



International
Labour
Organization

LFS add-on module on functional difficulties and barriers to employment (v1)

for PAPI and CAPI

July 2020

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GENERAL CONVENTIONS

Conventions used in the ILO LFS add-on module

- Regular text: Indicates text to be read by the interviewer
- *Italics*: Indicates interviewer instructions or aids, not to be read out loud
- CAPS: INDICATES RESPONSE CATEGORIES AND FILTERS NOT TO BE READ OUT LOUD
- (Parenthesis): Indicates that a choice or a substitution must be made
- [Blue text]: Indicates questions that may be included/excluded as per national circumstances
- [Red text]: Indicates text that must be adapted as per national circumstances
- **Bold text**: Indicates question numbers, section headings, skips, and other structural items

| Section ELG: ELIGIBILITY | |
|---|--|
| ELG_DIF | <p>INTERVIEWER:</p> <p>DID THE PERSON REPORT "A lot of difficulty" OR "Cannot do it at all" TO AT LEAST ONE OF QUESTIONS IN DIF_1-DIF_6 (or "Daily" to question DIF_7 or DIF_8)?</p> <p>Yes 01 <input type="checkbox"/> → READ INTRODUCTORY STATEMENT</p> <p>No 02 <input type="checkbox"/> → NEXT MODULE</p> |
| <p>INTERVIEWER READ:</p> <p>The next questions ask about barriers that (you/NAME) may face in the labour market because of the functional difficulties (you/NAME) have in doing certain activities ...</p> | |
| ELG_EMP | <p>INTERVIEWER:</p> <p>IS PERSON EMPLOYED?</p> <p>Yes 01 <input type="checkbox"/> → WPA_1</p> <p>No 02 <input type="checkbox"/> → EBR_1</p> |

| Section EBR: BARRIERS | | |
|---|---|-------------------------------------|
| FOR ELIGIBLE MEMBERS NOT EMPLOYED IN REFERENCE WEEK (ASK IF ELG_DIF=1 & ELG_EMP=2) | | |
| EBR_1 | Which of the following factors would make it more likely for (you/NAME) to seek or find a job...? | |
| | <i>READ AND MARK ALL THAT APPLY</i> | |
| | Getting higher qualifications, training, skills, experience | a. <input type="checkbox"/> |
| | Availability of suitable transportation to and from workplace | b. <input type="checkbox"/> |
| | Help in locating appropriate jobs | c. <input type="checkbox"/> |
| | More positive attitudes towards persons with disabilities | d. <input type="checkbox"/> |
| | Availability of special equipment or assistive devices | e. <input type="checkbox"/> |
| | Availability of more flexible work schedules or work tasks arrangements | f. <input type="checkbox"/> |
| | Availability of a more accommodating workplace | g. <input type="checkbox"/> |
| | Other factors (<i>Specify</i>): _____ | h. <input type="checkbox"/> |
| EBR_2 | How supportive would family members be if (you/NAME) decide to work? Would you say... | |
| | <i>READ</i> | |
| | Very supportive | 01 <input type="checkbox"/> → ATT_1 |
| | Somewhat supportive | 02 <input type="checkbox"/> → ATT_1 |
| | Not supportive | 03 <input type="checkbox"/> → ATT_1 |
| | <i>DO NOT READ</i> | |
| | DON'T KNOW | 97 <input type="checkbox"/> → ATT_1 |
| | REFUSED | 98 <input type="checkbox"/> → ATT_1 |

| Section WPA: WORKPLACE ACCOMODATION | | |
|---|---|-----------------------------|
| FOR ELIGIBLE MEMBERS EMPLOYED IN REFERENCE WEEK (ASK IF ELG_DIF=1 & ELG_EMP=1) | | |
| WPA_1 | Is (your/NAME's) work schedule or work tasks arranged to account for difficulties (your /NAME) have in doing certain activities...? | |
| | <i>READ</i> | |
| | Yes, fully | 01 <input type="checkbox"/> |
| | Yes, partially | 02 <input type="checkbox"/> |
| | Not at all | 03 <input type="checkbox"/> |
| | I do not have difficulties that require special arrangements | 04 <input type="checkbox"/> |
| | <i>DO NOT READ</i> | |
| | DON'T KNOW | 97 <input type="checkbox"/> |
| WPA_2 | Has (your/NAME's) workplace been modified to account for difficulties (your /NAME) have in doing certain activities...? | |
| | <i>READ</i> | |
| | Yes, fully | 01 <input type="checkbox"/> |
| | Yes, partially | 02 <input type="checkbox"/> |
| | Not at all | 03 <input type="checkbox"/> |
| | I do not have difficulties that require special accommodation | 04 <input type="checkbox"/> |
| | <i>DO NOT READ</i> | |
| | DON'T KNOW | 97 <input type="checkbox"/> |

| Section ATT: ATTITUDES | | | |
|---|---|-----------------------------|--|
| FOR ALL ELIGIBLE MEMBERS (ASK IF ELG_DIF=1 & ELG_EMP=1 OR 2) | | | |
| ATT_1 | In your view, how willing are employers to hire persons with disabilities? Would you say... | | |
| | <i>READ</i> | | |
| | Very willing | 01 <input type="checkbox"/> | |
| | Somewhat willing | 02 <input type="checkbox"/> | |
| | Unwilling | 03 <input type="checkbox"/> | |
| | <i>DO NOT READ</i> | | |
| | DON'T KNOW | 97 <input type="checkbox"/> | |
| ATT_2 | In your view, how willing are workers to work alongside persons with disabilities? Would you say... | | |
| | <i>READ</i> | | |
| | Very willing | 01 <input type="checkbox"/> | |
| | Somewhat willing | 02 <input type="checkbox"/> | |
| | Unwilling | 03 <input type="checkbox"/> | |
| | <i>DO NOT READ</i> | | |
| | DON'T KNOW | 97 <input type="checkbox"/> | |

| Section SPR: SOCIAL PROTECTION | | | |
|---|---|-----|--|
| FOR ALL ELIGIBLE MEMBERS (ASK IF ELG_DIF=1 & ELG_EMP=1 OR 2) | | | |
| SPR_1 | Have the difficulties (you/NAME) have been officially recognized (certified) as a disability? | YES | 01 <input type="checkbox"/> → SPR_2 |
| | | NO | 02 <input type="checkbox"/> → NEXT MODULE |
| SPR_2 | (Do/Does) (you/NAME) receive any cash benefits from the government linked to [your/his/her] disability? | YES | 01 <input type="checkbox"/> |
| | | NO | 02 <input type="checkbox"/> |
| SPR_3 | (Do/Does) (you/NAME) receive any goods or services from the government linked to [your/his/her] disability? | YES | 01 <input type="checkbox"/> |
| | | NO | 02 <input type="checkbox"/> |