

Summer 2020 Survey Instrument

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This document contains the survey questions from The Shift Project's Summer 2020 web-based Reinterview (Panel Wave 2) 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 2019.

This document 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 Summer 2020 reinterview instrument (see employment group B, C, and D in the survey flow on page 3), 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 NAME" denotes the embedded employer name variable based on a response to the baseline survey. "PIPED EMPLOYER NAME" is a piped response from a previous question in this survey instrument, not an embedded variable.)
- Because workers in the "new employer" branch have likely been employed for less than one year, we drop the paid sick leave accrual/use questions for the "past 12 months" in that branch, instead fielding only the version of the sick leave questions that specify accrual in the period since respondent was hired.

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.

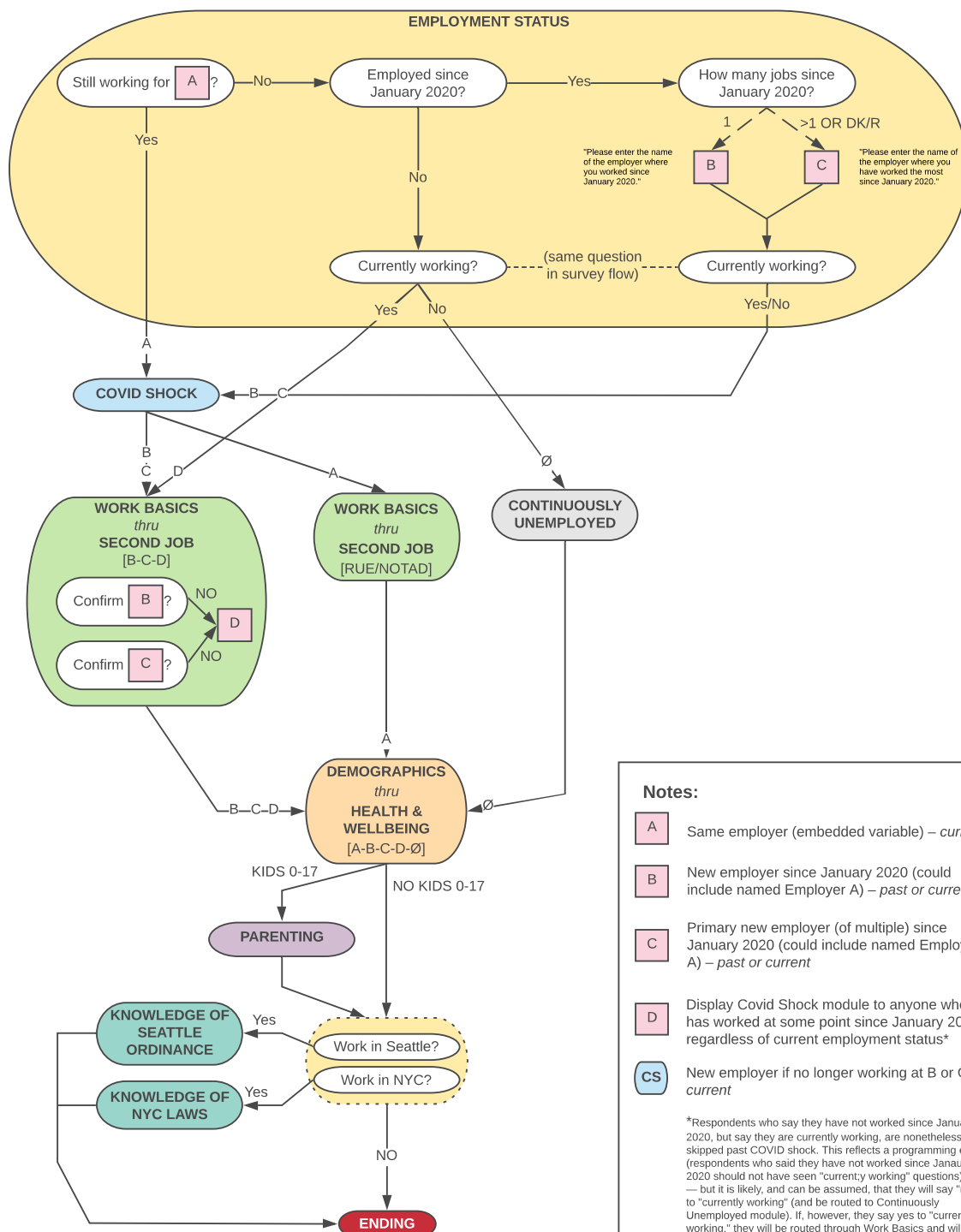
***Note for data users:** *Internal data users should note that this document functions as a reference for question wording, response options, display/skip logic, and survey flow. This document is not a data codebook, and the recode values listed here are not reliable.*

Key:

- § Branched module
- ⊕ Force response
- ‡ Request response
- ⊘ Exclusive response option (multiple-selection question)
- ⌘ Choice randomization
- Text Embedded variable contained in survey flow and drawn from an uploaded contact list

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SURVEY FLOW

CONSENT

Thank you for taking our survey [MONTH] [YEAR]! Your responses were valuable for our research study on job conditions.

A lot has changed since then. We want to ask you for an update on how things are going for you.

***A full description of the study is available here: Consent
Please read this document and download or print a version for your records.***

If you wish to participate in this study, please click the arrow below to continue.

Be sure to enter your email address at the end of the survey for a chance to win a \$500 Amazon gift card!

MODULE 1: FEB20 – EMPLOYMENT STATUS

EMP_STATUS

- 1.1. In [MONTH] [YEAR] you told us you were working for [EMPLOYER NAME]. Are you still working for [EMPLOYER NAME]?

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

Skip To: End of Block If 1.1 = 1

ANYJOB_JAN20

Display This Question:

If 1.1 != 1

- 1.2. Did you work at any job since January 2020?

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

NUMJOB_JAN20

Display This Question:

If 1.2 = 1

- 1.3. How many jobs have you held since January 2020?

- 1 1
- 2 2
- 3 3 or more
- 4 Don't know/refuse

EMPLOYER_NAME_JAN20

Display This Question:

If 1.3 = 1

- 1.4. Please enter the name of the employer where you worked since January 2020.
_____ [TEXT RESPONSE]

EMPLOYER_NAME_MOST_JAN20

Display This Question:

If 1.3 != 1

And 1.3:1 = displayed

- 1.5. Please enter the name of the employer where you have worked the most since January 2020.

_____ [TEXT RESPONSE]

CURR_WORK

- 1.6. Are you currently working?

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

MODULE 2: UNEMPLOYED CONTINUOUSLY^s

STOP_WORKING_MONTH | STOP_WORKING_YEAR

2.1. When did you stop working at [EMPLOYER NAME]?

	Month		Year	
a. My job at [EMPLOYER NAME] ended in...	1	January	1	2019
	2	February	2	2020
	3	March		
	4	April		
	5	May		
	6	June		
	7	July		
	8	August		
	9	September		
	10	October		
	11	November		
	12	December		

STOP_WORKING_REASON

2.2. Why did you stop working at [EMPLOYER NAME]?

- 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

NOT_WORKING_REASON | NOT_WORKING_REASON_TEXT

Display This Question:

If 2.2 != 5

2.3. What are the main reasons you haven't worked since your job at [EMPLOYER NAME] ended?

- 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 Other: _____

MODULE 3: SPR20 TO PRESENT – COVID SHOCK\$

- 3.1. Many people's jobs were affected by the coronavirus outbreak starting in March 2020. We'd like to know whether your job was affected.

COVID_IMPACT_HOURS

- 3.2. During the weeks you did work, how did the pandemic affect the number of hours you worked per week?

- 1 I worked a lot less than usual
- 2 I worked a little bit less than usual
- 3 I worked about the same amount as usual
- 4 I worked a little bit more than usual
- 5 I worked a lot more than usual

COVID_QUIT_JAN20

- 3.3. Have you quit a job since January 2020?

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

COVID_QUIT_RISKHIGH | COVID_QUIT_UNSAFECOND | COVID_QUIT_PROVIDECARE | COVID_QUIT_DISLIKESCHED | COVID_QUIT_DISLIKEMANAGER | COVID_QUIT_DISLIKEWORK | COVID_QUIT_DIFFJOB | COVID_QUIT_OTHER | COVID_QUIT_OTHER_TEXT

Display This Question:

If 3.3 = 1

- 3.4. Why did you quit your job? Mark all that apply.

- 1 I felt risk of getting COVID was too high
- 2 Unsafe working conditions — other than COVID
- 3 To provide care for a child or family member
- 4 I didn't like my schedule
- 5 I didn't like my manager
- 6 I didn't like the work
- 7 I got a different job
- 8 Other: _____

COVID_FURLOUGHED

- 3.5. Were you ever furloughed from a job (meaning you were not getting any hours) since January 2020?

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

COVID_WHY_FURLOUGHED | COVID_WHY_FURLOUGHED_TEXT

Display This Question:

If 3.5 = 1

- 3.6. Why were you furloughed?

- 1 My workplace stayed open, but business was down due to the COVID-19 pandemic
- 2 My workplace closed temporarily due to the COVID-19 pandemic
- 3 My workplace closed permanently due to the COVID-19 pandemic

- 4 Temporary job that ended
- 5 Other reason: _____

COVID_LAIDOFF

3.7. Were you laid off from a job since January 2020?

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

COVID_WHY_LAIDOFF | COVID_WHY_LAIDOFF_TEXT

3.8. Why were you laid off?

- 1 My store stayed open, but business was down due to the COVID-19 pandemic
- 2 My store closed temporarily due to the COVID-19 pandemic
- 3 My store closed permanently due to the COVID-19 pandemic
- 4 Temporary job that ended
- 5 Other reason: _____

COVID_FURLO_PROVIDEPAY | COVID_FURLO_PROVIDEHEALTH | COVID_FURLO_PROVIDEGIFTCARD |
 COVID_FURLO_PROVIDEOTHER | COVID_FURLO_PROVIDEOTHER_TEXT | COVID_FURLO_PROVIDENONE

Display This Question:

If 3.5 = 1

And 3.7 != 1

3.9. When you were furloughed, did your employer provide you with any of the following?

Mark all that apply.

- 1 Continuation of pay
- 2 Continuation of health insurance benefits
- 3 Gift Card
- 4 Other benefit: _____
- 5 ☐ None

COVID_FURLO_PAYAMOUNT

Display This Question:

If 3.9:1 = selected

3.10. How much pay did your employer provide during the time when you were furloughed?

- 1 A very small amount of pay
- 2 Some portion of my usual pay
- 3 Most or all of my usual pay

COVID_FURLO_PAYLENGTH

Display This Question:

If 3.9:1 = selected

3.11. How long did you receive continuation pay while you were furloughed?

- 1 Less than 1 month
- 2 1 month
- 3 2 months
- 4 3 months
- 5 4 months
- 6 5 months
- 7 6 months or longer

COVID_LAIDOFF_SEVPAY

Display This Question:

If 3.5 != 1
And 3.7 = 1

- 3.12.** When you were laid off, did your employer provide you with severance pay?
- 1 Yes
 - 2 No
 - 3 Don't know/refuse

COVID_LAIDOFF_SEVPAY_AMOUNT

Display This Question:

If 3.12:1 = selected

- 3.13.** How much pay did your employer provide during the time when you were laid off?
- 1 A very small amount of pay
 - 2 Some portion of my usual pay
 - 3 Most or all of my usual pay

COVID_LAIDOFF_SEVPAY_LENGTH

Display This Question:

If 3.12:1 = selected

- 3.14.** How long did you receive severance pay when you were laid off?
- 1 Less than 1 month
 - 2 1 month
 - 3 2 months
 - 4 3 months
 - 5 4 months
 - 6 5 months
 - 7 6 months or longer

COVID_FURLO_LO_PROVIDEPAY | COVID_FURLO_LO_PROVIDEHEALTH | COVID_FURLO_LO_PROVIDEGIFTCARD |
 COVID_FURLO_LO_PROVIDEOTHER | COVID_FURLO_LO_PROVIDEOTHER_TEXT | COVID_FURLO_LO_PROVIDENONE

Display This Question:

If 3.5 = 1

And 3.7 = 1

3.15. When you were laid off or furloughed, did your employer provide you with any of the following? **Mark all that apply.**

- 1 Severance/continuation of pay
- 2 Continuation of health insurance benefits
- 3 Gift Card
- 4 Other benefit: _____
- 5 ☐ None

COVID_FURLO_LO_PAYAMOUNT

Display This Question:

If 3.9:1 = selected **[ERROR! Should be: 3.15.1 = selected]**

3.16. How much pay did your employer provide during the time when you were laid off or furloughed?

- 1 A very small amount of pay
- 2 Some portion of my usual pay
- 3 Most or all of my usual pay

COVID_FURLO_LO_PAYLENGTH

Display This Question:

If 3.9:1 = selected **[ERROR! Should be: 3.15.1 = selected]**

3.17. How long did you receive severance/continuation of pay while you were laid off/furloughed?

- 1 Less than 1 month
- 2 1 month
- 3 2 months
- 4 3 months
- 5 4 months
- 6 5 months
- 7 6 months or longer

COVID_UNEMP_LENGTH

3.18. Altogether, including time when you were furloughed, how many months were you unemployed since January 2020?

- 1 None
- 2 Less than 1 month
- 3 1 month
- 4 2 months
- 5 3 months
- 6 4 months
- 7 5 months
- 8 6 months or longer

MODULE A: WORK BASICS^s

ONEJOB_EMP_CONFIRM

Display This Question:

If 1.3 = 1

- A1.** Just to confirm, is [PIPED EMPLOYER NAME] your current employer?
- 1 Yes
 - 2 No
 - 3 Don't know/refuse

MULTIJOB_EMP_CONFIRM

Display This Question:

If 1.3 != 1

- A2.** Just to confirm, is [PIPED EMPLOYER NAME] your current employer?
- 1 Yes
 - 2 No
 - 3 Don't know/refuse

NEW_EMPLOYER

Display This Question:

If A1 != 1

And A2:1 != displayed

Or

If A1:1 != displayed

And A2 != 1

- A3.** Please enter your current employer name.
- _____

NEWEMP_START_MONTH | NEWEMP_START_YEAR

- A4.** When did you start working at your current job?

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

MANAGER

- A5.** Are you a manager at your current job?
- 1 Yes
 - 2 No
 - 3 Don't know/refuse

JOBTITLE

Display This Question:

If A5 = 1

A6. What is your job title?

JOBTITLELIST | JOBTITLELIST_TEXT

Display This Question:

If A5 != 1

- A7.** What is your job title?
- 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 Driver
 - 16 Other: _____

WORKPLACE | WORKPLACE_TEXT

A8. Which of the following best describes your 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): _____

PAIDHOUR

A9. Are you paid by the hour at your current job?

- 1 Yes
- 2 No

3 Don't know/refuse

HOURLY WAGE

Display This Question:

If A9 = 1

A10. How much are you paid per hour at your current job? **Please enter dollars per hour.**
_____ [NUMBER REQUIRED]

STATELIST

A11. 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 live outside of the U.S.

SEATTLE

Display This Question:

If GeolP = WA

Or *seattle* = Yes

Or A11 = 47

A12. Is your workplace located in Seattle city limits?

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

Skip To: A14 If A12 = 1

NYCFIVE

Display This Question:

If GeolP Location Region = NY

Or GeolP Location Region = NJ

Or GeolP Location Region = CT

Or A11 = 32

Or A11 = 30

Or A11 = 7

Or *nyc* = Yes**A13.** Is your 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

STORE_NUM

A14. If you know your store number, please enter it here:

- 1 Store number

Skip To: End of Block If A14:1 != Empty

STORE_ST | STORE_CITY | STORE_STATE

Display This Question:

If A14 = Empty

A15. Where is your store/workplace located?

- 1 Street address: _____
- 2 City or town: _____
- 3 State: _____

STORE_PH

Display This Question:

If A15:1 = Empty

A16. What is the phone number for your store/workplace?

STORE_XST

Display This Question:

If A15:1 = Empty

A17. What are the cross streets nearest to your store/workplace?

1 Cross Streets/nearest intersection

MODULE A2: COVID-19 SAFETY§

INTERACT_F2F

A1.1. When you are working, 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 require customers to wear masks at work?

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

EMPLOYEES_WEARMASK

A1.3. Does your employer require employees to wear masks at work?

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

WEARMASKS_YOU | WEARMASKS_COWORKERS | WEARMASKS_CUSOMTERS

Display This Question:

If A1.1 != 5

A1.4. In the past week, how often did the following groups wear masks at your 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

Display This Question:

If A1.1 = 5

A1.5. In the past week, how often did the following groups wear masks at your 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

PRACTICE_SOCIALDIST

A1.6. Are you able to practice social distancing at work (maintaining a distance of at least 6 feet from other people)?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never

ENCOURAGE_STAYHOME

A1.7. Does your employer encourage workers to stay home if they are feeling sick?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never

SICKLEAVE_INCREASE_PAID | SICKLEAVE_INCREASE_UNPAID | SICKLEAVE_EASIERUSE |
SICKLEAVE_REDUCEDPENALTIES | SICKLEAVE_ENCOURAGE_STAYHOME | SICKLEAVE_NOCHANGE

A1.8. During the COVID-19 pandemic, did your employer make any changes to the way they handle sick leave? **Mark all that apply.**

- 1 Increased paid sick leave
- 2 Increased unpaid sick leave
- 3 Made it easier to use sick leave
- 4 Reduced penalties for calling out sick
- 5 Actively encouraged employees to stay home if sick
- 6 ☐ No change

FEEL_SAFE

A1.9. Do you feel safe at work during this pandemic?

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

WHY_FEEL_UNSAFE

Display This Question:

If A1.9 = 2

A1.10. Why do you feel unsafe at work?
_____ [TEXT RESPONSE; ESSAY]

MODULE B: WORK SCHEDULING^s*SCHEDULE4 | SCHEDULE4_TEXT*

- B1.** Which of the following best describes your work schedule at your current job?
- 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 your current job? **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 your current job? (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 your current job? (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 your current job?
- 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?

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

MODULE C: SECURE SCHEDULING^s*ONCALL*

- C1.** In the past month or so, have you ever been asked to be "on-call" for work? 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

- C2.** In the past month or so, did your employer ever cancel one of your scheduled shifts?
- 1 Yes
 - 2 No
 - 3 Don't know/refuse

TIMING

- C3.** In the past month or so, did your employer ever change the timing or the length of your scheduled shift? 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

- C4.** 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 D: CONTROL AND PTO^s

HOURDECIDE

D1. Thinking about your current job, which of the following statements best describes how the times you start and finish work are decided?

- 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

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

D2. 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 current job? **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 ☐ None of these

SICKWORK_YN

D3. In the past month, did you ever work even though you were feeling sick?

- 1 Yes
- 2 No, I was sick but I stayed home
- 3 No, I haven't been sick in the past month

SICKWORK_NOPAIDSICK | SICKWORK_TROUBLE | SICKWORK_MEDDOC | SICKWORK_SUP_PRESSURE | SICKWORK_SAVEDAYS | SICKWORK_NEEDPAY | SICKWORK_OTHER | SICKWORK_OTHER_TEXT

Display This Question:

If D3 = 1

D4. What were the main reasons you went to work while sick? **Mark all that apply.**

- 1 I didn't have paid sick leave
- 2 I was afraid I'd get in trouble for calling out sick
- 3 I couldn't get medical documentation
- 4 My supervisor pressured me
- 5 I wanted to save my sick days
- 6 I needed the pay
- 7 Other (specify): _____

EARN Sick12

Display This Question:

If D2:1 = selected

And A4a2 = 3

Or

If D2:1 = selected

And A4a1 = 1

And A4a2 = 2

Or

If D2:1 = selected

And A4a1 = 2

And A4a2 = 2

Or

If D2:1 = selected

And A4a1 = 3

And A4a2 = 2

Or

If D2:1 = selected

And A4a1 = 4

And A4a2 = 2

Or

If D2:1 = selected

And A4a1 = 5

And A4a2 = 2

Or

If D2:1 = selected

And A4a1 = 6

And A4a2 = 2

Or

If D2:1 = selected

And A4a1 = 7

And A4a2 = 2

- D5.** How many sick days have you earned in the past 12 months?
 _____ [NUMBER REQUIRED]

EARN SickHIRE

Display This Question:

If D2:1 = selected

And A4a2 = 1

Or

If D2:1 = selected

And A4a1 = 8

And A4a2 = 2

Or

If D2:1 = selected

And A4a1 = 9

And A4a2 = 2

Or

If D2:1 = selected

And A4a1 = 10

And A4a2 = 2

Or

If D2:1 = selected

And A4a1 = 11

And A4a2 = 2

Or

If D2:1 = selected

And A4a1 = 12

- D6.** How many sick days have you earned since you were hired?
 _____ [NUMBER REQUIRED]

USESICK12

Display This Question:

If D2:1 = selected

And A4a2 = 3

Or

If D2:1 = selected

And A4a1 = 1

And A4a2 = 2

Or

If D2:1 = selected

And A4a1 = 2

And A4a2 = 2

Or

If D2:1 = selected

And A4a1 = 3

And A4a2 = 2

Or

If D2:1 = selected

And A4a1 = 4

And A4a2 = 2

Or

If D2:1 = selected

And A4a1 = 5

And A4a2 = 2

Or

If D2:1 = selected

And A4a1 = 6

And A4a2 = 2

Or

If D2:1 = selected

And A4a1 = 7

And A4a2 = 2

- D7.** How many sick days have you used in the past 12 months?
 _____ [NUMBER REQUIRED]

USESICKHIRE

Display This Question:

If D2:1 = selected

And A4a2 = 1

Or

If D2:1 = selected

And A4a1 = 8

And A4a2 = 2

Or

If D2:1 = selected

And A4a1 = 9

And A4a2 = 2

Or

If D2:1 = selected

And A4a1 = 10

And A4a2 = 2

Or

If D2:1 = selected

And A4a1 = 11

And A4a2 = 2

Or

If D2:1 = selected

And A4a1 = 12

And A4a2 = 2

- D8.** How many sick days have you used since you were hired?
_____ [NUMBER REQUIRED]

PAYSICK12

Display This Question:

If D7 > 0
 And A4a2 = 3
 Or
 If D7 > 0
 And A4a1 = 1
 And A4a2 = 2
 Or
 If D7 > 0
 And A4a1 = 2
 And A4a2 = 2
 Or
 If D7 > 0
 And A4a1 = 3
 And A4a2 = 2
 Or
 If D7 > 0
 And A4a1 = 4
 And A4a2 = 2
 Or
 If D7 > 0
 And A4a1 = 5
 And A4a2 = 2
 Or
 If D7 > 0
 And A4a1 = 6
 And A4a2 = 2
 Or
 If D7 > 0
 And A4a1 = 7
 And A4a2 = 2

- D9.** Of the [D7 PIPED RESPONSE] sick days you used in the past 12 months, for how many of those days did you receive pay?
 _____ [NUMBER REQUIRED]

PAYSICKHIRE

Display This Question:

If D8 > 0
 And A4a2 = 1
 Or
 If D8 > 0
 And A4a1 = 8
 And A4a2 = 2
 Or
 If D8 > 0
 And A4a1 = 9
 And A4a2 = 2
 Or
 If D8 > 0
 And A4a1 = 10
 And A4a2 = 2
 Or
 If D8 > 0
 And A4a1 = 11
 And A4a2 = 2
 Or
 If D8 > 0

And A4a1 = 12

And A4a2 = 2

- D10.** Of the [D8 PIPED RESPONSE] sick days you used since you were hired, for how many of those days did you receive pay?
_____ [NUMBER REQUIRED]

- D11.** For the following questions, please refer to any experiences you have had since January 1, 2020.

CHILDJAN20

- D12.** Since January 1, 2020, have you welcomed a new child into your family through birth, adoption, or foster placement?
- 1 Yes
 - 2 No

HEALTHJAN20

- D13.** Since January 1, 2020, have you had a serious health condition or illness, like recovering from surgery or a serious injury?
- 1 Yes
 - 2 No

CAREJAN20

- D14.** Since January 1, 2020, have you needed to care for a seriously ill or injured family member?
- 1 Yes
 - 2 No

MODULE D1: PTO LIFE EVENT 1^s

LV_CH

Display This Question:

If D12 = 1

And D13 != 1

And D14 != 1

D1.1. Did you take leave from your job to care for your new child?

- 1 Yes
- 2 No
- 3 I was not working

Skip To D1.5 If D1.1 != 1

Skip To End of Block If D1.1 = 3

LV_CH_WK / LV_CH_WK_TEXT

Display This Question:

If D1.1 = 1

D1.2. How many weeks of leave did you take from your job 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_PAY

Display This Question:

If D1.1 = 1

D1.3. During this leave, did you receive pay from your employer? Do not include pay from the government or short-term disability insurance unless paid for by your employer.

- 1 Yes, I received my full pay from my employer while I was on leave
- 2 Yes, I receive part of my pay from my employer while I was on leave
- 3 No, I did not receive any pay from my employer while I was on leave
- 4 Don't know/refuse

LV_CH_LV_FIN / LV_CH_LV_PRES / 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 D1.1 = 1

D1.4. Please tell us if any of the following were important factors in your decision about how much time you took off from your job 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 was afraid I would lose my job
- 4 I was concerned about losing my health insurance
- 5 I no longer needed to be away from work
- 6 Other: _____

LV_CH_NOLV_FIN / LV_CH_NOLV_PRES / 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 D1.1 = 2

D1.5. Please tell us if any of the following were reasons why you did not take time off from your job 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 was afraid I would lose my job
- 4 I was concerned about losing my health insurance
- 5 I did not know that taking leave was an option for me
- 6 I did not need to take time off
- 7 Other: _____

MODULE D2: PTO LIFE EVENT 2^s

LV_HLTH

Display This Question:

If D12 != 1
 And D13 = 1
 And D14 != 1

D2.1. Did you take leave from your job to recover from your serious health condition or illness?

- 1 Yes
- 2 No
- 3 I was not working

Skip To D2.5 If D2.1 != 1
 Skip To End of Block If D2.1 = 3

LV_HLTH_WK | LV_HLTH_WK_TEXT

Display This Question:

If D2.1 = 1

D2.2. How many weeks of leave did you take from your job 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_PAY

Display This Question:

If D2.1 = 1

D2.3. During this leave, did you receive pay from your employer? Do not include pay from the government or short-term disability insurance unless paid for by your employer.

- 1 Yes, I received my full pay from my employer while I was on leave
- 2 Yes, I receive part of my pay from my employer while I was on leave
- 3 No, I did not receive any pay from my employer while I was on leave
- 4 Don't know/refuse

LV_HLTH_LV_FIN | LV_HLTH_LV_PREP | 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 D2.1 = 1

D2.4. Please tell us if any of the following were important factors in your decision about how much time you took off from your job 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 was afraid I would lose my job
- 4 I was concerned about losing my health insurance
- 5 I no longer needed to be away from work
- 6 Other: _____

LV_HLTH_NOLV_FIN | LV_HLTH_NOLV_PREP | 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 D2.1 = 2

D2.5. Please tell us if any of the following were reasons why you did not take time off from your job 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 was afraid I would lose my job
- 4 I was concerned about losing my health insurance
- 5 I did not know that taking leave was an option for me
- 6 I did not need to take time off
- 7 Other: _____

MODULE D3: PTO LIFE EVENT 3^s

LV_CR

Display This Question:

If D12 != 1

And D13 != 1

And D.4 = 1

D3.1. Did you take leave from your job to care for a seriously ill or injured family member?

- 1 Yes
- 2 No
- 3 I was not working

Skip To D3.5 If D3.1 != 1

Skip To End of Block If D3.1 = 3

LV_CR_WK / LV_CR_WK_TEXT

Display This Question:

If D3.1 = 1

D3.2. How many weeks of leave did you take from your job 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_PAY

Display This Question:

If D3.1 = 1

D3.3. During this leave, did you receive pay from your employer? Do not include pay from the government or short-term disability insurance unless paid for by your employer.

- 1 Yes, I received my full pay from my employer while I was on leave
- 2 Yes, I receive part of my pay from my employer while I was on leave
- 3 No, I did not receive any pay from my employer while I was on leave
- 4 Don't know/refuse

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 D3.1 = 1

D3.4. Please tell us if any of the following were important factors in your decision about how much time you took off from your job 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 was afraid I would lose my job
- 4 I was concerned about losing my health insurance
- 5 I no longer needed to be away from work
- 6 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 D3.1 = 2

D3.5. Please tell us if any of the following were reasons why you did not take time off from your job 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 was afraid I would lose my job
- 4 I was concerned about losing my health insurance
- 5 I did not know that taking leave was an option for me
- 6 I did not need to take time off
- 7 Other: _____

MODULE D4: PTO LIFE EVENT 4^s

LV_MULT

Display This Question:

If D12 = 1

And D13 = 1

Or

If D13 = 1

And D14 = 1

Or

If D12 = 1

And D14 = 1

Or

If D12 = 1

And D13 = 1

And D14 = 1

D4.1. Did you take leave from your job to care for yourself or others?

1 Yes

2 No

3 I was not working

Skip To D4.5 If D4.1 != 1

Skip To End of Block If D4.1 = 3

LV_MULT_WK | LV_MULT_WK_TEXT

Display This Question:

If D4.1 = 1

D4.2. How many weeks of leave did you take from your job 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_PAY

Display This Question:

If D4.1 = 1

D4.3. During this leave, did you receive pay from your employer? Do not include pay from the government or short-term disability insurance unless paid for by your employer.

1 Yes, I received my full pay from my employer while I was on leave

2 Yes, I receive part of my pay from my employer while I was on leave

3 No, I did not receive any pay from my employer while I was on leave

4 Don't know/refuse

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 D4.1 = 1

D4.4. Please tell us if any of the following were important factors in your decision about how much time you took off from your job 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 was afraid I would lose my job

4 I was concerned about losing my health insurance

5 I no longer needed to be away from work

6 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 D4.1 = 2

D4.5. Please tell us if any of the following were reasons why you did not take time off from your job 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 was afraid I would lose my job
- 4 I was concerned about losing my health insurance
- 5 I did not know that taking leave was an option for me
- 6 I did not need to take time off
- 7 Other: _____

MODULE E: HOUR PREFERENCES AND WORK-FAMILY CONFLICT^s*SATISFYWORK2*

E1. All in all, how satisfied would you say you are with your current job?

- 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 my current job.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree

LIKEMOREPREDICT

E3. Do you agree or disagree?: I would like to have a more stable and predictable work schedule at my current job.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree

TOOMUCHWORK

E4. Do you agree or disagree?: At my current job, I have too much work to do everything well.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree

GETTIMEOFF

E5. Do you agree or disagree?: It is easy to get time off from my current job when I need it.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree

LOWSTAFF

E6. At your current job, how often are there not enough people or staff to get all the work done?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never

SHIFTFAMILYSTRESS

- E7.** My shift and work schedule at my current job cause extra stress for me and my family.
- 1 Always true
 - 2 Often true
 - 3 Sometimes true
 - 4 Never true

HARDCAREGIVE

- E8.** My shift and work schedule at my current job make it hard for me to provide caregiving for my family or relatives.
- 1 Always true
 - 2 Often true
 - 3 Sometimes true
 - 4 Never true

HANDLPERSATWORK

- E9.** At my current job, it is difficult to deal with family or personal matters during working hours.
- 1 Always true
 - 2 Often true
 - 3 Sometimes true
 - 4 Never true

FLEXHANDLEFAMILY

- E10.** In my work schedule at my current job, I have enough flexibility to handle family needs.
- 1 Always true
 - 2 Often true
 - 3 Sometimes true
 - 4 Never true

UNION

- E11.** Do you belong to a labor union at your current job?
- 1 Yes
 - 2 No

NEWJOB3M

- E12.** 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

*GOODJOB_PAY | GOODJOB_PREDPAY | GOODJOB_PREDHR | GOODJOB_CNTRL | GOODJOB_SAFETY |
GOODJOB_SECURE | GOODJOB_BENEFIT | GOODJOB_CAREER | GOODJOB_DAY2DAY | GOODJOB_DIGNITY |
GOODJOB_CHANGE*

- E13.** How important are each of the following characteristics for you personally to consider a job to be a good job?

	Not at all important	Not very important	Neither important nor unimportant	Somewhat important	Extremely important
a. Level of pay	1	2	3	4	5
b. Stable and predictable pay	1	2	3	4	5
c. Stable and predictable hours	1	2	3	4	5
d. Control over hours and/or location (e.g., ability to work flexible hours, work remotely)	1	2	3	4	5
e. Workplace safety	1	2	3	4	5
f. Job security	1	2	3	4	5
g. Employee benefits (e.g., healthcare, retirement)	1	2	3	4	5
h. Career advancement opportunities (e.g., promotion path, learning new skills)	1	2	3	4	5
i. Enjoying your day-to-day work (e.g., good co-workers/ managers, pleasant work environment, manageable stress level)	1	2	3	4	5
j. Having a sense of purpose and dignity in your work	1	2	3	4	5
k. Having the power to change things about your job that you're not satisfied with	1	2	3	4	5

SATISFY_PAY / SATISFY_PREDPAY / SATISFY_PREDHR / SATISFY_CNTRL / SATISFY_SAFETY / SATISFY_SECURE /
 SATISFY_BENEFIT / SATISFY_CAREER / SATISFY_DAY2DAY / SATISFY_DIGNITY / SATISFY_CHANGE

E8. How satisfied are you with each of the following characteristics of your current job?

	Not at all satisfied	Not very satisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Extremely satisfied
a. Level of pay	1	2	3	4	5
b. Stable and predictable pay	1	2	3	4	5
c. Stable and predictable hours	1	2	3	4	5
d. Control over hours and/or location (e.g., ability to work flexible hours, work remotely)	1	2	3	4	5
e. Workplace safety	1	2	3	4	5
f. Job security	1	2	3	4	5
g. Employee benefits (e.g., healthcare, retirement)	1	2	3	4	5
h. Career advancement opportunities (e.g., promotion path, learning new skills)	1	2	3	4	5
i. Enjoying your day-to-day work (e.g., good co-workers/ managers, pleasant work environment, manageable stress level)	1	2	3	4	5
j. Having a sense of purpose and dignity in your work	1	2	3	4	5
k. Having the power to change things about your job that you're not satisfied with	1	2	3	4	5

MODULE E2: JOB INSECURITY^s

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. Chances are, I will soon lose my job.	1	2	3	4	5
b. I am sure I can keep my job.	1	2	3	4	5
c. I feel insecure about the future of my job.	1	2	3	4	5
d. I think I might lose my job in the near future.	1	2	3	4	5
e. I feel insecure about the characteristics and conditions of my job in the future.	1	2	3	4	5
f. Chances are, my job will change in a negative way.	1	2	3	4	5

NUMLOSTJOB_HSHLD | NUMLOSTJOB_FAMILY | NUMLOSTJOB_FRIENDS | NUMLOSTJOB_COWORKERS

E2.2. In the last year, a lot of people have experienced job loss. We are interested in how many people you know who have lost a job in the past year.

	Number of people who have lost a job in the past year	
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]

NUM_EMPLOYEES

E2.3. How many employees does your current store or workplace have (*not* counting yourself)?
_____ [NUMBER REQUIRED]

MODULE G: SECOND JOB^s*SECONDJOB*

G1. In addition to your current main job, do you also have another paid job?

- 1 Yes
- 2 No

Skip To: End of Block If G1 != 1

HOURSSECONDJOB

G2. Not counting your main job, how many hours per week do you usually work at all of your other jobs?

_____ [NUMBER REQUIRED]

INCOMESSECONDJOB

G3. Not counting your main job, 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 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 1.6 = 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 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

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_YEARS

Display This Question:

If H4 = 1

Or H4 = 2

H5. How long have you been living with your spouse or partner?

- 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

COHAB_LENGTH_MONTHS

Display This Question:

If H5 = 1

H6. 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

SPOUSEWORK

Display This Question:

If H4 = 1

Or H4 = 2

H7. Is your spouse or partner employed?

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

COVID_IMPACT_SPOUSESCHE

Display This Question:

If H7 = 1

- H8.** How has the pandemic affected the number of hours your spouse or partner worked?
- 1 They worked a lot less than usual
 - 2 They worked a little bit less than usual
 - 3 They worked about the same amount as usual
 - 4 They worked a little bit more than usual
 - 5 They worked a lot more than usual

COVID_IMPACT_SPOUSEUNEMP

Display This Question:

If H7 = 2

- H9.** Did your spouse or partner lose their job because of the coronavirus pandemic?
- 1 Yes
 - 2 No
 - 3 Don't know/refuse

KIDS

- H10.** **Please give us an update on your family.**

Do you have any children? These might be your biological children, step-children, adopted children, or foster children.

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

KIDS0TO4

Display This Question:

If H10 = 1

- H11.** Are any of your children under the age of 5?
- 1 Yes
 - 2 No
 - 3 Don't know/refuse

KID0TO4_GEN1 | KID0TO4_GEN2 | KID0TO4_GEN3 | KID0TO4_GEN4 | KID0TO4_AGE1 | KID0TO4_AGE2 |
KID0TO4_AGE3 | KID0TO4_AGE4

Display This Question:

If H11 = 1

- H12.** For each of your children **under the age of five**, please tell us the child's gender and age.

	Gender	Age

a. Kid #1	1	Male	1	<1 year
	2	Female	2	1 year
			3	2 years
			4	3 years
			5	4 years
b. Kid #2	1	Male	1	<1 year
	2	Female	2	1 year
			3	2 years
			4	3 years
			5	4 years
c. Kid #3	1	Male	1	<1 year
	2	Female	2	1 year
			3	2 years
			4	3 years
			5	4 years
d. Kid #4	1	Male	1	<1 year
	2	Female	2	1 year
			3	2 years
			4	3 years
			5	4 years

KID5TO9

Display This Question:

If H10 = 1

H13. Are any of your children between the ages of 5 and 9?

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

KID5TO9_GEN1 | KID5TO9_GEN2 | KID5TO9_GEN3 | KID5TO9_GEN4 | KID5TO9_AGE1 | KID5TO9_AGE2 |
KID5TO9_AGE3 | KID5TO9_AGE4

Display This Question:

If H13 = 1

H14. For each of your children **between the ages of 5 and 9**, please tell us the child's gender and age.

	Gender	Age
--	--------	-----

a. Kid #1	1	Male	1	5 years
	2	Female	2	6 years
			3	7 years
			4	8 years
			5	9 years
b. Kid #2	1	Male	1	5 years
	2	Female	2	6 years
			3	7 years
			4	8 years
			5	9 years
c. Kid #3	1	Male	1	5 years
	2	Female	2	6 years
			3	7 years
			4	8 years
			5	9 years
d. Kid #4	1	Male	1	5 years
	2	Female	2	6 years
			3	7 years
			4	8 years
			5	9 years

KIDS10TO14

Display This Question:

If H10 = 1

H15. Are any of your children between the ages of 10 and 14?

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

KID10TO14_GEN1 | KID10TO14_GEN2 | KID10TO14_GEN3 | KID10TO14_GEN4 | KID10TO14_AGE1 |
 KID10TO14_AGE2 | KID10TO14_AGE3 | KID10TO14_AGE4

Display This Question:

If H15 = 1

H16. For each of your children **between the ages of 10 and 14**, please tell us the child's gender and age.

	Gender	Age

a. Kid #1	1	Male	1	10 years
	2	Female	2	11 years
			3	12 years
			4	13 years
			5	14 years
b. Kid #2	1	Male	1	10 years
	2	Female	2	11 years
			3	12 years
			4	13 years
			5	14 years
c. Kid #3	1	Male	1	10 years
	2	Female	2	11 years
			3	12 years
			4	13 years
			5	14 years
d. Kid #4	1	Male	1	10 years
	2	Female	2	11 years
			3	12 years
			4	13 years
			5	14 years

NUMKIDSLIVE0TO14

Display This Question:

If H11 = 1

Or H13 = 1

Or H15 = 1

H17. 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

COVID0TO14_SCHOOLCLOSED

Display This Question:

If H17 = 1

Or H17 = 2

H18. Thinking of your child or children between 0 and 14 years of age: Is at least one of your children at home because their school or child care center is closed due to coronavirus/COVID-19?

- 1 Yes
- 2 No

KIDS15MORE

Display This Question:

If H10 = 1

H19. Are any of your children age 15 or older?

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

KID15MORE_GEN1 | KID15MORE_GEN2 | KID15MORE_GEN3 | KID15MORE_GEN4 | KID15MORE_AGE1 |
KID15MORE_AGE2 | KID15MORE_AGE3 | KID15MORE_AGE4

Display This Question:

If H19 = 1

H20. For each of your children **age 15 or older**, please tell us the child's gender and age.

	Gender		Age	
a. Kid #1	1	Male	1	15 years
	2	Female	2	16 years
			3	17 years
			4	18 years
			5	19+ years
b. Kid #2	1	Male	1	15 years
	2	Female	2	16 years
			3	17 years
			4	18 years
			5	19+ years
c. Kid #3	1	Male	1	15 years
	2	Female	2	16 years
			3	17 years
			4	18 years
			5	19+ years
d. Kid #4	1	Male	1	15 years
	2	Female	2	16 years
			3	17 years
			4	18 years
			5	19+ years

UNPAIDCARE

H21. In the past month, have you provided unpaid care to a relative or friend to help them take care of themselves? Unpaid care may include help with personal needs or household chores. It might be arranging for outside services, or visiting regularly to see how they are doing. This person need not live with you.

- 1 Yes
- 2 No

CARE_TIMEOFF

Display This Question:

If H11 = 1

Or H13 = 1

Or H15 = 1

Or H21 = 1

And

If 1.1 = 1

Or 1.6 = 1

H22. In your experience as both a worker and a caregiver, have you ever had to go in late, leave early, or take time off during a work shift to provide care?

- 1 Yes
- 2 No

CARE_MISSSHIFT

Display This Question:

If H11 = 1

Or H13 = 1

Or H15 = 1

Or H21 = 1

And

If 1.1 = 1

Or 1.6 = 1

H22. In your experience as both a worker and a caregiver, have you ever had to miss a shift of work?

1 Yes

2 No

CARE_PT_QUIT

Display This Question:

If H11 = 1

Or H13 = 1

Or H15 = 1

Or H21 = 1

And

If 1.1 = 1

Or 1.6 = 1

- H23.** In your experience as both a worker and a caregiver, have you ever had to go from working full-time to part-time, or taken a less demanding job?

1 Yes

2 No

CARE_NOPROM

Display This Question:

If H11 = 1

Or H13 = 1

Or H15 = 1

Or H21 = 1

And

If 1.1 = 1

Or 1.6 = 1

- H24.** In your experience as both a worker and a caregiver, have you ever had to turn down a promotion?

1 Yes

2 No

MOVEDJAN20

- H25.** Have you moved since January 2020?

1 Yes

2 No

WHY_MOVED | WHY_MOVED_TEXT

Display This Question:

If H25 = 1

- H26.** Why did you move?

1 I found a better place to live

2 I found a cheaper place to live

3 I couldn't afford my rent

4 I couldn't afford my mortgage

5 I was evicted

6 Other (specify): _____

HHCT

- H27.** Including yourself, how many people currently live in your household?
 _____ [NUMBER REQUIRED]

MODULE I: BASIC FINANCIALS*HHINCOME***I1. Please give us an update on how you are doing financially.**

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 I2: UNEMPLOYMENT§*UI_APP***I2.1.** Have you completed an application for unemployment insurance in 2020?

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 in 2020?

1 I have been continuously employed in 2020

2 I do not believe I am eligible for unemployment insurance

3 I don't know how to apply

4 I haven't had time to apply yet

5 The application was too complicated

6 I tried to apply but experienced technical problems with the application

7 I was already on unemployed insurance prior to January 1, 2020

8 Other: _____

*UI_APP_WHY_SUBMIT**Display This Question:**If I2.1 = 1***I2.3.** Why did you submit an application for unemployment insurance?

1 I was laid off

2 I was furloughed

3 My hours were reduced

4 Other

*UI_APP_RESPONSE**Display This Question:**If I2.1 = 1***I2.4.** Have you received a response to your unemployment insurance application?

1 Yes

2 No

*UI_BENEFITS**Display This Question:**If I2.4 = 1***I2.5.** Were you granted unemployment insurance benefits?

1 Yes

2 No

*UI_DENIED**Display This Question:**If I2.5 = 2***I2.6.** What was the reason your application for unemployment insurance was denied?

_____ [TEXT RESPONSE; PARAGRAPH]

*UI_PAYMENT_RECEIVED**Display This Question:**If I2.4 = 2*

Or I2.5 = 1

- I2.7.** Have you received an unemployment insurance payment yet?
- 1 Yes
 - 2 No

UI_PAYMENT_MONTHYEAR

Display This Question:

If I2.7 = 1

- I2.8.** When did you receive your first unemployment insurance payment for your claim submitted in 2020?
- 1 January 2020
 - 2 February 2020
 - 3 March 2020
 - 4 April 2020
 - 5 May 2020
 - 6 June 2020
 - 7 July 2020
 - 8 August 2020
 - 9 September 2020

UI_PAYMENT_AMOUNT

Display This Question:

If I2.7 = 1

- I2.9.** How much do you receive in unemployment insurance? Please enter the amount per payment (for example, if each payment is for \$300, enter 300.)
_____ [NUMBER REQUIRED]

UI_PAYMENT_COMPARE

Display This Question:

If I2.9 = 1

- I2.10.** How does that compare to what you were earning from your job before you began receiving unemployment insurance?
- 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

UI_JOBSEARCH

Display This Question:

If I2.7 = 1

- I2.11.** While you were receiving unemployment insurance payments, did you search for a new job?
- 1 Yes
 - 2 No
 - 3 Don't know/refuse

UI_WHYNO_JOBSEARCH

Display This Question:

If I2.11 = 2

I2.12. Why didn't you search for a new job?

- 1 I had childcare responsibilities
- 2 I had responsibilities to care for other household members or relatives
- 3 I did not feel that it was safe to search for a new job given COVID-19
- 4 I would not have felt safe working at a new job given COVID-19
- 5 I could not find any jobs that were hiring
- 6 I was making more on UI than I would earn working a new job

UI_STILLRECEIVE

Display This Question:

If I2.7 = 1

I2.13. Are you still receiving unemployment insurance payments?

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

UI_STOP_MONTHYEAR

Display This Question:

If I2.13 = 2

I2.14. When did you stop receiving unemployment benefits?

- 1 I am still receiving unemployment insurance payments
- 2 January 2020
- 3 February 2020
- 4 March 2020
- 5 April 2020
- 6 May 2020
- 7 June 2020
- 8 July 2020
- 9 August 2020
- 10 September 2020

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 utilized in 2020?
- 1 Supplemental assistance from the SNAP program (this is sometimes called "food stamps")
 - 2 Federal student loan deferment
 - 3 Rent or mortgage deferment
 - 4 Received a cash payment from the federal government provided under the COVID-19 stimulus package (CARES Act)
 - 5 Cash bonus or financial assistance from your employer
 - 6 Hazard pay from your employer
 - 7 Medicaid

APPLY_SNAP2020

Display This Question:

If J1 != 1

- J2.** Did you apply for the SNAP program (also called "food stamps") in 2020?
- 1 Yes
 - 2 No
 - 3 Don't know/refuse

SNAP_WHYNOT_ALREADYRECIEVE | SNAP_WHYNOT_INELIGIBLE | SNAP_WHYNOT_NONEED |
 SNAP_WHYNOT_GREENCARD | SNAP_WHYNOT_DKHOW | SNAP_WHYNOT_NOTIME |
 SNAP_WHYNOT_COMPLICATED | SNAP_WHYNOT_TECHPROBS | SNAP_WHYNOT_OTHER |
 SNAP_WHYNOT_OTHER_TEXT

Display This Question:

If J2 = 2

- J3.** Why have you not applied for the SNAP program in 2020? Mark all that apply.
- 1 I was already receiving SNAP
 - 2 I don't believe my household is eligible for SNAP
 - 3 I don't believe my household needs SNAP
 - 4 I was worried it would disqualify a family member or relative from obtaining a green card
 - 5 I don't know how to apply
 - 6 I haven't had time to apply yet
 - 7 The application was too complicated
 - 8 I tried to apply but experienced technical problems with the application
 - 9 Other: _____

HARDSHIP_FREEFOOD

- J4.** 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 J4 = 1

- J5.** In the past **month**, did you receive free food or meals because you didn't have enough money?
- 1 Yes
 - 2 No

FREEFOOD_LOC_SCHOOL | FREEFOOD_LOC_PANTRY | FREEFOOD_LOC_HOMEDELIV | FREEFOOD_LOC_RELIG |
 FREEFOOD_LOC_SHELTER | FREEFOOD_LOC_OTHER | FREEFOOD_LOC_FAMFRIENDS

Display This Question:

If J4 = 1

Or J5 = 1

- J6.** Where did you get free groceries or free meals? **Mark all that apply.**
- 1 Free meals through a school meal program or other programs aimed at children
 - 2 Food pantry or food bank
 - 3 Home-delivered meal service like Meals on Wheels
 - 4 Church, synagogue, temple, mosque, or other religious organization
 - 5 Shelter or soup kitchen
 - 6 Other community program
 - 7 Family, friends, or neighbors

HARDSHIP_HUNGRY

- J7.** 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 J7 = 1

- J8.** 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 H17 = 1

Or H17 = 2

- J9.** 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 J9 = 1

- J10.** 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

- J11.** 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 J11 = 1

- J12.** 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

- J13.** 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 J13 = 1

- J14.** In the past **month**, did you borrow money from friends or family to help pay bills?
- 1 Yes
 - 2 No

HARDSHIP_MOVEIN

J15. 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 J15 = 1

J16. In the past **month**, did you move in with other people because of financial problems?

- 1 Yes
- 2 No

HARDSHIP_SHELTER

J17. 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 J17 = 1

J18. 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

J19. 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 J19 = 1

J20. 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

OWNCAR

J21. Do you own a car?

- 1 Yes
- 2 No

BANKED

J22. Do you have a checking or savings account at a bank or a credit union?

- 1 Yes
- 2 No

OVERDRAW1 | TITLELOAN1 | PAYDAY1 | PAWN1

Display This Question:

If J21 = 1

And J22 = 1

J23. In the past 12 months, have you ever...

	Yes	No
a. Overdrawn your checking or savings account	1	2
b. Taken out an auto-title loan	1	2
c. Taken out a payday loan	1	2
d. Used a pawn shop	1	2

Skip To: J27 If J23a = displayed

OVERDRAW2 | PAYDAY2 | PAWN2

Display This Question:

If J21 = 2

And J22 = 1

J24. In the past 12 months, have you ever...

	Yes	No
a. Overdrawn your checking or savings account	1	2
b. Taken out a payday loan	1	2
c. Used a pawn shop	1	2

Skip To: J27 If J24a = displayed

TITLELOAN3 | PAYDAY3 | PAWN3

Display This Question:

If J21 = 1

And J22 = 2

J25. In the past 12 months, have you ever...

	Yes	No
a. Taken out an auto-title loan	1	2
b. Taken out a payday loan	1	2
c. Used a pawn shop	1	2

Skip To: J27 If J25a = displayed

PAYDAY4 | PAWN4

Display This Question:

If J21 != 1

And J22 != 1

J26. In the past 12 months, have you ever...

	Yes	No
a. Taken out a payday loan	1	2
b. Used a pawn shop	1	2

HAVECC

J27. Do you have a credit card?

1 Yes

2 No

CCPAYMIN | CCLATE | CCOVERLIMIT

Display This Question:

If J27 = 1

J28. In the past 12 months, have you ever...

	Yes	No
a. Paid only the minimum on a credit card	1	2
b. Been charged a late fee on credit card	1	2
c. Been charged an over-the-limit fee on credit card	1	2

CONFIDCOPE

J29. 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 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

THINK_COVID_POSITIVE

K2. Do you think you might have contracted the novel coronavirus (COVID-19)?

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

TESTED_COVID

K3. Have you been tested for COVID-19?

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

TESTED_COVID_POSITIVE

Display This Question:

If K3 = 1

K4. Did you test positive for COVID-19?

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

HOSPITALIZED_COVID

Display This Question:

If K2 = 1

Or K4 = 1

K5. Were you hospitalized due to contracting COVID-19?

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

LENGTH_ILL_COVID

Display This Question:

If K2 = 1

Or K4 = 1

K6. How long were you ill due to COVID-19?

- 1 Less than 1 week
- 2 1-2 weeks
- 3 3-4 weeks
- 4 Longer than 1 month

NUM_PPL_COVID

K7. How many people do you know who have gotten seriously ill from COVID-19?

_____ [NUMBER REQUIRED]

NUM_HSHLD_COVID

Display This Question:

If K7 > 0

K8. Were any of the people who got seriously ill living in your household?

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

NUM_FAMFRIENDS_COVID

Display This Question:

If K7 > 0

K9. Were any of the people who got seriously ill close friends or relatives?

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

NUM_DEATHS_COVID

Display This Question:

If K7 > 0

- K10.** How many people do you know personally who have died from COVID-19?
 _____ [NUMBER REQUIRED]

Display This Question:

If K10 > 0

- K11.** **We are so sorry for your loss. Please accept our condolences.**

- K12.** The next set of questions are more general questions about your health.

HEALTHPLAN

- K13.** 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 K13 = 2

And 1.1 = 1

Or 1.6 = 1

- K14.** What is the main reason you do not have a health plan from your main job?

- 4 I do not work enough hours to qualify
- 5 I have not worked here long enough to qualify
- 6 It's too expensive
- 7 I have a pre-existing condition
- 7 My employer does not offer a health plan
- 6 Other (specify): _____

JOBPLAN / JOBPLAN_TEXT

Display This Question:

If K13 = 1

- K15.** 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
- 6 I get health coverage through my college or university
- 5 Other (specify): _____

SLEEP

K16. 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

PILINGHIGH

K17. During the past month, how often have you felt difficulties were piling up so high that you could not overcome them?

- 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

SOSAD

K18. During the past month, how often did you feel so sad that nothing could cheer you up?

- 6 All of the time
- 7 Most of the time
- 8 Some of the time
- 9 A little of the time
- 10 None of the time

NERVOUS

K19. 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

K20. 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

K21. 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

K22. 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

K23. 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

CHECK

K24. 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

FASTFOOD_FREQ

K25. In the past week, how many days did you eat something from a fast food restaurant such as: McDonald's, KFC, Taco Bell, or a similar place? Please select the number of days.

- 1 0 days
- 2 1 day
- 3 2 days
- 4 3 days
- 5 4 days
- 6 5 days
- 7 6 days
- 8 7 days

ACTIVE_FREQ

K26. In the past week, how many days did you do physical activities for at least 10 minutes that cause heavy sweating or large increases in breathing or heart rate? Please select the number of days.

- 1 0 days
- 2 1 day
- 3 2 days
- 4 3 days
- 5 4 days
- 6 5 days
- 7 6 days
- 8 7 days

ALCOHOL_FREQ

K27. Now thinking about the past month, considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on one occasion? Please select the number of times.

- 1 0 times

- 2 1 time
- 3 2 times
- 4 3 times
- 5 4 times
- 6 5 times
- 7 6 times
- 8 7 times
- 9 8 times
- 10 9 times
- 11 10 or more times

SLEEP_HOURS

K28. About how many hours of sleep do you get per night?

- 1 1 hour
- 2 2 hours
- 3 3 hours
- 4 4 hours
- 5 5 hours
- 6 6 hours
- 7 7 hours
- 8 8 hours
- 9 9 hours
- 10 10 hours
- 11 11 hours
- 12 12 or more hours

DIFFSLEEP

K29. During the past month, how often did you have difficulty falling asleep?

- 1 Every day
- 2 Multiple times per week
- 3 About once per week
- 4 Once or twice per month
- 5 Never

WAKEUP

K30. During the past month, how often did you wake up repeatedly during sleep?

- 1 Every day
- 2 Multiple times per week
- 3 About once per week
- 4 Once or twice per month
- 5 Never

FATIGUED

K31. During the past month, how often did you wake up feeling exhausted/fatigue?

- 1 Every day
- 2 Multiple times per week
- 3 About once per week
- 4 Once or twice per month
- 5 Never

HAPPY

- K32.** 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: PARENTING^s*SPENDTIMEKIDS***L1. Finally, please give us an update on how things are going with your children.**

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

KID_ACTIVITY_CHORES | KID_ACTIVITY_INPERSON_CAMP | KID_ACTIVITY_ONLINE_CAMP |
 KID_ACTIVITY_ONLINE_SCHOOL | KID_ACTIVITY_INPERSON_PLAY | KID_ACTIVITY_ONLINE_GAMES |
 KID_ACTIVITY_READING | KID_ACTIVITY_STUDY

Display This Question:

If H13 = 1

Or H15 = 1

Of H12a2 = 1

Or H12a2 = 2

Or H12a2 = 3

Of H12b2 = 1

Or H12b2 = 2

Or H12b2 = 3

Of H12c2 = 1

Or H12c2 = 2

Or H12c2 = 3

Of H12d2 = 1

Or H12d2 = 2

Or H12d2 = 3

Or If

CBCLage >= 5

And CBCLage <= 17

L6. For this question, please think about your **youngest school-aged child**.

In the past month, how often has your youngest school-aged child participated in each of the following activities?

	Every day	A few times a week	Once a week	A few times a month	Rarely	Never
a. Household chores	1	2	3	4	5	6
b. <u>In-person</u> summer camp, sport, or daycare	1	2	3	4	5	6
c. <u>Online</u> summer camp	1	2	3	4	5	6
d. <u>Online</u> summer school or classes	1	2	3	4	5	6
e. Playing or socializing <u>in person</u> with other children who do not live in your household	1	2	3	4	5	6
f. Playing video games, watching TV/movies/YouTube, or spending time online or on social media	1	2	3	4	5	6
g. Reading by themselves or with you	1	2	3	4	5	6
h. School work or studying	1	2	3	4	5	6

KID_DEVICE_HOURS

- L7.** In a typical day, how many hours does your youngest school-aged child usually spend using a device with a screen (computer, video game, TV, tablet, smart phone)?

- 1 1 hour
- 2 2 hours
- 3 3 hours
- 4 4 hours
- 5 5 hours
- 6 6 hours
- 7 7 hours
- 8 8 hours
- 9 9 hours
- 10 10 or more hours

TOOYOUNG / ARGUES / FINISH / CONCENTRATE / HYPER / DESTROYS / DISOBHOME / DISOBSCH / WORTHLESS /
IMPULSIVE / ANXIOUS / GUILTY / SELFCON / DISTRACT / STUBBORN / TANTRUMS / THREATS / SAD / WORRIES

Display This Question:

If CBCLage >= 5

And CBCLage <= 17

- L8.** For this question, please think about your child who was [CBCLAGE] years old in [MONTH] of [YEAR]. Below is a list of items that describe children and youths. Please rate each item to describe your child now or within the past 1 month. For each item,

please mark if the statement is not true, somewhat true, or very true of your child. Please answer all items as well as you can, even if some do not seem to apply to your child.

	Not true	Somewhat true	Very true
a. Acts too young for his/her age	1	2	3
b. Argues a lot	1	2	3
c. Fails to finish things he/she starts	1	2	3
d. Can't concentrate, can't pay attention for long	1	2	3
e. Can't sit still, restless or hyperactive	1	2	3
f. Destroys things belonging to his/her family or others	1	2	3
g. Disobedient at home	1	2	3
h. Disobedient at school/care	1	2	3
i. Feels worthless or inferior	1	2	3
j. Impulsive or acts without thinking	1	2	3
k. Too fearful or anxious	1	2	3
l. Feels too guilty	1	2	3
m. Self-conscious or easily embarrassed	1	2	3
n. Inattentive or easily distracted	1	2	3
o. Stubborn, sullen, or irritable	1	2	3
p. Temper tantrums or hot temper	1	2	3
q. Threatens people	1	2	3
r. Unhappy, sad, or depressed	1	2	3
s. Worries	1	2	3

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

HARDARRANGECARE

Display This Question:

If *kidslive0to14* = Yes

Or *H17* = 1

Or *H17* = 2

And

If *1.1* = 1

Or *1.6* = 1

L13. Thinking about the past month, how difficult was it to arrange child care during your scheduled work hours?

- 1 Very difficult
- 2 Somewhat difficult
- 3 A little bit difficult
- 4 Not at all difficult
- 5 Don't know/refuse

MISSWORKFORCARE

Display This Question:

If *kidslive0to14* = Yes

Or *H17* = 1

Or *H17* = 2

And

If *1.1* = 1

Or *1.6* = 1

L14. 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

KIDSGOSICK2

Display This Question:

If *kidslive0to14* = YesOr *H17* = 1Or *H17* = 2

- L15.** 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 but stayed home
 - 3 No, my child/children haven't been sick in the past month
 - 4 Don't know/refuse

SPANKKIDS

Display This Question:

If *kids0to9* = 1Or *H11* = 1Or *H13* = 1

- L16.** 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

SPOUSECARES / GRANDPARENTCARES / SIBLINGCARES / CHILDSELF CARES / BABYSITTERS / DAYCARE

Display This Question:

If *kidslive0to14* = YesOr *H17* = 1Or *H17* = 2

- L17.** In a typical week in the last month, how often did you use each type of child care **for your youngest child?**

	5-7 days	2-4 days	1 day	Never
a. My spouse or partner, or my child's other parent	1	2	3	4
b. Child's grandparent or other relative	1	2	3	4
c. Older sibling	1	2	3	4
d. Child cares for self	1	2	3	4
e. Babysitter	1	2	3	4
f. Daycare center, school-based program, or Head Start	1	2	3	4

DIFFPLACES CARE

Display This Question:

If *kidslive0to14* = YesOr *H17* = 1Or *H17* = 2

- L18.** In a typical week in the last month, how many different places did your **youngest child** go to for child care? (This could include locations such as a relative's house, a friend's house, a daycare center, or a school.)

- 1 None, my child is only cared for at home
- 2 1 other child care location
- 3 2 other child care locations
- 4 3 other child care locations
- 5 4 or more other child care locations

KIDHEALTH

- L19.** In general, would you say your **youngest child's** health is...

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

MODULE M1: KNOWLEDGE OF SEATTLE ORDINANCES^s

SEA_ORD_PAIDSICK / SEA_ORD_MINWAGE / SEA_ORD_SECSCHED / SEA_ORD_WAGETHEFT

M1.1. Have you heard anything about the following recent Seattle ordinances?

	Yes	No
a. Paid Sick and Safe Time Ordinance	1	2
b. Minimum Wage Ordinance	1	2
c. Secure Scheduling Ordinance	1	2
d. Wage Theft Ordinance	1	2

SEA_SECSCHED_MANAGER / SEA_SECSCHED_WORKPOST / SEA_SECSCHED_COWORKER / SEA_SECSCHED_FRIEND / SEA_SECSCHED_CITY / SEA_SECSCHED_MEDIA / SEA_SECSCHED_ORG / SEA_SECSCHED_UNION / SEA_SECSCHED_OTHER / SEA_SECSCHED_OTHER_TEXT

Display This Question:

If M1.1c = 1

M1.2. How did you hear about the Secure Scheduling Ordinance? Mark all that apply.

- 1 From my manager
- 2 From a posting at work
- 3 From a co-worker
- 4 From a friend/family member
- 5 From the City of Seattle's Office of Labor Standards
- 6 From the media (news, internet, etc.)
- 7 From a community organization or non-profit
- 8 From a labor union
- 9 Other (specify): _____

MODULE M2: KNOWLEDGE OF SEATTLE ORDINANCES^s

NYCLAW_PAIDSICKSAFE / NYCLAW_SECSCHED / NYCLAW_SCHEDULECHANGE / NYSLAW_MINWAGE /
 NYSLAW_FAMLEAVE

M2.1. Have you heard anything about the following recent Seattle ordinances?

	Yes	No
a. NYC Paid Safe and Sick Leave Law	1	2
b. NYC Fair Workweek Law	1	2
c. NYC Temporary Schedule Change Law	1	2
d. New York State Minimum Wage Laws	1	2
e. New York State Paid Family Leave Policy	1	2

NYC_FAIRWORK_MANAGER / SECSCHED_WORKPOST / SECSCHED_COWORKER / SECSCHED_FRIEND /
 SECSCHED_STATE / SECSCHED_MEDIA / SECSCHED_ORG / SECSCHED_UNION / SECSCHED_OTHER /
 SECSCHED_OTHER_TEXT

Display This Question:

If M2.1b = 1

M2.2. How did you hear about New York City's Fair Workweek Law for fast-food workers?

Mark all that apply.

- 1 From my manager
- 2 From a posting at work
- 3 From a co-worker
- 4 From a friend/family member
- 5 From the New York State Division of Labor Standards or NYC's Office of Labor Policy & Standards
- 6 From the media (news, internet, etc.)
- 7 From a community organization or non-profit
- 8 From a labor union
- 9 Other (specify): _____

CLOSING SCRIPT

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 \$500 Amazon 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.)