

## Market Analysis Survey

Date: \_\_\_\_\_

Respondent Name (Optional): \_\_\_\_\_

### INSTRUCTIONS

Please answer each question as accurately as possible. Your answers to these questions will be kept confidential and will not affect your status as an employee at your agency. Please tell us about yourself and the place you work (If you work for more than one company, please refer to the company listed on this survey).

1. In what state do you live? \_\_\_\_\_
2. Which of the following best describes the type of setting in which you work the most hours each week? (Mark one)
  - \_\_\_\_\_ 1. Family or consumer home
  - \_\_\_\_\_ 2. Group home/Supported Living
  - \_\_\_\_\_ 3. Public ICF-MR
  - \_\_\_\_\_ 4. Private ICF-MR
  - \_\_\_\_\_ 5. Vocational or day program
  - \_\_\_\_\_ 6. Other \_\_\_\_\_
3. Which of the following was the most important reason you took this job? (Mark one)
  - \_\_\_\_\_ 1. I needed the income or benefits provided by this job.
  - \_\_\_\_\_ 2. The job provided training or experience working with people with disabilities that I need to meet my career goals.
  - \_\_\_\_\_ 3. I have a special interest in working with people with disabilities.
  - \_\_\_\_\_ 4. Other \_\_\_\_\_
4. How did you hear about this job (mark the 3 most important sources)?
  - \_\_\_\_\_ 1. I worked for this organization before/saw internal posting
  - \_\_\_\_\_ 2. A current/former employee of this organization
  - \_\_\_\_\_ 3. A friend who works for another organization serving people with disabilities
  - \_\_\_\_\_ 4. A person with disabilities or their family
  - \_\_\_\_\_ 5. Media advertisement (TV, radio)
  - \_\_\_\_\_ 6. Newspaper
  - \_\_\_\_\_ 7. Employment/referral agency
  - \_\_\_\_\_ 8. High school or college placement office or bulletin board
  - \_\_\_\_\_ 9. Community bulletin board (e.g., library, grocery store, house of worship)
  - \_\_\_\_\_ 10. Internet job posting
  - \_\_\_\_\_ 11. Other \_\_\_\_\_
5. How long does it usually take you to travel to work? (Mark one)
  - \_\_\_\_\_ 1. Less than 15 minutes
  - \_\_\_\_\_ 2. 15-30 minutes
  - \_\_\_\_\_ 3. 30-60 minutes
  - \_\_\_\_\_ 4. More than one hour
6. How do you usually get to work? (Mark one)
  - \_\_\_\_\_ 1. Public bus
  - \_\_\_\_\_ 2. Drive myself
  - \_\_\_\_\_ 3. Someone I know gives me a ride
  - \_\_\_\_\_ 4. Walk or ride a bike
  - \_\_\_\_\_ 5. Taxi
  - \_\_\_\_\_ 6. Other \_\_\_\_\_
7. Which of the following difficulties (if any) have you experienced or witnessed with coworkers or supervisors on this job? (Mark all that apply)
  - \_\_\_\_\_ 1. Communication barriers due to coworkers who have limited English language skills
  - \_\_\_\_\_ 2. Conflict regarding different religious or ethnic holidays
  - \_\_\_\_\_ 3. Expression of ethnic, racial, religious, sexual or other demeaning slur or jokes in the workplace
  - \_\_\_\_\_ 4. Disrespectful behavior in relationships between coworkers
  - \_\_\_\_\_ 5. Conflict regarding job tasks (e.g., cooking, personal care) related to cultural experiences or expectations
  - \_\_\_\_\_ 6. Conflict related to age differences between coworkers
  - \_\_\_\_\_ 7. You or your coworkers are excluded because you are different from one another in some way.
  - \_\_\_\_\_ 8. Other conflicts related to diversity issues (Please describe) \_\_\_\_\_
  - \_\_\_\_\_ 9. I have not experienced or witnessed any of these difficulties at this job

8. What could your employer do differently to help you in your job? (Mark up to three choices)

- \_\_\_\_\_ a. Nothing
- \_\_\_\_\_ b. My supervisor/manager could be more supportive
- \_\_\_\_\_ c. Improve training and support for supervisors
- \_\_\_\_\_ d. Increase wages
- \_\_\_\_\_ e. Improve access to paid time off
- \_\_\_\_\_ f. Improve access to or quality of benefits (e.g., health, dental)
- \_\_\_\_\_ g. Clarify and communicate agency mission
- \_\_\_\_\_ h. Empower me to participate in decisions that affect my work
- \_\_\_\_\_ i. Provide more or better training
- \_\_\_\_\_ j. Reduce conflict between co-workers/improve team building
- \_\_\_\_\_ k. Improve supervisor/employee relations
- \_\_\_\_\_ l. Address low morale of workforce
- \_\_\_\_\_ m. Improve scheduling policies and practices
- \_\_\_\_\_ n. Improve communication between main office and program sites
- \_\_\_\_\_ o. Improve communication between supervisors/managers and other staff
- \_\_\_\_\_ p. Increase number of staff members in my work site
- \_\_\_\_\_ q. Improve recognition and feedback
- \_\_\_\_\_ r. Improve orientation for new workers
- \_\_\_\_\_ s. Increase opportunities for advancement
- \_\_\_\_\_ t. Reduce vacancy rate and turnover
- \_\_\_\_\_ u. Other (specify)\_\_\_\_\_

9. What are the top factors that make you want to leave this job? (Mark up to three choices)

- \_\_\_\_\_ a. Low wages or benefits
- \_\_\_\_\_ b. Conflicts with coworkers
- \_\_\_\_\_ c. Not enough hours/Schedule
- \_\_\_\_\_ d. Job is too stressful, difficult or demanding
- \_\_\_\_\_ e. Our organization's focus or mission has changed for the worse
- \_\_\_\_\_ f. Demands of my other job/primary employment
- \_\_\_\_\_ g. Lack of opportunities for professional growth or advancement
- \_\_\_\_\_ h. Personal reasons
- \_\_\_\_\_ i. Relocating out of area
- \_\_\_\_\_ j. Conflict or with supervisor or manager

- \_\_\_\_\_ k. Favoritism, lack of fairness
- \_\_\_\_\_ l. Lack of staff
- \_\_\_\_\_ m. Too much criticism/Lack of support
- \_\_\_\_\_ n. Challenges with consumers
- \_\_\_\_\_ o. Poor Training
- \_\_\_\_\_ p. Other (specify)\_\_\_\_\_
- \_\_\_\_\_ q. None of these/I don't want to leave

10. What makes you want to stay at this job? (Mark up to three choices)

- \_\_\_\_\_ a. Nothing
- \_\_\_\_\_ b. Benefits
- \_\_\_\_\_ c. Co-workers
- \_\_\_\_\_ d. Supervisors and Managers
- \_\_\_\_\_ e. I like the consumers
- \_\_\_\_\_ f. The consumers like/appreciate me
- \_\_\_\_\_ g. The mission and service goals
- \_\_\_\_\_ h. The tasks or activities I do for my job
- \_\_\_\_\_ i. Opportunity for personal or professional growth
- \_\_\_\_\_ j. Location
- \_\_\_\_\_ k. Work atmosphere
- \_\_\_\_\_ l. Training and development opportunities
- \_\_\_\_\_ m. Pay rate/salary
- \_\_\_\_\_ n. Job variety
- \_\_\_\_\_ o. Flexible hours/Schedule
- \_\_\_\_\_ p. Recognition for a job well done
- \_\_\_\_\_ q. Work is rewarding
- \_\_\_\_\_ r. The staff members are team players
- \_\_\_\_\_ s. This is a good company to work for
- \_\_\_\_\_ t. Other (specify)\_\_\_\_\_

11. How many different employers that support people with disabilities have you worked for in your career including your current employer?

\_\_\_\_\_ Number of different employers

12. Do you plan to work in this field for at least another two years? (Mark one)

- \_\_\_\_\_ 1. Yes
- \_\_\_\_\_ 2. No
- \_\_\_\_\_ 3. Don't know

13. Do you currently have any other paid jobs besides this one? (Mark one)

- \_\_\_\_\_ 0. No
- \_\_\_\_\_ 1. Yes

14. Which best describes your household? (Mark one)

1. I am the only wage earner in my household
2. I am the primary wage earner but someone else contributes to paying household expenses
3. Someone else in my household is the primary wage earner

15. What is your total household income per year? (Mark one)

1. \$1 to \$19,999
2. \$20,000 to \$39,999
3. \$40,000 to \$59,999
4. \$60,000 or more

16. How many different paid jobs do you currently have?

\_\_\_\_\_ Number of different jobs (including this one)

17. How many hours do you work each week total (including all of your paid jobs)?

\_\_\_\_\_ Total number of hours per week worked

18. What is your current hourly wage at this job?

\$\_\_\_\_\_ per hour

19. How would you describe your ethnic background? (Mark one)

1. White (Non-Hispanic)
2. Black (Non-Hispanic)
3. Hispanic
4. Asian, Pacific Islander
5. American Indian, Alaskan Native
6. Other (specify)\_\_\_\_\_

20. What language(s) do you speak fluently? (Mark all that apply)

- a. English
- b. Spanish
- c. French
- f. German
- e. Japanese
- f. Chinese
- g. Russian
- h. Other (specify)\_\_\_\_\_

21. Do any of your family members have a disability?

0. No
1. Yes

22. What city and state do you work in?

\_\_\_\_\_

City State

23. Birth Date: \_\_\_\_\_

Month Year

24. What is your gender? (Mark One)

0. Female
1. Male

25. Is English your first language? (Mark One)

0. No
1. Yes

26. Which of the following best describes your role? (Mark one)

1. Direct support professional (At least 50% of your time is spent in direct care)
2. Frontline supervisor (may do direct care but your primary role is to supervise direct support professionals).
3. Other supervisor/manager (e.g., supervise frontline supervisors or other staff)
4. Administrator (provide overall direction and oversight for all workers).
5. Trainer (primary role is to provide training to other organization staff).
6. Degreed professional (e.g., psychologist, behavior analyst, social worker, nurse).  
Specify type:\_\_\_\_\_
7. Other (specify):\_\_\_\_\_

27. What services are offered in your work site(s)? (Mark all that apply)

- a. 24 hour residential supports
- b. Less than 24 hour residential supports
- c. In-home supports (family or consumer home)
- d. Facility based vocational supports
- e. Community job supports (e.g., work crew, enclave)
- f. Supported employment
- g. Center based day care
- h. Public or private school
- i. Other (specify)\_\_\_\_\_

28. How long have you been working for your current employer?

\_\_\_\_\_

Years Months

29. How many years of formal education have you had?  
(Circle one)

- 10  11  12 (High School/GED)  
 13  14 (AA or 2 year Degree)  
 15  16 (Four year Degree)  
 17  18 (Master's Degree)  
 19  20  21 (Doctoral Degree)

30. How many sites do you work at or are you responsible for? (Provide a number)

\_\_\_\_ Number of sites

31. How many individuals with mental retardation or developmental disabilities are served at the site(s) you work at or supervise? (Include all persons living, working, or receiving support from staff at those sites) (Provide a number)

\_\_\_\_ Number of individuals with MR/DD

32. What is the primary diagnosis of the majority of individuals you support? (Mark one)

1. Mental retardation or developmental disabilities  
 2. Mental health challenges/mental illness  
 3. Physical disabilities  
 4. Other (Specify) \_\_\_\_\_

33. How many direct support professionals (including full and part-time and weekends but not including on-call) work at your primary work site?

\_\_\_\_ Number of direct support professionals

34. If you have a supervisory position how many people do you supervise? (Note a number for each category)

- a. Direct Support Professionals  
 b. Frontline Supervisors  
 c. Others

35. How many years of paid employment experience do you have working with people with MR or DD?

\_\_\_\_ Years    \_\_\_\_ Months

36. How many years of paid employment experience do you have supervising direct support workers who support people with MR or DD?

\_\_\_\_ Years    \_\_\_\_ Months

37. Are you currently enrolled in college or vocational or technical school? (Mark One)

0. No (skip to item 39)  
 1. Yes

38. Do you plan to work for your current employer when you have completed your coursework? (Mark One)

0. No  
 1. Yes

39. Did you take any courses on mental retardation or on working with people who have disabilities in school (e.g., in college or technical school)? (Mark One)

0. No  
 1. Yes

40. How many hours are you scheduled to work per week in your current position? (Mark One)

\_\_\_\_ Hours per week

41. Are you considered by your employer to be full-time? (Mark One)

0. No  
 1. Yes

42. Are you eligible for paid time off (sick, vacation, holidays) from this employer? (Mark One)

0. No  
 1. Yes

43. Are you eligible for this organization's benefits package (health, dental, retirement)? (Mark One)

0. No  
 1. Yes