**Providing Direct Support during the COVID-19 Pandemic**

**Direct Support Professionals Survey, April 2020**

This survey is being conducted by the National Alliance of Direct Support Professionals (NADSP) in partnership with the Institute on Community Integration at the University of Minnesota.

We would like to understand the impact of the COVID-19 pandemic on direct support professionals. Your responses are anonymous: your identity will not be recorded.

1. How long have you worked as a direct support professional at your **primary** employer?

* Less than 6 months
* 6 months – 12 months
* 12 months – 24 months
* 24 months – 36 months
* More than 36 months

2. How long have you worked in direct support?

* Less than 6 months
* 6 months – 12 months
* 12 months – 24 months
* 24 months – 36 months
* More than 36 months

 3. What is your job title – what your employer calls people in your position – at your primary employer

* Direct Support Worker
* PCA
* Employment Consultant or Job Coach
* Manager or Supervisor
* Home Health Aide or Resident Assistant
* Site Director or Program Coordinator
* Direct Support Professional
* Independent Living Skills/Life Skills Instructor or Community Living Specialist
* CNA/NA/RN
* Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

4. Are you officially classified in your state as an Essential Worker?

* Yes
* No
* I don’t know

5. Where do you currently provide services to people? (Check all that apply.)

* Agency/facility sites(s) (e.g., group homes, nursing homes, Intermediate Care Facilities (ICFs), state operated community programs or institutions, private facilities with 16 or more people, assisted living, workshop or day training sites)
* Family or individual home(s)
* Day Program(s)
* Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

6. Are you the primary wage earner in your household?

* Yes
* No

7. What was your regular hourly wage (not including overtime) at your primary employer where you provided direct support on January 1, 2020? (For example: $11.71) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Are you getting paid more for working during the COVID-19 pandemic (essential worker salary augmentation)?

* Yes
* No
* I don’t know

8a. If yes, what is the amount of the hourly wage increase?

* $0.01-$1.00 per hour
* $1.01-$2.00 per hour
* $2.01-$3.00 per hour
* $3.01-$4.00 per hour
* More than $4.01 per hour
* I don’t know

9. How many hours per week did you work with your primary employer where you provide direct support during January 2020?

* Less than 15 hours
* 16-30 hours
* 31-40 hours
* 41- 50 hours
* 51+ hours

10. How many additional hours per week have you worked per due to the COVID-19 pandemic?

* None
* 1-15 hours
* 16-30 hours
* 31-40 hours
* 40+ hours
* I don’t know

11. In what way(s) has your typical work schedule changed since the COVID-19 pandemic? (Check all that apply.)

* Work more hours per week
* Work the same hours per week
* Work less hours per week
* Work different shifts
* Work in different settings
* Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

12. In the site(s) where you work, do you know of staff who have left their jobs due to the COVID-19 pandemic?

* Yes.
* No
* I don’t know

13. Are you, or any co-workers, no longer working because of COVID-19? Please check all that apply.

* I am still working
* No longer working because of testing positive for COVID-19.
* No longer working because of child care issues.
* No longer working for fear of becoming infected.
* No longer working for fear of infecting others.
* I don’t know

14. How many people you support have been diagnosed with COVID-19?

15. In the site(s) where you work, are you short staffed (not enough workers) due to the COVID-19 pandemic?

* Yes, we are more short-staffed than before the COVID-19 pandemic
* We were short-staffed before the COVID-19 pandemic, and continue to be equally short-staffed
* No
* I don’t know

16. In the site(s) where you work, have new staff been hired due to the COVID-19 pandemic?

* Yes.
* No
* I don’t know

16a. If yes, did staff hired during the COVID-19 pandemic receive typical orientation and preservice training from your organization?

* Yes
* Yes, and they also received additional safety training related to the pandemic
* No
* I don’t know

17. Which of the following types of personal protective equipment does your employer provide? (Check all that apply.)

* Gloves
* Medical grade face masks
* Home repair-style face masks
* Homemade face masks
* Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

18. What safety measures (other than personal protective equipment) has your organization put in place for DSPs during the COVID-19 pandemic? (Check all that apply).

* Training on health and safety
* Posted signs on proper handwashing
* Posted signs on social distancing
* Taking workers’ temperatures before shifts
* Access to COVID-19 testing
* Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

19. How well are the people you support following social distancing measures?

* Very good
* Good
* Fair
* Poor

20. How often are the people you support allowed to visit with their family members or friends in person?

* Often
* Sometimes
* Seldom
* Never – they are not allowed to have visitors in their home

21. What, if any, consequences are the people you support experiencing because of social isolation due to the COVID-19 pandemic? (Check all that apply.)

* Difficulty addressing dietary issues
* Difficulty addressing pain management issues
* Increased behavior issues
* Increased mood swings and/or depression
* Boredom
* Loneliness
* Sleeping more than usual
* No negative consequences
* Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

22. What is the hardest part of working during the COVID-19 pandemic?

23. What are you doing to take care of yourself?

24. What would you like your employer to do differently?

25. What is the best thing your employer has done to support you?

26. What is your zip code? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

27. OPTIONAL: Are you interested in being interviewed on video about your experiences as a DSP? If you are, please enter your name and email address below and someone from NADSP of the University of Minnesota will contact you.

\*\*\*\*\*\*\*\* Thank you for your time in completing this survey. \*\*\*\*\*\*\*\*\*