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

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