



The Washington Group / ILO Labor Force Survey Disability Module (LFS-DM)

Introduction

The Washington Group / ILO Labor Force Survey Disability Module (LFS-DM) was developed, tested and adopted by the International Labour Organization (ILO) and the Washington Group on Disability Statistics (WG). The questions reflect advances in the conceptualization of disability and use the World Health Organization's International Classification of Functioning, Disability, and Health (ICF) as a conceptual framework.

The LFS-DM was developed for inclusion in Labor Force Surveys and is also suitable for use in population-based surveys that collect data on employment. This module is designed specifically for the collection of information on the adult working-age population but may be used for workers of younger ages.

The LFS-DM module has five sections:

Section 1 Disability Identification

The module includes the WG-SS, as a minimum, and an additional two optional affect questions: one on anxiety and one on depression.

Section 2 Barriers to Employment

Intended for all household members of working age who are not currently in employment and who have responded a) "A lot of difficulty" or "Cannot do at all" to at least one of questions #1-6, or [*if using*] b) "Daily" to questions #7 or #8 (*with disability*).

Section 3 Accommodations Necessary for Employment

Intended for all household members of working age who are currently employed and who have responded a) "A lot of difficulty" or "Cannot do at all" to at least one of questions #1-6, or [*if using*] b) "Daily" to questions #7 or #8 (*with disability*).

Section 4 Attitudes

Intended for all household members of working age regardless of current employment status who have responded a) "A Lot of difficulty" or "Cannot do at all" to at least one of questions #1-6, or [*if using*] b) "Daily" to questions #7 or #8 (*with disability*).

Section 5 Social Protection

Intended for all household members of working age regardless of current employment status who have responded a) "A lot of difficulty" or "Cannot do at all" to at least one of questions #1-6, or [*if using*] b) "Daily" to questions #7 or #8 (*with disability*).

Response Categories

It is important to note each question has associated response categories, which are read after each question.

Preamble

The purpose of a preamble is to transition from questions in the survey that deal with other subject matter to a new area of inquiry and focus the respondent on difficulties they may have that relate to physical or mental health. Included are difficulties that occur within a health context, *not* those caused by a lack of resources. Use of the preamble will not be needed in all situations. It is also possible to change the wording of the introduction as needed, as long as the word ‘disability’ is not used.

The introduction is to be read before the questions are administered. Recommended preambles include:

- The next questions ask about difficulties you may have in doing certain activities.
- Now I am going to ask you some questions about your ability to do different activities.

WG / ILO Labor Force Survey Module on Disability (LFS-MD)

SECTION 1: Disability Identification

For all household members of working age, as specified in the national context, e.g. persons aged 15 years and over.

VISION

1. [Do/Does] [you/he/she] have difficulty seeing, even if wearing glasses? Would you say... [*Read response categories*]
 1. No difficulty
 2. Some difficulty
 3. A lot of difficulty
 4. Cannot do at all
 8. *Refused*
 9. *Don't know*

HEARING

2. [Do/Does] [you/he/she] have difficulty hearing, even if using a hearing aid(s)? Would you say... [*Read response categories*]
1. No difficulty
 2. Some difficulty
 3. A lot of difficulty
 4. Cannot do at all
 8. *Refused*
 9. *Don't know*

MOBILITY

3. [Do/Does] [you/he/she] have difficulty walking or climbing steps? Would you say... [*Read response categories*]
1. No difficulty
 2. Some difficulty
 3. A lot of difficulty
 4. Cannot do at all
 8. *Refused*
 9. *Don't know*

COGNITION (REMEMBERING)

4. [Do/does] [you/he/she] have difficulty remembering or concentrating? Would you say... [*Read response categories*]
1. No difficulty
 2. Some difficulty
 3. A lot of difficulty
 4. Cannot do at all
 8. *Refused*
 9. *Don't know*

SELF-CARE

5. [Do/does] [you/he/she] have difficulty with self-care, such as washing all over or dressing? Would you say... [*Read response categories*]
1. No difficulty
 2. Some difficulty
 3. A lot of difficulty
 4. Cannot do at all
 8. *Refused*
 9. *Don't know*

COMMUNICATION

6. Using [your/his/her] usual language, [do/does] [you/he/she] have difficulty communicating, for example understanding or being understood? Would you say...
[*Read response categories*]
1. No difficulty
 2. Some difficulty
 3. A lot of difficulty
 4. Cannot do at all
 8. *Refused*
 9. *Don't know*

OPTIONAL Disability Identification Questions - The following two disability identification questions on anxiety and depression are recommended for inclusion in the module by the Washington Group, but are considered as optional in the ILO version of the LFS-DM per national circumstances.

ANXIETY

7. How often [do/does] [you/he/she] feel very anxious, nervous or worried? Would you say... [*Read response categories*]
1. Never
 2. A few times a year
 3. Monthly
 4. Weekly
 5. Daily
 8. *Refused*
 9. *Don't know*

DEPRESSION

8. How often [do/does] [you/he/she] feel very sad or depressed? Would [you/he/she] say...
[*Read response categories*]
1. Never
 2. A few times a year
 3. Monthly
 4. Weekly
 5. Daily
 8. *Refused*
 9. *Don't know*

SECTION 2: Barriers

For all household members of working age **who are not currently in employment** and have responded a) “A lot of difficulty” or “Cannot do at all” to at least one of questions #1-6, or [if using] b) “Daily” to questions #7 or #8.

If the household member of working age **is currently employed**, skip to Q11.

9. Which of the following factors would make it more likely for [you/him/her] to seek or find a job? [*Read response categories and mark all that apply*]
1. Getting higher qualifications/training/skills
 2. Availability of suitable transportation to and from workplace
 3. Help in locating appropriate jobs
 4. More positive attitudes towards persons with disabilities
 5. Availability of special equipment or assistive devices
 6. Availability of more flexible work schedules or work tasks arrangements
 7. Availability of a more accommodating workplace
 8. Other: *Please specify* _____
98. *Refused*
99. *Don't know*
10. How supportive would your family members be if [you/he/she] decide to work? [*Read response categories and mark one*]
1. Very supportive
 2. Somewhat supportive
 3. Not supportive
 8. *Refused*
 9. *Don't Know*

Skip to Q13

SECTION 3: Accommodations

For all household members of working age **who are currently employed** and who have responded a) “A lot of difficulty” or “Cannot do at all” to at least one of questions #1-6, or [if using] b) “Daily” to questions #7 or #8.

11. Is [your/his/her] work schedule or work tasks arranged to account for difficulties [you/he/she] [have/has] in doing certain activities? [*Read response categories and mark one*]
1. Yes, fully
 2. Yes, partially
 3. Not at all
 4. I do not have difficulties that require accommodation
 8. *Refused*
 9. *Don't Know*

12. Has [your/his/her] workplace been modified to account for difficulties [you/he/she] [have/has] in doing certain activities? [*Read response categories and mark one*]
1. Yes, fully
 2. Yes, partially
 3. Not at all
 4. I do not have difficulties that require accommodation
 8. *Refused*
 9. *Don't Know*

SECTION 4: Attitudes

For all household members of working age who have responded a) “A lot of difficulty” or “Cannot do at all” to at least one of questions #1-6, or [*if using*] b) “Daily” to questions #7 or #8.

13. In your view, how willing are employers to hire persons with disabilities? [*Read response categories and mark one*]
1. Very willing
 2. Somewhat willing
 3. Unwilling
 8. *Refused*
 9. *Don't Know*
14. In your view, how willing are workers to work alongside persons with disabilities? [*Read response categories and mark one*]
1. Very willing
 2. Somewhat willing
 3. Unwilling
 8. *Refused*
 9. *Don't Know*

SECTION 5: Social Protection

For all household members of working age who have responded a) “A lot of difficulty” or “Cannot do at all” to at least one of questions #1-6, or [*if using*] b) “Daily” to questions #7 or #8.

15. Have the difficulties [you/he/she] [have/has] been officially recognized (certified) as a disability?
- | | |
|--|-------------------------------------|
| <ol style="list-style-type: none"> 1. Yes 2. No 8. <i>Refused</i> 9. <i>Don't know</i> | (Go to Q16)
} End the interview. |
|--|-------------------------------------|

16. [Do/Does] [you/he/she] receive any cash benefits from the government linked to [your/his/her] disability?

1. Yes
2. No
8. *Refused*
9. *Don't know*

17. [Do/Does] [you/he/she] receive any goods or services from the government linked to [your/his/her] disability?

1. Yes
2. No
8. *Refused*
9. *Don't know*