checkbox"/> Mostly the public or community
Adult education or training (for personal enrichment)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 – 4 <input type="checkbox"/> 5 – 9 <input type="checkbox"/> 10 – 14 <input type="checkbox"/> 15+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 – 4 <input type="checkbox"/> 5 – 9 <input type="checkbox"/> 10 – 14 <input type="checkbox"/> 15+	<input type="checkbox"/> I attended all activities on my own <input type="checkbox"/> I attended some or all activities with other people (check all that apply): <input type="checkbox"/> 1 to 2 PWD <input type="checkbox"/> 1+ family mbrs <input type="checkbox"/> 3 to 5 PWD <input type="checkbox"/> 1+ staff <input type="checkbox"/> More than 5 PWD <input type="checkbox"/> 1+ community mbrs	<input type="checkbox"/> Mostly people with disabilities <input type="checkbox"/> Mostly the public or community
Soft skills / employment related	<input type="checkbox"/> 1 <input type="checkbox"/> 2 – 4 <input type="checkbox"/> 5 – 9 <input type="checkbox"/> 10 – 14 <input type="checkbox"/> 15+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 – 4 <input type="checkbox"/> 5 – 9 <input type="checkbox"/> 10 – 14 <input type="checkbox"/> 15+	<input type="checkbox"/> I attended all activities on my own <input type="checkbox"/> I attended some or all activities with other people (check all that apply): <input type="checkbox"/> 1 to 2 PWD <input type="checkbox"/> 1+ family mbrs <input type="checkbox"/> 3 to 5 PWD <input type="checkbox"/> 1+ staff <input type="checkbox"/> More than 5 PWD <input type="checkbox"/> 1+ community mbrs	<input type="checkbox"/> Mostly people with disabilities <input type="checkbox"/> Mostly the public or community
Activities of daily living	<input type="checkbox"/> 1 <input type="checkbox"/> 2 – 4 <input type="checkbox"/> 5 – 9 <input type="checkbox"/> 10 – 14 <input type="checkbox"/> 15+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 – 4 <input type="checkbox"/> 5 – 9 <input type="checkbox"/> 10 – 14 <input type="checkbox"/> 15+	<input type="checkbox"/> I attended all activities on my own <input type="checkbox"/> I attended some or all activities with other people (check all that apply): <input type="checkbox"/> 1 to 2 PWD <input type="checkbox"/> 1+ family mbrs <input type="checkbox"/> 3 to 5 PWD <input type="checkbox"/> 1+ staff <input type="checkbox"/> More than 5 PWD <input type="checkbox"/> 1+ community mbrs	<input type="checkbox"/> Mostly people with disabilities <input type="checkbox"/> Mostly the public or community
Volunteering	<input type="checkbox"/> 1 <input type="checkbox"/> 2 – 4 <input type="checkbox"/> 5 – 9 <input type="checkbox"/> 10 – 14 <input type="checkbox"/> 15+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 – 4 <input type="checkbox"/> 5 – 9 <input type="checkbox"/> 10 – 14 <input type="checkbox"/> 15+	<input type="checkbox"/> I attended all activities on my own <input type="checkbox"/> I attended some or all activities with other people (check all that apply): <input type="checkbox"/> 1 to 2 PWD <input type="checkbox"/> 1+ family mbrs <input type="checkbox"/> 3 to 5 PWD <input type="checkbox"/> 1+ staff <input type="checkbox"/> More than 5 PWD <input type="checkbox"/> 1+ community mbrs	<input type="checkbox"/> Mostly people with disabilities <input type="checkbox"/> Mostly the public or community
All other	<input type="checkbox"/> 1 <input type="checkbox"/> 2 – 4 <input type="checkbox"/> 5 – 9 <input type="checkbox"/> 10 – 14 <input type="checkbox"/> 15+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 – 4 <input type="checkbox"/> 5 – 9 <input type="checkbox"/> 10 – 14 <input type="checkbox"/> 15+	<input type="checkbox"/> I attended all activities on my own <input type="checkbox"/> I attended some or all activities with other people (check all that apply): <input type="checkbox"/> 1 to 2 PWD <input type="checkbox"/> 1+ family mbrs <input type="checkbox"/> 3 to 5 PWD <input type="checkbox"/> 1+ staff <input type="checkbox"/> More than 5 PWD <input type="checkbox"/> 1+ community mbrs	<input type="checkbox"/> Mostly people with disabilities <input type="checkbox"/> Mostly the public or community
68. CBNW settings: <input type="checkbox"/> Public Venue <input type="checkbox"/> Member-Based Organization <input type="checkbox"/> School / Training Facility <input type="checkbox"/> Business/Employer <input type="checkbox"/> Senior Center / Facility <input type="checkbox"/> Virtual				

Hours Key: 15 min = .25 30 min = .50 45 min = .75
Round work hour to nearest 15 minutes (i.e., 12 hours and 40 minutes = 12.75 hours)

Section 8: (FBNW) DDD Facility-Based Non-Work Activity

69. FBNW hours April 5 - 18: _____ (Round to nearest 15 minutes.)

69a. FBNW reason for no hours: Health issues Planned time off Lack of supports Other

71. FBNW length: (if exited/left FBNW and returned within the past 3 months indicate the length of time since returning.):

< 3 mos. 3 mos. > < 6 mos. 6 mos. > < 12 mos. 1 yr > < 3 yrs

3 yrs > < 5 yrs 5 yrs > < 10 yrs 10 yrs > < 15 yrs 15 yrs >

72. FBNW method of support Feb 1 - Apr 30: In-person only Remote only Combination No support provided

Person providing data : _____ Completed by: _____

Email: _____ Phone number: _____