

2026 Annual DD Employment and Day Activity Outcomes Survey – 2 Week Data Collection Tool

Name: _____ DOB: _____ Survey ID: _____

Employment Data

When reporting time, round daily activity time and 2-week totals to the nearest 15 minutes. See Hours key below.
Minimum wage is \$16.00

(IE) Individual Employment - (Section 3)

Title (Q17 & 17a): _____ Hourly wage (Q28): _____

Work hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total
Week 1: April 5								
Week 2: April 12								
Q. 29a. Reason no hours: <input type="checkbox"/> Furlough <input type="checkbox"/> Planned Time Off <input type="checkbox"/> Sick Leave <input type="checkbox"/> Lack of Supports <input type="checkbox"/> Other								Total Actual IE Work Hours (Q29):

(SE) Self-Employed - (Section 4)

Title (Q30 & 30a): _____ Bi-Annual Gross Income (Q36): _____

Work hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total
Week 1: April 5								
Week 2: April 12								
Q 37a. Reason no hours: <input type="checkbox"/> Commission-Based <input type="checkbox"/> Seasonal <input type="checkbox"/> Health Issues <input type="checkbox"/> Planned Time Off <input type="checkbox"/> Lack of Supports <input type="checkbox"/> Other								Total Actual Self-Employed Work Hours Q37):

(PPI) Provider Paid Individual Employment - (Section 5)

Title (Q38 & 38a): _____ Hourly Wage (Q49): _____

Work hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total
Week 1: April 5								
Week 2: April 12								
Q 50a. Reason no hours: <input type="checkbox"/> Furlough <input type="checkbox"/> Planned Time Off <input type="checkbox"/> Sick Leave <input type="checkbox"/> Lack of Supports <input type="checkbox"/> Other								Total Actual PPI Work Hours (Q50):

(PPG) Provider Paid Group Employment - (Survey Section 6)

Title (Q51 & 51a): _____ Hourly Wage (Q61): _____

Work hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total
Week 1: April 5								
Week 2: April 12								
Q62a. Reason no hours: <input type="checkbox"/> Furlough <input type="checkbox"/> Planned Time Off <input type="checkbox"/> Sick Leave <input type="checkbox"/> Lack of Supports <input type="checkbox"/> Other								Total Actual PPG Work Hours (Q62):

**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)**

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Non-Work Activity Data

Round daily activity time and 2-week totals to the nearest 15 minutes. See hours key below.

(SES) Supported Employment Services (Section 2)

Q11. Supported Employment Hours Round to the nearest 15 minutes.

	Week One – April 5							Week Two – April 12							Total (Q11)
	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	
Career planning															
Post-sec ed/voc training															
ST voc. experience															
LT voc. experience															
Job search by/w indiv.															
Job search behalf indiv.															
Job coaching/retention															

NOTE If you record **Job Coaching/Retention hours** then there should also record either SES ST/LT Voc Experience hours OR Employment Hours (IE,PPI, PPG).

Q12. Reason no hours:

Health issues Planned time off Refused/cancelled Lack of agency supports

No scheduled services or supports (e.g., monthly retention only) Other: _____

Q13. Setting:

netWORKri/OneStop/DLT Business/employer Public venue School/training

DD provider Home/residence

Community-Based Non-Work Hours (Section 7)

See pages 3 & 4

DDD Facility-Based Non-Work Hours (Section 8)

Q69. FBNW Non-Work Hours. Round total to the nearest 15 minutes.

	Monday	Tuesday	Wednesday	Thursday	Friday	Totals
Week 1: April 5						
Week 2: April 12						
					Total (Q69):	

Q 69a. Reason no hours:

Health issues Planned time off Lack of 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)

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Community-Based Non-Work Hours (Section 7)

67. CBNW Activity: For each activity participated in from **April 5 – 18**, enter hours, # of activities, who participated with you and who attended.

Activity	Hours - Week One: April 5 - April 11						Hours - Week Two: April 12 - April 18						Total	# Activities	Participated with You	Attended
	M	T	W	Th	F	Wknd	M	T	W	Th	F	Wknd				
Arts, Leisure & Rec														___ 1 ___ 2 – 4 ___ 5 – 9 ___ 10 – 14 ___ 15+	___ I attended all activities on my own ___ I attended some or all activities with other people. Who else participated with you (check all that apply): ___ 1+ family mbrs ___ 1 to 2 PWD ___ 1+ staff ___ 3 to 5 PWD ___ 1+ comm. mbrs ___ More than 5 PWD	___ Mostly PWD ___ Mostly Public
Activity	Week One – April 5 - April 11						Week Two – April 12 - April 18						Total	# Activities	Participated with you	Attended
	M	T	W	Th	F	Wknd	M	T	W	Th	F	Wknd				
Health & Fitness														___ 1 ___ 2 – 4 ___ 5 – 9 ___ 10 – 14 ___ 15+	___ I attended all activities on my own ___ I attended some or all activities with other people. Who else participated with you (check all that apply): ___ 1+ family mbrs ___ 1 to 2 PWD ___ 1+ staff ___ 3 to 5 PWD ___ 1+ comm. mbrs ___ More than 5 PWD	___ Mostly PWD ___ Mostly Public
Activity	Week One – April 5 - April 11						Week Two – April 12 - April 18						Total	# Activities	Participated with you	Attended
	M	T	W	Th	F	Wknd	M	T	W	Th	F	Wknd				
Adult Ed. or Training														___ 1 ___ 2 – 4 ___ 5 – 9 ___ 10 – 14 ___ 15+	___ I attended all activities on my own ___ I attended some or all activities with other people. Who else participated with you (check all that apply): ___ 1+ family mbrs ___ 1 to 2 PWD ___ 1+ staff ___ 3 to 5 PWD ___ 1+ comm. mbrs ___ More than 5 PWD	___ Mostly PWD ___ Mostly Public
Activity	Week One – April 5 - April 11						Week Two – April 12 - April 18						Total	# Activities	Participated with you	Attended
	M	T	W	Th	F	Wknd	M	T	W	Th	F	Wknd				
Soft Skills Employ. Related														___ 1 ___ 2 – 4 ___ 5 – 9 ___ 10 – 14 ___ 15+	___ I attended all activities on my own ___ I attended some or all activities with other people. Who else participated with you (check all that apply): ___ 1+ family mbrs ___ 1 to 2 PWD ___ 1+ staff ___ 3 to 5 PWD ___ 1+ comm. mbrs ___ More than 5 PWD	___ Mostly PWD ___ Mostly Public

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

CBNW continues on page 4.

2026 Annual DD Employment and Day Activity Outcomes Survey – 2 Week Data Collection Tool

Activity	Hours week one: April 5 - April 11						Hours week two: April 12 - April 18						Total	# Activities	Participated with You	Attended
	M	T	W	Th	F	Wknd	M	T	W	Th	F	Wknd				
Activities of Daily Living <i>(Outside of the home)</i>														___ 1 ___ 2 – 4 ___ 5 – 9 ___ 10 – 14 ___ 15+	___ I attended all activities on my own ___ I attended some or all activities with other people. Who else participated with you (check all that apply): ___1+ family mbrs ___1 to 2 PWD ___1+ staff ___3 to 5 PWD ___1+ comm. mbrs ___More than 5 PWD	___ Mostly PWD ___ Mostly Public
Activity	Week One – April 5 - April 11						Week Two – April 12 - April 18						Total	# Activities	Participants	Attendees
	M	T	W	Th	F	Wknd	M	T	W	Th	F	Wknd				
Volunteering														___ 1 ___ 2 – 4 ___ 5 – 9 ___ 10 – 14 ___ 15+	___ I attended all activities on my own ___ I attended some or all activities with other people. Who else participated with you (check all that apply): ___1+ family mbrs ___1 to 2 PWD ___1+ staff ___3 to 5 PWD ___1+ comm. mbrs ___More than 5 PWD	___ Mostly PWD ___ Mostly Public
Activity	Week One – April 5 - April 11						Week Two – April 12 - April 18						Total	# Activities	Participants	Attendees
	M	T	W	Th	F	Wknd	M	T	W	Th	F	Wknd				
All Other														___ 1 ___ 2 – 4 ___ 5 – 9 ___ 10 – 14 ___ 15+	___ I attended all activities on my own ___ I attended some or all activities with other people (check all that apply): ___1+ family mbrs ___1 to 2 PWD ___1+ staff ___3 to 5 PWD ___1+ comm. mbrs ___More than 5 PWD	___ Mostly PWD ___ Mostly Public

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

68. Indicate the SETTINGS where you participated in the community-based non-work activity reported in Q67.

___ Public venue ___ Member-based organization ___ School / training facility ___ Business / employer ___ Senior center / facility ___ Virtual