



Online Survey Moving Towards Disability-Inclusive Recovery in Employment and Livelihood in the time of COVID-19

Survey Questionnaire

Survey Introduction

Project Inclusion Network (PIN) and our partner government agencies, are one in the belief that Persons with Disability should not be left behind in the efforts to recover from the effects of COVID-19 pandemic. Persons with Disability, under normal circumstances, already experience barriers that hinder them from fully participating in society, and are further aggravated by the current circumstances that the COVID-19 pandemic has brought about.

This survey aims to further determine the impact of COVID-19 pandemic on Persons with Disability in employment and entrepreneurship, and document their needs to be able to participate in the labor and entrepreneurial market post-pandemic.

Results of this survey will be shared with the general public, and with policy makers to aid in the inclusive recovery efforts towards supporting decent and equitable work and livelihood opportunities for Persons with Disability in the new normal. Results will be shared by end of August 2020.

All survey respondents will be drawn into an electronic raffle where 50 randomly-chosen respondents will receive Php200 worth of load or meal coupon.

This survey will take about 10-15 minutes of your time.

Should you have any question regarding the survey, you may contact Project Inclusion Network through research@projectinclusion.ph or [facebook.com/ProjectInclusionPH](https://www.facebook.com/ProjectInclusionPH) and Ms. Aurora Dela Rea at rgms@dti.gov.ph.

Thank you very much! Please press the "Next" button below to proceed to the next section.

[Next Page] Data Privacy Act:

I am allowing PIN to process, collect, use, store, and analyze all the personal and sensitive information shared through this survey.

I am answering this survey upon assurance from PIN and its co-organizers of their commitment to protect my rights under the Data Privacy Act of 2012.



This includes their obligation to handle information under strict confidentiality and that PIN will share and use the information only for the purpose of this survey, and will ensure that there will be no unauthorized use or disclosure of my information and data.

I understand that should I wish to access, update, or correct certain information/data, or withdraw consent to the use of any information/data provided herein, I may communicate with Project Inclusion Team at research@projectinclusion.ph or I may file complaints with, and/or seek assistance from the National Privacy Commission.

[As a legally authorized representative of an individual who may have difficulty providing his or her consent] The nature of the above Privacy Notice has been explained to me and I, as the authorized representative, agree to have the participant share his/her information according to the purposes stated above.

By agreeing to this Policy, you are also agreeing to the terms and conditions separately set by Google Forms.

If you agree, please press agree and click the next button to proceed to the next section.

- I agree with the Privacy Notice
- I do not agree with the Privacy Notice

List of questions

General Information

- I am a Person with Disability
- I am a parent/ guardian/ relative/ spouse/ caregiver of the Person with Disability
(If you are answering for a Person with Disability, please think that you are answering for them and not for yourself)

1. Name of the Person with Disability
2. Contact number
3. Email
4. Sex
 - Female
 - Male
 - I prefer not to say
5. Age: ____

Background Information

1. Classification of Disability as indicated in your Person with Disability ID
 - Visual
 - Hearing
 - Speech
 - Physical / Orthopedic
 - Psychosocial
 - Neurodevelopmental/ Intellectual/ Learning
 - Multiple Disabilities
 - Others: _____

2. You may provide additional details about your disability here (optional):

3. Please select the region you currently reside in
 - CAR
 - Region I
 - Region II
 - Region III
 - Region IV-A
 - Region IV-B
 - Region VI
 - Region VII
 - Region VIII
 - Region IX
 - Region X
 - Region XI
 - Region XII
 - CARAGA
 - BARMM
 - NCR

4. Please type the city/ municipality you currently reside in:

5. Are you a Person with Disability who is...
 - Employed/ Have been employed (*proceed to I. Social Welfare Services then A. Employment*)
 - Looking for employment opportunities (*proceed to I. Social Welfare Services then A. Employment*)

- Entrepreneur/
Businessperson *(proceed to I. Social Welfare Services then B.
Entrepreneurship)*

I. Initial questions on Social Welfare Services

1. How do you receive information about safety measures and updates on COVID-19? (Please check all that apply)
 - Social media posts (eg. facebook, twitter, instagram)
 - Official government websites (eg. DTI/ DOH/ DSWD/ DILG/ LGU official website)
 - Word of mouth (family, relatives, friends)
 - Broadcast media (TV, radio)
 - Print media (eg. newspaper, magazines, flyers)
 - Online platforms for news and learning
 - Local government officials
 - Government helpline services
 - No access to information at all
 - Others, please specify: _____

2. What are the issues/concerns/barriers you experience in relation to accessible information? (Please check all that apply)
 - No displayed sign language interpretation
 - No displayed caption for information materials in video format
 - Content is not accessible with screen readers
 - Unclear and/ or complex presentation of new information
 - Display format is hard to read (eg. font style, font size, color contrast, etc)
 - No issues/ concerns/ barriers experienced
 - Others, please specify: _____

3. What types of social welfare services did you receive/avail from your locality? (Please check all that apply)
 - Relief goods distribution
 - DSWD Social Amelioration Program
 - Financial assistance for disability cost
 - Transportation services
 - None
 - Others, please specify: _____

4. Are there barriers that prevent you from receiving local assistance services?
(Please check all that apply)
- Lack of programs and services inclusive of Persons with Disability
 - Lack of information and coordination about the available services in the community
 - Lack of accessible information for Persons with Disability
 - Lack of transportation to avail the services
 - No barriers experienced
 - Others, please specify: _____
5. What other services (not yet implemented in your locality) do you think are necessary to help support Persons with Disability in time of COVID-19?
(required) _____

A. Employed

Are you currently employed or were you employed before the COVID-19 pandemic?

- Yes, I am employed/ was employed before the pandemic
- No, I am not employed before the pandemic

a. If **yes, I am employed/ was employed before the pandemic**

1. What industry do/did you work for?
- Government sector
 - Private organization
 - Non-government organization/ Civil society organization
 - Telecommuting (remote employment)
 - Others, please specify:
2. How long have you been working (from your first job to your most recent job)
- Less than 2 years
 - 3-5 years
 - 6-8 years
 - 8-10 years
 - More than 10 years
3. How long have/ had you been working in your most- recent job?
- Less than 6 months
 - 6 months - 2 years
 - 2 years - 4 years
 - 5 years above

4. What is/ was your employment status?
- Permanent
 - Contractual
 - Casual
 - Freelancer with consistent clients
 - Freelancer with inconsistent/ lesser clients
 - Other, please specify: _____
5. How did the COVID-19 pandemic affect your employment condition/status?
(Please check all that apply)
- No effects on employment status
 - No work - no pay
 - Regular work hours with pay-cuts
 - Reduced working hours
 - Shift to work-from-home arrangement
 - Temporary suspension, will be rehired after the pandemic
 - Permanent suspension, the organization reduced the number of employees due to the economic effects of the pandemic
 - Permanent suspension, the organization decided to close down/ declared bankruptcy/ retrenchment
 - Others, please specify: _____
6. What are the issues or concerns you currently face with the changes imposed in your workplace? (Please check all that apply)
- Unavailability of devices such as laptop/ smartphone/ tablet
 - Unavailability or slow internet connection
 - Lack of knowledge about technology (eg. typing, setting up video meetings, application/software knowledge, etc)
 - Conflict of schedule with work and household activities
 - Unrealistic work-from home expectations
 - Distracted and find it difficult to concentrate because of the current situation leading to reduced productivity
 - Lack of transportation to get to the workplace
 - Online platforms for meetings and other activities are not accessible to screen readers
 - Remote work arrangements do not apply due to the nature of work (retail, housekeeping, etc.)
 - Finding it hard to connect with colleagues and feeling alone
 - Worried while going to the workplace because of safety concerns
 - Can't balance work and life while working from home
 - No issues since there are no changes imposed

- Others, please specify: _____

7. What types of assistance/support do you need given the issues or concerns you continue to encounter? (Please check all that apply)

- Company-issued laptop/ smartphone/ tablet
- Allowance for internet connection
- Brief orientation on the basics of using computers and other modern technology devices
- Transportation allowance / service (if skeletal workforce)
- Board and lodging near the workplace
- Psychosocial support and mental health resources (mental health sessions, mindfulness classes, etc)
- No assistance needed
- Others, please specify: _____

8. What assistance/support did your employer provide in order for you to adjust to this set-up? (Please check all that apply)

- Company-issued laptop/ smartphone/ tablet
- Allowance for internet connection
- Brief orientation on the basics of using computers and other modern technology devices
- Transportation allowance / service (if skeletal workforce)
- Board and lodging near the workplace
- Psychosocial support and mental health resources (mental health sessions, mindfulness classes, etc)
- No assistance provided
- Others, please specify: _____

9. If online training seminars are available, what topics are you interested in attending? (Please check all that apply)

- Arts & Crafts / Digital Art
- Agriculture
- Automotive
- Business/ Entrepreneurship and Management
- Construction / Welding/ Electronics
- Financial Literacy / Budgeting
- Health and Wellness
- Hotel/ Tourism/ Food and Beverage and Cookery
- Information and Communications Technology
- Social Development and Communication Skills
- Digital technology (use of online platforms and learning materials)
- Finding remote employment opportunities

- Mental health in _____ the workplace/ in time of COVID-19
- Others, please specify: _____

10. What other support or employment assistance do you think you need as we transition to the new normal? (Indicate none if none; required)

11. What assistance were you provided by your organization before lay- off?

- Government support i.e DOLE COVID-19 Adjustment Measures Program (CAMP), SSS Small Business Wage Subsidy Program (SBWS), ECC loss of income package, etc
- Separation/ back- pay benefit package as mandated by law
- New employment opportunity offer
- I was not laid off
- None
- Others, please specify: _____

(Proceed to feedback)

b. If no I am not employed before the pandemic

1. Before the pandemic, what job industry do you target as you search for employment opportunities? (Please check all that apply)

- Manufacturing
- Information and Communications Technology
- Food and Beverage Services
- Sales and Marketing
- Business Processing Outsourcing
- Accommodation and Lodging Services
- Human Health and Social Work
- Financial and Insurance Services
- Education
- Any home-based jobs
- Government sector
- Others, please specify : _____

2. Because of the pandemic, what specific job industry do you target now? (Please check all that apply)

- Manufacturing
- Information and Communications Technology

- Food and Beverage Services
 - Sales and Marketing
 - Business Processing Outsourcing
 - Accommodation and Lodging Services
 - Human Health and Social Work
 - Financial and Insurance Services
 - Education
 - Any home-based jobs
 - Government sector
 - Others, please specify : _____
3. How did the COVID-19 pandemic affect your job search and application?
(Please check all that apply)
- Lack of information and updates about job openings in accessible formats
 - Lack of available opportunities such as training and seminars to enhance professional skills and employability
 - Delayed job application processing (i.e no feedback from employer)
 - Others, please specify: _____
4. What are the issues or concerns you currently face for job search and application? (Please check all that apply)
- Unavailability of devices such as laptop/ smartphone/ tablet
 - Unavailability or slow internet connection
 - Lack of knowledge about technology (eg. typing, setting up video meetings, etc)
 - Unavailable job opportunities that fit my current skills
 - Worried about not finding a job
 - No issues encountered
 - Others, please specify: _____
5. What types of assistance do you need given the issues or concerns you encounter? (Please check all that apply)
- More accessible information on job opportunities
 - Allowance for load/ internet connection
 - Short training session for the basics of using computer and other modern technology devices
 - Psychosocial and emotional support to manage uncertainties
 - Work skills training (TVET course, online training, etc)
 - No assistance needed
 - Others, please specify: _____

6. How do you access/inquire information about job postings and availability? (Please check all that apply)
- Online job portals (JobStreet, Pinoy Job, Google for Jobs, etc)
 - Social media posts (eg. facebook, twitter)
 - Family and Relatives
 - Friends, colleagues
 - TV news reports
 - Prints (eg. newspaper)
 - Government helpline services
 - NGOs with pre-employment or referral programs to partner companies
 - Public Employment Services Office (PESO)
 - Persons with Disability Affairs Office (PDAO)
 - Others, please specify: _____
7. If online training seminars are available, what topics are you interested in attending? (Please check all that apply)
- Arts & Crafts / Digital Art
 - Agriculture
 - Automotive
 - Business/ Entrepreneurship and Management
 - Construction / Welding/ Electronics
 - Financial Literacy / Budgeting
 - Health and Wellness
 - Hotel/ Tourism/ Food and Beverage and Cookery
 - Information and Communications Technology
 - Social Development and Communication Skills
 - Digital technology (use of online platforms and learning materials)
 - Finding remote employment opportunities
 - Mental Health in time of COVID-19
 - Others, please specify: _____
8. What other support or employment assistance do you think you need as we transition to the new normal? (*required*)
- _____
9. If given the chance to enter into entrepreneurship, what industry are you interested in? (Please check all that apply)
- Clothing manufacturing and alterations (etc)
 - Education and arts
 - Retail and wholesale
 - Food and beverage

- Manufacturing and production (various items)
- Information and communications technology
- Transportation/ delivery services
- Sari-sari store
- Online selling/ online business
- Others, please specify: _____

(Proceed to feedback)

B. Entrepreneur

1. What is the nature of your business?
 - Clothing manufacturing and alterations
 - Education and arts
 - Retail and wholesale
 - Food and beverage
 - Manufacturing and production - Any kind
 - Information and communications technology
 - Transportation/ delivery services
 - Sari-sari store
 - Online selling / online business
 - Others, please specify: _____

2. How long have you been in the industry?
 - Less than 6 months
 - 6 months to 2 years
 - 2 years to 4 years
 - 5 years above

3. How is your business affected by the pandemic? (Please check all that apply)
 - Temporarily closed
 - Permanently closed (bankruptcy, etc)
 - Reduced client and sales
 - Increased client and sales
 - No known effect
 - Others, please specify: _____

4. What has been the level of financial impact (revenue and sales) on your business operations?
 - Severely affected (close of business, retrenchment)
 - Slightly affected (60-80% increase/loss of revenue and sales)

- Affected (1-59% increase/ loss of revenue and sales)
 - Positive impact (increased revenue/ sales)
 - Not affected (steady sales/ revenue)
5. What are your plans for your business considering the economic effects of the pandemic?
- Continue business operations in the new normal
 - Shift to other industry
 - No effects to our business
 - Others, please specify: _____
6. What assistance did you avail/ receive to aid in your business recovery and continuity?
- Business loans offered by the government
 - Business loans offered by private organizations
 - Donations from private organizations and disability groups
 - Not aware of available aid/ did not request for support
 - Crowd funding through crowdfunding websites
 - None at all
 - Others, please specify: _____
7. What industry are you interested in shifting to?
- Clothing manufacturing and alterations (etc)
 - Education and arts
 - Retail and wholesale
 - Food and beverage
 - Manufacturing and production
 - Information and communications technology
 - Transportation/ delivery services
 - Sari-sari store
 - Online selling/ online business
 - Not interested to shift industries
 - Others, please specify: _____
8. If provided with the opportunity to enroll in a training course to increase employment opportunity, what industry are you interested in?
- Arts & Crafts / Digital Art
 - Agriculture
 - Automotive
 - Business/ Entrepreneurship and Management
 - Construction / Welding/ Electronics

- Financial Literacy/Budgeting
- Health and Wellness
- Hotel/ Tourism/ Food and Beverage and Cookery
- Information and Communications Technology
- Social Development and Communication Skills
- Digital technology (use of online platforms and learning materials)
- Finding remote employment opportunities
- Mental health in the workplace/ in time of COVID-19
- Others, please specify: _____

9. As we transition to the new normal and as you decide to start, continue, or shift your business, what assistance do you think you need to ensure sustainability? (Please check all that apply)

- Online seminars on the “future of businesses post- pandemic” to help you in assessing your business capacity
- Online lectures on entrepreneurial topics (Financial Management, and Business Continuity, Sustainability, and Resiliency, etc) in accessible formats
- Technical skills trainings
- Knowledge and information sharing between Persons with Disability entrepreneurs/ Person with Disability entrepreneur organizations
- Digital upskilling and retooling which are accessible for Persons with Disability
- Access to financial support (capital, loan, etc)
- Start-up kits for chosen new business
- Physical and financial support to establish digital transaction platforms
- Psychosocial and emotional support to manage uncertainties
- Others, please specify: _____

Feedback :

1. How would you describe your experience in understanding the questions and options in the survey?

- Very difficult
- Difficult
- Neutral
- Easy
- Very easy

2. How was your experience navigating the survey?

- Very difficult
- Difficult



- Regular
- Easy
- Very easy

3. How long did you answer the survey?

- Less than 5 minutes
- 5-7 minutes
- 8-10 minutes
- 11-15 minutes
- More than 15 minutes

4. The questions are relevant and timely to the current situation and in preparation for the new normal

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Other comments and suggestions : _____