

## DSP Demographics Survey

Date: \_\_\_\_\_ Your Name: \_\_\_\_\_ Training Group: \_\_\_\_\_

Please answer each question as accurately as possible. Your answer to these questions will be kept confidential and will not affect your status as an employee at Volunteers of America of Greater New Orleans (VOA).

1. Your Birth Date: \_\_\_\_\_  
Month Year

2. What is your gender? **(Mark one)**

\_\_\_\_\_ 0. Female \_\_\_\_\_ 1. Male

3. What is your ethnic background?

\_\_\_\_\_ 1. White (Non-Hispanic)  
\_\_\_\_\_ 2. Black (Non-Hispanic)  
\_\_\_\_\_ 3. Hispanic  
\_\_\_\_\_ 4. Asian  
\_\_\_\_\_ 5. American Indian  
\_\_\_\_\_ 6. Other (Specify) \_\_\_\_\_

4. Check the highest level of education you have completed.

\_\_\_\_\_ GED \_\_\_\_\_ High School  
\_\_\_\_\_ Four year Degree \_\_\_\_\_ AA/2 yr Degree  
\_\_\_\_\_ VoTech Certificate

5. Excluding LSU-Delgado DSP program are you currently enrolled in college or vocational or technical school? **(Mark one)**

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

6. How many years of experience do you have working with people with MR or DD as a DSP?

\_\_\_\_\_  
Years Months

7. Do you plan to work in this field for at least another two years? **(Mark One)**

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

8. What parish do you **work** in? \_\_\_\_\_

9. How many people live in **your** household?  
\_\_\_\_\_ number of people

10. 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

11. What is your total family 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

12. What is your current hourly wage at this job?  
\$ \_\_\_\_\_ per hour

13. How many hours per week are you generally scheduled to work for VOA?

\_\_\_\_\_ Hours per week

14. Outside of VOA, do you currently have any other paid jobs? **(Mark one)**

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

15. How many different paid jobs (if any) do you currently have?

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

16. How many hours (if any) do you work each week in jobs outside of VOA?

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

17. How long have you been working for VOA?

\_\_\_\_\_  
Years Months

18. How many years of experience do you have working with people with MR or DD as a DSP?

\_\_\_\_\_  
Years Months

19. How many different provider agencies or families that paid you privately have you worked for in your DSP career (including VOA)?

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

20. Are you considered by VOA to be full-time? **(Mark one)**

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

21. Are you eligible for paid time off (sick, vacation, holidays) from VOA? **(Mark one)**

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

22. Do you purchase health insurance benefits through VOA?

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

23. If you do not purchase health insurance benefits through VOA are you covered under another family member's health insurance?

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

24. What is the primary diagnosis of the individual(s) you support **(Mark one for each person you support.)**

Person A

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

Person B

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

25. How did you hear about this job **mark the 3 most important** sources?

- \_\_\_\_\_ 1. I worked for VOA before/saw internal posting
- \_\_\_\_\_ 2. A current/former employee of VOA
- \_\_\_\_\_ 3. A friend who works for another organization serving people with disabilities (Advocacy group, parent group, etc.)
- \_\_\_\_\_ 4. A person with disabilities or their family
- \_\_\_\_\_ 5. Advertisement (TV, Radio, newspaper, Internet, etc.)
- \_\_\_\_\_ 6. Employment/referral agency (La Rehab Services, LA Job, Service, One Stop Shops, etc.)
- \_\_\_\_\_ 7. High school or college placement office bulletin board
- \_\_\_\_\_ 9. Community bulletin board (e.g., library, grocery store, house of worship, coffee shop, etc.)
- \_\_\_\_\_ 10. Other \_\_\_\_\_

26. Which of the following was the **most important** reason you took this job? **(Mark one)**

- \_\_\_\_\_ 1. I need 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 \_\_\_\_\_

27. Which of the following issues (if any) have you experienced or witnessed with coworkers or facilitators on this job? **(Mark one)**

- \_\_\_\_\_ 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 about job duties (e. g., cooking, personal care).
- \_\_\_\_\_ 6. Conflict related to age differences between coworkers.
- \_\_\_\_\_ 7. You or your coworker are excluded because you are different from one another in some way.
- \_\_\_\_\_ 8. Other conflicts related to diversity issues (i.e., cultural differences).

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

- \_\_\_\_\_ a. Nothing
- \_\_\_\_\_ b. Benefits
- \_\_\_\_\_ c. Co-workers
- \_\_\_\_\_ d. Facilitators
- \_\_\_\_\_ e. I like the people I support/serve
- \_\_\_\_\_ f. The people I support 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. Distance between home and work
- \_\_\_\_\_ k. Work setting (someone's home)
- \_\_\_\_\_ l. Training and development opportunities

*LIST CONTINUES ON NEXT PAGE*

- \_\_\_\_\_ m. Pay rate/salary
- \_\_\_\_\_ n. Flexible shifts
- \_\_\_\_\_ o. Choice of people I support
- \_\_\_\_\_ p. Work is rewarding
- \_\_\_\_\_ q. The facilitators and DSP that I work with are team players
- \_\_\_\_\_ r. Other (specify)\_\_\_\_\_

- \_\_\_\_\_ n. Improve communication between administrators and DSP
- \_\_\_\_\_ o. Improve communication between Facilitators and DSP
- \_\_\_\_\_ p. Increase recognition for good performance
- \_\_\_\_\_ q. Improve orientation for new workers
- \_\_\_\_\_ r. Increase opportunities for advancement
- \_\_\_\_\_ s. Reduce the number of DSP “no shows”
- \_\_\_\_\_ u. Other (specify)\_\_\_\_\_

29. 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/week
- \_\_\_\_\_ d. Too many hours/week
- \_\_\_\_\_ d. Job is too stressful, difficult or demanding
- \_\_\_\_\_ e. Demands of my other job/primary employment
- \_\_\_\_\_ f. Lack of opportunities for professional growth or advancement
- \_\_\_\_\_ g. Personal reasons
- \_\_\_\_\_ j. Conflict with facilitator
- \_\_\_\_\_ k. Favoritism, lack of fairness
- \_\_\_\_\_ l. Lack of back up staff
- \_\_\_\_\_ m. Too much criticism/lack of support
- \_\_\_\_\_ n. Challenges with consumers
- \_\_\_\_\_ o. Poor training
- \_\_\_\_\_ p. Lack of recognition for performance
- \_\_\_\_\_ q. Other (specify)\_\_\_\_\_
- \_\_\_\_\_ r. None of these/I don't want to leave

30. What could VOA do improve your work satisfaction? (**Mark up to three choices**)

- \_\_\_\_\_ a. Nothing
- \_\_\_\_\_ b. Increase wages
- \_\_\_\_\_ c. More paid leave
- \_\_\_\_\_ d. Improve access to, or quality of, benefits (e.g., health, dental)
- \_\_\_\_\_ e. Clarify and communicate agency mission
- \_\_\_\_\_ f. Empower me to participate in decisions that affect my work
- \_\_\_\_\_ g. Provide more variety of training topics
- \_\_\_\_\_ h. Provide job specific training
- \_\_\_\_\_ i. Reduce conflict between coworkers/ improve team building
- \_\_\_\_\_ j. Improve Facilitator & DSP relations and communication
- \_\_\_\_\_ k. Increase number of work hours
- \_\_\_\_\_ l. Decrease number of work hours
- \_\_\_\_\_ m. More employee benefit discounts (massages, dental, etc.)

*LIST CONTINUES IN NEXT COLUMN*