

## Fall 2024 Survey Reinterview Instrument

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This document contains the survey questions from The Shift Project's Fall 2024 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 3rd reinterview for Panel 6 (baseline Fall22 + Spr23) + 1st reinterview for Panel 7 (baseline Fall23 + Spr24).

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.”).
- For the “same employer” branch, we pipe the employer name into survey questions. For the “new employer” branch, if the respondent discloses an employer name, we pipe it into survey questions. For the “new employer” branch, if the respondent does not disclose an employer name, we pipe a stand-in, such as “your current employer,” into survey questions.

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.

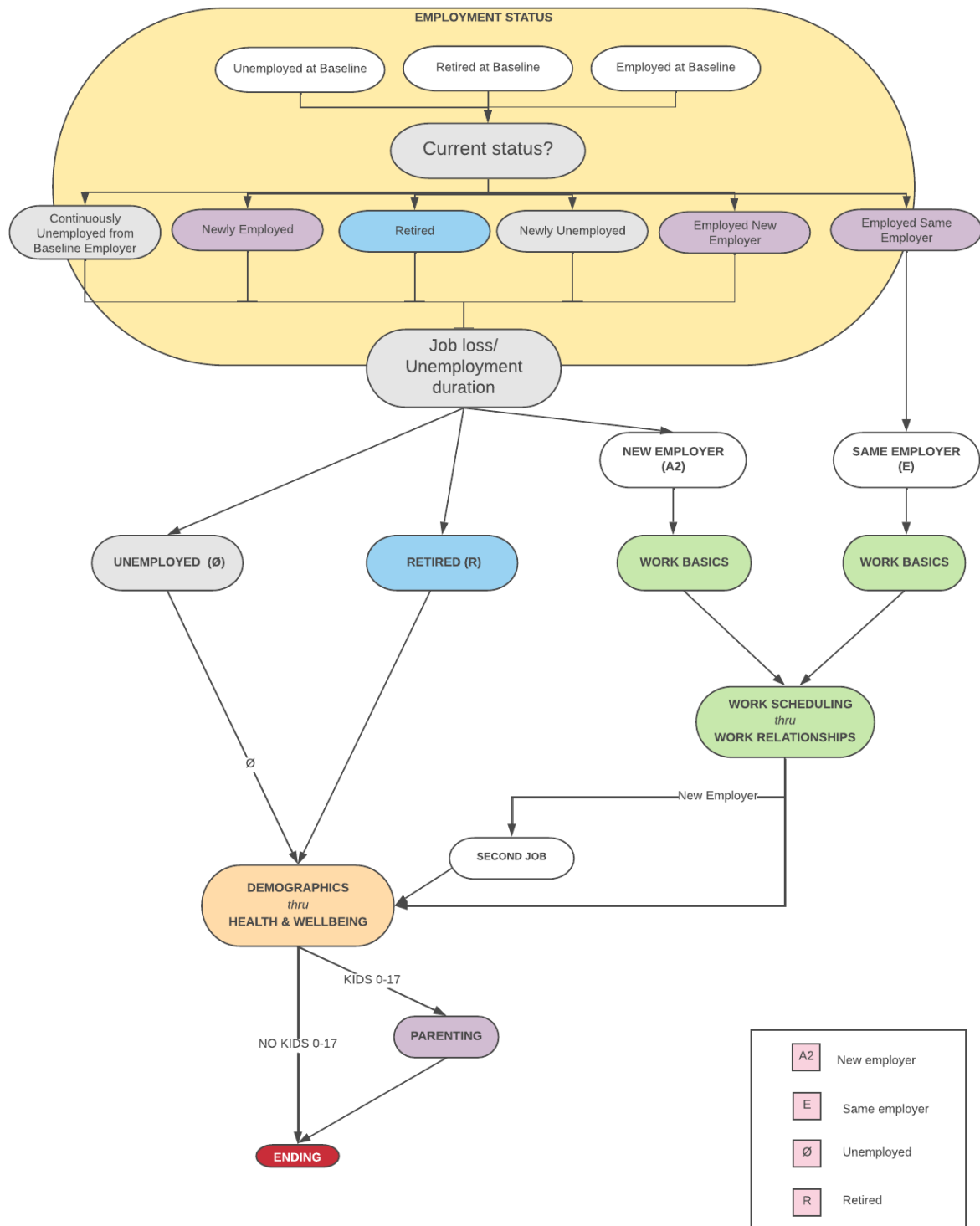
**\*Note for data users:** Internal data users should note that this document functions as a reference for question wording, response options, display/skip logic, and survey flow. This document is not a data codebook, and the recode values listed here are not reliable.

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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

## Fall 2024 Reinterview Instrument – Survey Flow



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**Survey Content by Wave**

#	Module Topic	Panel 6 Reinterview 3 Baseline Fall 22	Panel 6 Reinterview 3 Baseline Spr 23	Panel 7 Reinterview 1 Baseline Fall 23	Panel 7 Reinterview 1 Baseline Spr 24
H1	Demographics 1	-	X	X	X
1	Employment Status	X	X	X	X
A	Work Basics (Same employer)	X	X	X	X
A	Work Basics (New employer)	X	X	X	X
B	Work Scheduling	X	X	X	X
C	Secure Scheduling	X	X	X	Deleted follow-up Qs
C2	Automation	X	X	-	Shorter version
X	Bullying	-	X	X	X
X2	Worker Voice	-	-	X	-
C3	Surveillance	X	X	-	Shorter version
D	Control and PTO	X	X	X	X
D1	Punitive Time and Attendance	-	-	X	-
E	Hour Prefs + Work /Family Conflict	X	X	X	X
E2	Job Insecurity	X	X	-	X
A1	COVID Shock	X	X	-	Shorter version
F	Work Relationships	X	X	X	X
F2	Labor Violations	-	-	X	X
	Complaints	-	-	-	X
O	ACE, SI, CWS	-	-	-	X
G	Second Job	X	X	X	X
2	Unemployment	X	X	X	X
5	Retirement	X	X	X	X
H	Demographics	X	X	X	X
I	Basic Financials	X	X	X	X

I2	Unemployment Insurance	X	X	X	X
J	Benefits And Financial Services	X	X	X	X
M	Moderating Variables	X	X	X	X
K	Health And Wellbeing	X	X	X	Added extra health ins. Qs
L	Child	X	X	X	X
	Union Formation	X	-	-	-
N	Commute	-	-	-	X

## 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/laid off), and Retired into the new groups:

A2: New employer

Employed at baseline but now at a new employer: 1.4="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:

1.5 = "No" | 1.5 = "Don't know/refuse"

Employed at baseline and currently unemployed: 1.4="No"

R: Retired

Newly Retired: If 1.3 = "I retired" OR 1.6="I retired"

Continuously Retired: 1.7="Yes"

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

**Set Embedded Data:**

sameemployer = 0

Baseline Value will be set from Panel or URL. [Set a Value Now](#)

cbclage Value will be set from Panel or URL. [Set a Value Now](#)

employed\_emb Value will be set from Panel or URL. [Set a Value Now](#)

employer Value will be set from Panel or URL. [Set a Value Now](#)

kids0to17 Value will be set from Panel or URL. [Set a Value Now](#)

kid0to9 Value will be set from Panel or URL. [Set a Value Now](#)

kidslive0to14 Value will be set from Panel or URL. [Set a Value Now](#)

resp\_id\_emb Value will be set from Panel or URL. [Set a Value Now](#)

year Value will be set from Panel or URL. [Set a Value Now](#)

month Value will be set from Panel or URL. [Set a Value Now](#)

incentive Text Set = win a \$500

panel\_id Value will be set from Panel or URL. [Set a Value Now](#)

kidslive0to14\_update = 0

panel\_baseline Value will be set from Panel or URL. [Set a Value Now](#)

qualtrics\_id Value will be set from Panel or URL. [Set a Value Now](#)

**MODULE 1: EMPLOYMENT STATUS**

First, we would like to ask you some questions about your employment situation.

*BASELINE\_CHANGE*

**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\_SAME*

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

Skip to 1.11 for people still at the same employer to ask if they were unemployed at all.

*EMP\_END\_MONTH | EMP\_END\_YEAR*

Display This Question:

If 1.1 = "No" | 1.1 = "Don't know/refuse"

**1.2.** When did you stop working at [employer\_emb]

	Month		Year	
a. My job at \${e://Field/employer} ended in...	1	January	1	2022
	2	February	2	2023
	3	March	3	2024
	4	April		
	5	May		
	6	June		
	7	July		
	8	August		
	9	September		
	10	October		
	11	November		
	12	December		

*EMP\_WHY*

Display This Question:

If 1.1 = "No" | 1.1 = "Don't know/refuse"

**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 ⌀ None of the above

Skip to end of block if 1.3 = 5



## EMP\_CURR\_WORK

*Display This Question:**If employed\_emb = Employed**And 1.3 != I retired*

- 1.4 Are you currently working?
- 1 Yes
  - 2 No
  - 3 Don't know/refuse

## NOTEMP\_CURR\_WORK

*Display This Question:**If employed\_emb = Furloughed or Laid off*

- 1.5 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

NOTWORK\_WHY\_HEALTH | NOTWORK\_WHY\_FAMILY | NOTWORK\_WHY\_SCHOOL |  
NOTWORK\_WHY\_LOOKED | NOTWORK\_WHY\_ODDJOB | NOTWORK\_WHY\_RET | NOTWORK\_WHY\_OTHER |  
NOTWORK\_WHY\_OTHER\_TEXT

*Display This Question: (if unemployed now)**If 1.5 = No | 1.5 = Don't know/refuse (these are the continuously unemployed)**Or 1.4 = No | 1.4 = Don't know/refuse (these are the newly unemployed)**Or 1.1 = No | 1.1 = Don't know/refuse**& 1.3 != I retired*

- 1.6 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: \_\_\_\_\_

## RET\_CURR

*Display This Question:**If employed\_emb = Retired*

- 1.7 In [month\_emb] [year\_emb] you told us you were retired. Are you currently retired?
- 1 Yes
  - 2 No
  - 3 Don't know/refuse

## RET\_EMPLOYER

*Display This Question: (retired at baseline but no longer retired)**If employed\_emb = Retired**And 1.7="No" | 1.7="Don't know/Refuse"*

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

## Q1\_EMPLOYER

Display This Question: (if newly employed now)  
If 1.4 = Yes (the newly employed from baseline employed)  
Or 1.5 = Yes (the newly employed from baseline unemployed)  
Or 1.8 = Yes (the retired at baseline but no longer retired)

**1.9** Please enter your current employer name.

\_\_\_\_\_ [TEXT RESPONSE]

## ANY\_UNEMP

Display this question:  
If 1.3 = Retired

**1.10** 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

## UNEMP

Display this Question:  
If 1.3 != I retired  
And 1.7 != Yes

**1.11** Were you unemployed at all between [month\_emb] [year\_emb] and now?

- 1 Yes
- 2 No

## UNEMP\_LEN

Display this question:  
If 1.11 = Yes

**1.12** 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

UNEMP\_JOB\_NUM | UNEMP\_JOB\_NUM\_TEXT

*Display this Question:**If 1.1 = Yes is not selected & Yes is displayed  
& 1.3 != I retired*

**1.13.** 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 None

**MODULE A: WORK BASICS – SAME EMPLOYER<sup>s</sup>***LONGWORK\_YRS***A2.A** How long have you been working at [EMPLOYER NAME]?

- 1 Less than 1 year
- 2 1 year
- 3 2 years
- 4 3 years
- 5 4 years
- 6 5 years
- 7 6 years
- 8 7 years
- 9 8 years
- 10 9 years
- 11 10 or more years
- 12 Don't know/refuse

*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?

---

*WORKPLACE\_SIMPLIFIED | WORKPLACE\_SIMPLIFIED\_TEXT***A6.1** Which of the following best describes your [EMPLOYER NAME] workplace? I work in a...

- 1 Store (Big-box, retail, grocery, etc.)
- 2 Restaurant
- 3 Fast food place
- 4 Coffee shop
- 5 Warehouse or fulfillment center
- 6 Office
- 7 Delivery vehicle
- 8 Pharmacy
- 9 Other (specify) [Text Box]

## JOBTITLELIST\_STORE | JOBTITLELIST\_STORE\_TEXT

Display This Question:

If A4 !=1

And A6.1 = 1

**A6.2** Which job description most closely resembles your primary day-to-day responsibilities at [EMPLOYER NAME]?

- 1 Cashier
- 2 Customer service
- 3 Food prep
- 4 Salesperson
- 5 Stocking/unloading
- 6 Other (specify) [Text Box]

## JOBTITLELIST\_DINING | JOBTITLELIST\_DINING\_TEXT

Display This Question:

If A4 !=1

And A6.1 = 2, 3 or 4

**A6.2** Which job description most closely resembles your primary day-to-day responsibilities at [EMPLOYER NAME]?

- 1 Barista
- 2 Cashier
- 3 Cook
- 4 Other food prep
- 5 Customer service
- 6 Delivery person
- 7 Waiter/server
- 8 Other (specify) [Text Box]

## JOBTITLELIST\_WAREHOUSE | JOBTITLELIST\_WAREHOUSE\_TEXT

Display This Question:

If A4 != 1

And A6.1 = 5

**A6.3** Which job description most closely resembles your primary day-to-day responsibilities at [EMPLOYER NAME]?

- 1 Cashier
- 2 Customer service
- 3 Driver
- 4 Package handling
- 5 Picker
- 6 Stocking/unloading
- 7 Other (specify) [Text Box]

JOBTITLELIST\_DELIVERY\_PHARMACY\_OTH | JOBTITLELIST\_DELIVERY\_PHARMACY\_OTH\_TEXT

Display This Question:

If A4 != 1

And

If A6.1 = 6, 7 or 8

**A6.4** Which job description most closely resembles your primary day-to-day responsibilities at [EMPLOYER NAME]?

- 1 Cashier or clerk
- 2 Customer service
- 3 Delivery person
- 4 Driver
- 5 Other (specify) [Text Box]

PAIDHOUR

**A8.** Are you paid by the hour at [EMPLOYER NAME]?

- 1 Yes
- 2 No
- 3 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). DO NOT include any tips you may earn.**

\_\_\_\_ [NUMBER REQUIRED]

PAIDTIPS

Display This Question:

If A8 = 1

**A10.** In addition to your hourly wage, do you receive tips?

- 1 Yes, I receive tips in addition to my hourly wage
- 2 No, I don't get tips

WEEKTIPS

Display This Question:

If A10 = 1

**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]

**MODULE A: WORK BASICS – NEW EMPLOYER<sup>s</sup>**

LONGWORK\_YRS

**A.1.** When did you start working at [EMPLOYER NAME]?

	Month		Year	
a. I started working in...	1	January	1	2022
	2	February	2	2023
	3	March	3	2024
	4	April		
	5	May		
	6	June		
	7	July		
	8	August		
	9	September		
	10	October		
	11	November		
	12	December		

LONGWORK\_YRS

**A2.B** How long have you been working at [EMPLOYER NAME]?

- 1 Less than 1 year
- 2 1 year
- 3 2 years
- 4 3 years
- 5 4 years
- 6 5 years
- 7 6 years
- 8 7 years
- 9 8 years
- 10 9 years
- 11 10 or more years
- 12 Don't know/refuse

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?  
[Text Box]

WORKPLACE\_SIMPLIFIED | WORKPLACE\_SIMPLIFIED\_TEXT

**A6.1** Which of the following best describes your [EMPLOYER NAME] workplace? I work in a...

- 1 Store (Big-box, retail, grocery, etc.)
- 2 Restaurant
- 3 Fast food place
- 4 Coffee shop
- 5 Warehouse or fulfillment center
- 6 Office
- 7 Delivery vehicle
- 8 Pharmacy
- 9 Other (specify) [Text Box]

JOBTITLELIST\_STORE | JOBTITLELIST\_STORE\_TEXT

Display This Question:

If A4 !=1

And A6.1 = 1

**A6.2** Which job description most closely resembles your primary day-to-day responsibilities at [EMPLOYER NAME]?

- 1 Cashier
- 2 Customer service
- 3 Food prep
- 4 Salesperson
- 5 Stocking/unloading
- 6 Other (specify) [Text Box]

JOBTITLELIST\_DINING | JOBTITLELIST\_DINING\_TEXT

Display This Question:

If A4 !=1

And A6.1 = 2, 3 or 4

**A6.2** Which job description most closely resembles your primary day-to-day responsibilities at [EMPLOYER NAME]?

- 1 Barista
- 2 Cashier
- 3 Cook
- 4 Other food prep
- 5 Customer service
- 6 Delivery person
- 7 Waiter/server
- 8 Other (specify) [Text Box]



JOBTITLELIST\_WAREHOUSE | JOBTITLELIST\_WAREHOUSE\_TEXT

Display This Question:

If A4 != 1

And A6.1 = 5

**A6.3** Which job description most closely resembles your primary day-to-day responsibilities at [EMPLOYER NAME]??

- 1 Cashier
- 2 Customer service
- 3 Driver
- 4 Package handling
- 5 Picker
- 6 Stocking/unloading
- 7 Other (specify) [Text Box]

JOBTITLELIST\_DELIVERY\_PHARMACY\_OTH | JOBTITLELIST\_DELIVERY\_PHARMACY\_OTH\_TEXT

Display This Question:

If A4 != 1

And

If A6.1 = 6, 7 or 8

**A6.4** Which job description most closely resembles your primary day-to-day responsibilities at [EMPLOYER NAME]?

- 1 Cashier or clerk
- 2 Customer service
- 3 Delivery person
- 4 Driver
- 5 Other (specify) [Text Box]

PAIDHOUR

**A8.** Are you paid by the hour at [EMPLOYER NAME]?

- 1 Yes
- 2 No
- 3 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). DO NOT include any tips you may earn.**

\_\_\_\_\_ [NUMBER REQUIRED]

PAIDTIPS

Display This Question:

If A8 = 1

**A10.** In addition to your hourly wage, do you receive tips?

- 1 Yes, I receive tips in addition to my hourly wage
- 2 No, I don't get tips

## WEEKTIPS

Display This Question:  
If A10 = 1

- 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 workplace is located from the dropdown menu.

- 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

**LOSANGELES***Display This Question:**If A13 = 5*

- A16.** Is your [EMPLOYER NAME] workplace located in Los Angeles city limits?
- 1 Yes
  - 2 No
  - 3 Don't know/refuse

**PHILADELPHIA***Display This Question:**If A13 = 38*

- A17.** Is your [EMPLOYER NAME] workplace located in Philadelphia city limits?
- 1 Yes
  - 2 No
  - 3 Don't know/refuse

**WASHINGTON***Display This Question:**If A13 = 47*

- A19.** Is your [EMPLOYER NAME] workplace located in Seattle city limits?
- 1 Yes
  - 2 No
  - 3 Don't know/refuse

## NYCFIVE

*Display This Question:**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

## WORKPLACE\_OWNER

- A22.** Who is the owner of the [EMPLOYER NAME] where you work?
- 1 My workplace is owned by [EMPLOYER NAME] directly
  - 2 My workplace is owned by a franchisee
  - 3 Don't know/refuse

## HONEYPOT1

*Display This Question:**If A8 != 1**And A8 != 2**And A8 != 3*

- A24.** What is your job title at [EMPLOYER NAME]?
- 1 I primarily am in charge of preparing food
  - 2 I primarily am in charge of serving customers and taking orders
  - 3 None of the above

**MODULE T: TRAINING – SAME EMPLOYER & NEW EMPLOYER §**

The next two questions ask about any training you received when you first started your job at [EMPLOYER NAME]

*TRAIN\_DUTIES | TRAIN\_SICK | TRAIN\_LATE | TRAIN\_SHIFT | TRAIN\_WEAR*

**T1** Below is a list of items you might have received training or instructions on when you began working at [employer name]. Please **mark all items** that you received training on:

1. Your job duties
2. How to call in sick
3. How to let people know you are running late
4. How to ask about changing your shift or getting coverage for your shift
5. How to ask for time off
6. Who to talk to if you encounter a problem with a customer or co-worker
7. Expectations for what you wear to work
8. Expectations for how you interact with customers and co-workers
9. Expectations about phone use at work
10. ☐ None of the above

*ONBOARD\_WELCOME | ONBOARD\_STRESS | ONBOARD\_NONE*

**T2** Please indicate the degree to which you agree or disagree with the following statements about your onboarding experience at [employer name].

	Strongly agree (1)	Agree (2)	Disagree (4)	Strongly disagree (5)	Not applicable (I did not receive any onboarding) (6)
The onboarding process made me feel welcome in my new job	1	2	4	5	6
The onboarding process made me feel stressed in my new job	1	2	4	5	6

**MODULE C2: AUTOMATION – SAME EMPLOYER & NEW EMPLOYER<sup>§</sup>**

Display This module

If panel\_baseline! = 7, Fall23 Baseline

The next few questions ask about technology at your workplace.

TECH\_PICKUP | TECH\_ORDER | TECH\_EEORDER | TECH\_SELFCHECKOUT | TECH\_EECHECKOUT |  
TECH\_SALESOTHER | TECH\_SALESNONE | TECH\_SALESOTHER\_TEXT

Display This Question:

If workplace!= warehouse or delivery vehicle

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

- 1 Customers use a website or app to order online and pick up in the store.
- 2 Customers use in-store tablets or computers to place their orders.
- 3 Employees use in-store tablets, handheld devices, or computers to place orders for customers.
- 4 Customers use self-checkout registers or apps in the store.
- 5 Employees use tablets or handheld devices to check out customers.
- 6 Other (specify): [Text Box]
- 7 ☐ None of these

TECH\_STOCK | TECH\_INVENTORY | TECH\_SERVICE | TECH\_MONEY | TECH\_OTHER | TECH\_NONE |  
TECH\_OTHER\_TEXT

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

- 1 Robots that stock shelves or move boxes
- 2 Robots, shelf-scanning cameras, or other technology that take inventory
- 3 Robots that provide customer service
- 4 A machine that counts money
- 5 Other (specify): [Text Box]
- 6 ☐ None of these

TECH\_MONITOR\_LOCATION | TECH\_MONITOR\_ACTIONS | TECH\_MONITOR\_INTERACTIONS |  
TECH\_MONITOR\_CONVERSATIONS | TECH\_MONITOR\_QUALITY

**C3.13.** Please indicate how much your [EMPLOYER NAME] employer uses technology to monitor...

	A great deal	Somewhat	A little	Not at all
1. Where you go in your workplace	1	2	3	4
2. What you are doing in your workplace	1	2	3	4
3. Who you are with in your workplace	1	2	3	4
4. What you say in your workplace	1	2	3	4
5. The quality of your work	1	2	3	4

EMPLOYER\_TRACKS\_OUTSIDE

**C3.16.** How likely do you think it is that your employer monitors your behavior outside of work (such as by monitoring your online activity or tracking your location)?

- 1 Not likely
- 2 Somewhat likely
- 3 Extremely likely
- 4 Certain
- 5 Don't know/refuse

**MODULE C: SECURE SCHEDULING – SAME EMPLOYER & NEW EMPLOYER §***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

*CANCELSHIFT*

**C3.** In the past month or so, did [EMPLOYER NAME] ever cancel one of your scheduled shifts?

- 1 Yes
- 2 No
- 3 Don't know/refuse

*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

*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? This is sometimes called "clopening."

- 1 Yes
- 2 No
- 3 Don't know/refuse



**MODULE 01: ADVERSE CHILDHOOD EXPERIENCES (ACEs) §**

ACE\_NEGLECT|ACE\_LOST\_PARENT|ACE\_HSHLD\_DEPRESSION|ACE\_HSHLD\_SUBSTANCE\_ABUSE  
 |ACE\_HSHLD\_CONFLICTS|ACE\_INCARCERATION|ACE\_HSHLD\_PHYS\_EMOT\_ABUSE|ACE\_LACK\_LOVE|  
 ACE\_NONE|ACE\_PREFER\_NOT|

**O1.1** Our relationships and experiences—even those in childhood—can affect our health and wellbeing. Difficult childhood experiences are very common.

Please tell us whether you have had any of the experiences listed below prior to your 18th birthday. **Mark all that apply.**

1. Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?
2. Did you lose a parent through abandonment, death, or another reason?
3. Did you live with anyone who was depressed, mentally ill, or attempted suicide?
4. Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?
5. Did your parents or adults in your home have major physical or verbal conflicts?
6. Did you live with anyone who went to jail or prison?
7. Did a parent or adult in your home ever cause you physical or mental harm?
8. Did you feel that no one in your family loved you or thought you were special?
9. ☐ None of these
10. ☐ Prefer not to answer

ACE\_HOMELESS

**O1.2.** The next few questions ask about your experience of housing prior to your 18<sup>th</sup> birthday.

**Prior** to your 18th birthday, did you ever 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
3. Don't know/refuse

ACE\_INSTABILITY

**O1.3.** **Prior** to your 18<sup>th</sup> birthday, how many times did you move from one residence to another? **Please enter a number.**

\_\_\_\_\_ NUMERIC RESPONSE

**MODULE 02: SYSTEMS INVOLVEMENT §**

**O2.1** The next few questions ask you about any contact you may have had with the police or prison system **before your 18<sup>th</sup> birthday:**

*JUVENILE\_ARREST*

**Before** your 18<sup>th</sup> birthday, were you ever arrested for an alleged crime?

1. Yes
2. No
3. Prefer not to answer

*JUVENILE\_FCLTY\_JAIL | JUVENILE\_FCLTY\_GROUP\_HOME | JUVENILE\_FCLTY\_DETENTION | JUVENILE\_FCLTY\_OTHER | JUVENILE\_FCLTY\_NONE | JUVENILE\_FCLTY\_PREFER\_NOT*

**O2.2** **Before** your 18<sup>th</sup> birthday, were you ever confined in any of the following facilities in connection to an alleged crime? **Mark all that apply.**

1. Jail
2. Prison
3. Residential facility and/or group home
4. Juvenile detention center or correctional facility
5. Other court-ordered placement (specify): [Text Box]
6. ø None of these
7. ø Prefer not to answer

*JUVENILE\_PROBATION*

**O2.3** **Before** your 18<sup>th</sup> birthday, were you ever on probation, alternative to detention, parole, aftercare or any other form of court-ordered supervision for an alleged crime?

1. Yes
2. No
3. Prefer not to answer

**O2.4** Now, we would like to ask about any contact you may have had with the police or prison system **after your 18<sup>th</sup> birthday.**

*ADULT\_ARREST*

**After** your 18<sup>th</sup> birthday, were you ever arrested for an alleged crime?

1. Yes
2. No
3. Prefer not to answer

*ADULT\_FCLTY\_JAIL | ADULT\_FCLTY\_OTHER | ADULT\_FCLTY\_NONE | ADULT\_FCLTY\_PREFER\_NOT*

**O2.5** **After** your 18<sup>th</sup> birthday, were you ever confined in any of the following facilities in connection to an alleged crime? **Mark all that apply.**

1. Jail
2. Prison
3. Other court-ordered placement (specify): [Text Box]
4. ø None of these
5. ø Prefer not to answer

ADULT\_PROBATION

**O2.6** After your 18<sup>th</sup> birthday, were you ever on probation, alternative to detention, parole, aftercare or any other form of court-ordered supervision for an alleged crime?

1. Yes
2. No
3. Prefer not to answer

**MODULE 03: CHILD WELFARE SYSTEM §**

Now, we are interested in any contact you may have had with the child welfare system. Please think back to your childhood and tell us whether you have had any of the experiences listed below prior to your 18th birthday:

CHILD\_WELFARE\_REL\_PLCMNT|CHILD\_WELFARE\_FOSTER|CHILD\_WELFARE\_GROUP\_HOME  
|CHILD\_WELFARE\_NONE|CHILD\_WELFARE\_PREFER\_NOT

**O3.1** Before your 18th birthday, were you ever placed in any type of foster care (under the legal responsibility of the child welfare agency)? **Mark all that apply.**

1. Foster home with relatives (e.g., kinship care)
2. Foster home without relatives
3. Group care or residential treatment facility
4. ø None of these
5. ø Prefer not to answer

FOSTER\_CARE\_DEPARTURE

Display This Question:

If O3.1 = 1, 2, and/or 3

**O3.2** How did you leave foster care for the last time?

1. Reunified with my parent(s)
2. Living with other relative(s)
3. Guardianship
4. Adoption
5. Aged out
6. Emancipated
7. None of these
8. Prefer not to answer

**MODULE X: BULLYING – SAME EMPLOYER & NEW EMPLOYER §**

We have some questions about your interactions at work.

*BULLYFREQ\_SUPERVISOR | BULLYFREQ\_COWORKERS | BULLYFREQ\_CUSTOMERS*

**X1.** How often are you **bullied**, including things like being humiliated, constantly criticized, or excessively teased, at work by:

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
your supervisor? (1)	1	2	3	4	5
your coworkers? (2)	1	2	3	4	5
<i>Display This option: If workplace!= warehouse or delivery vehicle</i> customers? (3)	1	2	3	4	5

*RESPECTFREQ\_SUPERVISOR | RESPECTFREQ\_COWORKERS | RESPECTFREQ\_CUSTOMERS*

**X2.** How often do you feel **respected** by:

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
your supervisor? (1)	1	2	3	4	5
your coworkers? (2)	1	2	3	4	5
<i>Display This option: If workplace!= warehouse or delivery vehicle</i> customers? (3)	1	2	3	4	5

EXP\_CUST\_YELLED\_LT1 | EXP\_CUST\_SWEAR\_LT1 | EXP\_CUST\_THREAT\_LT1 | EXP\_CUST\_THROWN\_LT1 |  
 EXP\_STORE\_SECURITY\_LT1 | EXP\_CUST\_SEXUAL\_HARRAS\_LT1 | EXP\_CUST\_TRIED\_HIT\_LT1 |  
 EXP\_CUST\_ACTUALLY\_HIT\_LT1 | EXP\_CUST\_INJURED\_LT1 | EXP\_NONE\_LT1

Display This Question:

If A2A=1

Or A2B=1

And If workplace!= warehouse

**X2.1** Please tell us if you have experienced any of the following since you started working at your job at [EMPLOYER NAME]. **Mark all that apply.**

- 1 A customer has raised their voice or yelled at me
- 2 A customer has sworn at or verbally abused me
- 3 A customer has threatened me
- 4 A customer has thrown things or intentionally made a mess to express anger at me
- 5 You have had to involve store security or call the police on a customer
- 6 A customer has sexually harassed me
- 7 A customer has tried to hit me with their hands, an object, or a weapon
- 8 A customer has actually hit me with their hands an object or weapon
- 9 A customer has injured me
- 10 ø None of these

|EXP\_CUST\_YELLED|EXP\_CUST\_SWEAR|EXP\_CUST\_THREAT|EXP\_CUST\_THROWN  
 |EXP\_STORE\_SECURITY|EXP\_CUST\_SEXUAL\_HARRAS|EXP\_CUST\_TRIED\_HIT  
 |EXP\_CUST\_ACTUALLY\_HIT|EXP\_CUST\_INJURED|EXP\_NONE

Display This Question:

If A2A!=1 And if A2A is displayed

OR if A2B!=1 And if A2B is displayed

And If workplace!= warehouse

**X2.2** Please tell us if you have experienced any of the following in the past 12 months at your job at [EMPLOYER NAME]. **Mark all that apply.**

- 1 A customer has raised their voice or yelled at me
- 2 A customer has sworn at or verbally abused me
- 3 A customer has threatened me
- 4 A customer has thrown things or intentionally made a mess to express anger at me
- 5 You have had to involve store security or call the police on a customer
- 6 A customer has sexually harassed me
- 7 A customer has tried to hit me with their hands, an object, or a weapon
- 8 A customer has actually hit me with their hands an object or weapon
- 9 A customer has injured me
- 10 ø None of these

SUPERVISOR\_FAIR | SUPERVISOR\_CARE | SUPERVISOR\_CARE | SUPERVISOR\_GOAL |  
 SUPERVISOR\_HELP | SUPERVISOR\_FORGIVE | SUPERVISOR\_GROWTH | SUPERVISOR\_FEEDBACK

**X2.3** Below is a series of statements that represent possible feelings you might have about your supervisor. Please indicate the degree to which you agree or disagree with each statement.

	strongly agree (1)	agree (2)	disagree (4)	strongly disagree (5)
My supervisor treats me fairly	1	2	4	5
My supervisor cares about my opinions	1	2	4	5
My supervisor really cares about my wellbeing	1	2	4	5
My supervisor cares about my goals and wants to help me achieve them	1	2	4	5
Help is available from my supervisor when I have a problem	1	2	4	5
My supervisor would forgive an honest mistake on my part	1	2	4	5
My supervisor provides opportunities for growth and development at work	1	2	4	5
My supervisor is supportive when giving me feedback about my job performance	1	2	4	5

TEAM\_SOLIDARITY | COWORK\_MISTAKE | COWORK\_REJECT | COWORK\_HELP |

**X2.4** Please indicate how much you agree or disagree with the following statements about your coworkers.

	strongly agree (1)	Agree (2)	Disagree (4)	Strongly disagree (5)
There is a sense of unity and solidarity among my coworkers	1	2	4	5
If I make a mistake, my coworkers often hold it against me	1	2	4	5
My coworkers sometimes reject others for being different	1	2	4	5
It is difficult to ask my coworkers for help	1	2	4	5

JOB\_AUTONOMY

**X3.** How much do you agree with the following statement: "At [EMPLOYER NAME], I am allowed to decide how to go about getting my job done."

- 11 Strongly Agree
- 12 Agree
- 13 Neither agree nor disagree
- 14 Disagree
- 15 Strongly Disagree



PHYS\_SAFE\_HOME | PHYS\_SAFE\_NEIGHBORHOOD | PHYS\_SAFE\_COMMUTE | PHYS\_SAFE\_WORKPLACE

**X7.** Please indicate how much you agree or disagree with the following statements.  
I feel physically safe:

	Strongly agree (1)	Agree (2)	Disagree (4)	Strongly disagree (5)
In my home	1	2	4	5
In my neighborhood	1	2	4	5
On my commute to work	1	2	4	5
In my workplace	1	2	4	5

JOB\_RESPONSIBILITIES | WORK\_EXPECT

**X8.** The following questions ask about your experiences at your current job. Please answer each question by selecting the response option that most closely matches your opinion.

	Strongly agree (1)	Agree (2)	Disagree (4)	Strongly disagree (5)
I often have a good understanding of what my tasks and responsibilities are.	1	2	4	5
I typically know what people expect of me at work.	1	2	4	5

RESOLVEPROB\_COWORKERS | RESOLVEPROB\_SUPERVISOR | RESOLVEPROB\_MANAGEMENT |  
 RESOLVEPROB\_GRIEVANCE |  
 RESOLVEPROB\_UNION | RESOLVEPROB\_HR | RESOLVEPROB\_QUIT |  
 RESOLVEPROB\_NONPROF | RESOLVEPROB\_CITY\_COUNTY\_GOV | RESOLVEPROB\_STATE\_GOV |  
 RESOLVEPROB\_FED\_GOV | RESOLVEPROB\_OTHER | RESOLVEPROB\_NONE |  
 RESOLVEPROB\_OTHER\_TEXT

Display this question:

If panel\_baseline = 7, Spr24 Baseline

- X6.** If you had a serious problem at [EMPLOYERNAME], what would you do to resolve this issue? **Mark all that apply.**
- 1 Discuss with coworkers
  - 2 Discuss with supervisor
  - 3 Talk to higher-up management
  - 4 Use a company grievance procedure
  - 5 Speak to a union rep or union organizer
  - 6 Speak to HR (Human Resources)
  - 7 Quit
  - 8 Talk to someone at a nonprofit, community organization, worker center, or labor union
  - 9 File a complaint with a City or County Labor Regulator such as an Office of Labor Standards
  - 10 File a complaint with a State Labor Regulator
  - 11 File a complaint with a Federal Labor Regulator such as OSHA or the Department of Labor
  - 12 Other (specify): [Text Box]
  - 13 ☐ None of these

DISC\_RACE | DISC\_GENDER | DISC\_AGE | DISC\_ORIENT | DISC\_DISABILITY | DISC\_INCARCERATION  
| DISC\_CW

**X10.** Thinking about your job at [employer name], how often do you feel that you are treated badly or unfairly by your coworkers or your supervisors because of your:

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
Race/ethnicity	1	2	3	4	5
Gender	1	2	3	4	5
Age	1	2	3	4	5
Sexual Orientation	1	1	3	4	5
Disability	1	2	3	4	5
Display This Choice: If O2.2=1, 2, 3, 4 or 5 Or O2.4=1, 2 or 3					
Former Incarceration (juvenile or adult)	1	2	3	4	5
Display This Choice: If O3.1=1, 2 or 3					
Involvement in the child welfare system	1	2	3	4	5

**MODULE X2: WORKER VOICE - SAME EMPLOYER & NEW EMPLOYER<sup>s</sup>**

WORKER\_VOICE\_IMPROVE\_COND | WORKER\_VOICE\_IMPROVE\_PERF |  
 WORKER\_VOICE\_CONCERN\_RESOURCE | WORKER\_VOICE\_MAKE\_SUGGESTIONS |  
 WORKER\_VOICE\_SUP\_TAKES\_SUGGEST

Display this question:

If panel\_baseline = 7, Fall23 Baseline

**X2.1** At [EMPLOYER NAME], how often do each of the following occur?

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
I give suggestions about improving working conditions for me and my coworkers (1)	1	2	3	4	5
I give suggestions about improving my workplace's performance (2)	1	2	3	4	5
When I have an issue or concern at work, I know who to talk to about it (3)	1	2	3	4	5
I can voice concerns or make suggestions at work without getting into trouble (4)	1	2	3	4	5
Supervisors and leadership take my concerns and suggestions seriously (5)	1	2	3	4	5

**MODULE F2: LABOR VIOLATIONS - SAME EMPLOYER & NEW EMPLOYER<sup>s</sup>***Display this module:**If panel\_baseline = 7 (Fall23 Baseline & Spr24 Baseline)*

Next, we are interested in learning more about your experiences at your job at [EMPLOYERNAME] with pay and other labor practices.

*VIOLATION\_OFFCLOCK, VIOLATION\_UNPAIDCLOCKED, VIOLATION\_CLOCKEDOUT, VIOLATION\_CLOCKEDIT, VIOLATION\_TIPS, VIOLATION\_COMMBONUS, VIOLATION\_PTO, VIOLATION\_NONE*

*Display This Question:**If A2A=1**Or A2B=1*

**F2.1A** Please tell us if you have experienced any of the following **<since you started working>** at your job at [EMPLOYERNAME]. **Mark all that apply.**

- 1 Have been required to perform tasks before clocking in, or after clocking out
- 2 Have not been paid for all hours that I worked on the clock
- 3 Timekeeping system automatically clocks me out, not paid for work time after that
- 4 Manager changes the time records to shave time from my paycheck.
- 5 Have not received the full and correct amount of money for tips
- 6 Have not been paid commissions or bonuses I was owed
- 7 Have not received pay for paid time off
- 8 ☐ None of these

*VIOLATION\_OFFCLOCK, VIOLATION\_UNPAIDCLOCKED, VIOLATION\_CLOCKEDOUT, VIOLATION\_CLOCKEDIT, VIOLATION\_TIPS, VIOLATION\_COMMBONUS, VIOLATION\_PTO, VIOLATION\_NONE*

*Display This Question:**If A2A! =1 And if A2A is displayed**OR if A2B! =1 And if A2B is displayed*

**F2.1B** Please tell us if you have experienced any of the following **<in the past 12 months>** at your job at [EMPLOYERNAME]. **Mark all that apply.**

- 1 Have been required to perform tasks before clocking in, or after clocking out
- 2 Have not been paid for all hours that I worked on the clock
- 3 Timekeeping system automatically clocks me out, not paid for work time after that
- 4 Manager changes the time records to shave time from my paycheck.
- 5 Have not received the full and correct amount of money for tips
- 6 Have not been paid commissions or bonuses I was owed
- 7 Have not received pay for paid time off
- 8 ☐ None of these

*PURCHASE, VIOLATION\_TRAINING, VIOLATION\_MEALS, VIOLATION\_DELIVERY, VIOLATION\_THEFT, VIOLATION\_NONE*

*Display This Question:**If A2A=1**Or A2B=1*

**F2.2A** Please tell us if you have experienced any of the following **<since you started working>** at your job at [EMPLOYERNAME]. **Mark all that apply.**

- 1 Required to buy uniform, special shoes or equipment without reimbursement
- 2 Have not been paid for time spent completing employer-required training
- 3 Have had meals that I have not eaten deducted from paycheck
- 4 Have not been reimbursed for gas or insurance while making deliveries
- 5 Had to pay or had pay deducted because of register shortages, walk-outs, or theft
- 6 ☐ None of these

PURCHASE, VIOLATION\_TRAINING, VIOLATION\_MEALS, VIOLATION\_DELIVERY, VIOLATION\_THEFT, VIOLATION\_NONE

Display This Question:

If A2A!=1 And if A2A is displayed

OR if A2B!=1 And if A2B is displayed

**F2.2B** Please tell us if you have experienced any of the following **<in the past 12 months>** at your job at [EMPLOYERNAME]. **Mark all that apply.**

- 1 Required to buy uniform, special shoes or equipment without reimbursement
- 2 Have not been paid for time spent completing employer-required training
- 3 Have had meals that I have not eaten deducted from paycheck
- 4 Have not been reimbursed for gas or insurance while making deliveries
- 5 Had to pay or had pay deducted because of register shortages, walk-outs, or theft
- 6 ☐ None of these

VIOLATION\_PAYLATE, VIOLATION\_PAYMODE, VIOLATION\_PAYWAIT, VIOLATION\_PAYNOSTUB, VIOLATION\_PAYCASH, VIOLATION\_KIDS, VIOLATION\_ANYOT, VIOLATION\_NONE

Display This Question:

If A2A=1

Or A2B=1

**F2.3A** Please tell us if you have experienced any of the following **<since you started working>** at your job at [EMPLOYERNAME]. **Mark all that apply.**

- 1 Paid late by employer
- 2 Paid by voucher / required to go to check cashing company named by my employer
- 3 Asked by my employer to wait to cash paycheck
- 4 Paid by cash with no record or pay stub
- 5 Children under the age of 16 working at your worksite
- 6 ☐ None of these

VIOLATION\_PAYLATE, VIOLATION\_PAYMODE, VIOLATION\_PAYWAIT, VIOLATION\_PAYNOSTUB, VIOLATION\_PAYCASH, VIOLATION\_KIDS, VIOLATION\_ANYOT, VIOLATION\_NONE

Display This Question:

If A2A!=1 And if A2A is displayed

OR if A2B!=1 And if A2B is displayed

**F2.3B** Please tell us if you have experienced any of the following **<in the past 12 months>** at your job at [EMPLOYERNAME]. **Mark all that apply.**

- 1 Paid late by employer
- 2 Paid by voucher / required to go to check cashing company named by my employer
- 3 Asked by my employer to wait to cash paycheck
- 4 Paid by cash with no record or pay stub
- 5 Children under the age of 16 working at your worksite
- 6 ☐ None of these

VIOLATION\_OTUNPAID

Display This Question:

If A2A=1

Or A2B=1

**F2.4A** **<Since you started working>** at your job at [EMPLOYERNAME], has there been a week when you worked more than 40 hours and were not paid time-and-a-half for the hours you worked beyond 40 hours?

- 1 Yes
- 2 No
- 3 Don't know/refuse

VIOLATION\_OTUNPAID

Display This Question:

If A2A! =1 And if A2A is displayed

OR if A2B! =1 And if A2B is displayed

**F2.4B** **<In the past 12 months>** at your job at [EMPLOYERNAME], has there been a week when you worked more than 40 hours and were not paid time-and-a-half for the hours you worked beyond 40 hours?

1 Yes

2 No

3 Don't know/refuse

**MODULE F3: COMPLAINTS- SAME EMPLOYER & NEW EMPLOYER §**

Display this module:  
If panel\_baseline = 7 (Fall23 Baseline & Spr24 Baseline)

## COMPLAINT\_MAKE

Display This Question:  
If has\_only\_child\_labor\_violation!=1  
And has\_only\_child\_labor\_violation\_lt1year!=1  
  
And  
If has\_any\_labor\_violation=1  
Or If has\_any\_labor\_violation\_lt1year=1

**F3.1.** Did you make a report or complaint (or attempt to do so) about this/any of these problems to your manager, supervisor, employer, or to a government agency?

- 1 Yes
- 2 No
- 3 Don't know/refuse

Skip To: F2.9 If F3.1= 3

COMPLAIN\_COWORKER | COMPLAIN\_SUPERVISOR | COMPLAIN\_MANAGER |  
COMPLAIN\_COMPANY\_GRIEVANCE | COMPLAIN\_UNION | COMPLAIN\_HR | COMPLAIN\_NONPROFIT |  
COMPLAIN\_CITYCOUNTY | COMPLAIN\_STATE | COMPLAIN\_FEDERAL | COMPLAIN\_OTHER |  
COMPLAIN\_OTH\_TEXT |

Display This Question:  
If F3.1 = 1

**F3.2** When you made a report or complaint about this/any of these problems, who did you make it to? **Mark all that apply.**

- 1 Coworker(s)
- 2 Supervisor
- 3 A manager above my supervisor
- 4 Company grievance procedure
- 5 Union rep or union organizer
- 6 HR (Human Resources)
- 7 Someone at a nonprofit, community organization, or worker center
- 8 City or County Labor Regulator such as an Office of Labor Standards
- 9 State Labor Regulator
- 10 Federal Labor Regulator such as OSHA or the Department of Labor
- 11 Other (specify): [Text Box]



## COMPLAINT\_RETALIATE

Display This Question:

If F3.1 = 1

**F3.3.** Did you experience any form of retaliation from your manager/supervisor/employer because you made a report or complaint? **Mark all that apply.**

- 1 I was assigned to a worse work schedule
- 2 I was assigned to worse work duties
- 3 My hours or pay were reduced
- 4 I was disciplined or given a warning
- 5 I was demoted
- 6 My manager/supervisor reported me to an immigration authority
- 7 My manager/supervisor threatened me with negative job consequences
- 8 My manager/supervisor threatened me about my immigration status
- 9 I was denied a promotion or raise
- 10 Other (specify): [Text Box]
- 11 ☐ None of these

## COMPLAINT\_WHYNOT

Display This Question:

If F3.1 = 2

**F3.4.** Why didn't you make a report or complaint?

(Please check the **top three reasons** that apply to you).

- 1 I did not know how to make a report or complaint
- 2 I didn't think that making a report or complaint would be effective/worth the trouble
- 3 At the time, I didn't know that my employer's actions were illegal
- 4 I was worried that I would be assigned to a worse work schedule
- 5 I was worried that I would be assigned to worse work duties
- 6 I was worried that my hours or pay would be reduced
- 7 I was worried that I would be disciplined or given a warning
- 8 I was worried that I would be demoted
- 9 I was worried that I would be fired
- 10 I was worried my employer would report me to an immigration authority
- 11 I was worried I would be denied a promotion or raise
- 12 Other (specify): [Text Box]
- 13 ☐ None of these

## NONCOMPETE

**F3.5.** As a condition of your current employment at your main job, did you sign a **non-competition or "non-compete" agreement**? In other words, does any part of your job contract restrict you from working for a competitor for a certain length of time or within a certain geographic area?

- 1 Yes
- 2 No
- 3 Don't know/refuse

**MODULE F4: PUNISHMENT- SAME EMPLOYER & NEW EMPLOYER §***PUNISH*

**C3.17.** If you did not meet workplace expectations in a minor way (such as being late to work a few times or making mistakes with product) how likely are you to experience the following discipline or punitive practices? [*Randomized response option order*]

	Extremely unlikely (1)	Unlikely (2)	Neither unlikely nor likely (3)	Likely (4)	Extremely likely (5)
A disciplinary talk, being written up, or greater supervision from your manager	1	2	3	4	5
Being ridiculed, embarrassed, or excluded at work	1	2	3	4	5
Having your hours cut or receiving worse hours	1	2	3	4	5
Having time off requests refused	1	2	3	4	5
Having your pay deducted	1	2	3	4	5
Being threatened with negative job consequences	1	2	3	4	5
Being demoted or denied a promotion or raise	1	2	3	4	5
Being fired	1	2	3	4	5

**MODULE D: CONTROL AND PTO – SAME EMPLOYER & NEW EMPLOYER §**

Next, we would like to learn more about your schedule and benefits.

*HOURLYDECIDE*

- D1.** Which of the following statements best describe 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

*CHOICE TOTAL HR*

- 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]? **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 childcare
  - 10 ☐ None of these

**MODULE B: WORK SCHEDULING – SAME EMPLOYER & NEW EMPLOYER**<sup>§</sup>*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): [Text Box]
- 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?

- 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 E: HOUR PREFERENCES AND WORK-FAMILY CONFLICT – SAME EMPLOYER & NEW EMPLOYER<sup>§</sup>***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 at [EMPLOYER NAME].
- 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

*APP\_PICKUP\_SHIFTS | APP\_FIND\_COVER\_SHIFTS | APP\_SWAP\_SHIFTS | APP\_UPDATE\_AVAIL | APP\_NONE*

- E7.1.** At my [EMPLOYER NAME] workplace, I have access to an app or another online tool that allows me to...(Mark all that apply):
- 1 Pick up extra available shifts
  - 2 Find someone to cover my shift
  - 3 Swap shifts with co-workers
  - 4 Update my availability
  - 5 ø None of these

APP\_IS\_EASY | APP\_IS\_FRUSTRATING | APP\_IS\_HELPFUL | APP\_IS\_BUGGY

Display This Question:

If E7.1 = 1, 2, 3 OR 4

**E7.2.** In general, I find this app or online tool.....

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a. Easy to use	1	2	3	4	5
b. Frustrating to use	1	2	3	4	5
c. Helpful and useful	1	2	3	4	5
d. Slow or buggy	1	2	3	4	5

MGRCOVERSHIFT | ICOVERSHIFT | TRYCOVERSHIFT

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

	Very true	Somewhat true	Not at all true
1. My manager will find someone to cover my shift	1	2	3
2. I am responsible for finding someone to cover my shift	1	2	3
3. My co-workers will do their best to cover for me	1	2	3

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

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

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 likely
- 2 Somewhat likely
- 3 Not at all likely



**MODULE E2: JOB INSECURITY – SAME EMPLOYER & NEW EMPLOYER<sup>s</sup>**

CHANCESLOSEJOB | KEEPJOB | INSECUREJOB | THINKLOSEJOB | INSECUREJOBCHAR | JOBCHANGE

Display this question:

If panel\_baseline! = 7, Fall23 Baseline

**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 – SAME EMPLOYER & NEW EMPLOYER<sup>\$</sup>**

The following questions ask for a little more information about your workplace.

*UNION*

**F1.** Do you belong to a labor union at [EMPLOYER NAME]?

- 1 Yes
- 2 No

*UNION\_VOTE*

*Display This Question:*

*If F1 = 2*

**F2.** If an election were held today to decide whether employees like you should be represented by a union, would you vote for the union or against the union?

- 1 I would vote for the union
- 2 I would vote against the union
- 3 Don't know/not sure

*SUPER\_GENDER*

**F14.** What is the gender of your immediate supervisor at [EMPLOYER NAME]?

- 1 Man
- 2 Woman
- 3 Non-binary
- 4 Other
- 5 I do not have an immediate supervisor or do not have just one immediate supervisor

*Skip to end of module:*

*If F14 = 5*

*SUPER\_WHITE | SUPER\_HISP | SUPER\_BLACK | SUPER\_API | SUPER\_AIAN | SUPER\_OTHER*

*|SUPER\_OTHER\_TEXT*

**F15.** How would you describe the race/ethnicity of your immediate supervisor at [EMPLOYER NAME]? **Mark all that apply.**

- 1 White
- 2 Hispanic or Latino/Latina
- 3 Black or African American
- 4 Asian or Pacific Islander
- 5 American Indian or Alaskan Native
- 6 Other (specify) [Text Box]

## **MODULE G: SECOND JOB – NEW EMPLOYER<sup>s</sup>**

### 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*

### HOURSSECONDJOB\_N

**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 \_\_\_\_\_

### INCOMESSECONDJOB\_N

**G2.1** 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]**

UNEMP\_JOB\_SEARCH

**2.1** Are you currently looking for work?

- 1 Yes
- 2 No

 UNEMP\_JOB\_SEARCH\_LIST\_MONEY | UNEMP\_JOB\_SEARCH\_LIST\_HLTHINS |  
 UNEMP\_JOB\_SEARCH\_LIST\_FILLTIME | UNEMP\_JOB\_SEARCH\_LIST\_OTHER |

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

 UNEMP\_JOB\_SEARCH\_MONEY | UNEMP\_JOB\_SEARCH\_TIMEOFF | UNEMP\_JOB\_SEARCH\_SCHED |  
 UNEMP\_JOB\_SEARCH\_FULLTIME |

Display if 2.1=1

**2.3** What features are important to you in a new job? **Mark all that apply.**

- 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

 UNEMP\_JOB\_NOSEARCH\_HEALTH | UNEMP\_JOB\_NOSEARCH\_CHILD | UNEMP\_JOB\_NOSEARCH\_SCHOOL  
 | UNEMP\_JOB\_NOSEARCH\_FAMILY | UNEMP\_JOB\_NOSEARCH\_COVID | UNEMP\_JOB\_NOSEARCH\_INC |  
 UNEMP\_JOB\_NOSEARCH\_DNF | UNEMP\_JOB\_NOSEARCH\_ODDJOB | UNEMP\_JOB\_NOSEARCH\_RET |  
 UNEMP\_JOB\_NOSEARCH\_OTHER |

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 COVID19
- 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

UNEMP\_JOB\_NOSEARCH\_OTHER\_TEXT

Display if 2.4=10

**2.5** Why are you not looking for work?

\_\_\_\_\_ [TEXT REQUIRED]

**MODULE 5: RETIREMENT – [R]<sup>s</sup>**

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 ☐ 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? (For example: if the amount is \$600, please enter 600 without any spaces or dollar signs)  
 \$ \_\_\_\_\_

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? (For example: if the amount is \$600, please enter 600 without any spaces or dollar signs)  
 \$ \_\_\_\_\_

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? (For example: if the amount is \$600, please enter 600 without any spaces or dollar signs)  
 \$ \_\_\_\_\_

RETIRE\_INCOME\_WELFARE\_AMOUNT

Display this question:  
 If 5.1=4

**5.5** About how much income did you receive from welfare last month? (For example: if the amount is \$600, please enter 600 without any spaces or dollar signs)  
 \$ \_\_\_\_\_

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? (For example: if the amount is \$600, please enter 600 without any spaces or dollar signs)  
 \$ \_\_\_\_\_

## RETIRE\_INCOME\_PROPERTY\_AMOUNT

Display this question:

If 5.1=6

- 5.7 About how much income did you receive from rent paid to you for a property you own last month? (For example: if the amount is \$600, please enter 600 without any spaces or dollar signs)
- \$ \_\_\_\_\_

## RETIRE\_INCOME\_OTHER\_AMOUNT

Display this question:

If 5.1=7

- 5.8 About how much income did you receive from other income sources last month? (For example: if the amount is \$600, please enter 600 without any spaces or dollar signs)
- \$ \_\_\_\_\_

## 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
- 5 ☐ None

## RETIRE\_SAVINGS\_401K\_AMOUNT

Display this question:

If 5.9=1

- 5.10 In total, about how much do you have saved in a 401k pre-tax retirement account? (For example: if the amount is \$600, please enter 600 without any spaces or dollar signs)
- \$ \_\_\_\_\_

## RETIRE\_SAVINGS\_IRA\_AMOUNT

Display this question:

If 5.9=2

- 5.11 In total, about how much do you have saved in an IRA? (For example: if the amount is \$600, please enter 600 without any spaces or dollar signs)
- \$ \_\_\_\_\_

## RETIRE\_SAVINGS\_BANK\_AMOUNT

Display this question:

If 5.9=3

- 5.12 In total, about how much do you have saved in a checking, savings, or money market account? (For example: if the amount is \$600, please enter 600 without any spaces or dollar signs)
- \$ \_\_\_\_\_

## RETIRE\_SAVINGS\_OTHER\_AMOUNT

Display this question:

If 5.9=4

- 5.12.1 In total, about how much do you have saved in your other retirement account? (For example: if the amount is \$600, please enter 600 without any spaces or dollar signs)
- \$ \_\_\_\_\_

RETIRE\_WORK\_LASTMONTH

**5.16** Retired people sometimes do some work for pay. Did you work for pay last month?

- 1 Yes
- 2 No

RETIRE\_WORK\_HOURS\_LASTMONTH

**5.16.1** About how many hours per week did you work in the past month?

\_\_\_\_\_ [TEXT REQUIRED]

RETIRE\_WORK\_LASTMONTH\_MONEY | RETIRE\_WORK\_LASTMONTH\_HEALTH\_INS |  
RETIRE\_WORK\_LASTMONTH\_FILL\_TIME | RETIRE\_WORK\_LASTMONTH\_OTHER

Display this question:

If 5.16=&gt;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

RETIRE\_JOB\_SEARCH

Display this question:

If 5.16=2

**5.13** Are you currently looking for work?

- 1 Yes
- 2 No

RETIRE\_JOB\_SEARCH\_MONEY | RETIRE\_JOB\_HEALTH\_INS | RETIRE\_JOB\_FILL\_TIME  
| RETIRE\_JOB\_OTHER

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

RETIRE\_JOB\_NOSEARCH\_HEALTH\_ISSUE | RETIRE\_JOB\_NOSEARCH\_FIN\_STABLE |  
RETIRE\_JOB\_NOSEARCH\_OTHER

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

**MODULE P: STATE - UNEMPLOYED & RETIRED<sup>s</sup>**

STATELIST\_QUIT | STATELIST\_UF | STATELIST\_UF | STATELIST\_RETIRED | STATELIST\_FURLOGHED |  
STATELIST\_LAIDOFF

*Display This Question:*

*If Unemployed = 1*

*Or*

*If Retired = 1*

*And*

*If panel\_baseline= Panel 7, Spr24 Baseline*

**P.1.** Please select the state where your former [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

**MODULE H: DEMOGRAPHICS**

Next, we would like to ask you a few questions about yourself.

**ENROLLED**

**H1.** Are you currently enrolled in school?

- 1 Yes
- 2 No

**DIFSCHEDSCHOOL**

Display This Question:

If H1 = 1

And

If new employer = 1

OR same employer = 1

**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 schoolwork.

- 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

**CHECK**

**H1.1.** 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

**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

Display This Question:

If H4 = 1 | H4 = 2

**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 1 year or more
- 14 Don't know/refuse

## SPOUSEEMPLOYMENT

Display This Question:

If H4 = 1

Or H4 = 2

**H6.** What is your spouse/partner employment status? **Mark all that apply.**

- 1 My spouse/partner is employed
- 2 My spouse/partner is unemployed
- 3 My spouse/partner is a student
- 4 My spouse/partner is a parent or homemaker
- 5 My spouse/partner is retired (no longer working)
- 6 Other (specify): [Text Box]

## SPOUSEINCOME

Display this Question:

If H6=1

**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

## KIDS

**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, stepchildren, adopted children, or foster children.

- 1 Yes
- 2 No
- 3 Don't know/refuse

KIDS0TO4

Display This Question:

If H8 = 1

Or If kidslive0to14 = 1

**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

HHCT

**H11.** Including yourself, how many people currently live in your household?  
\_\_\_\_ [NUMBER REQUIRED]

## **MODULE I: BASIC FINANCIALS**

Please give us an update on how you are doing financially.

### *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

**MODULE J: BENEFITS AND FINANCIAL SERVICES**

SNAP\_BENEFITS | TANF\_BENEFITS | MEDICAID\_BENEFITS | SSI\_BENEFITS | GOVT\_HOUSING\_BENEFITS |  
 CHILDCARE\_BENEFITS | OTHER\_BENEFITS | OTHER\_BENEFITS\_TEXT

**J.1.1** Which of the following benefits have you used at any time since [emb\_month]  
 [emb\_year]?

**Mark all that apply.**

- 1 The Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program
- 2 Cash assistance from the Temporary Assistance for Needy Families (TANF) program
- 3 Medicaid, Medical Assistance, the Children's Health Insurance Program (CHIP), or any kind of state or government-sponsored assistance plan based on income or a disability
- 4 Cash from Supplementary Security Income (Social Security/Disability Insurance)
- 5 A federal, state, or local government housing program that lowers your rent, such as a housing voucher or public housing
- 6 Childcare financial assistance (also called vouchers, certificates, or subsidies)
- 7 Other: [Text Box]
- 8 ☐ None of the above

*Skip To: J3 if J1.1 = 8*

SNAP\_BENEFITS\_LASTMON | TANF\_BENEFITS\_LASTMON | MEDICAID\_BENEFITS\_LASTMON |  
 SSI\_BENEFITS\_LASTMON | GOVT\_HOUSING\_BENEFITS\_LASTMON | CHILDCARE\_BENEFITS\_LASTMON |  
 OTHER\_BENEFITS\_LASTMON | OTHER\_BENEFITS\_TEXT\_LASTMON

*Carry forward choices from J.1.1 that are Selected Choices*

**J.1.2** Which of these have you used in the past **month**? **Mark all that apply.**

- 1 The Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program
- 2 Cash assistance from the Temporary Assistance for Needy Families (TANF) program
- 3 Medicaid, Medical Assistance, the Children's Health Insurance Program (CHIP), or any kind of state or government-sponsored assistance plan based on income or a disability
- 4 Cash from Supplementary Security Income (Social Security/Disability Insurance)
- 5 A federal, state, or local government housing program that lowers your rent, such as a housing voucher or public housing
- 6 Childcare financial assistance (also called vouchers, certificates, or subsidies)
- 7 Other: [Text Box]
- 8 ☐ None of the above

HARDSHIP\_FREEFOOD\_LASTMONTH

**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\_LASTMONTH

- 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\_LASTMONTH

Display This Question:

If H8 = 1

Or kids0to17 = 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\_LASTMONTH

- 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\_LASTMONTH

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

## HARDSHIP\_MOVEIN\_LASTMONTH

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

## HARDSHIP\_SHELTER\_LASTMONTH

- 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\_LASTMONTH

- 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 not come up with \$400
  - 4 I am certain I could not come up with \$400
  - 5 Don't know/refuse

**MODULE M: MODERATING VARIABLES**

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 kidslive0to14\_update = 1

**M4.** Is there someone you could count on to help with emergency childcare?

- 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**

Please give us an update on your health and wellbeing.

*HEALTH*

**K1.** 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

*LIFE\_LADDER*

**K1.1.** Assume that this ladder is a way of picturing your life. The top of the ladder represents the best possible life for you and the bottom rung of the ladder represents the worst possible life for you.

If the top step is 10 and the bottom step is 1, on **which step of the ladder do you feel you personally stand right now?**

- 1 Best 10
- 2 9
- 3 8
- 4 7
- 5 6
- 6 5
- 7 4
- 8 3
- 9 2
- 10 1 Worst

*HAPPY*

**K19.** 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

*HEALTHPLAN*

**K7.** Do you currently 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 K7 = 2

And (1.1 = 1 | new employer = 1)

**K8.** 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 K7 = 1

And (1.1 = 1 | new employer = 1)

**K9.** 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 K7 = 1

And retired = 1 Or Unemployed = 1

**K10.** 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

**K11.** 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

**K12.** 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

**K13.** 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

**K14.** 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

**K15.** During the past month, 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

**K16.** During the past month, 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

**K17.** During the past month, 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

LONELY

**K16.1.** During the past month, how often did you feel **lonely**?

- 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

## PAIN\_LIMIT\_FREQ

Display this question:

If panel\_baseline! = 7, Fall23 Baseline

**K21.** Over the past three months, how often did your pain limit your life or work activities?

- 1 Never
- 2 Some days
- 3 Most days
- 4 Every day
- 5 Don't know/refuse

Display this question:

If panel\_baseline = 7, Spr24 Baseline

PAINFOOT | PAINNECK | PAINBACK | PAINJOINT | PAINHEAD | PAINOTHER | PAINONE | PAINOTHER\_TEXT

**K19.** During the past three months, have you experienced the following types of **work-related pain**? **Mark all that apply.**

- 1 Foot pain
- 2 Neck pain
- 3 Back pain
- 4 Pain, aching, stiffness, or swelling in or around a joint
- 5 Headaches or migraines
- 6 Other (specify) [Text Box]
- 7 ☐ None of these

Skip To: End of module If K19.= 7

## PAIN\_SCALE

Display this question:

If panel\_baseline! = 7, Fall23 Baseline

**K25.2** Now thinking about the **past 7 days**, how would you rate your pain (if any) on average on a scale of 0-10, where 0 is no pain and 10 is the worst pain imaginable?

Pain over the past 7 days ()

0      1      2      3      4      5      6      7      8      9      10

## **MODULE L: CHILD\$**

Finally, please give us an update on how things are going with your child/children.

### *PARENTHARD*

**L7.** 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*

**L8.** 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*

**L9.** 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*

**L10.** 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
- 5 Don't know/refuse

### *KIDHEALTH*

**L13.** In general, would you say your youngest child's health is...

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

## **ENDING**

1. **You have reached the end of the survey! Thank you for taking the time to tell us about how things are going in your life.**

**Please enter your email address below for a chance to win a [INCENTIVE] gift card!**

[EMAIL ADDRESS]

2. **Finally, could you please also enter your cell phone number?  
We will only use this to notify you if you are a gift card winner or to invite you to participate in our follow-up survey.**

*Phone Number (XXX-XXX-XXXX):*

[PHONE NUMBER]

## **CUSTOM END-OF-SURVEY MESSAGE**

We thank you for your time spent taking this survey. Your response has been recorded.

You can help protect your privacy by clearing your browser's history, cache, cookies, and other browsing data. (Warning: This will also log you out of online services.)