This page is about what you were (or your family member was) doing and earning before leaving a sheltered workshop.

All the questions are directed to you, the person, but you can answer together with whoever you want to help you.

If you are a family member, and your relative does not want, or is not able, to answer the questions, please answer them the way you think your relative would.

Our goal is simple. Are you better off, worse off, or about the same since you stopped going to a sheltered employment (sheltered workshop) program?

We'll ask about time, money, enjoyment, and quality of life.

Thanks for taking part. Here comes the survey - please click NEXT.

2. When you attended a sheltered workshop - Time, Money, and Integration

This page asks about when you went to a workshop: How you spent your time, how much you earned, whether you were around folks without disabilities, and what else you did during the day.

\* 1. Did you ever work in a sheltered employment setting (workshop)?

Yes No

2. ABOUT how many years did you work in a sheltered employment setting (workshop) altogether? (Even if you had times when you did not work in the workshop, how many years if you add them all up? Approximate is fine.)

3. What was the last year in which you worked in a sheltered employment setting (workshop)? Approximate is fine.

4. In that last year when you were going to the workshop, ABOUT how many hours per week did you spend there?

5. In that last year at the workshop, ABOUT how many hours per week of your time at the workshop did you work *for pay*? On the average. Approximate is fine.

6. In that last year at the workshop, ABOUT how much did you earn IN ONE WEEK? Approximate is fine.

7. In that last year at the workshop, ABOUT how many hours per week did you spend traveling there and back home?

8. In that last year going to and working at the workshop, were you ever around people who did NOT have								
disabilities and who di	dn't work there?							
Completely segregated Never in the presence of people without disabilities	Mostly segregated Some or a little of the time in the presence of people without disabilities	In between	Mostly integrated Often in situation where people without disabilities are, or might be, present	Completely integrated Nearly always in a situation where people without disabilities might be present				
$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$				
	two different day activitie lid you have ANOTHER [	-	k. When you were work	ing in a workshop				
10. About how many h	ours per week were you	doing any of the	se activities? (Zero if no	ne.)				
-	, many names: Adult day supp		-	,				
Adult day care, etc.)		·						
School, public or private (fo	or school age)							
Supported Employment, inc	dividual with job coach							
Supported Employment, gr	oup, enclave, or job crew mode	əl						
Regular job (competitive er	nployment)							
Self-employed (microenterp	orise, owns own business)							
Volunteer work								
Other (such as adult ed cla exercise, etc.)	sses, mental health group, dro	p-in center, regular s	sports or					

3. Now - What Do You Do Now? (Now that you don't go to a workshop.)

## This page is about how you spend your time now: How many hours doing what kind of things, do you earn any money, do you have contact with folks who don't have disabilities.

11. Now that you are NOT going to a workshop, how do you spend your time? ABOUT how many hours a week do you do each of these? (Zero if none.)

Adult day program (Unpaid, many names: Adult day support, Non-Vocational day program, Adult day care, etc.)

School, public or private (for school age)

Supported Employment, individual with job coach

Supported Employment, group, enclave, or job crew model

Regular job (competitive employment)

Self-employed (microenterprise, owns own business)

Volunteer work

Other (such as adult ed classes, mental health group, drop-in center, regular sports or exercise, etc.)

12. Now, about how many hours per week do you work for pay?

13. Now, about how many hours PER WEEK do you spend going to and from your day activities? (Whatever they are, try to add up all the time you spend traveling in a week.)

14. Now, ABOUT how much do you earn IN ONE WEEK? Approximate is fine.

15. Now, during the day (job, day program, or whatever), are you ever around people who do NOT have disabilities?									
Completely segregated Never in the presence of people without disabilities	Mostly segregated Some or a little of the time in the presence of people without disabilities	little of theOften in situations wherepresence ofpeople without disabilities							
$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$					

## This page is about whether your life is worse or better now. Compared to when you were going to a workshop, is your life now worse or better?

16. Now that you're <u>not</u> going to a workshop, how are you doing, Worse or Better? In each area, Much Worse, Worse, About the Same, Better, or Much Better.

	Much Worse	Worse	Same	Better	Much Better
ACCESS Accommodations (accessibility) where I work, physical and/or medical	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
BENEFITS Fear of losing my health care and benefits (Lots of fear = low score)	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
BOREDOM Boredom (Lots of boredom = low score)	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
CHOICE Making my own choices about work	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
DRESS Wearing what I want to work	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
EAGER Looking forward to work	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
ENJOYMENT Enjoying what I do (or did) during the day	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
FAMILY My family's opinion of what I do (did)	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
HELP Ability to get help in my work when I need it	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
HOURS Working the amount that I want to	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
LONELY Loneliness during work (lonely = low score)	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
MONEY Making enough money	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
PEOPLE Relationships with customers/co-workers	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
PEOPLE Relationships with my family	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
PEOPLE Relationships with my friends	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
PRIDE Being proud of what I do	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
SAFETY Feeling safe at work from other workers and bosses (including any kind of abuse or mistreatment)	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
SAFETY Feeling safe going to work and coming home	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
SELF-CONTROL Ability to behave well – not offend or hurt co-workers or managers	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
SKILL Being good at my work	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
TRANSPORTATION Getting to and from work	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$

5. About You
This page asks about you - your age, gender, and things like that.
17. How old are you?
18. What is your gender?
Female Male Other
19. Do you describe yourself as Hispanic, Latino, or Spanish origin or heritage?
Yes No That's Private
20. How do you describe yourself in terms of race?
White or Caucasian
Black or African-American
American Indian / Alaska Native
Asian
Mixed
Other
That's Private

## 21. How do you describe your abilities - independence, communicating, getting around, senses, and learning?

	Need total support	Need a lot of support	About halfway independent	Mostly independent	Completely independent	No Answer
Everyday Independence - Grooming, Dressing, Eating, Getting Around	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Communicating with people I know	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Communicating with people I don't know	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Getting around - transportation	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Senses - seeing or hearing	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Learning new things - tasks, jobs, facts	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Behavior - staying positive and appropriate toward myself and others	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$

## 6. That's All! You are done.

Thank you for your time to give these answers. So many people and their families want to know how people who have left workshops are doing. Your answers on this survey will help a lot of people get an idea of what to expect if they decide to stop going to a workshop.

If you would like to get a copy of the results of this nationwide survey, just put your name and email address below.

22. Your email address so we can send you the results:

23. Your name so we can write to you and call you by name: