Fall 2021 Survey Reinterview Instrument
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This document contains the survey questions from The Shift Project's Fall 2021 web-based Reinterview survey instrument. This survey will be self-administered on computers, tablets, or smart phones. We will distribute the survey via email and text message to a panel of respondents who took the Shift baseline survey in Spring or Fall 2020 or Spring 2021

This document primarily reflects the survey path that would be encountered by respondents who are no longer working at the same employer as in the baseline period. These workers are directed via branch logic to a "new employer" branch; those who are still at their original employer are directed to a "same employer" branch. Key differences include:

- The "new employer" branch asks a series of standard employment questions, while in the "same employer" branch, some employment questions are framed as follow-ups ("Sometimes job conditions change. Please give us an update.").
- Because there are multiple paths to the "new employer" branch in the Fall 2021 Reinterview Instrument, the "new employer" branch *does not pipe employer name* (normally a hallmark of the branching in Shift surveys). Rather, only the "same employer" branch pipes in employer name; the "new employer" branch uses a stand-in to prompt respondents, such as "your current employer." (Note: In this document, "employer_emb" denotes the embedded employer name variable based on a response to the baseline survey.)

Because this is a reinterview instrument, certain standard questions that appear in the Shift baseline survey instrument are dropped for *all* respondents. These include, for example, race and gender questions (in Demographics). We assume that for the vast majority of respondents, such demographics will not have changed since the baseline period.
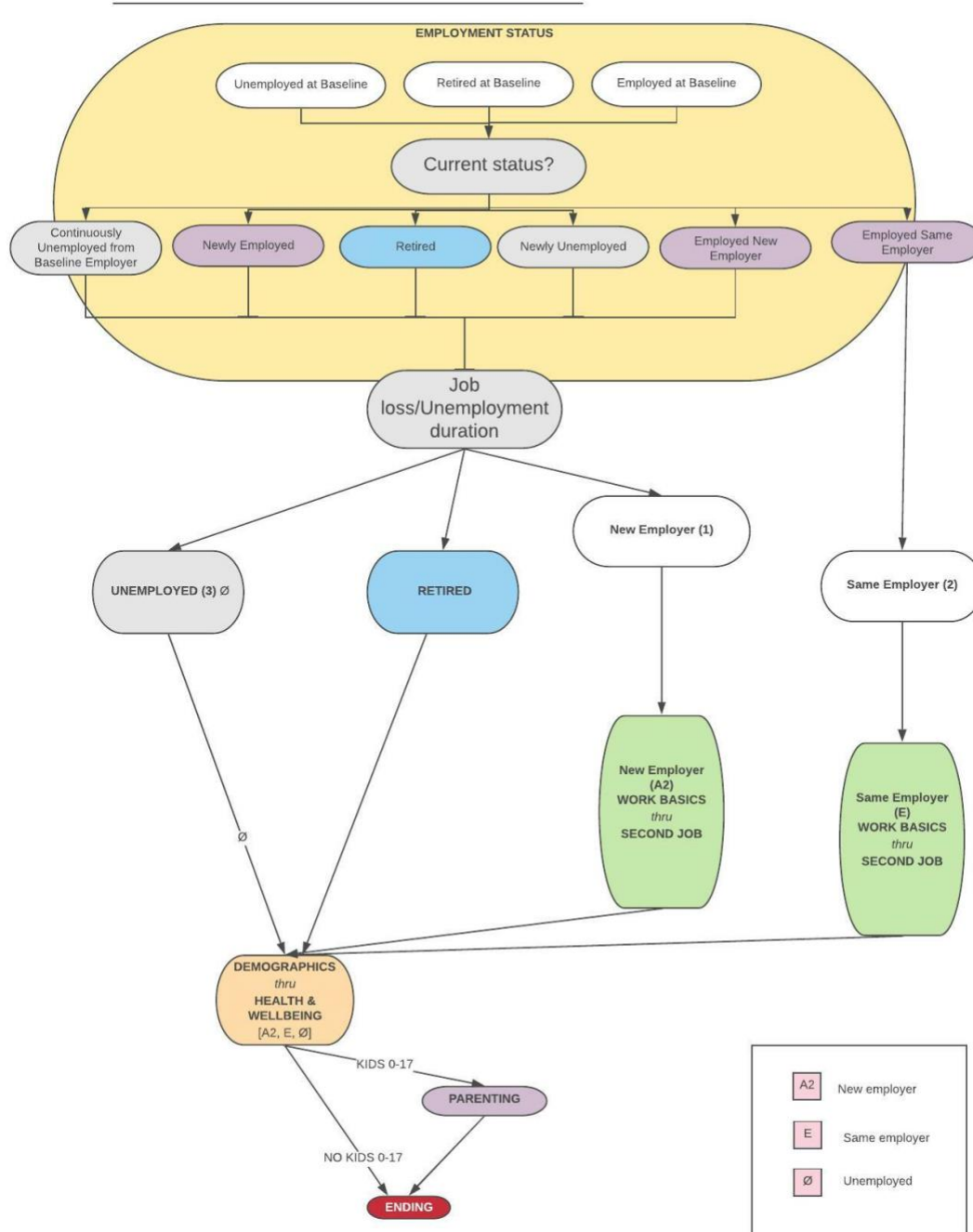
***Note for data users:** Internal data users should note that this document functions as a reference for question wording, response options, display/skip logic, and survey flow. This document is not a data codebook, and the recode values listed here are not reliable.*
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Key:
§   Branched module
ø   Exclusive response option (multiple-selection question)
⤬   Choice randomization
ℛ   Question Block Randomization
Text   Embedded variable contained in survey flow and drawn from an uploaded contact list

Fall21 REINTERVIEW INSTRUMENT – SURVEY FLOW

DETAILED TABLE OF CONTENTS & GROUPING EXPLANATION

Everyone from the baseline sample goes into Module 1 **– Employment Status**.

After Employment Status, it then sorts the baseline Employed, Unemployed (furloughed/laidoff), and Retired into the new groups:

> A2: New employer
> > Employed at baseline but now at a new employer: 1.9="Yes"
> Unemployed at baseline but now employed: 1.10="Yes"
> > Retired at baseline but now employed: 1.15="Yes"
> E: Same employer
> > Employed at baseline and still working at that employer: 1.1="Yes"
> Ø: Unemployed
> > Unemployed at baseline & still unemployed:
> > > 1.10 = "No" | 1.10 = "Don't know/refuse"
> > > Employed at baseline and currently unemployed: 1.9="No"
> > > Retired at baseline and unemployed
> R: Retired
> > Newly Retired: If 1.3 = "I retired" OR 1.12=6"I retired"
> > Continuously Retired: 1.13="Yes"

New employer and same employer continue through the survey flow to Second Job, but continuously unemployed and continuously retired skip to Demographics.

MODULE 1: EMPLOYMENT STATUS

1.0 Between [month_emb] [year_emb] and now, overall would you say that things have gotten better or worse for you?

       1   A lot better
       2   A little better
       3   The same
       4   A little worse
       5   A lot worse.

EMP_STATUS_EMPLOYED

Display This Question:
If employed_emb = Employed

1.1. In [month_emb] [year_emb] you told us you were working for [employer_emb]. Are you still working for [employer_emb]?

       1   Yes
       2   No
       3   Don't know/refuse

Note, we skip to 1.6 for people still at the same employer to ask if they were furloughed at all.

EMP_STATUS_STOP

Display This Question:
If 1.1="No" | 1.1="Don't know/refuse"

1.A. When did you stop working at [employer_emb]

		Month		Year	
a.	My job at ${e://Field/employer} ended in…	1	January	1	2020
		2	February	2	2021
		3	March		
		4	April		
		5	May		
		6	June		
		7	July		
		8	August		
		9	September		
		10	October		
		11	November		
		12	December		

EMP_STATUS_STOP_WHY

1.3.   Why did you stop working at [employer_emb]?

     1   I was laid off

     2   I quit

     3   I was fired

     4   It was a temporary job that ended

     5   I retired

     6   ø None of the above

1.9   Are you currently working?

     1   Yes

     2   No

     3   Don't know/refuse

1.10   In [month_emb] [year_emb], you told us you were not working. Are you currently working?

     1   Yes

     2   No

     3   Don't know/refuse

1.12   What are the main reasons you are not currently working? Mark all that apply.

     1   I cannot work because of a health condition

     2   I have to care for a child or family member

     3   I am in school or a training program

     4   I have looked for a job and can't find one

     5   I make money from odd jobs

     6   I am retired

     7   Other reasons: _____

1.13   In [month_emb] [year_emb] you told us you were retired. Are you currently retired?

     1   Yes

     2   No

     3   Don't know/refuse

Display This Question: (retired at baseline but no longer retired)
If employed_emb = Retired
And 1.13="No" | 1.13="Don't know/Refuse"

1.15   Are you currently employed?
    1   Yes
    2   No
    3   Don't know/refuse

Display This Question: (if newly employed now)
If 1.9 = Yes (the newly employed from baseline employed)
Or 1.10 = Yes (the newly employed from baseline unemployed)
Or 1.15 = Yes (the retired at baseline but no longer retired)

1.16   Please enter your current employer name.
        _____ [TEXT RESPONSE]

Display this question:
If 1.15 = No
ANY_UNEMP

1.1A.   Before you decided to retire, between [month_emb][year_emb] and now, were you ever unemployed for a period of 1 month or more?
    1   Yes
    2   No
    3   Don't know/refuse

1.1A1.   Were you unemployed at all between [month_emb][year_emb] and now?
    1   Yes
    2   No

Display this Question:
If 1.1A="Yes"
UNEMP_M

1.1B.   Thinking of the period between [month_emb] [year_emb] and now, how many months were you unemployed ?
        _____ [NUMERICAL RESPONSE]

1.1B2.   Thinking of the period between [month_emb] [year_emb] and now, were you ever unemployed for a period of 1 month or more?
    1   Yes
    2   No
    3   Don't know/refuse

1.1C   Thinking of the period between [month_emb] [year_emb] and now, how many months were you unemployed?

     1   Less than 1 month
     2   1 month
     3   2 months
     4   3 months
     5   4 months
     6   5 months
     7   6 months
     8   7 months
     9   8 months
     10 9 months
     11 10 months
     12 11 months
     13 12 months or more

NUM_JOBS

1.1D. Between [month_emb] [year_emb] and now, how many different jobs have you had? (not counting odd-jobs or self-employment)

     1   1
     2   2
     3   3
     4   4
     5   5 or more
     6   Don't know/refuse
     7   _____ [TEXT RESPONSE]

MODULE A: WORK BASICS – SAME EMPLOYER§

MANAGER
A4. Are you a manager at [EMPLOYER NAME]?
    1   Yes
    2   No
    3   Don't know/refuse

JOBTITLE
Display This Question:
  If A4 = 1
A5. What is your job title at [EMPLOYER NAME]?
_____

JOBTITLELIST | JOBTITLELIST_TEXT
Display This Question:
  If A4 != 1
A6. Which job description most closely resembles your primary day-to-day responsibilities at your current job?
    1   Cashier or clerk
    2   Salesperson
    3   Customer service
    4   Waiter/waitress/server
    5   Host/hostess
    6   Bartender
    7   Barista
    8   Cook
    9   Baker
    10 Butcher/meat cutter
    11 Produce
    12 Sandwich artist or other food preparation
    13 Delivery person
    14 Stocker/stocking/unloading
    15 Picker
    16 Package handling
    17 Driver
    18 Pharmacy technician
    19 Housekeeper
    20 Maintenance
    21 Supervisor
    22 Other: _____

PAIDHOUR
A8. Are you paid by the hour at [EMPLOYER NAME]?
    1   Yes
    2   No
    3   Don't know/refuse

HOURWAGE

A9. How much are you paid per hour at [EMPLOYER NAME]? **Please enter dollars per hour (for example, if you earn $10 per hour, enter 10.00).**
_____ [NUMBER REQUIRED]

PAIDTIPS

A10. Does that include any tips you might receive at [EMPLOYER NAME]?
   1   Yes, I receive tips
   2   No, I get tips in addition to my hourly wage
   3   No, I don't get tips

WEEKTIPS

A11. Please enter the amount you usually earn in tips **per week** at [EMPLOYER NAME]. **Please enter a dollar amount (for example, if you earn $100 in tips per week, enter 100)**
_____ [NUMBER REQUIRED]

SALARY

A12. What is your **annual** salary at [EMPLOYER NAME]? **Please enter a dollar amount.**
_____ [NUMBER REQUIRED]

MODULE A: WORK BASICS – NEW EMPLOYER[§]

LONGWORK_YRS

A.1. When did you start working at [EMPLOYERNAME]?

	Month		Year	
a. I started working in…	13	January	3	2019
	14	February	4	2020
	15	March	5	2021
	16	April		
	17	May		
	18	June		
	19	July		
	20	August		
	21	September		
	22	October		
	23	November		
	24	December		

MANAGER

A4. Are you a manager at [EMPLOYER NAME]?
   1 Yes
   2 No
   3 Don't know/refuse

JOBTITLE
Display This Question:
   If A4 = 1

A5. What is your job title?
   _____

JOBTITLELIST | JOBTITLELIST_TEXT
Display This Question:
   If A4 != 1

A6. Which job description most closely resembles your primary day-to-day responsibilities at your current job?
   4   Cashier or clerk
   5   Salesperson
   6   Customer service
   7   Waiter/waitress/server
   8   Host/hostess
   9   Bartender
   10 Barista
   11 Cook
   12 Baker
   13 Butcher/meat cutter
   14 Produce
   15 Sandwich artist or other food preparation
   16 Delivery person

17 Stocker/stocking/unloading
18 Picker
19 Package handling
20 Driver
21 Pharmacy technician
22 Housekeeper
23 Maintenance
24 Supervisor
25 Other: _____

WORKPLACE | WORKPLACE_TEXT

A7. Which of the following best describes your [EMPLOYER NAME] workplace?
I work in a...
1 Big-box superstore
2 Department store
3 Retail store
4 Grocery store or food market
5 Restaurant
6 Fast food place
7 Coffee shop or cafe
8 Hotel or motel
9 Warehouse
10 Fulfillment center
11 Delivery vehicle
12 Convenience store or gas station
13 Drugstore or pharmacy
14 Corporate office or training center
15 Call center
16 Other (specify): _____

Skip To: End of Survey If A7 = 14

PAIDHOUR

A8. Are you paid by the hour at [EMPLOYER NAME]?
4   Yes
5   No
6   Don't know/refuse

HOURWAGE

Display This Question:
  If A8 = 1

A9. How much are you paid per hour at [EMPLOYER NAME]? **Please enter dollars per hour (for example, if you earn $10 per hour, enter 10.00).**
____ [NUMBER REQUIRED]

PAIDTIPS

Display This Question:
  If A8 = 1

A10. Does that include any tips you might receive at [EMPLOYER NAME]?
17 Yes, I receive tips
18 No, I get tips in addition to my hourly wage
19 No, I don't get tips

WEEKTIPS

Display This Question:
   If A10 = 2

A11. Please enter the amount you usually earn in tips **per week** at [EMPLOYER NAME].
Please enter a dollar amount (for example, if you earn $100 in tips per week, enter 100)
_____ [NUMBER REQUIRED]

SALARY

Display This Question:
   If A8 != 1

A12. What is your **annual** salary at [EMPLOYER NAME]? **Please enter a dollar amount.**
_____ [NUMBER REQUIRED]

STATELIST

A13. Please select the state where your [EMPLOYER NAME] workplace is located.
   1   Alabama
   2   Alaska
   3   Arizona
   4   Arkansas
   5   California
   6   Colorado
   7   Connecticut
   8   Delaware
   51   District of Columbia
   9   Florida
   10   Georgia
   11   Hawaii
   12   Idaho
   13   Illinois
   14   Indiana
   15   Iowa
   16   Kansas
   17   Kentucky
   18   Louisiana
   19   Maine
   20   Maryland
   21   Massachusetts
   22   Michigan
   23   Minnesota
   24   Mississippi
   25   Missouri
   26   Montana
   27   Nebraska
   28   Nevada
   29   New Hampshire
   30   New Jersey
   31   New Mexico
   32   New York
   33   North Carolina
   34   North Dakota
   35   Ohio

36   Oklahoma
37   Oregon
38   Pennsylvania
39   Rhode Island
40   South Carolina
41   South Dakota
42   Tennessee
43   Texas
44   Utah
45   Vermont
46   Virginia
47   Washington
48   West Virginia
49   Wisconsin
50   Wyoming
52   I do not work in the United States

CHICAGO
Display This Question:
If A13 = 13

A15.   Is your [EMPLOYER NAME] workplace located in Chicago city limits?
1   Yes
2   No
3   Don't know/refuse
Skip To: A22 If A15 = 1

LOSANGELES
Display This Question:
If A13 = 5
OR GEOIP = California

A16.   Is your [EMPLOYER NAME] workplace located in Los Angeles city limits?
1   Yes
2   No
3   Don't know/refuse
Skip To: A22 If A16 = 1

PHILADELPHIA
Display This Question:
If   A13 =38
OR GeoIP = Pennsylvania

A17.   Is your [EMPLOYER NAME] workplace located in Philadelphia city limits?
1   Yes
2   No
3   Don't know/refuse
Skip To: A22 If A17 = 1

WASHINGTON

Display This Question:
If A13 = 47
Or GEOIP = Washington

A19. Is your [EMPLOYER NAME] workplace located in Seattle city limits?
    1   Yes
    2   No
    3   Don't know/refuse
Skip To: A22 If A18 = 1

NYCFIVE

Display This Question:
If GeoIP Location Region = NY
Or If A13 = 32

A21. Is your [EMPLOYER NAME] workplace located in one of the five boroughs of New York City (Manhattan, Brooklyn, Queens, Staten Island, or the Bronx)?
    1   Yes
    2   No
    3   Don't know/refuse

MODULE A1: COVID SHOCK[§]

INTERACT_F2F

A1.1. As part of your job at [EMPLOYER NAME], how often do you interact with customers or clients face-to-face?
- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- 6 Don't know/refuse

CUSTOMERS_WEARMASK

Display This Question:
If A1.1 != 5

A1.2. Does your [EMPLOYER NAME] location require customers to wear masks?
- 1 Yes
- 2 No
- 3 Don't Know/refuse

EMPLOYEES_WEARMASK

A1.3. Does your [EMPLOYER NAME], location require employees to wear masks at work?
- 4 Yes
- 5 No
- 6 Don't Know/refuse

WEARMASKS_YOU | WEARMASKS_COWORKERS | RMASKS_CUSTOMERS

Display This Question:
If A1.1 != 5

A1.4. In the past week, how often did the following groups wear masks at your [EMPLOYER NAME] workplace?

	Always	Often	Sometimes	Rarely	Never
a. You	1	2	3	4	5
b. Your co-workers, including your manager(s)	1	2	3	4	5
c. Customers	1	2	3	4	5

WEARMASKS_NOF2F_YOU | WEARMASKS_NOF2F_COWORKERS

A1.5. In the past week, how often did the following groups where masks at your [EMPLOYER NAME] workplace?

	Always	Often	Sometimes	Rarely	Never
a. You	1	2	3	4	5
b. Your co-workers, including your manager(s)	1	2	3	4	5

ENCOURAGE_STAYHOME

A1.6. Does your [EMPLOYER NAME] workplace encourage workers to stay home if they are feeling sick?
  1   Always
  2   Often
  3   Sometimes
  4   Rarely
  5   Never

COVID_VACCINE

A1.7 Have you been vaccinated against COVID19?
  1   Yes, I am fully vaccinated
  2   Yes, I am partially vaccinated (first two shots for Pfizer or Moderna)
  3   No, I have not been vaccinated

NOTTRIED_APPT_INELIGIBLE | NOTTRIED_APPT_DKHOW | NOTTRIED_APPT_NOTIME | NOTTRIED_APPT_SCHEDULEISSUE | NOTTRIED_APPT_SIDEEFFECTS | NOTTRIED_APPT_NOTWORRIED | NOTTRIED_APPT_OTHER | NOTTRIED_APPT_OTHER_TEXT

A1.8. Why have you not been fully vaccinated? Mark all that apply
  1   I don't know how to make an appointment
  2   I don't have the time to make an appointment
  3   I don't know my work schedule far enough ahead to be able to book an appointment
  4   I can't afford to take time off of work
  5   I am worried about possible side-effects of vaccination
  6   I don't trust the vaccine
  7   I am not worried about getting COVID
  8   I am worried about the cost of the vaccine
  9   Other: _____

ENCOURAGE_VACC_PROVIDEVAC |ENCOURAGE_VACC_PTO | ENCOURAGE_VACC_SICKLEAVE | ENCOURAGE_VACC_BONUS | ENCOURAGE_VACC_OTHER | ENCOURAGE_VACC_NONE | ENCOURAGE_VACC_OTHER_TEXT

Display This Question:
If A1.7 = 3

A1.9 Did [EMPLOYERNAME] do anything to encourage you to get the COVID vaccine? Mark all that apply.
- 1 Is providing vaccination at work
- 2 Would give me paid time off to get the vaccine
- 3 Would give me paid time off in the event of side effects
- 4 Would pay me a bonus to get vaccinated
- 5 Other _____
- 6 ø None of these

VACC_PROVIDEVAC | VACC_PTO | VACC_SICKLEAVE | VACC_BONUS | VACC_OTHER | VACC_NONE | VACC_OTHER_TEXT

Display This Question:
If A1.7 = 1
If A1.7 = 2

A1.10 Did [EMPLOYERNAME] where you work provide any of the following? Mark all that apply.

- 1 Vaccination available at work
- 2 Gave me paid time off to get the vaccine
- 3 Gave me paid time off in the event of side effects
- 4 Paid me a bonus to get vaccinated
- 5 Other _____
- 6 ø None of these

REQUIRE_EMPLOYEES_VACC

A1.11 Has your employer required you to get vaccinated?
- 1 Yes
- 2 No
- 3 I'm not sure

VACC_VERIFIED_VERBAL | VACC_VERIFIED_SUBMIT_FORM | VACC_VERIFIED_SUBMIT_COPY | VACC_VERIFIED_SUBMIT_OTHER | VACC_VERIFIED_NOT_VERIFIED | VACC_VERIFIED_OTHER

Display This Question:
If A1.14 = 1

A1.12 How is your vaccination status verified? Mark all that apply.
- 1 Verbal confirmation to manager
- 2 Online/paper form
- 3 Must submit copy of my vaccine card
- 4 No verification

REQUIRE_CUSTOMERS_VACC

A1.13 Does your employer require customers to be vaccinated?
- 1 Yes
- 2 No
- 3 Don't Know/Refuse

A1.17. Does your workplace require customers to provide proof of vaccination status before entry?
- 5   Yes
- 6   No
- 7   Don't Know/Refuse

MODULE B: WORK SCHEDULING§

The next questions ask about your work schedule.

SCHEDULE4 | SCHEDULE4_TEXT
B1. Which of the following best describes your work schedule at [EMPLOYER NAME]?
- 1   Variable schedule (one that changes from day to day)
- 2   Regular daytime schedule
- 3   Regular evening shift
- 4   Regular night shift
- 5   Rotating shift (one that changes regularly from days to evenings or nights)
- 6   Split shift (one consisting of two distinct periods each day)
- 7   Other (specify)
- 8   Don't know/refuse

USUALHOURS
B2. How many **hours per week** do you usually work at [EMPLOYER NAME]? **Please enter a number between 0 and 80 hours per week.**
_____ [NUMBER REQUIRED]

GREATESTHR
B3. In the last month, what is the **greatest** number of hours you've worked **in a week** at [EMPLOYER NAME]? (Please consider all hours, including any extra hours, overtime, work you did at home, and so forth). **Please enter a number between 0 and 80 hours per week**.
_____ [NUMBER REQUIRED]

LEASTHR
B4. In the last month, what is the **fewest** hours you've worked **in a week** at [EMPLOYER NAME]? (Please do not include weeks in which you missed work because of illness or vacation.) **Please enter a number between 0 and 80 hours per week**.
_____ [NUMBER REQUIRED]

NOTICE

B5. How far in advance do you usually know what days and hours you will need to work at [EMPLOYER NAME]?

    1   Less than 1 week
    2   At least 1 week but less than 2 weeks
    3   At least 2 weeks but less than 3 weeks
    4   At least 3 weeks but less than 4 weeks
    5   4 weeks or more
    6   Don't know/refuse

DAYSNOTICE

Display This Question:
  If B5 = 1

B6. How many days in advance do you usually know your work schedule at [EMPLOYER NAME]?

    1   Less than 1 day
    2   1 day
    3   2 days
    4   3 days
    5   4 days
    6   5 days
    7   6 days
    8   Don't know/refuse

KEEPSCHEDOPEN

B7. Some employees may feel they have to keep their schedule open to be available for their job. Do you keep your schedule open and available for your job at [EMPLOYER NAME]?

    1   Yes
    2   No
    3   Don't know/refuse

MODULE C: SECURE SCHEDULING§

ONCALL

C1.   In the past month or so, have you ever been asked to be "on-call" for work at [EMPLOYER NAME]? By "on-call," we mean you have to be available to work, and you find out if you are needed to work just a few hours before your shift.
   1   Yes
   2   No
   3   Don't know/refuse

NUM_ONCALL

Display This Question:
   If C1 = 1

C2.   How many times were you asked to be "on-call" for work at [EMPLOYER NAME] in the past month?
   1   1 time
   2   2 times
   3   3 times
   4   4 times
   5   5 or more times

CANCELSHIFT

C3.   In the past month or so, did your employer ever cancel one of your scheduled shifts at [EMPLOYER NAME]?
   1   Yes
   2   No
   3   Don't know/refuse

NUM_CANCELSHIFT

Display This Question:
   If C3 = 1

C4.   How many times did your employer cancel one of your scheduled shifts at [EMPLOYER NAME] in the past month?
   1   1 time
   2   2 times
   3   3 times
   4   4 times
   5   5 or more times

TIMING

C5.   In the past month or so, did your employer ever change the timing or the length of your scheduled shift at [EMPLOYER NAME]? For example, your employer asked you to come in early or late, or asked you to leave early or to stay later than the hours you were originally scheduled for.
   1   Yes
   2   No
   3   Don't know/refuse

NUM_TIMING

C6. How many times did your employer change the timing or length of your scheduled shift at [EMPLOYER NAME] in the past month?
- 1   1 time
- 2   2 times
- 3   3 times
- 4   4 times
- 5   5 or more times

CLOPENING

C7. In the past month or so, have you ever worked a closing shift and then worked the very next opening shift with less than 11 hours off in between your shifts at [EMPLOYER NAME]? This is sometimes called "clopening."
- 1   Yes
- 2   No
- 3   Don't know/refuse

NUM_CLOPENING

C8. How many times did you work a closing shift and then work the very next opening shift with less than 11 hours off in between your shifts at [EMPLOYER NAME] in the past month? (clopening.)
- 1   1 time
- 2   2 times
- 3   3 times
- 4   4 times
- 5   5 or more times

NUM_SHIFTS_CAT

C13. Over the past month, can you give an estimate of about how many shifts you have worked at [EMPLOYERNAME]?
- 1   1-4 shifts (about 1 shift per week)
- 2   5-9 shifts (about 2 shifts per week)
- 3   10-14 shifts (about 3 shifts per week)
- 4   15-19 shifts (about 4 shifts per week)
- 5   20-24 shifts (about 5 shifts per week)
- 6   25-29 shifts (about 6 shifts per week)
- 7   More than 30 shifts

NUM_SHIFTS

Display This Question:
If C13 = 1-4 shifts (about 1 shift per week)
Or C13 = 5-9 shifts (about 2 shifts per week)
Or C13 = 10-14 shifts (about 3 shifts per week)
Or C13 = 15-19 shifts (about 4 shifts per week)
Or C13 = 20-24 shifts (about 5 shifts per week)
Or C13 = 25-29 shifts (about 6 shifts per week)
Or C13 = More than 30 shifts

C14. You indicated that you worked [PIPED RESPONSE FROM C13] shifts last month. Within that range, please estimate the number of shifts you worked last month.
_____ NUMERIC RESPONSE

MODULE C2: AUTOMATION§

TECH_PICKUP | TECH_ORDER | TECH_EEORDER | TECH_SELFCHECKOUT | TECH_EECHECKOUT | TECH_SALESOTHER | TECH_SALESNONE | TECH_SALESOTHER_TEXT

Display This Question:
If A1.1= 1
Or A1.1= 2
Or A1.1= 3
Or A1.1= 4
Or A1.1= 5
Or A1.1= 6
Or A1.1= 7
Or A1.1= 12
Or A1.1= 13
Or A1.1= 16

C2.1. Does your [EMPLOYER NAME] workplace use any of the following technologies to complete or assist with orders and sales? **Mark all that apply.**

    8 *Customers* use a website or app to order online and pick up in the store.
    9 *Customers* use in-store tablets or computers to place their orders.
    10 *Employees* use in-store tablets, handheld devices, or computers to place orders for customers.
    11 *Customers* use self-checkout registers or apps in the store.
    12 *Employees* use tablets or handheld devices to check out customers.
    13 Other (specify) _____
    14 ø None of these

TECHSTRESS | TECHHARD | TECHJOY

Display This Question:
If C2.1 selected count > 0
And C2.1 != 12

C2.2. Do you agree or disagree: The use of technology to assist with orders and sales makes my job…

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a.	More stressful	1	2	3	4	5
b.	More difficult	1	2	3	4	5
c.	More enjoyable	1	2	3	4	5

Display This Question:
  If A1.1= 1
  Or A1.1= 2
  Or A1.1= 3
  Or A1.1= 4
  Or A1.1= 5
  Or A1.1= 6
  Or A1.1= 7
  Or A1.1= 9
  Or A1.1= 10
  Or A1.1= 11
  Or A1.1= 12
  Or A1.1= 13
  Or A1.1= 16

C2.3. Does your [EMPLOYER NAME] workplace use any other workplace technologies? **Mark all that apply.**

15 Robots that stock shelves or move boxes
16 Robots that take inventory
17 Robots that provide customer service
18 A machine that counts money
19 Other: _____
20 ø None of these

C2.4. Please mark how much you agree or disagree with the following statements: <u>Some</u> of my job duties at [EMPLOYER NAME] will be replaced by technology (computers, online shopping, robots, etc.)...

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a.	within the next year	1	2	3	4	5
b.	within the next 5 years	1	2	3	4	5
c.	within my lifetime	1	2	3	4	5

C2.5. Please mark how much you agree or disagree with the following statement: My current job will be <u>fully replaced</u> by technology (computers, online shopping, robots, etc.)…

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a.	within the next year	1	2	3	4	5
b.	within the next 5 years	1	2	3	4	5

c.	within my lifetime	1	2	3	4	5

MODULE C3: SURVEILLANCE AND SANCTIONING§

SHIFTREPORT | SHIFTREPORT_TEXT

C3.1. At your [EMPLOYER NAME] workplace, how do you report the times that you begin and end your shift?
1 Entering a code into a computer, tablet, or other device
2 Scanning a badge or ID card
3 Using my fingerprint
4 Using a scan of my face or my eye
5 Using a paper timecard
6 Other (specify) _____

CLOCKINLOSTPAY

C3.2. At your [EMPLOYER NAME] workplace, how often have you lost pay because of technical difficulties clocking in or clocking out?
1 Never
2 Once
3 Twice
4 Three or more times
5 Don't know/refuse

SPEEDVIDEO | SPEEDBADGE | SPEEDHANDHELD | SPEEDREGISTER | SPEEDOBSERVE | SPEEDOTHER | SPEEDNOTRACK | SPEEDOTHER_TEXT

C3.3. At your [EMPLOYER NAME] workplace, how does your employer keep track of the speed of your work? **Mark all that apply.**
1 Using video recordings
2 Using a wristband or a badge that I wear
3 Using a handheld device that I carry
4 Using data recorded by the cash register or other checkout devices
5 By my supervisor(s) directly observing me
6 Other (specify) _____
7 ⌀ My employer does not track the speed of my work

LEADERBOARD

C3.4. At your [EMPLOYER NAME] workplace, is there a leaderboard or other type of "dashboard" that gives you feedback about the speed of your work?
1 Yes
2 No

LEADERBOARD_FUN
Display This Question:
  If C3.4 = 1

C3.5. Do you agree or disagree: The leaderboard or dashboard makes my job more <u>fun</u>.
1 Strongly Agree
2 Agree
3 Disagree
4 Strongly Disagree

LEADERBOARD_STRESS

C3.6. Do you agree or disagree: The leaderboard or dashboard makes my job more <u>stressful</u>.
      1   Strongly Agree
      2   Agree
      3   Disagree
      4   Strongly Disagree

MANAGERSPEED

C3.7. At your [EMPLOYER NAME] workplace, how often does your manager provide feedback on the speed of your work?
      1   Every shift
      2   Once or twice each week
      3   Once or twice a month
      4   Less than once a month
      5   Never

AUTOSPEED

C3.8. At your [EMPLOYER NAME] workplace, how often do you get information about the speed of your work from a computer, tablet, device, or some other automated technology?
      1   Every shift
      2   Once or twice each week
      3   Once or twice a month
      4   Less than once a month
      5   Never

SPEEDREWARD_CARD | SPEEDREWARD_PTO | SPEEDREWARD_BONUS | SPEEDREWARD_OTHER | SPEEDREWARD_NONE | SPEEDREWARD_DKR | SPEEDREWARD_OTHER_TEXT

C3.9. Do [EMPLOYER NAME] employees who work most quickly receive any special rewards like gift cards, paid time off, or bonuses? **Mark all that apply.**
      1   Yes, gift cards
      2   Yes, paid time off
      3   Yes, bonus pay
      4   Yes, another reward: _____
      5   ø No, employees do not receive special rewards
      6   ø Don't know/refuse

SLOWFIRED

C3.10. Please mark how true the following statement is at your [EMPLOYER NAME] workplace: Workers are more likely to be fired if they do not work quickly.
      1   Very true
      2   Somewhat true
      3   A little true
      4   Not at all true

SLOWWORSETASK

C3.11. Please mark how true the following statement is at your [EMPLOYER NAME] workplace: Workers will be assigned to less desirable tasks if they do not work quickly enough.

    1   Very true
    2   Somewhat true
    3   A little true
    4   Not at all true

SLOWWORSESCHED

C3.12. Please mark how true the following statement is at your [EMPLOYER NAME] workplace: Workers will be given worse schedules if they do not work quickly.

    1   Very true
    2   Somewhat true
    3   A little true
    4   Not at all true

MODULE D: CONTROL AND PTO§

HOURDECIDE

D1. Which of the following statements best describes how the times you start and finish work are decided at [EMPLOYER NAME]?

    1   Starting and finishing times are decided by my employer and I cannot change them on my own.

    2   Starting and finishing times are decided by my employer but with my input.

    3   I can decide the time I start and finish work, within certain limits.

    4   I am entirely free to decide when I start and finish work.

    5   When I start and finish work depends on things outside of my control and outside of my employer's control.

    6   Don't know/refuse

CHOICETOTALHR

D2. How much choice do you have over the total number of hours you work each week?

    1   None

    2   Very little

    3   A little

    4   A moderate amount

    5   A lot

    6   Don't know/refuse

BENEFITS_PAIDSICK | BENEFITS_PAIDVACATION | BENEFITS_HEALTH | BENEFITS_DENTAL | BENEFITS_PAIDLEAVE | BENEFITS_UNPAIDLEAVE | BENEFITS_RETIREMENTPLAN | BENEFITS_TUITION | BENEFITS_CHILDCARE | BENEFITS_NONE

D3. Please look at the following list of benefits that employers sometimes make available to their employees. Which of the benefits on this list can you receive as part of your job at [EMPLOYER NAME]? **Please mark all that apply.**

    1   Paid sick days

    2   Paid vacation days

    3   Health plan or medical insurance

    4   Dental benefits

    5   Paid maternity or paternity leave

    6   Unpaid maternity or paternity leave which would allow you to return to the same job, or one similar to it

    7   A retirement plan other than Social Security

    8   Tuition reimbursement for certain types of schooling

    9   Company provided or subsidized child care

    10 ø None of these

MODULE E: HOUR PREFERENCES AND WORK-FAMILY CONFLICT[§]

SATISFYWORK2

E1. All in all, how satisfied would you say you are with your job at [EMPLOYER NAME]?
     1   Very satisfied
     2   Somewhat satisfied
     3   Not too satisfied
     4   Not at all satisfied

LIKEMOREHOURS

E2. Do you agree or disagree?: I would like to work more hours at [EMPLOYER NAME].
     1   Strongly agree
     2   Agree
     3   Disagree
     4   Strongly disagree

GETTIMEOFF

E3. Do you agree or disagree?: I would like to have a more stable and predictable schedule.
     1   Strongly agree
     2   Agree
     3   Disagree
     4   Strongly disagree

GETTIMEOFF

E4. Do you agree or disagree?: It is easy to get time off from [EMPLOYER NAME] when I need it.
     1   Strongly agree
     2   Agree
     3   Disagree
     4   Strongly disagree

FLEXHANDLEFAMILY

E6. In my work schedule at [EMPLOYER NAME], I have enough flexibility to handle family needs.
     1   Always true
     2   Often true
     3   Sometimes true
     4   Never true

MGRCOVERSHIFT | ICOVERSHIFT | TRYCOVERSHIFT

E7.   If something happens and I can't make it to my scheduled shift…

	Very true (1)	Somewhat true (2)	Not at all true (3)
My manager will find someone to cover my shift (1)	○	○	○
I am responsible for finding someone to cover my shift (2)	○	○	○
I can use an app or other online tool to swap shifts with coworkers (3)	○	○	○
My co-workers will try their best to cover for me (4)	○	○	○

COWORKERSUPPORT

E9.   Do you feel supported by your coworkers?
   1   Yes
   2   No
   3   Don't know/Refuse

FINDNEWJOB

E10.   Taking everything into consideration, how likely is it you will make a genuine effort to find a new job within the next 3 months.
   1   Very true
   2   Somewhat true
   3   Not at all true

MODULE E2: JOB INSECURITY[§]

CHANCESLOSEJOB | KEEPJOB | INSECUREJOB | THINKLOSEJOB | INSECUREJOBCHAR | JOBCHANGE

E2.1. Do you agree with the following statements?

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a.	I think I might lose my job in the near future.	1	2	3	4	5
b.	I feel insecure about the characteristics and conditions of my job in the future.	1	2	3	4	5
c.	Chances are, my job will change in a negative way.	1	2	3	4	5

MODULE F: WORK RELATIONSHIPS[§]

UNION

F1. Do you belong to a labor union at [EMPLOYER NAME]?
  1 Yes
  2 No

MODULE G: SECOND JOB[§]

SECONDJOB

G1. In addition to your job at [EMPLOYER NAME], do you also have another paid job?
  1 Yes
  2 No
Skip To: End of Block If G1 != 1

MISSINGVARIABLE

G2. Not counting your main job at [EMPLOYER NAME], how many hours per week do you usually work at all of your other jobs?
  Text Box _____

INCOMESECONDJOB

G2. Not counting your income from [EMPLOYER NAME], which of the following statements best describes the income you earn from all of your other jobs?
  1 It is essential for meeting my basic needs
  2 Is it an important component of my budget, but not essential
  3 It is nice to have, but I could live comfortably without it
  4 Don't know/refuse

Module 2: Unemployment – [Ø]

MISSINGVARIABLE

2.1   Are you currently looking for work?
- 1   Yes
- 2   No

MISSINGVARIABLE
Display if 2.1=1

2.2   What are the reasons you are looking for work? **Mark All That Apply**
- 1   I need the money
- 2   I need health insurance
- 3   I need something to do with my time
- 4   Other

MISSINGVARIABLE
Display if 2.1=1

2.3   What features are important to you in a new job?
- 1   A job that pays well
- 2   A job that provides paid time off
- 3   A job with a stable schedule
- 4   A job that provides full-time work each week

MISSINGVARIABLE
Display if 2.1=2

2.4   Why are you not looking for work? **Mark All That Apply**
- 1   I have a health condition that limits my ability to work
- 2   I have childcare responsibilities that limit my ability to work
- 3   I am in school or a training program
- 4   I have responsibilities for other household members or relatives
- 5   I don't feel that it is safe to search for a new job given COVID-19
- 6   I have enough income from other sources
- 7   I have looked for a job and can't find one
- 8   I make money from odd jobs
- 9   I am retired
- 10   Other reasons

MISSINGVARIABLE
Display if 2.3=3

2.5   Why are you not looking for work?
               _____ [TEXT REQUIRED]

MODULE 5: RETIREMENT§

RETIRE_INCOME_SS |RETIRE_INCOME_SSI |RETIRE_INCOME_ODDJOB
|RETIRE_INCOME_WELFARE | RETIRE_INCOME_VETBENEFITS |RETIRE_INCOME_PROPERTY
|RETIRE_INCOME_OTHER |RETIRE_INCOME_NONE

5.1   In the past year, did you receive any income from these sources? **Mark all that apply**.
   1   Social Security
   2   Supplemental Security Income, also called SSI
   3   Odd jobs
   4   Welfare
   5   Veteran Benefits or a Military Pension
   6   Rent paid to you for a property you own
   7   Other income sources
   8   ø None

RETIRE_INCOME_SS_AMOUNT
Display this question:
       If 5.1=1

5.2   About how much income did you receive from Social Security last month?
   $_____

RETIRE_INCOME_SSI_AMOUNT
Display this question:
       If 5.1=2

5.3   About how much income did you receive from Supplemental Security Income last month?
   $_____

RETIRE_INCOME_ODDJOB_AMOUNT
Display this question:
       If 5.1=3

5.4   About how much income did you receive from odd jobs last month?
   $_____

RETIRE_INCOME_WELFARE_AMOUNT
Display this question:
       If 5.1=4

5.5   About how much income did you receive from welfare last month?
   $_____

RETIRE_INCOME_VETBENEFITS_AMOUNT
Display this question:
       If 5.1=5

5.6   About how much income did you receive from Veteran Benefits or a Military Pension last month?
   $_____

RETIRE_INCOME_PROPERTY_AMOUNT

5.7   About how much income did you receive from rent paid to you for a property you own last month?
$_____

RETIRE_INCOME_OTHER_AMOUNT
5.8   About how much income did you receive from other income sources last month?
$_____

RETIRE_SAVINGS_401K | RETIRE_SAVINGS_IRA | RETIRE_SAVINGS_BANK |RETIRE_SAVINGS_OTHER
5.9   Do you have any of these forms of retirement savings? **Mark All That Apply**
    1   401K pre-tax retirement account
    2   IRA
    3   Checking, savings, or money market account
    4   Other

RETIRE_SAVINGS_401K_AMOUNT
5.10   In total, about how much do you have saved in a 401k pre-tax retirement account?
$_____

RETIRE_SAVINGS_IRA_AMOUNT
5.11   In total, about how much do you have saved in an IRA?
$_____

RETIRE_SAVINGS_BANK_AMOUNT
5.12   In total, about how much do you have saved in a checking, savings, or money market account?
$_____

MISSINGVARIABLE
5.13   Are you currently looking for work?
    1   Yes
    2   No

MISSINGVARIABLE

Display this question:
If 5.13=1

5.14   What are the reasons you are looking for work? **Mark all that apply.**
   1   I need the money
   2   I need health insurance
   3   I need something to do with my time
   4   Other

MISSINGVARIABLE

Display this question:
If 5.13=2

5.15   Why are you not looking for work? **Mark all that apply.**
   1   I have a health condition that limits my ability to work
   2   I have enough income from other sources
   3   I have caregiving responsibilities that limit my ability to work
   4   Other reasons

MISSINGVARIABLE

5.16   Retired people sometimes do some work for pay. About how many hours per week did you work in the past month?
[Text Box – Number Required]

MISSINGVARIABLE

Display this question:
If 5.16=>0

5.17   Why did you work last month? **Mark all that apply.**
   1   I need the money
   2   I need health insurance
   3   I need something to do with my time
   4   Other

MODULE H: DEMOGRAPHICS

ENROLLED

H1. Are you currently enrolled in school?
- 1 Yes
- 2 No

DIFSCHEDSCHOOL

Display This Question:
  If H1 = 1
And
  If 1.1 = 1
  OR 1.1 = different company

H2. How much do you agree with the following statement:
My work schedule at my main job makes it difficult for me to attend classes, study, and complete my school work.
- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

EDUC

H3. What is the highest grade of school you completed?
- 1 No degree or diploma earned
- 2 High school diploma/GED
- 3 Some college
- 4 Associate's degree
- 5 Bachelor's degree
- 6 Master's degree/Advanced degree
- 7 Don't know/refuse

COHABSTATUS

H4. Are you living with a spouse or a partner?
- 1 Married, living with spouse
- 2 Living with a partner
- 3 Not living with a spouse or partner
- 4 Don't know/refuse

COHAB_LENGTH_MONTHS

H5.   How many months have you been living with your spouse or partner?
- 1   Less than 1 month
- 2   1 month
- 3   2 months
- 4   3 months
- 5   4 months
- 6   5 months
- 7   6 months
- 8   7 months
- 9   8 months
- 10   9 months
- 11   10 months
- 12   11 months
- 13   Don't know/refuse

SPOUSEEMPLOYMENT

H6.   What is your spouse or partner's employment status?
- 1   My spouse/partner is employed
- 2   My spouse/partner is furloughed by their employer (they are not getting any scheduled hours)
- 3   My spouse/partner was laid off and is now unemployed
- 4   My spouse/partner quit their job and is now unemployed
- 5   My spouse/partner is retired (no longer working)
- 6   None of the above

SPOUSEINCOME

H7.   Which of the following statements best describes the income your spouse or partner earns from their job?
- 1   It is essential for meeting our basic needs
- 2   Is it an important component of our budget, but not essential
- 3   It is nice to have, but we could live comfortably without it
- 4   My spouse or partner and I keep our incomes separate
- 5   Don't know/refuse

MISSINGVARIABLE

H8.   ***Please give us an update on your family.***

Since [emb_month] [emb_year], have you welcomed a new child into your family? These might be your biological children, step-children, adopted children, or foster children.
- 1   Yes
- 2   No
- 3   Don't know/refuse

KIDS0TO4

H9. Thinking of your children between 0 and 14 years of age: Do you live with all, some, or none of these children?

    1   I live with all of these children

    2   I live with some of these children

    3   I do not live with any of these children

H10 Thinking of your children between 0 and 17 years of age, do you claim these children as dependents when you file your taxes?

    1   Yes

    2   No

HHCT

H11. Including yourself, how many people currently live in your household?

    ____ [NUMBER REQUIRED]

MODULE StatePTO1: PTO – Knowledge of Laws

HEARD_STATE_LV
NJ1.1. Have you heard of the New Jersey Family Leave Program?
1   Yes
2   No

KNOW_QUALEVENT_CHILD |KNOW_QUALEVENT_HEALTH | KNOW_QUALEVENT_CARE | KNOW_QUALEVENT_DV | KNOW_QUALEVENT_MILITARY |KNOW_QUALEVENT_ALL
Display This Question:
  If NJ.1.1 = 1

NJ1.2. To the best of your knowledge, which of the following are "qualifying events" for paid leave under [State Paid Leave Law]? **Check all that apply**
1   Welcoming a new child into your family through birth, adoption, or foster placement
2   Your own serious health condition or illness, like recovering from a surgery or a serious injury
3   Caring for a seriously ill or injured family member
4   To address needs arising from domestic or sexual violence
5   A qualifying military family leave event
6   (exclusive) All of the above

STATELV_EMPEXPLAIN | STATELV_COWORKEREXPLAIN | STATELV_HEALTHEXPLAIN | STATELV_FAMEXPLAIN | STATELV_GOVEXPLAIN | STATELV_NONPROFEXPLAIN | STATELV_WEBEXPLAIN | STATELV_OTHEXPLAIN | STATELV_NOBODYEXPLAIN | STATELV_OTHEXPLAIN_TEXT |
Display This Question:
  If NJ.1.1 = 1

NJ1.3. Did any of the following help you learn about the paid family & medical leave benefits available to you? Please select all that apply:
1   Employer
2   Co-worker
3   Healthcare provider
4   Friend/family
5   Government agency
6   Nonprofit/Legal aid
7   Internet search
8   Other:_____
9   Nobody helped me

D1.1. **For the following questions, please refer to any experiences you have had in the last 12 months.**

CHILDLASTYEAR
D1.2. In the last 12 months, have you welcomed a new child into your family through birth, adoption, or foster placement?
1   Yes
2   No

HEALTHLASTYEAR

D1.3. In the last 12 months, have you had a serious health condition or illness, like recovering from surgery or a serious injury?
    1 Yes
    2 No

CARELASTYEAR

D1.4. In the last 12 months, have you needed to care for a seriously ill or injured family member?
    1 Yes
    2 No

EMPLOYED_WHEN_CHILD

Display This Question:
* If D.1.2 = 1*

D1.5. Were you employed at the time you welcomed a new child into your family?
    1 Yes
    2 No

EMPLOYED_WHEN_HEALTH

Display This Question:
* If D.1.3 = 1*

D1.6. Were you employed at the time you had a serious health condition or illness?
    1 Yes
    2 No

EMPLOYED_WHEN_CARE

Display This Question:
* If D.1.4 = 1*

D1.7. Were you employed at the time you needed to care for a seriously ill or injured family member?
    1 Yes
    2 No

PFML_PAY_NEEDED

D1.8. If you needed to provide care for a new child, a seriously ill family member, or to recover from a serious illness, how much of your normal pay would you need in order to take time away from work?

Not Applicable

0 10 20 30 40 50 60 70 80 90 100

Percentage (%) of normal pay you would need to receive in order to take time away from work ()	

MODULE D2: Everyone PTO – LIFE EVENT – CHILD[§]

LV_CH

> *Display This Question:*
>   *If D1.2 = 1*
>   *And D1.3 != 1*
>   *And D1.4 != 1*

D2.1. Did you take leave from your job at [EMPLOYER NAME] to care for your new child?
- 1   Yes
- 2   No, I kept working
- 3   No, I decided to quit.

Skip To D2.6 If D2.1 != 1

LV_CH_WK | LV_CH_WK_TEXT

> *Display This Question:*
>   *If D2.1 = 1*

D2.2. How many weeks of leave did you take from your job at [EMPLOYER NAME] to care for your new child?
- 1   Less than 1 week
- 2   A different number of weeks (specify): _____
- 3   I have taken leave little by little (intermittent leave)
- 4   I am still on leave

LV_CH_TOTAL

> *Display This Question:*
>   *If D2.2 = 2*
>   *D2.2 = 3*
>   *Or D2.2 = 4*

D2.3. In total, how many weeks of leave will you take to care for your new child?
_____ [NUMBER REQUIRED]

LV_CH_PAY_FULL_EMPLOYER | LV_CH_PAY_PART_EMPLOYER | LV_CH_PAY_DISABILITY |
LV_CH_PAY_PVT_PROGRAM | LV_CH_PAY_STATE_PROGRAM | LV_CH_PAY_NONE

> *Display This Question:*
>   *If D2.1 = 1*

D2.4. Did you receive pay during your leave? Check all that apply
- 1   I received my full pay from my employer while I was on leave
- 2   I received part of my pay from my employer while I was on leave
- 3   I received pay from disability insurance
- 4   I received pay from a private paid leave insurance program
- 5   I received pay from New Jersey's paid leave program
- 6   None of these

LV_CH_LV_FIN | LV_CH_LV_PRES_EMPLOYER | LV_CH_LV_PRES_COWORKERS | LV_CH_LV_FIRE | LV_CH_LV_INS | LV_CH_LV_OK | LV_CH_LV_OTHER | LV_CH_LV_OTHER_TEXT |

Display This Question:
If D2.1 = 1

D2.6. Please tell us if any of the following were important factors in your decision about how much time you took off from your job at [EMPLOYER NAME] to care for your new child. Mark all that apply.
1   I could not financially afford to take more time off
2   I felt pressure from my employer to return to work
3   I felt pressure from my co-workers to return to work
4   I was afraid I would lose my job
5   I was concerned about losing my health insurance
6   I no longer needed to be away from work
7   Other: _____

LV_CH_EXP_LOSTJOB | LV_CH_EXP_ADVOP | LV_CH_EXP_REVEALRELATIONSHIPS | LV_CH_EXP_REVEALHEALTH | LV_CH_EXP_TREATEDDIFF | LV_CH_EXP_OTHER | LV_CH_EXP_OTHER_TEXT |

D2.6.1 Did you experience any of the following situations due to taking leave from work? **Mark all that apply.**
1   I lost my job.
2   I lost my seniority or potential for job advancement
3   I had to reveal information about my personal relationships or family relationships to my manager/boss
4   I had to reveal personal information about my own health, or the health of my care recipient to my manager/boss
5   I was treated differently at work because of the reason I took leave
6   Something else happened (TEXT BOX)

LV_CH_NOLV_FIN | LV_CH_NOLV_PRES_EMPLOYER | LV_CH_NOLV_PRES_COWORKERS | LV_CH_NOLV_FIRE | LV_CH_NOLV_INS | LV_CH_NOLV_NOTKNOW | LV_CH_NOLV_OK | LV_CH_NOLV_OTHER | LV_CH_NOLV_OTHER_TEXT

Display This Question:
If D2.1 = 2

D2.7. Please tell us if any of the following were reasons why you did not take time off from your job at [EMPLOYER NAME] to care for your new child. **Mark all that apply.**
1   I could not financially afford to take more time off
2   I felt pressure from my employer to return to work
3   **I felt pressure from my co-**workers to return to work
4   I was afraid I would lose my job
5   I was concerned about losing my health insurance
6   I did not know that taking leave was an option for me
7   I did not need to take time off
8   Other: _____

LV_CH_WHY_LEAVEJOB | LV_CH_WHY_LEAVEJOB_OTHER_TEXT

Display This Question:
If D2.1 = 2
OR D2.1 = 3

D.2.7.1 What made you leave your job?

1   Paid leave was not available, I took unemployment insurance
2   Paid leave was available, but unemployment insurance paid more
3   I simply could not continue to work
4   Other: _____

MODULE D3: Everyone PTO – LIFE EVENT – PERSONAL HEALTH[§]

LV_HLTH

D3.1. Did you take leave from your job at [EMPLOYER NAME] to recover from your serious health condition or illness?
- 1 Yes
- 2 No, I kept working
- 3 No, I decided to quit.

Skip To D3.6 If D3.1 != 1

LV_HLTH_WK | LV_HLTH_WK_TEXT

D3.2. How many weeks of leave did you take from your job at [EMPLOYER NAME] to recover from your serious health condition or illness?
- 1 Less than 1 week
- 2 A different number of weeks (specify): _____
- 3 I have taken leave little by little (intermittent leave)
- 4 I am still on leave

LV_HLTH_TOTAL

D3.3. In total, how many weeks of leave will you take to recover from your serious health condition or illness?
_____ [NUMBER REQUIRED]

LV_HLTH_PAY_FULL_EMPLOYER | LV_HLTH_PAY_PART_EMPLOYER | LV_HLTH_PAY_DISABILITY | LV_HLTH_PAY_PVT_PROGRAM | LV_HLTH_PAY_STATE_PROGRAM | LV_HLTH_PAY_NONE |

D3.4. Did you receive pay during your leave? Check all that apply
- 1 I received my full pay from my employer while I was on leave
- 2 I received part of my pay from my employer while I was on leave
- 3 I received pay from disability insurance
- 4 I received pay from a private paid leave insurance program
- 5 I received pay from New Jersey's paid leave program
- 6 None of these

LV_HLTH_LV_FIN | LV_HLTH_LV_PRES_EMPLOYER | LV_HLTH_LV_PRES_COWORKERS | LV_HLTH_LV_FIRE | LV_HLTH_LV_INS | LV_HLTH_LV_OK | LV_HLTH_LV_OTHER | LV_HLTH_LV_OTHER_TEXT

Display This Question:
If D3.1 = 1

D3.5. Please tell us if any of the following were important factors in your decision about how much time you took off from your job at [EMPLOYER NAME] to recover from your serious health condition or illness. Mark all that apply.

1 I could not financially afford to take more time off
2 I felt pressure from my employer to return to work
3 I felt pressure from my co-workers to return to work
4 I was afraid I would lose my job
5 I was concerned about losing my health insurance
6 I no longer needed to be away from work
7 Other: _____

LV_HLTH_NOLV_FIN | LV_HLTH_NOLV_PRES_EMPLOYER | LV_HLTH_NOLV_PRES_COWORKERS | LV_HLTH_NOLV_FIRE | LV_HLTH_NOLV_INS | LV_HLTH_NOLV_NOTKNOW | LV_HLTH_NOLV_OK | LV_HLTH_NOLV_OTHER | LV_HLTH_NOLV_OTHER_TEXT |

Display This Question:
If D3.1 = 2

D3.6. Please tell us if any of the following were reasons why you did not take time off from your job at [EMPLOYER NAME] to recover from your serious health condition or illness. **Mark all that apply.**

1 I could not financially afford to take more time off
2 I felt pressure from my employer to return to work
3 I felt pressure from my co-workers to return to work
4 I was afraid I would lose my job
5 I was concerned about losing my health insurance
6 I did not know that taking leave was an option for me
7 I did not need to take time off
8 Other: _____

LV_HLTH_WHY_LEAVEJOB | LV_HLTH_WHY_LEAVEJOB_OTHER_TEXT

Display This Question:
If D3.1 = 2
OR D3.1 = 3

D.3.7 What made you leave your job?

1 Paid leave was not available, I took unemployment insurance
2 Paid leave was available, but unemployment insurance paid more
3 I simply could not continue to work
4 Other: _____

MODULE D4: Everyone PTO – LIFE EVENT – CAREGIVING§

LV_CR

Display This Question:
  If D1.2 != 1
  And D1.3 != 1
  And D1.4 = 1

D4.1. Did you take leave from your job at [EMPLOYER NAME] to care for a seriously ill or injured family member?
  1   Yes
  2   No, I kept working
  3   No, I decided to quit.

Skip To D4.6 If D4.1 != 1

LV_CR_WK | LV_CR_WK_TEXT

Display This Question:
  If D4.1 = 1

D4.2. How many weeks of leave did you take from your job at [EMPLOYER NAME] to care for a seriously ill or injured family member?
  1   Less than 1 week
  2   A different number of weeks (specify): _____
  3   I have taken leave little by little (intermittent leave)
  4   I am still on leave

LV_CR_TOTAL

Display This Question:
  If D4.2 = 3
  Or D4.2 = 4

D4.3. In total, how many weeks of leave will you take to care for a seriously ill or injured family member?
  _____ [NUMBER REQUIRED]

Display This Question:
  If D4.1 = 1

D4.4. Did you receive pay during your leave? Check all that apply
  1   I received my full pay from my employer while I was on leave
  2   I received part of my pay from my employer while I was on leave
  3   I received pay from disability insurance
  4   I received pay from a private paid leave insurance program
  5   I received pay from New Jersey's paid leave program
  6   None of these

LV_CR_LV_FIN | LV_CR_LV_PRES | LV_CR_LV_FIRE | LV_CR_LV_INS | LV_CR_LV_OK | LV_CR_LV_OTHER | LV_CR_LV_OTHER_TEXT

Display This Question:
If D4.1 = 1

D4.6. Please tell us if any of the following were important factors in your decision about how much time you took off from your job at [EMPLOYER NAME] to care for a seriously ill or injured family member. Mark all that apply.

1   I could not financially afford to take more time off
2   I felt pressure from my employer to return to work
3   I felt pressure from my co-workers to return to work
4   I was afraid I would lose my job
5   I was concerned about losing my health insurance
6   I no longer needed to be away from work
7   Other: _____

LV_CR_NOLV_FIN | LV_CR_NOLV_PRES | LV_CR_NOLV_FIRE | LV_CR_NOLV_INS | LV_CR_NOLV_NOTKNOW | LV_CR_NOLV_OK | LV_CR_NOLV_OTHER | LV_CR_NOLV_OTHER_TEXT

Display This Question:
If D4.1 = 2

D4.7. Please tell us if any of the following were reasons why you did not take time off from your job at [EMPLOYER NAME] to care for a seriously ill or injured family member. Mark all that apply.

1   I could not financially afford to take more time off
2   I felt pressure from my employer to return to work
3   I felt pressure from my co-workers to return to work
4   I was afraid I would lose my job
5   I was concerned about losing my health insurance
6   I did not know that taking leave was an option for me
7   I did not need to take time off
8   Other: _____

LV_HLTH_WHY_LEAVEJOB
LV_HLTH_WHY_LEAVEJOB_OTHER_TEXT

Display this Question:
If D4.1 = 2
OR D4.1 = 3

D.4.8 What made you leave your job?

1   Paid leave was not available, I took unemployment insurance
2   Paid leave was available, but unemployment insurance paid more
3   I simply could not continue to work
4   Other: _____

MODULE D5: Everyone PTO – LIFE EVENT – MULTIPLE§

LV_MULT

Display This Question:
  If D1.2 = 1
  And D1.3 = 1
Or
  If D1.3 = 1
  And D1.4 = 1
Or
  If D1.2 = 1
  And D1.4 = 1
Or
  If D1.2 = 1
  And D1.3 = 1
  And D1.4 = 1

D5.1. Did you take leave from your job at [EMPLOYER NAME] to care for yourself or others?
  1 Yes
  2 No, I kept working
  3 No, I decided to quit.

Skip To D5.6 If D5.1 != 1

LV_MULT_WK | LV_MULT_WK_TEXT

Display This Question:
  If D5.1 = 1

D5.2. How many weeks of leave did you take from your job at [EMPLOYER NAME] to care for yourself or others?
  1 Less than 1 week
  2 A different number of weeks (specify): _____
  3 I have taken leave little by little (intermittent leave)
  4 I am still on leave

LV_MULT_TOTAL

Display This Question:
  If D5.2 = 3
  Or D5.2 = 4

D5.3. In total, how many weeks of leave will you take to care for yourself or others?
  _____ [NUMBER REQUIRED]

LV_MULT_PAY

Display This Question:
  If D5.1 = 1

D5.4. Did you receive pay during your leave? Check all that apply

  1 I received my full pay from my employer while I was on leave
  2 I received part of my pay from my employer while I was on leave
  3 I received pay from disability insurance
  4 I received pay from a private paid leave insurance program
  5 I received pay from New Jersey's paid leave program
  6 None of these

LV_MULT_LV_FIN | LV_MULT_LV_PRES | LV_MULT_LV_FIRE | LV_MULT_LV_INS | LV_MULT_LV_OK | LV_MULT_LV_OTHER | LV_MULT_LV_OTHER_TEXT

Display This Question:
   If D5.1 = 1

D5.6. Please tell us if any of the following were important factors in your decision about how much time you took off from your job at [EMPLOYER NAME] to care for yourself or others. Mark all that apply.
   1   I could not financially afford to take more time off
   2   I felt pressure from my employer to return to work
   3   I felt pressure from my co-workers to return to work
   4   I was afraid I would lose my job
   5   I was concerned about losing my health insurance
   6   I no longer needed to be away from work
   7   Other: _____

LV_MULT_NOLV_FIN | LV_MULT_NOLV_PRES | LV_MULT_NOLV_FIRE | LV_MULT_NOLV_INS | LV_MULT_NOLV_NOTKNOW | LV_MULT_NOLV_OK | LV_MULT_NOLV_OTHER | LV_MULT_NOLV_OTHER_TEXT

Display This Question:
   If D5.1 = 2

D5.7. Please tell us if any of the following were reasons why you did not take time off from your job at [EMPLOYER NAME] to care for yourself or others. Mark all that apply.
   1   I could not financially afford to take more time off
   2   I felt pressure from my employer to return to work
   3   I felt pressure from my co-workers to return to work
   4   I was afraid I would lose my job
   5   I was concerned about losing my health insurance
   6   I did not know that taking leave was an option for me
   7   I did not need to take time off
   8   Other: _____

LV_MULT_WHY_LEAVEJOB | LV_MULT_WHY_LEAVEJOB_OTHER_TEXT

Display this Question:
If D5.1 = 2
OR D5.1 = 3

D.5.8 What made you leave your job?
   1   Paid leave was not available, I took unemployment insurance
   2   Paid leave was available, but unemployment insurance paid more
   3   I simply could not continue to work
   4   Other: _____

MODULE NJ7: PFML State PTO – Knowledge of Laws Final

STATELV_UNDERSTAND

NJ7.1. At the time you needed to take leave, how well did you understand the paid family & medical leave benefits that were available to you?
- 1   Extremely well
- 2   Very well
- 3   Somewhat well
- 4   Not well at all

STATELV_QUALIFY_EMPEXPLAIN | STATELV_QUALIFY_COWORKEREXPLAIN | STATELV_QUALIFY_HEALTHEXPLAIN | STATELV_QUALIFY_FAMEXPLAIN | STATELV_QUALIFY_GOVEXPLAIN | STATELV_QUALIFY_NONPROFEXPLAIN | STATELV_QUALIFY_WEBEXPLAIN | STATELV_QUALIFY_OTHEXPLAIN | STATELV_QUALIFY_NOBODYEXPLAIN | STATELV_QUALIFY_OTHEXPLAIN_TEXT

NJ7.2. Did any of the following help you learn about the paid family & medical leave benefits available to you? Please select all that apply:
- 1   Employer
- 2   Co-worker
- 3   Healthcare provider
- 4   Friend/family
- 5   Government agency
- 6   Nonprofit/Legal aid
- 7   Internet search
- 8   Other:_____
- 9   Nobody helped me

STATELV_EMPHELPFUL

NJ7.3. How helpful was your **employer** in making sure you understood what paid family & medical leave benefits were available to you?
- 1   Very helpful
- 2   Somewhat helpful
- 3   Not at all helpful
- 4   My employer did not discuss these benefits with me

STATELV_UNDERSTAND_JOBPROTECT

NJ7.4. At the time you needed to take leave, how well did you understand if you qualified for job protection (meaning your job would be held for you until you returned from leave)?
- 1   Extremely well
- 2   Very well
- 3   Somewhat well
- 4   Not well at all

STATELV_SUPPORTIVE_MANAGER

NJ7.5. How supportive was your manager or supervisor of your decision to take leave?
- 1   Extremely supportive
- 2   Very supportive
- 3   Somewhat supportive
- 4   Not supportive at all

STATELV_SUPPORTIVE_COWORKERS

NJ7.6. How supportive were your coworkers of your decision to take leave?

1 Extremely supportive
2 Very supportive
3 Somewhat supportive
4 Not supportive at all

STATELV_BENEFITS_IMPORTANT

Display This Question:
  If Took Leave
  & Paid Leave State

NJ7.7 How important were [STATE PAID LEAVE PROGRAM] benefits to your ability to take time off from work?

1 Very important
2 Somewhat important
3 A little important
4 Not at all important

MODULE NJ6 NJFLA: New Jersey Paid Leave Insurance (Paid Leave Funnel)

NJLV_COMPLETE_APP

Display This Question:
  If NJ1.6 = 1
  OR NJ1.8=1

NJ6.1. Have you completed an application for New Jersey's Paid Family Leave program, also known as New Jersey Family Leave Insurance?
    1   Yes
    2   No

NJLV_WHYNOT_COMP_APP | NJLV_WHYNOT_COMP_APP_OTH_TEXT

Display This Question:
  If NJ6.1 = 2

NJ6.2 Why haven't you completed an application for New Jersey's Paid Family Leave program?
    1   I did not know about the program
    2   My employer told me I am not eligible
    3   I learned from a NJ state agency that I am not eligible
    4   I don't know how to apply
    5   I haven't had time to apply yet
    6   I could not obtain the required documentation from my health provider
    7   I tried to apply but could not complete the application
    8   Other: _____

NJLV_WHY_INELIGIBLE

Display This Question:
  If NJ6.2 = 2
  OR NJ6.2 = 3

NJ6.3 Why were you ineligible?
    [TEXT Response]

NJLV_TRIED_WHYNOT_COMP | NJLV_TRIED_WHYNOT_COMP_OTH_TEXT

Display This Question:
  If NJ6.2 = 5
  OR NJ6.2 = 6
  OR NJ6.2 = 7
  OR NJ6.2 = 8

NJ6.3.1 Why didn't you complete the application?
    1   It was too confusing
    2   I had technical issues
    3   Other (Text Response)

NJLV_APP_SUPPORT_PAPERWORK | NJLV_APP_SUPPORT_ELIGIBILITY |
NJLV_APP_SUPPORT_EDUC_EMP | NJLV_APP_SUPPORT_DASHBOARD |
NJLV_APP_SUPPORT_OTHER | NJLV_APP_SUPPORT_OTHER_TEXT

NJ6.4.1 What information or support would have helped you to apply for the program?
    1   A person to help you fill out the paperwork
    2   A person to answer questions about eligibility
    3   A person to educate my employer about the program
    4   A dashboard that shows me what I need to submit
    5   Other _____

NJLV_APP_RESPONSE

Display This Question:
If NJ6.1 = 1

NJ6.4 Have you received a response to your application for paid family leave?
- 1 Yes
- 2 No

NJLV_APP_APPROVED

Display This Question:
If NJ6.4 = 1

NJ6.5 Were you approved for paid leave benefits?
- 1 Yes
- 2 No

NJLV_WHY_APP_DENIED

Display This Question:
If NJ6.5 = 2

NJ6.6 Do you know why your application was denied?
- 1 Yes
- 2 No

NJLV_WHY_APP_DENIED_REASON

Display This Question:
If NJ6.6 = 1

NJ6.6.1 What was the reason?
_____ [TEXT RESPONSE; Paragraph]

NJLV_RECEIVE_PAYMENT

Display This Question:
If NJ6.5 = 1

NJ6.7 Did you receive a payment from New Jersey's Paid Family Leave program?
- 1 Yes
- 2 No

NJLV_WHEN_RECEIVE_BENEFITS

Display This Question:
If NJ6.7 = 1

NJ6.8 When did you receive your leave benefits?
- 1 Right when my leave began
- 2 Soon after my leave began
- 3 Several weeks after my leave began
- 4 Near the end of my leave
- 5 After my leave was over

NJLV_PAYMENT_AMOUNT

Display This Question:
If NJ6.7 = 1

NJ6.10 How much do you receive in paid leave payments per week? (For example, if you receive $300 per week, enter 300.)
[TEXT Response: Number required]

NJLV_PAYMENT_AMOUNT

NJ6.11. How does that compare to what you were earning at [EMPLOYER NAME] before you took leave?

      1   Much more than I was making
      2   More than I was making
      3   About the same as I was making
      4   Less than I was making
      5   Much less than I was making

NJLV_PAYMENT_AMOUNT

MODULE I: BASIC FINANCIALS

HHINCOME

I1.   What is your household's approximate annual income, including earnings from a job and any other sources of income? Would you say it is:
1. Less than $15,000 per year
2. At least $15,000 but less than $25,000 per year
3. At least $25,000 but less than $35,000 per year
4. At least $35,000 but less than $50,000 per year
5. At least $50,000 but less than $75,000 per year
6. At least 75,000 but less than $100,000 per year
7. At least $100,000 but less than $150,000 per year
8. $150,000 or more per year
9. Don't know/refuse

DIFFPAY

I2.   Currently, how difficult is it for you to cover your expenses and pay all your bills?
1. Very difficult
2. Somewhat difficult
3. Not at all difficult
4. Don't know/refuse

INCVOLATILE

I3.   In general, would you say that week-to-week your household income...
1. Is basically the same
2. Goes up and down a little
3. Goes up and down a lot
4. Don't know/refuse

HHINCOME_2020CHANGE

I4.   Overall, how has your household income changed since the pandemic started, back in January 2020?
1. My household income has increased
2. My household income has stayed the same
3. My household income has decreased

UNEMP_PPL_HH | UNEMP_PPL_FAM | UNEMP_PPL_FRIENDS | UNEMP_PPL_COWORK

I6.   How many people do you know who have lost a job since the pandemic started, back in January 2020?

		Number of people who have lost a job since January 2020	
a.	People in your household (*not* including yourself)	1	_____ [NUMBER REQUIRED]
b.	Family members (not in your household)	1	_____ [NUMBER REQUIRED]
c.	Friends (not in your household)	1	_____ [NUMBER REQUIRED]
d.	Co-workers (not in your household)	1	_____ [NUMBER REQUIRED]

MODULE 4: Child Tax Credit

In March and April of this year, a new law called the American Rescue Plan increased the amount of Child Tax Credit (CTC).

CTC_AWARE

R1.   Were you aware that this credit was made available to families starting in July?
        1   Yes, I was aware of it
        2   Yes, but I was only vaguely aware of it
        3   No, I hadn't heard about it

CTC_RECEIVE

R2.   Did you receive Child Tax Credit payments this past summer or fall?
        1   Yes
        2   No
        3   I'm not sure

CTC_NUM_PAYMENTS

Display this question:
    If R.2=1

R3.   How many Child Tax Credit payments have you received?
        1   0
        2   1
        3   2
        4   3
        5   4
        6   5
        7   6

CTC_AMOUNT_RECEIVE

Display this question:
    If R.2=1

R4.   How much did you receive in your last Child Tax Credit payment?
                $_____ [NUMBER REQUIRED]

CTC_USED
Display this question:
If R2=1

R5.   How have you used these funds provided by the Child Tax Credit (CTC)? **Please select up to three (3) main ways you have used the funds.**

  1   Pay off bills
  2   Pay off credit card debt
  3   Pay off other debts
  4   Mortgage or rent
  5   Car purchase or repair
  6   Furniture or appliance purchase
  7   Shopping/Groceries
  8   Purchases for kids
  9   Help other family
  10 Special treat/vacation
  11 Emergency savings
  12 Retirement savings
  13 Savings for children's education
  14 Other Savings
  15 Other [PROG: FIXED]

CTC_HOW_PERCEIVE
Display this question:
If R.2=1

R.6   How do you think about the child Tax Credit funds you've received so far?
  1   Like regular earnings from a job
  2   Like my tax refund check that comes in the spring
  3   Like public benefits or welfare
  4   Like a prize or lottery winnings
  5   Like a gift
  6   Like something else _____
  7   I'm not sure

CTC_HOW_PERCEIVE2
Display this question:
If R.2=1

R.7   Do you think of the Child Tax Credit as….
  1   A one-time windfall/bonus
  2   A regular source of income

CTC_HOWLONG_LAST
Display this question:
If R.2=1

R.8   How long do you think the Child Tax Credit will last?
  1   Just for this year
  2   For the next couple of years
  3   For the foreseeable future

Display this question:
   If R2=2
R9   What, if anything, did you do to try to receive the Child Tax Credit?
      4   I did not do anything to receive the Child Tax Credit
      5   Used the IRS website tool for non-filers
      6   I did something else _____ [OPEN TEXT ENTRY]

CTC_WHYNOT_TRY
Display this question
   If R.2 = no (2)
   If R.9 == 1
R.10   Why didn't you try to receive the Child Tax Credit? Mark all that apply.
      1   I didn't think I would be eligible
      2   I didn't think I needed to do anything
      3   I didn't have time to find out what to do
      4   I did not know how
      5   I did not have an internet connection
      6   I had language barriers
      7   I was worried I would lose other benefits (SNAP, WIC, TANF, CHIP, Medicaid)
      8   I was worried I would get in trouble with other government authorities
      9   Other [PROG: FIXED]

CTC_ACTIONS
Display this question:
   If R.2=2
R.11   Did you do any of the following in 2021?
      1   Filed my taxes
      1   Received a stimulus payment
      2   Closed my bank account or changed banks
      3   Welcomed a new first child to my family
      4   Moved and changed my mailing address
      5   Got married
      6   Separated or divorced
      7   Immigrated to the United States
      8   None of the above

MODULE I2: UNEMPLOYMENT INSURANCE§

UI_APP

I2.1. Have you completed an application for unemployment insurance since being laid off, being furloughed, or quitting your job?
    1 Yes
    2 No

UI_APP_NOTCOMPLETED | UI_APP_NOTCOMPLETED_TEXT
Display This Question:
  If I2.1 = 2

I2.2. Why haven't you completed an application for unemployment insurance?
    1 I do not believe I am eligible for unemployment insurance
    2 I don't know how to apply
    3 I haven't had time to apply yet
    4 The application was too complicated
    5 I tried to apply but experienced technical problems with the application
    6 I was already receiving unemployment insurance
    7 Other: _____

UI_APP_RESPONSE
Display This Question:
  If I2.1 = 1

I2.3. Have you received a response to your unemployment insurance application?
    1 Yes
    2 No

UI_BENEFITS
Display This Question:
  If I2.3 = 1

I2.4. Were you granted unemployment insurance benefits?
    1 Yes
    2 No

UI_DENIED
Display This Question:
  If I2.4 = 2

I2.5. What was the reason your application for unemployment insurance was denied?
    _____ [TEXT RESPONSE; PARAGRAPH]

UI_PAYMENT_RECEIVED
Display This Question:
  If I2.3 = 2
  Or I2.4 = 1

I2.6. Have you received an unemployment insurance payment yet?
    1 Yes
    2 No

UI_PAYMENT_LAIDOFF_MONTH | UI_PAYMENT_LAIDOFF_YEAR

Display This Question:
If I2.6 = 1

I2.7. When did you receive your first unemployment insurance payment?

		Month			Year
a.	My first payment arrived in…	25	January	6	2019
		26	February	7	2020
		27	March	8	2021
		28	April		
		29	May		
		30	June		
		31	July		
		32	August		
		33	September		
		34	October		
		35	November		
		36	December		

UI_STILLRECEIVE

Display This Question:
If I2.6 = 1

I2.7.1. Are you still receiving unemployment insurance payments?
    1 Yes
    2 No

UI_PAYMENT_AMOUNT

Display This Question:
If I2.6 = 1

I2.8. How much do you receive in unemployment insurance per week? (For example, if you receive $300 per week, enter 300.)
    _____ [NUMBER REQUIRED]

UI_PAYMENT_COMPARE

Display This Question:
If I2.8 = 1
And 1.1 =2 OR 3 or 4

I2.9. How does that compare to what you were earning at [EMPLOYER NAME] before you left?
    1 Much more than I was making
    2 More than I was making
    3 About the same as I was making
    4 Less than I was making
    5 Much less than I was making

Display This Question:
If I2.10 = 2

I2.11. When did you stop receive your last payment?

	Month		Year	
a.	1	January	1	2019
	2	February	2	2020
	3	March	3	2021
	4	April		
	5	May		
	6	June		
	7	July		
	8	August		
	9	September		
	10	October		
	11	November		
	12	December		

Display This Question:
If I2.7.1 = 2

I2.12 Why did you stop receiving unemployment insurance payments?
1 I hit the limit
2 I did not provide required documentation
3 I was flagged as suspected fraud
4 I found a job
5 I don't know

MODULE J: BENEFITS AND FINANCIAL SERVICES

SNAP2020 | STUDENTLOAN_DEFER2020 | RENT_DEFER2020 | STIMULUS_PAYMENT2020 |
EMP_CASHASSIST2020 | HAZARDPAY2020 | MEDICAID2020

J1.   Which of the following benefits have you used since the beginning of the pandemic, back in January 2020? Mark All That Apply
  1   Assistance with food expenses from the SNAP program (this is sometimes called "food stamps")
  2   Getting to delay student loan payments without a penalty
  3   Getting to delay rent or mortgage payments without a penalty
  4   Cash from Temporary Assistance for Needy Families (TANF) program
  5   Cash from Supplemental Security Income (Social Security/Disability Insurance)
  6   Medicaid
  7   Other: _____

HARDSHIP_FREEFOOD

J2.   In the past 12 months, did you receive free food or meals because you didn't have enough money?
  1   Yes
  2   No

HARDSHIP_FREEFOOD_LASTMONTH

Display This Question:
  If J2 = 1

J3.   In the past **month**, did you receive free food or meals because you didn't have enough money?
  1   Yes
  2   No

HARDSHIP_HUNGRY

J4.   In the past 12 months, were you ever hungry, but didn't eat because you couldn't afford enough food?
  1   Yes
  2   No

HARDSHIP_HUNGRY_LASTMONTH

Display This Question:
  If J4 = 1

J5.   In the past **month**, were you ever hungry, but didn't eat because you couldn't afford enough food?
  1   Yes
  2   No

HARDSHIP_CHILD_HUNGRY

Display This Question:
If H25 = 1
Or H25 = 2

J6.   In the past 12 months, were children in your household not eating enough because you just couldn't afford enough food?
  1   Yes
  2   No

HARDSHIP_CHILD_HUNGRY_LASTMONTH

Display This Question:
  If J6 = 1

J7.   In the past **month**, were children in your household not eating enough because you just couldn't afford enough food?
  1   Yes
  2   No

HARDSHIP_UTILITIES

J8.   In the past 12 months, did you not pay the full amount of gas, oil, or electricity bill because you didn't have enough money?
  1   Yes
  2   No

HARDSHIP_UTILITIES_LASTMONTH

Display This Question:
  If J8 = 1

J9.   In the past **month**, did you not pay the full amount of gas, oil, or electricity bill because you didn't have enough money?
  1   Yes
  2   No

HARDSHIP_INFORMATION

J10.   In the past 12 months, did you borrow money from friends or family to help pay bills?
  1   Yes
  2   No

HARDSHIP_INFORMATION_LASTMONTH

Display This Question:
  If J10 = 1

J11.   In the past **month**, did you borrow money from friends or family to help pay bills?
  1   Yes
  2   No

HARDSHIP_MOVEIN

J12.   In the past 12 months, did you move in with other people even for a little while because of financial problems?
  1   Yes
  2   No

HARDSHIP_MOVEIN_LASTMONTH

Display This Question:
  If J12 = 1

J13.   In the past **month**, did you move in with other people because of financial problems?
  1   Yes
  2   No

HARDSHIP_SHELTER

J14.   In the past 12 months, did you stay in a shelter, in an abandoned building, an automobile, or any other place not meant for regular housing, even for one night?
  1   Yes
  2   No

HARDSHIP_SHELTER_LASTMONTH

Display This Question:
If J14 = 1

J15. In the past **month**, did you stay in a shelter, in an abandoned building, an automobile, or any other place not meant for regular housing, even for one night?

    1 Yes
    2 No

HARDSHIP_DEFERMEDICAL

J16. In the past 12 months, was there anyone in your household who needed to see a doctor or go to the hospital but couldn't go because of the cost?

    1 Yes
    2 No

HARDSHIP_DEFERMEDICAL_LASTMONTH

Display This Question:
If J16 = 1

J17. In the past **month**, was there anyone in your household who needed to see a doctor or go to the hospital but couldn't go because of the cost?

    1 Yes
    2 No

CONFIDCOPE

J18. How confident are you that you could come up with $400 if an unexpected need arose within the next month?

    1 I am certain I could come up with the full $400
    2 I could probably come up with $400
    3 I could probably <u>not</u> come up with $400
    4 I am certain I could <u>not</u> come up with $400
    5 Don't know/refuse

MODULE M: MODERATING VARIABLES

M1. The next set of questions asks about help you can receive from people you know.

HELP_LOAN200
M2. Is there someone you could count on if you needed a loan for $200?
    1   Definitely yes
    2   Probably yes
    3   Maybe
    4   Probably not
    5   Definitely not
    6   Don't know/refuse

HELP_HOUSING
M3. Is there someone you could count on if you needed a place to live?
    1   Definitely yes
    2   Probably yes
    3   Maybe
    4   Probably not
    5   Definitely not
    6   Don't know/refuse

HELP_CHILDCARE
Display This Question:
  If H18 = 1
M4. Is there someone you could count on to help with emergency child care?
    1   Definitely yes
    2   Probably yes
    3   Maybe
    4   Probably not
    5   Definitely not
    6   Don't know/refuse

FRIENDFAMCT
M5. About how many friends or relatives do you have whom you could call on for advice or help if you needed it?

       _____ [NUMBER REQUIRED]

MODULE K: HEALTH AND WELLBEING

HEALTH

K1. ***Please give us an update on your health and wellbeing.***

In general, how is your health? Would you say it is...
- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 Don't know/refuse

COVID_SELF

K2. Have you contracted the novel coronavirus (COVID-19)?
- 1 Yes
- 2 No
- 3 Don't know/refuse

MISSINGVARIABLE

Display if:
K2==1

K4. When did you first contract COVID-19?

	Month	Year
a.	1 January	
	2 February	1 2020
	3 March	2 2021
	4 April	
	5 May	
	6 June	
	7 July	
	8 August	
	9 September	
	10 October	
	11 November	
	12 December	

COVID_SELF_SEVERITY

K3. How severe was your case of COVID-19?
- 1 I did not feel sick
- 2 My symptoms were mild
- 3 My symptoms were moderate
- 4 My symptoms were severe

K4. Were you hospitalized when you were sick with COVID-19?
  1   No
  2   Yes, for less than 1 week
  3   Yes, for 1-2 weeks
  4   Yes, for more than 2 weeks

COVID_FAMILY

K5. Have any of your immediate family members contracted the novel coronavirus (COVID-19)?
  1   Yes
  2   No
  3   Don't know/refuse

HEALTHPLAN

K6. Do you now have any type of health plan or health coverage?
  1   Yes
  2   No
  3   Don't know/refuse

WHYNOPLANFROMJOB | WHYNOPLAN_TEXT
Display This Question:
  If K6 = 2
  And (1.1 = 1 | new employer = 1)

K7. What is the main reason you do not have a health plan from your main job?
  1   I do not work enough hours to qualify
  2   I have not worked here long enough to qualify
  3   It's too expensive
  4   I have a pre-existing condition
  5   My employer does not offer a health plan
  6   Other (specify): _____

JOBPLAN | JOBPLAN_TEXT
Display This Question:
  If K6 = 1
  And (1.1 = 1 | new employer = 1)

K8. Did you get that health coverage through your job, or did you get it some other way?
  1   I get health coverage through my job
  2   I bought a health plan myself
  3   I get health coverage through my spouse or parent's health plan
  4   I get health coverage from Medicaid or another state or government health plan
  5   I get health coverage through my college or university
  6   Other (specify): _____

HEALTHCOVERAGE | HEALTHCOVERAGE_TEXT

Display This Question:
  If K6 = 1
  And retired = 1 Or Unemployed = 1

K9. How did you get that health coverage?
  1   I get health coverage through my previous job/COBRA
  2   I bought a health plan myself
  3   I get health coverage through my spouse or parent's health plan
  4   I get health coverage from Medicaid or another state or government health plan
  5   I get health coverage through my college or university
  6   Other (specify): _____

SLEEP

K10. During the past month, how would you rate your sleep quality overall?
  1   Very good
  2   Good
  3   Fair
  4   Poor
  5   Don't know/refuse

SOSAD

K11. During the past month, how often did you feel so sad that nothing could cheer you up?
  1   All of the time
  2   Most of the time
  3   Some of the time
  4   A little of the time
  5   None of the time

NERVOUS

K12. During the past month, how often did you feel nervous?
  1   All of the time
  2   Most of the time
  3   Some of the time
  4   A little of the time
  5   None of the time

RESTLESS

K13. During the past month, how often did you feel restless?
  1   All of the time
  2   Most of the time
  3   Some of the time
  4   A little of the time
  5   None of the time

HOPELESS
K14. During the <u>past month</u>, how often did you feel hopeless?
      1   All of the time
      2   Most of the time
      3   Some of the time
      4   A little of the time
      5   None of the time

EFFORT
K15. During the <u>past month</u>, how often did you feel that everything was an effort?
      1   All of the time
      2   Most of the time
      3   Some of the time
      4   A little of the time
      5   None of the time

WORTHLESS_K6
K16. During the <u>past month</u>, how often did you feel worthless?
      1   All of the time
      2   Most of the time
      3   Some of the time
      4   A little of the time
      5   None of the time

CHECK
K17. For this question, please select "A little of the time"
      1   All of the time
      2   Most of the time
      3   Some of the time
      4   A little of the time
      5   None of the time

HAPPY
K18. Taken all together, how would you say things are these days? Would you say you are...
      1   Very happy
      2   Pretty happy
      3   Not too happy

MODULE L: CHILD[§]

SPENDTIMEKIDSH
L1.   Do you agree or disagree? I wish I could spend more time with my child/children.
   1   Strongly agree
   2   Agree
   3   Disagree
   4   Strongly disagree
   5   Don't know/refuse

HAVEMEALKIDS
L2.   In the past month, how often did you have a meal with your child/children?
   1   Never in past month
   2   1-2 times in past month
   3   Once a week
   4   Several times a week
   5   Every day
   6   Don't know/refuse

HWBOOKKIDS
L3.   In the past month, how often did you and your child/children work on homework or read a book together?
   1   Never in past month
   2   1-2 times in past month
   3   Once a week
   4   Several times a week
   5   Every day
   6   Don't know/refuse

PLAYINDOORKIDS
L4.   In the past month, how often did you and your child/children participate in indoor activities together (such as arts and crafts or board games)?
   1   Never in past month
   2   1-2 times in past month
   3   Once a week
   4   Several times a week
   5   Every day
   6   Don't know/refuse

PLAYOUTDOORKIDS
L5.   In the past month, how often did you and your child/children participate in outdoor activities together (like going for a walk or to a playground)?
   1   Never in past month
   2   1-2 times in past month
   3   Once a week
   4   Several times a week
   5   Every day
   6   Don't know/refuse

SPANKKIDS

L8. This question is about your **youngest child**. Sometimes children behave pretty well and sometimes they don't. In the past month, have you spanked your **youngest child** because of bad behavior or acting up?

    1   Yes
    2   No

PARENTHARD

L9. Do you agree or disagree?: Being a parent is harder than I thought it would be.

    1   Strongly agree
    2   Agree
    3   Disagree
    4   Strongly disagree

PARENTTRAP

L10. Do you agree or disagree?: I feel trapped by my responsibilities as a parent.

    1   Strongly agree
    2   Agree
    3   Disagree
    4   Strongly disagree

CAREMOREWORK

L11. Do you agree or disagree?: I find that taking care of my child/children is much more work than pleasure.

    1   Strongly agree
    2   Agree
    3   Disagree
    4   Strongly disagree

TIREDPARENT

L12. Do you agree or disagree?: I often feel tired, worn out, or exhausted from raising a family.

    1   Strongly agree
    2   Agree
    3   Disagree
    4   Strongly disagree

MISSWORKFORCARE

Display This Question:
  If kidslive0to14 = 1
And
  If new employer = 1
  OR same employer = 1

L7. In the past month, have you ever had to miss work because you needed to care for your child/children and you couldn't arrange child care?

    1   Yes
    2   No
    3   Don't know/refuse

MISSWORKFORCARE

Display This Question:
  If kidslive0to14 = 1

L8. In the past month, did one of your children ever go to school or daycare even though he or she was feeling sick?

    1   Yes
    2   No, my child was sick by stayed home
    3   No, my child/children haven't been sick in the past month
    4   Don't know/refuse

KIDHEALTH

L9. In general, would you say your youngest child's health is…

    1   Excellent
    2   Very good
    3   Good
    4   Fair
    5   Poor