

Spring 2021 Survey Instrument

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This document contains the survey questions from The Shift Project's Spring 2021 web-based National survey instrument. This document displays the content of the survey, but the actual survey will be formatted for desktop/mobile devices and the skip patterns, display logic, and "piped-in" text (such as employer name) will be automated.

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The Shift Project's Spring 2021 National survey will be self-administered on computers, tablets, or smart phones. Using the Facebook advertising platform, we will recruit workers affiliated with large chain service-sector companies. The target respondents are currently or were recently employed as frontline workers in retail and food-service industries in the United States.

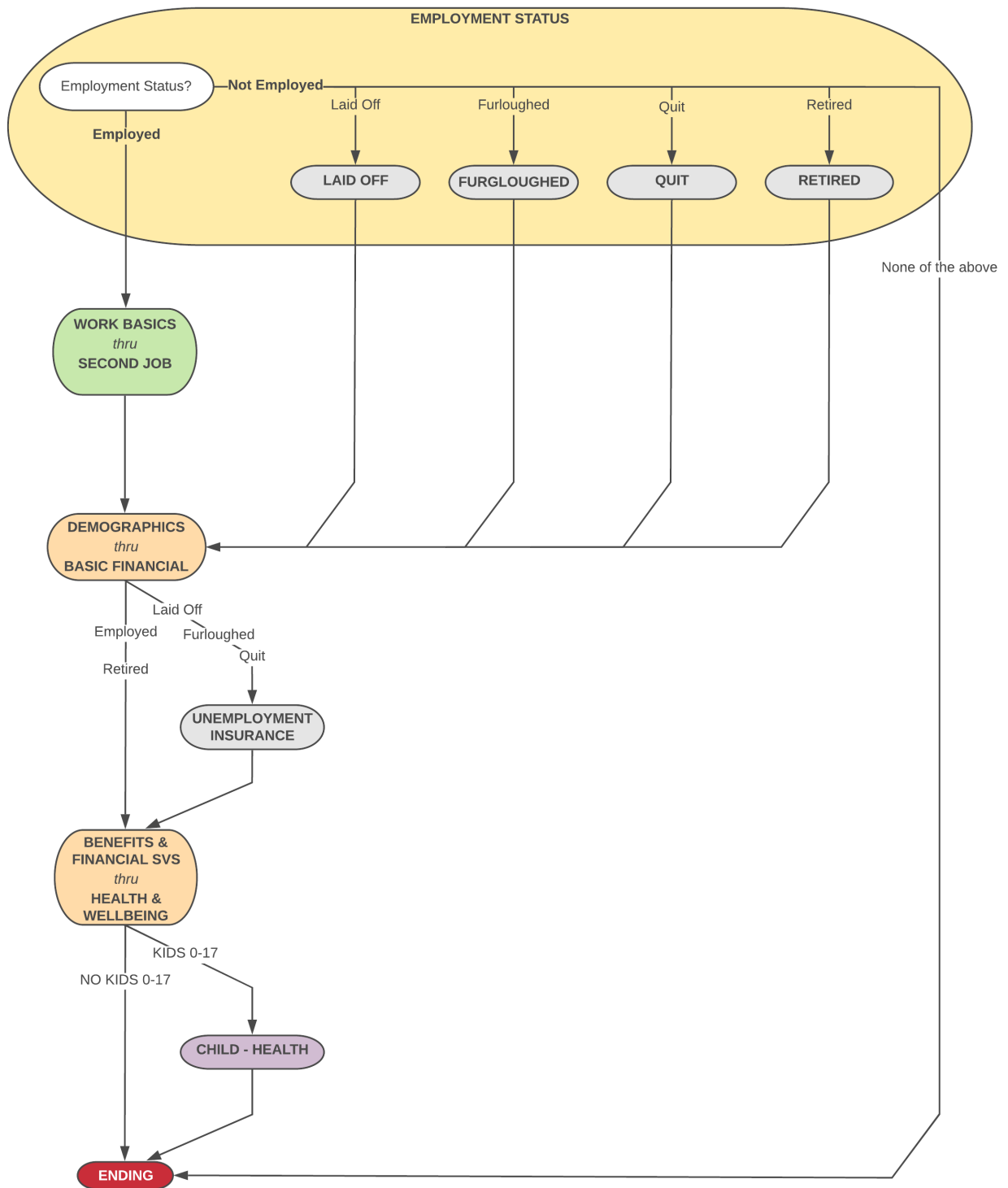
***Note for data users:** *Internal data users should note that this document functions as a reference for question wording, response options, display/skip logic, and survey flow. This document is not a data codebook, and the recode values listed here are not reliable.*

Key:

- § Branched module
- ⌕ Force response
- † Request response
- Ø Exclusive response option (multiple-selection question)
- ✕ Choice randomization
- ℛ Question Block Randomization

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SURVEY FLOW

CONSENT

We are a group of researchers at the Harvard Kennedy School interested in work and worker wellbeing. Whether or not you are currently working, we want to hear from 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: EMPLOYMENT STATUS

EMP_STATUS

1.1. What is your employment status?

- 1 I am employed
- 2 I am furloughed by my employer (I am not getting any scheduled hours)
- 3 I was laid off and am now unemployed
- 4 I quit my job and am now unemployed
- 5 I am retired (no longer working)
- 6 None of the above

Skip To: End of Survey If A1 = 6

MODULE 2: LAID OFF^s*Q1_EMPLOYER_LAIPOFF | Q1_EMPLOYER_LAIPOFF_TEXT*

2.1. What is the name of the company where you were working before you were laid off?

- 1 EMPLOYERNAME
- 2 EMPLOYERNAME1
- 3 EMPLOYERNAME2
- 4 EMPLOYERNAME3
- 5 EMPLOYERNAME4 (Display Logic)
- 6 Other (please specify): _____
- 7 Don't know/refuse

LAIPOFF_DATE

2.2. When were you laid off from [EMPLOYER NAME]?

- 1 Less than 1 month ago
- 2 1 month ago
- 3 2 months ago
- 4 3 months ago
- 5 4 months ago
- 6 5 months ago
- 7 6-12 months ago
- 8 1 year or more ago

LONGWORK_LAIPOFF

2.3. How long had you been working at [EMPLOYER NAME] when you were laid off?

- 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 years or more
- 12 Don't know/refuse

STATELIST_LAIPOFF

2.4. 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

WHY_LAIPOFF | WHY_LAIPOFF_TEXT

- 2.5. Why were you laid off from your job at [EMPLOYER NAME]?
- 1 My workplace closed temporarily
 - 2 My workplace closed permanently
 - 3 My workplace stayed open, but business was down
 - 4 Temporary job that ended
 - 5 Other reason: _____

LAIPOFF_SEVPAY

- 2.6. When you were laid off from your job at [EMPLOYER NAME], did your employer provide you with severance pay?
- 1 Yes
 - 2 No
 - 3 Don't know/refuse

LAIPOFF_SEVPAY_AMOUNT

Display This Question:

If 2.6 = 1

- 2.7. How much severance pay did your [EMPLOYER NAME] employer provide 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

LAIPOFF_SEVPAY_LENGTH

Display This Question:

If 2.6 = 1

- 2.8. How long did you receive severance pay while 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

MODULE 3: FURLOUGHED^s*Q1_EMPLOYER_FURLOUGHED / Q1_EMPLOYER_FURLOUGHED_TEXT***3.1.** What is the name of the company that furloughed you?

- 1 EMPLOYERNAME
- 2 EMPLOYERNAME1
- 3 EMPLOYERNAME2
- 4 EMPLOYERNAME3 (Display Logic)
- 5 Other (please specify): _____
- 6 Don't know/refuse

*FURLOUGHED_DATE***3.2.** When were you furloughed by [EMPLOYER NAME]?

- 1 Less than 1 month ago
- 2 1 month ago
- 3 2 months ago
- 4 3 months ago
- 5 4 months ago
- 6 5 months ago
- 7 6-12 months ago
- 8 1 year or more ago

*LONGWORK_FURLOUGHED***3.3.** 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 years or more
- 12 Don't know/refuse

STATELIST_FURLOUGHED

3.4. 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

WHY_FURLOUGHED | WHY_FURLOUGHED_TEXT

- 3.5. Why were you furloughed from your job at [EMPLOYER NAME]?
- 1 My workplace closed temporarily
 - 2 My workplace closed permanently
 - 3 My workplace stayed open, but business was down
 - 4 Temporary job that ended
 - 5 Other reason: _____

FURLO_PROVIDEPAY | FURLO_PROVIDEHEALTH | FURLO_PROVIDEGIFTCARD | FURLO_PROVIDEOTHER |
FURLO_PROVIDENONE | FURLO_PROVIDEOTHER_TEXT

- 3.6. When you were furloughed from your job, did your employer provide you with any of the following?
- 1 Continuation of pay
 - 2 Continuation of health insurance benefits
 - 3 Gift card
 - 4 Other benefit: _____
 - 5 ☐ None

FURLO_PAYLENGTH

Display This Question:

If 3.6:1 = selected

- 3.7. 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

FURLO_PAYAMOUNT

Display This Question:

If 3.6:1 = selected

- 3.8. How much pay did your [EMPLOYER NAME] 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

MODULE 4: QUIT^s*Q1_EMPLOYER_QUIT | Q1_EMPLOYER_QUIT_TEXT*

4.1. What is the name of the company where you were working before you quit your job?

- 1 EMPLOYERNAME
- 2 EMPLOYERNAME1
- 3 EMPLOYERNAME2
- 4 EMPLOYERNAME3 (Display Logic)
- 5 Other (please specify): _____
- 6 Don't know/refuse

QUIT_DATE

4.2. When did you quit your job?

- 1 Less than 1 month ago
- 2 1 month ago
- 3 2 months ago
- 4 3 months ago
- 5 4 months ago
- 6 5 months ago
- 7 6-12 months ago
- 8 1 year or more ago

LONGWORK_QUIT

4.3. How long had you been working at your last job when you quit?

- 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 years or more
- 12 Don't know/refuse

STATELIST_QUIT

4.4. Please select the state where your former 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

*QUIT_COVID_RISKHIGH | QUIT_UNSAFECOND | QUIT_PROVIDECARE | QUIT_DISLIKESCHED | QUIT_DISLIKEMANAGER
| QUIT_DISLIKEWORK | QUIT_DIFFJOB | QUIT_OTHER | QUIT_OTHER_TEXT*

4.5. Why did you quit your job at [EMPLOYER NAME]? (Mark all that apply.)

- 1 I felt risk of getting COVID was too high
- 2 Unsafe working conditions — other than COVID
- 3 To provide unpaid care for a child/children (my own child or another person's child)
- 4 I didn't like my schedule/found schedule unmanageable
- 5 I didn't like my manager
- 6 I didn't like the work
- 7 My financial situation changed and I was able to retire early
- 8 Other: _____

MODULE 5: RETIRED^s*Q1_EMPLOYER_RETIRE / Q1_EMPLOYER_RETIRE_TEXT***5.1.** What is the name of the company where you were working before you retired?

- 1 EMPLOYERNAME
- 2 EMPLOYERNAME1
- 3 EMPLOYERNAME2
- 4 EMPLOYERNAME3 (Display Logic)
- 5 Other (please specify): _____
- 6 Don't know/refuse

*RETIRE_DATE***5.2.** When did you retire from your last employer?

- 1 December 2020
- 2 November 2020
- 3 October 2020
- 4 September 2020
- 5 August 2020
- 6 July 2020
- 7 June 2020
- 8 May 2020
- 9 April 2020
- 10 March 2020
- 11 February 2020
- 12 January 2020
- 13 Before January 2020

*RETIRE_PLAN**Display This Question:*

If 5.2 = 1
Or 5.2 = 2
Or 5.2 = 3
Or 5.2 = 4
Or 5.2 = 5
Or 5.2 = 6
Or 5.2 = 7
Or 5.2 = 8
Or 5.2 = 9
Or 5.2 = 10
Or 5.2 = 11
Or 5.2 = 12

5.3. Think back to January 2020. At that time, was it your plan to retire this year?

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

RETIRE_COVID_RISKHIGH / RETIRE_UNSAFE / RETIRE_PROVIDECARE / RETIRE_STRESSFUL /
RETIRE_UNMANAGESCHED / RETIRE_FINANCES / RETIRE_OTHER / RETIRE_OTHER_TEXT

Display This Question:

If 5.2 = 1

Or 5.2 = 2

Or 5.2 = 3

Or 5.2 = 4

Or 5.2 = 5

Or 5.2 = 6

Or 5.2 = 7

Or 5.2 = 8

Or 5.2 = 9

Or 5.2 = 10

Or 5.2 = 11

Or 5.2 = 12

And

If 5.3 = 2

5.4. Why did you retire from your job in (Piped in 5.1)?

- 1 I felt risk of getting COVID was too high
- 2 I was concerned about unsafe working conditions — other than COVID
- 3 To provide unpaid care for a child/children (my own child or another person's child)
- 4 I didn't like my schedule/found schedule unmanageable
- 5 I didn't like my manager
- 6 I didn't like the work
- 7 My financial situation changed and I was able to retire early
- 8 Other: _____

RETIRE_LONGWORK

5.5. How long had you been working at your last employer when you retired?

- 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 years or more
- 12 Don't know/refuse

STATELIST_RETIRE

5.6. 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 A: WORK BASICS[§]

Q1_EMPLOYER| Q1_EMPLOYER_TEXT

- A1.¹** What is the name of your main employer?
- 1 EMPLOYERNAME
 - 2 EMPLOYERNAME1
 - 3 EMPLOYERNAME2
 - 4 EMPLOYERNAME3
 - 5 EMPLOYERNAME4 (Display Logic)
 - 97 Other (please specify)_____
 - 99 Don't know/refuse

Skip To: End of Survey If A1 = 99

LONGWORK_YRS

- A2.** 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

LONGWORK_M

Display This Question:

If A2 = 1

- A3.** How many months have you worked at [EMPLOYER NAME]?
- 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

MANAGER

- A4.** Are you a manager at [EMPLOYER NAME]?
- 1 Yes

¹ We eliminated the NOTAD/RUE branching in Spring 2021

- 2 No
- 3 Don't know/refuse

Skip?

JOBTITLE

Display This Question:

If A4 = 1

A5. What is your job title at [EMPLOYER NAME]?

JOBTITLELIST | JOBTITLELIST_TEXT

Display This Question:

If A4 != 1

- A6.** What is your job title at [EMPLOYER NAME]?
- 1 Cashier or clerk
 - 2 Salesperson
 - 3 Customer service
 - 4 Waiter/waitress/server
 - 5 Host/hostess
 - 6 Bartender
 - 7 Barista
 - 8 Cook
 - 9 Baker
 - 10 Butcher/meat cutter
 - 11 Produce
 - 12 Sandwich artist or other food preparation
 - 13 Delivery person
 - 14 Stocker/stocking/unloading
 - 15 Picker
 - 16 Package handling
 - 17 Driver
 - 18 Pharmacy technician
 - 19 Housekeeper
 - 20 Maintenance
 - 21 Supervisor
 - 22 Other: _____

WORKPLACE | WORKPLACE_TEXT

A7. Which of the following best describes your [EMPLOYER NAME] workplace?

I work in a...

- 1 Big-box superstore
- 2 Department store
- 3 Retail store
- 4 Grocery store or food market
- 5 Restaurant
- 6 Fast food place
- 7 Coffee shop or cafe
- 8 Hotel or motel
- 9 Warehouse
- 10 Fulfillment center
- 11 Delivery vehicle

- 12 Convenience store or gas station
- 13 Drugstore or pharmacy
- 14 Corporate office or training center
- 15 Call center
- 16 Other (specify): _____

Skip To: End of Survey If A7 = 14

PAIDHOUR

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

- 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).**
 _____ [NUMBER REQUIRED]

PAIDTIPS

Display This Question:

If A8 = 1

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

- 1 Yes, I receive tips
- 2 No, I don't get tips

WEEKTIPS

Display This Question:

If A10 = 2

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

SALARY

Display This Question:

If A8 != 1

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

STATELIST

A13. Please select the state where your [EMPLOYER NAME] workplace is located.

- 1 Alabama
- 2 Alaska
- 3 Arizona
- 4 Arkansas
- 5 California
- 6 Colorado
- 7 Connecticut
- 8 Delaware
- 51 District of Columbia
- 9 Florida
- 10 Georgia
- 11 Hawaii
- 12 Idaho
- 13 Illinois
- 14 Indiana
- 15 Iowa
- 16 Kansas
- 17 Kentucky
- 18 Louisiana
- 19 Maine
- 20 Maryland
- 21 Massachusetts
- 22 Michigan
- 23 Minnesota
- 24 Mississippi
- 25 Missouri
- 26 Montana
- 27 Nebraska
- 28 Nevada
- 29 New Hampshire
- 30 New Jersey
- 31 New Mexico
- 32 New York
- 33 North Carolina
- 34 North Dakota
- 35 Ohio
- 36 Oklahoma
- 37 Oregon
- 38 Pennsylvania
- 39 Rhode Island
- 40 South Carolina
- 41 South Dakota
- 42 Tennessee
- 43 Texas
- 44 Utah
- 45 Vermont
- 46 Virginia
- 47 Washington
- 48 West Virginia
- 49 Wisconsin

- 50 Wyoming
- 52 I do not work in the United States

OREGON

Display This Question:

If GeoIP Location Region = OR

And A13 != 1

And A13 != 2

And A13 != 3

And A13 != 4

And A13 != 5

And A13 != 6

And A13 != 7

And A13 != 8

And A13 != 51

And A13 != 9

And A13 != 10

And A13 != 11

And A13 != 12

And A13 != 13

And A13 != 14

And A13 != 15

And A13 != 16

And A13 != 17

And A13 != 18

And A13 != 19

And A13 != 20

And A13 != 21

And A13 != 22

And A13 != 23

And A13 != 24

And A13 != 25

And A13 != 26

And A13 != 27

And A13 != 28

And A13 != 29

And A13 != 30

And A13 != 31

And A13 != 32

And A13 != 33

And A13 != 34

And A13 != 35

And A13 != 36

And A13 != 37

And A13 != 38

And A13 != 39

And A13 != 40

And A13 != 41

And A13 != 42

And A13 != 43

And A13 != 44

And A13 != 45

And A13 != 46

And A13 != 47

And A13 != 48

And A13 != 49

And A13 != 50

And A13 != 52

A14. Is your [EMPLOYER NAME] workplace located in the state of Oregon?

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

Skip To: A22 If A14 = 1

CHICAGO

Display This Question:

If GeolP Location Region = IL

And A13 != 1

And A13 != 2

And A13 != 3

And A13 != 4

And A13 != 5

And A13 != 6

And A13 != 7

And A13 != 8

And A13 != 51

And A13 != 9

And A13 != 10

And A13 != 11

And A13 != 12

And A13 != 13

And A13 != 14

And A13 != 15

And A13 != 16

And A13 != 17

And A13 != 18

And A13 != 19

And A13 != 20

And A13 != 21

And A13 != 22

And A13 != 23

And A13 != 24

And A13 != 25

And A13 != 26

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And A13 != 28

And A13 != 29

And A13 != 30

And A13 != 31

And A13 != 32

And A13 != 33

And A13 != 34

And A13 != 35

And A13 != 36

And A13 != 37

And A13 != 38

And A13 != 39

And A13 != 40

And A13 != 41

And A13 != 42

And A13 != 43

And A13 != 44

And A13 != 45

And A13 != 46

And A13 != 47

And A13 != 48

And A13 != 49

And A13 != 50

And A13 != 52

Or

If A13 = 14

A15. Is your [EMPLOYER NAME] workplace located in Chicago city limits?

1 Yes

- 2 No
- 3 Don't know/refuse

Skip To: A22 If A15 = 1

LOSANGELES

Display This Question:

If GeolP Location Region = CA

And A13 != 1

And A13 != 2

And A13 != 3

And A13 != 4

And A13 != 5

And A13 != 6

And A13 != 7

And A13 != 8

And A13 != 51

And A13 != 9

And A13 != 10

And A13 != 11

And A13 != 12

And A13 != 13

And A13 != 14

And A13 != 15

And A13 != 16

And A13 != 17

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And A13 != 38

And A13 != 39

And A13 != 40

And A13 != 41

And A13 != 42

And A13 != 43

And A13 != 44

And A13 != 45

And A13 != 46

And A13 != 47

And A13 != 48

And A13 != 49

And A13 != 50

And A13 != 52

Or

If A13 = 5

A16. Is your [EMPLOYER NAME] workplace located in Los Angeles city limits?

1 Yes

- 2 No
- 3 Don't know/refuse

Skip To: A22 If A16 = 1

PHILADELPHIA

Display This Question:

If A13 != 1
And A13 != 2
And A13 != 3
And A13 != 4
And A13 != 5
And A13 != 6
And A13 != 7
And A13 != 8
And A13 != 51
And A13 != 9
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And A13 != 49
And A13 != 50
And A13 != 52

And If

GeoIP Location Region = NJ
Or GeoIP Location Region = PA
Or GeoIP Location Region = DE

Or If

A17 = 39

A17. Is your [EMPLOYER NAME] workplace located in Philadelphia city limits?

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

Skip To: A22 If A17 = 1

WASHINGTON

Display This Question:

If GeolP Location Region = WA

And A13 != 1

And A13 != 2

And A13 != 3

And A13 != 4

And A13 != 5

And A13 != 6

And A13 != 7

And A13 != 8

And A13 != 51

And A13 != 9

And A13 != 10

And A13 != 11

And A13 != 12

And A13 != 13

And A13 != 14

And A13 != 15

And A13 != 16

And A13 != 17

And A13 != 18

And A13 != 19

And A13 != 20

And A13 != 21

And A13 != 22

And A13 != 23

And A13 != 24

And A13 != 25

And A13 != 26

And A13 != 27

And A13 != 28

And A13 != 29

And A13 != 30

And A13 != 31

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And A13 != 35

And A13 != 36

And A13 != 37

And A13 != 38

And A13 != 39

And A13 != 40

And A13 != 41

And A13 != 42

And A13 != 43

And A13 != 44

And A13 != 45

And A13 != 46

And A13 != 47

And A13 != 48

And A13 != 49

And A13 != 50

And A13 != 52

A18. Is your [EMPLOYER NAME] workplace located in the state of Washington?

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

Display This Question: If GeolP Location Region = WA

And A13 != 1

And A13 != 2

And A13 != 3

And A13 != 4

And A13 != 5

And A13 != 6

And A13 != 7

And A13 != 8

And A13 != 51

And A13 != 9

And A13 != 10

And A13 != 11

And A13 != 12

And A13 != 13

And A13 != 14

And A13 != 15

And A13 != 16

And A13 != 17

And A13 != 18

And A13 != 19

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And A13 != 39

And A13 != 40

And A13 != 41

And A13 != 42

And A13 != 43

And A13 != 44

And A13 != 45

And A13 != 46

And A13 != 47

And A13 != 48

And A13 != 49

And A13 != 50

And A13 != 52

And A18 != 2

Or

If A13 = 47

Or

If A18 = 1

A19. Is your [EMPLOYER NAME] workplace located in Seattle city limits?

- 4 Yes
- 5 No
- 6 Don't know/refuse

Skip To: A22 If A18 = 1

NYS

Display This Question:

And A13 != 1
And A13 != 2
And A13 != 3
And A13 != 4
And A13 != 5
And A13 != 6
And A13 != 7
And A13 != 8
And A13 != 51
And A13 != 9
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And A13 != 44
And A13 != 45
And A13 != 46
And A13 != 47
And A13 != 48
And A13 != 49
And A13 != 50
And A13 != 52
And A18 != 1

And

If GeolP Location Region = NY
Or GeolP Location Region = NJ
Or GeolP Location Region = CT

Or GeolP Location Region = PA
Or GeolP Location Region = MA
Or GeolP Location Region = VT
Or GeolP Location Region = NH

A20. Is your [EMPLOYER NAME] workplace located in the state of New York?

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

NYCFIVE

Display This Question:

And A13 != 1
And A13 != 2
And A13 != 3
And A13 != 4
And A13 != 5
And A13 != 6
And A13 != 7
And A13 != 8
And A13 != 51
And A13 != 9
And A13 != 10
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And A13 != 39
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And A13 != 42
And A13 != 43
And A13 != 44
And A13 != 45
And A13 != 46
And A13 != 47
And A13 != 48
And A13 != 49
And A13 != 50
And A13 != 52
And A20 != 2
And A18 != 1

And

If GeolP Location Region = NY
Or GeolP Location Region = NJ

Or GeolP Location Region = CT
Or GeolP Location Region = PA
Or GeolP Location Region = MA
Or GeolP Location Region = VT

Or

If A20 = 1

Or

If A13 = 33

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

STORE_NUM | STORE_ST

A22. If you know your [EMPLOYER NAME] store number, please enter it here:

- 1 Store number
- 2 Street address

Skip To: End of Block If A22:1 = Not Empty

STORE_CITY

A23. Where is the store you work at located?

- 1 City or town: _____

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 A1: COVID SHOCK^s*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

*WEARMASKS_YOU | WEARMASKS_COWORKERS | RMASKS_CUSTOMERS**Display This Question:**If A1.1 != 5*

A1.2. In the past week, how often did the following groups wear masks at your [EMPLOYER NAME] workplace?

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

*WEARMASKS_NOF2F_YOU | WEARMASKS_NOF2F_COWORKERS**Display This Question:**If A1.1 = 5*

A1.3. In the past week, how often did the following groups wear masks at your [EMPLOYER NAME] workplace?

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

ENCOURAGE_STAYHOME

A1.4. 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

FEEL_SAFE

A1.5. Currently, do you feel safe at your [EMPLOYER NAME] workplace during the COVID-19 pandemic?

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

WHY_FEEL_UNSAFE

Display This Question:

If A1.5 = 2

A1.6. Why do you feel unsafe at work?
 _____ [TEXT RESPONSE; ESSAY]

COVID_VACCINE

A1.7 Have you been vaccinated against COVID19?

- 1 Yes, I am fully vaccinated
- 2 Yes, I am partially vaccinated (first two shots for Pfizer or Moderna)
- 3 No, I have not been vaccinated

COVID_VACCINE_TRIED_APPT

Display This Question:

If A1.7 = 3

A1.8 Have you tried to make an appointment to receive the vaccine?

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

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

Display This Question:

If A1.8 = 2

Or If A1.8 = 3

A1.9 Why haven't you tried to make an appointment to get vaccinated? Mark all that apply.

1. I don't think I'm eligible yet to get the vaccine
2. I don't know how to make an appointment
3. I don't have the time to make an appointment
4. I don't know my work schedule far enough ahead to be able to book an appointment
5. I am worried about possible side-effects of vaccination
6. I am worried about getting COVID
7. Other: _____

COVID_VACCINE_APPT

Display This Question:

If A1.8 = 1
 And If A1.9! = 7
 And If A1.9! = 1
 And If A1.9! = 2
 And If A1.9! = 3
 And If A1.9! = 4
 And If A1.9! = 5

A1.10 Were you able to make an appointment?

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

NO_APPT_APPTUNAVAILABLE / NO_APPT_VACUNAVAILABLE / NO_APPT_TECHPROBS / NO_APPT_INELIGIBLE /
 NO_APPT_OTHER / NO_APPT_OTHER_TEXT

Display This Question:

If A1.10 = 2
 Or If A1.10! = 3

A1.11 Why were you unable to make an appointment to get vaccinated? Mark all that apply.

- 1 There were no appointments available
- 2 I was scheduled but then no vaccines were available
- 3 Technical problems
- 4 I was told I was ineligible
- 5 Other _____

ENCOURAGE_VACC_PROVIDEVAC / ENCOURAGE_VACC_PTO / ENCOURAGE_VACC_SICKLEAVE /
 ENCOURAGE_VACC_BONUS / ENCOURAGE_VACC_OTHER / ENCOURAGE_VACC_NONE /
 ENCOURAGE_VACC_OTHER_TEXT

Display This Question:

If A1.7 = 3

A1.12 Did [EMPLOYERNAME] do anything to encourage you to get the COVID vaccine? Mark all that apply.

- 1 Is providing vaccination at work
- 2 Would give me paid time off to get the vaccine
- 3 Would give me paid time off in the event of side effects
- 4 Would pay me a bonus to get vaccinated
- 5 Other _____
- 6 ☐ None of these

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

Display This Question:

If A1.7 = 1

If A1.7 = 3

A1.13 Did [EMPLOYERNAME] where you work provide any of the following? Mark all that apply.

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

RECEIVED_HERO_PAY

A1.14 Has your employer provided you with extra pay for working during the pandemic?

- 1 Yes
- 2 No

HERO_PAY_WAGE | HERO_PAY_BONUS | HERO_PAY_GIFTCARD | HERO_PAY_OTHER | HERO_PAY_OTHER_TEXT

Display This Question:

If A1.4 = 1

A1.15 What form of extra pay did your employer provide? (Mark all that apply)

- 1 Increase in my hourly wage
- 2 One of more bonus payments
- 3 Gift card or other non-cash payment
- 4 Other _____

MODULE B: WORK SCHEDULING^s

SCHEDULE4 | SCHEDULE4_TEXT

B1. Which of the following best describes your work schedule at [EMPLOYER NAME]?

- 1 Variable schedule (one that changes from day to day)
- 2 Regular daytime schedule
- 3 Regular evening shift
- 4 Regular night shift
- 5 Rotating shift (one that changes regularly from days to evenings or nights)
- 6 Split shift (one consisting of two distinct periods each day)
- 7 Other (specify)
- 8 Don't know/refuse

USUALHOURS

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

____ [NUMBER REQUIRED]

GREATESTHR

B3. In the last month, what is the **greatest** number of hours you've worked **in a week** at [EMPLOYER NAME]? (Please consider all hours, including any extra hours, overtime,

work you did at home, and so forth). **Please enter a number between 0 and 80 hours per week.**

____ [NUMBER REQUIRED]

LEASTHR

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

____ [NUMBER REQUIRED]

NOTICE

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

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

DAYSNOTICE

Display This Question:

If B5 = 1

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

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

KEEPSCHEDOPEN

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

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

MODULE C: SECURE SCHEDULING^s*ONCALL*

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

*NUM_ONCALL**Display This Question:**If C1 = 1*

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

CANCELSHIFT

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

*NUM_CANCELSHIFT**Display This Question:**If C3 = 1*

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

TIMING

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

NUM_TIMING

Display This Question:

If C5 = 1

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

CLOPENING

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

NUM_CLOPENING

Display This Question:

If C7 = 1

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

NUM_SHIFTS

- C9.** Over the past month, about how many shifts have you worked at [EMPLOYER NAME]?
_____ [REQUIRE NUMBER RESPONSE]

NUM_SHIFTS_CAT

Display This Question:

If C9 = Text Response is Empty

- C10.** Over the past month, can you give an estimate of about how many shifts you have worked at [EMPLOYERNAME]?
- 1 1-4 shifts (about 1 shift per week)
 - 2 5-9 shifts (about 2 shifts per week)
 - 3 10-14 shifts (about 3 shifts per week)
 - 4 15-19 shifts (about 4 shifts per week)
 - 5 20-24 shifts (about 6 shifts per week)
 - 6 More than 30 shifts

MODULE C2: AUTOMATION[§]

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

Display This Question:

If A1.1= 1
Or A1.1= 2
Or A1.1= 3
Or A1.1= 4
Or A1.1= 5
Or A1.1= 6
Or A1.1= 7
Or A1.1= 12
Or A1.1= 13
Or A1.1= 16

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

- 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) _____
- 7 ☐ None of these

TECHSTRESS | TECHHARD | TECHJOY

Display This Question:

If C2.1 selected count > 0
And C2.1 != 12

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


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

TECH_STOCK | TECH_INVENTORY | TECH_SERVICE | TECH_MONEY | TECH_OTHER | TECH_NONE |
TECH_OTHER_TEXT

Display This Question:

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

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

- 1 Robots that stock shelves or move boxes
- 2 Robots that take inventory
- 3 Robots that provide customer service
- 4 A machine that counts money
- 5 Other: _____
- 6  None of these

DUTYTECH1YR | DUTYTECH5YR | DUTYTECHLIFE

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

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

JOBTECH1YR | JOBTECH5YR | JOBTECHLIFE

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

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

MODULE C3: SURVEILLANCE AND SANCTIONING^s*SHIFTREPORT / SHIFTREPORT_TEXT*

C3.1. At your [EMPLOYER NAME] workplace, how do you report the times that you begin and end your shift?

- 1 Entering a code into a computer, tablet, or other device
- 2 Scanning a badge or ID card
- 3 Using my fingerprint
- 4 Using a scan of my face or my eye
- 5 Using a paper timecard
- 6 Other (specify) _____


CLOCKINLOSTPAY

C3.2. At your [EMPLOYER NAME] workplace, how often have you lost pay because of technical difficulties clocking in or clocking out?

- 1 Never
- 2 Once
- 3 Twice
- 4 Three or more times
- 5 Don't know/refuse

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

C3.3. At your [EMPLOYER NAME] workplace, how does your employer keep track of the speed of your work? **Mark all that apply.**

- 1 Using video recordings
- 2 Using a wristband or a badge that I wear
- 3 Using a handheld device that I carry
- 4 Using data recorded by the cash register or other checkout devices
- 5 By my supervisor(s) directly observing me
- 6 Other (specify) _____
- 7  My employer does not track the speed of my work

LEADERBOARD

C3.4. At your [EMPLOYER NAME] workplace, is there a leaderboard or other type of “dashboard” that gives you feedback about the speed of your work?

- 1 Yes
- 2 No

*LEADERBOARD_FUN**Display This Question:**If C3.4 = 1*

C3.5. Do you agree or disagree: The leaderboard or dashboard makes my job more fun.

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

LEADERBOARD_STRESS

Display This Question:

If C3.4 = 1

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

MANAGERSPEED

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

AUTOSPEED

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

 SPEEDREWARD_CARD / SPEEDREWARD_PTO / SPEEDREWARD_BONUS / SPEEDREWARD_OTHER /
 SPEEDREWARD_NONE / SPEEDREWARD_DKR / SPEEDREWARD_OTHER_TEXT

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

SLOWFIRED

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

SLOWWORSETASK

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

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

SLOWWORSESCHEID

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

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

MODULE D: CONTROL AND PTO^s*HOURLYDECIDE*

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

- 1 Starting and finishing times are decided by my employer and I cannot change them on my own.
- 2 Starting and finishing times are decided by my employer but with my input.
- 3 I can decide the time I start and finish work, within certain limits.
- 4 I am entirely free to decide when I start and finish work.
- 5 When I start and finish work depends on things outside of my control and outside of my employer's control.
- 6 Don't know/refuse

CHOICETOTALHR

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

- 1 None
- 2 Very little
- 3 A little
- 4 A moderate amount
- 5 A lot
- 6 Don't know/refuse

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

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

- 1 Paid sick days
- 2 Paid vacation days
- 3 Health plan or medical insurance
- 4 Dental benefits
- 5 Paid maternity or paternity leave
- 6 Unpaid maternity or paternity leave which would allow you to return to the same job, or one similar to it
- 7 A retirement plan other than Social Security
- 8 Tuition reimbursement for certain types of schooling
- 9 Company provided or subsidized child care
- 10 ☐ None of these

SICKWORK_YN

D3. In the past month, did you ever work at [EMPLOYER NAME] 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_WHY | SICKWORK_WHY_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): _____

MODULE D1: PTO – LIFE EVENT^s

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

CHILDLASTYEAR

D1.2. In the last 12 months, have you welcomed a new child into your family through birth, adoption, or foster placement?

- 1 Yes
- 2 No

HEALTHLASTYEAR

D1.3. In the last 12 months, have you had a serious health condition or illness, like recovering from surgery or a serious injury?

- 1 Yes
- 2 No

CARELASTYEAR

D1.4. In the last 12 months, have you needed to care for a seriously ill or injured family member?

- 1 Yes
- 2 No

PFML_PAY_NEEDED

D1.5. If you needed to provide care for a new child, a seriously ill family member, or to recover from a serious illness, how much of your normal pay would you need in order to take time away from work?

Not Applicable

0 10 20 30 40 50 60 70 80 90 100

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



MODULE D2: PTO – LIFE EVENT – CHILD^s

LV_CH

Display This Question:

If D1.2 = 1

And D1.3 != 1

And D1.4 != 1

D2.1. Did you take leave from your job at [EMPLOYER NAME] to care for your new child?

1 Yes

2 No

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

LV_CH_WK | LV_CH_WK_TEXT

Display This Question:

If D2.1 = 1

D2.2. How many weeks of leave did you take from your job at [EMPLOYER NAME] to care for your new child?

1 Less than 1 week

2 A different number of weeks (specify): _____

3 I have taken leave little by little (intermittent leave)

4 I am still on leave

LV_CH_TOTAL

Display This Question:

If D2.2 = 3

Or D2.2 = 4

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

LV_CH_PAY

Display This Question:

If D2.1 = 1

D2.4. During this leave, did you receive pay from [EMPLOYER NAME]? 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_FIN | LV_CH_LV_FIRE | LV_CH_LV_INS | LV_CH_LV_OK | LV_CH_LV_OTHER |
LV_CH_LV_OTHER_TEXT

Display This Question:

If D2.1 = 1

D2.5. Please tell us if any of the following were important factors in your decision about how much time you took off from your job at [EMPLOYER NAME] to 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 D2.1 = 2

D2.6. Please tell us if any of the following were reasons why you did not take time off from your job at [EMPLOYER NAME] to 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 D3: PTO – LIFE EVENT – PERSONAL HEALTH^s

LV_HLTH

Display This Question:

If D1.2 != 1

And D1.3 = 1

And D1.4 != 1

D3.1. Did you take leave from your job at [EMPLOYER NAME] to recover from your serious health condition or illness?

8 Yes

9 No

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

LV_HLTH_WK | LV_HLTH_WK_TEXT

Display This Question:

If D3.1 = 1

D3.2. How many weeks of leave did you take from your job at [EMPLOYER NAME] to recover from your serious health condition or illness?

1 Less than 1 week

2 A different number of weeks (specify): _____

3 I have taken leave little by little (intermittent leave)

4 I am still on leave

LV_HLTH_TOTAL

Display This Question:

If D3.2 = 3

Or D3.2 = 4

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

_____ [NUMBER REQUIRED]

LV_HLTH_PAY

Display This Question:

If D3.1 = 1

D3.4. During this leave, did you receive pay from [EMPLOYER NAME]? 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_PRES | LV_HLTH_LV_FIRE | LV_HLTH_LV_INS | LV_HLTH_LV_OK |

LV_HLTH_LV_OTHER | LV_HLTH_LV_OTHER_TEXT

Display This Question:

If D3.1 = 1

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

- 1 I could not financially afford to take more time off
- 2 I felt pressure from my employer to return to work
- 3 I 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_PRES | LV_HLTH_NOLV_FIRE | LV_HLTH_NOLV_INS |
LV_HLTH_NOLV_NOTKNOW | LV_HLTH_NOLV_OK | LV_HLTH_NOLV_OTHER | LV_HLTH_NOLV_OTHER_TEXT

Display This Question:

If D3.1 = 2

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

Mark all that apply.

- 1 I could not financially afford to take more time off
- 2 I felt pressure from my employer to return to work
- 3 I 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 – CAREGIVING^s

LV_CR

Display This Question:

If D1.2 != 1

And D1.3 != 1

And D1.4 = 1

D4.1. Did you take leave from your job at [EMPLOYER NAME] to care for a seriously ill or injured family member?

1 Yes

2 No

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

LV_CR_WK / LV_CR_WK_TEXT

Display This Question:

If D4.1 = 1

D4.2. How many weeks of leave did you take from your job at [EMPLOYER NAME] to care for a seriously ill or injured family member?

1 Less than 1 week

2 A different number of weeks (specify): _____

3 I have taken leave little by little (intermittent leave)

4 I am still on leave

LV_CR_TOTAL

Display This Question:

If D4.2 = 3

Or D4.2 = 4

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

_____ [NUMBER REQUIRED]

LV_CR_PAY

Display This Question:

If D4.1 = 1

D4.4. During this leave, did you receive pay from [EMPLOYER NAME]? 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 D4.1 = 1

D4.5. Please tell us if any of the following were important factors in your decision about how much time you took off from your job at [EMPLOYER NAME] to 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 D4.1 = 2

D4.6. Please tell us if any of the following were reasons why you did not take time off from your job at [EMPLOYER NAME] to 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 D5: PTO – LIFE EVENT – MULTIPLE^s

LV_MULT

Display This Question:

If D1.2 = 1

And D1.3 = 1

Or

If D1.3 = 1

And D1.4 = 1

Or

If D1.2 = 1

And D1.4 = 1

Or

If D1.2 = 1

And D1.3 = 1

And D1.4 = 1

D5.1. Did you take leave from your job at [EMPLOYER NAME] to care for yourself or others?

1 Yes

2 No

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

LV_MULT_WK | LV_MULT_WK_TEXT

Display This Question:

If D5.1 = 1

D5.2. How many weeks of leave did you take from your job at [EMPLOYER NAME] to care for yourself or others?

1 Less than 1 week

2 A different number of weeks (specify): _____

3 I have taken leave little by little (intermittent leave)

4 I am still on leave

LV_MULT_TOTAL

Display This Question:

If D5.2 = 3

Or D5.2 = 4

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

_____ [NUMBER REQUIRED]

LV_MULT_PAY

Display This Question:

If D5.1 = 1

D5.4. During this leave, did you receive pay from [EMPLOYER NAME]? 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_PREP | LV_MULT_LV_FIRE | LV_MULT_LV_INS | LV_MULT_LV_OK |
LV_MULT_LV_OTHER | LV_MULT_LV_OTHER_TEXT

Display This Question:

If D5.1 = 1

D5.5. Please tell us if any of the following were important factors in your decision about how much time you took off from your job at [EMPLOYER NAME] to 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_PREP | LV_MULT_NOLV_FIRE | LV_MULT_NOLV_INS |
LV_MULT_NOLV_NOTKNOW | LV_MULT_NOLV_OK | LV_MULT_NOLV_OTHER | LV_MULT_NOLV_OTHER_TEXT

Display This Question:

If D5.1 = 2

D5.6. Please tell us if any of the following were reasons why you did not take time off from your job at [EMPLOYER NAME] to 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 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
 - 8 Agree
 - 6 Disagree
 - 3 Strongly disagree

GETTIMEOFF

- E3.** 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

HANDLPERSATWORK

- E4.** At [EMPLOYER NAME], 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

- E5.** In my work schedule at [EMPLOYER NAME], I have enough flexibility to handle family needs.
- 1 Always true
 - 2 Often true
 - 3 Sometimes true
 - 4 Never true

MGRCOVERSHIFT | ICOVERSHIFT | TRYCOVERSHIFT

E6. If something happens and I can't make it to my scheduled shift...

	Very true (1)	Somewhat true (2)	Not at all true (3)
My manager will find someone to cover my shift (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am responsible for finding someone to cover my shift (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My co-workers will try their best to cover for me (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SWAPSHIFTAPP

E7. At my [EMPLOYER NAME] workplace, I have access to an app or another online tool to swap shifts with co-workers.

1. Very true
2. Somewhat true
3. Not at all true

COWORKERSUPPORT

E8. At my [EMPLOYER NAME] workplace, I feel supported by my coworkers.

1. Very true
2. Somewhat true
3. Not at all true

ADVOPP

E9. Which of the following best describes your career advancement opportunities at [EMPLOYER NAME]?

1. It is likely that I will be promoted at my primary job
2. It is unlikely that I will be promoted at my primary job
3. There are not promotion opportunities available at my primary job
4. Don't know/refuse

MODULE E2: JOB INSECURITY^{\$}

CHANCESLOSEJOB | KEEPJOB | INSECUREJOB | THINKLOSEJOB | INSECUREJOBCHAR | JOBCHANGE

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

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

MODULE F: WORK RELATIONSHIPS^{\$}

UNION

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

- 1 Yes
- 2 No

MODULE G: SECOND JOB^{\$}

SECONDJOB

G1. In addition to your job at [EMPLOYER NAME], do you also have another paid job?

- 1 Yes
- 2 No

Skip To: End of Block If G1 != 1

INCOMESECONDJOB

G2. Not counting your income from [EMPLOYER NAME], which of the following statements best describes the income you earn from all of your other jobs?

- 1 It is essential for meeting my basic needs
- 2 Is it an important component of my budget, but not essential
- 3 It is nice to have, but I could live comfortably without it
- 4 Don't know/refuse


MODULE H: DEMOGRAPHICS*GENDER | GENDER_TEXT***H1.** How would you describe your gender identity?

- 1 Male
- 2 Female
- 3 Non-binary
- 4 Prefer to self-describe: _____
- 5 Prefer not to answer

*TRANSGENDER***H2.** Do you identify as transgender?

- 1 Yes, I identify as transgender
- 2 No, I do not identify as transgender
- 3 Don't know/refuse

*WHITE | HISP | BLACK | API | AIAN | OTH | RACE_DKR***H3.** How would you describe your race or ethnicity? Please mark all that apply.

- 4 White
- 5 Hispanic or Latino/Latina
- 6 Black or African American
- 7 Asian or Pacific Islander
- 8 American Indian or Alaskan native
- 9 Other
- 10  Prefer not to answer

*AGE_TEXT***H4.** How old are you?

- 1 Enter your age in years: _____

*AGE**Display This Question:**If H4 = Empty**Or H4 < 18**Or H4 > 100***H5.** Choose your age group:

- 1 18-19 years old
- 2 20-29 years old
- 3 30-39 years old
- 4 40-49 years old
- 5 50-59 years old
- 6 60-69 years old
- 7 70+ years old
- 8 Don't know/refuse

ENROLLED

H6. Are you currently enrolled in school?

- 1 Yes
- 2 No

DIFSCHEDSCHOOL

Display This Question:

If H6 = 1

And

If 1.1 = 1

H7. 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

H8. 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

ESLHOMEEN

H9. Do you speak a language other than English at home?

- 1 Yes
- 2 No

COHABSTATUS

H10. 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

SPOUSEEMPLOYMENT

Display This Question:

If H10 = 1

Or H10 = 2

H11. What is your spouse or partner's employment status?

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

SPOUSEHOURS

Display This Question:

If H11 = 1

- H12.** Over the past few months, has your spouse or partner's number of work hours increased, stayed the same, or decreased?
- 1 Hours increased
 - 2 Stayed the same
 - 3 Hours decreased
 - 4 Don't know/refuse

KIDS

- H13.** 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

KIDSOTO4

Display This Question:

If H18 = 1

- H14.** Are any of your children under the age of 5?
- 1 Yes
 - 2 No
 - 3 Don't know/refuse

KIDOTO4_GEN1 | KIDOTO4_GEN2 | KIDOTO4_GEN3 | KIDOTO4_GEN4 | KIDOTO4_AGE1 | KIDOTO4_AGE2 |
KIDOTO4_AGE3 | KIDOTO4_AGE4

Display This Question:

If H19 = 1

- H15.** 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 H20 = 1

H16. 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 H21 = 1

H17. 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 H20 = 1

H18. 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 H23 = 1

H19. 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 H19 = 1

Or H21 = 1

Or H23 = 1

H20. 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 H25 = 1

Or H25 = 2

H21. 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 H20 = 1

H22. 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 H27 = 1

H23. 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

HHCT

H24. Including yourself, how many people currently live in your household?

____ [NUMBER REQUIRED]

HONEYPOT2

Display This Question:

If H3 = 7

And

If H3 = 1

Or H3 = 2

Or H3 = 3

Or H3 = 4

Or H3 = 5

Or H3 = 6

H25. How would you describe your race or ethnicity?
_____ [TEXT RESPONSE REQUIRED; PARAGRAPH]

MODULE I: BASIC FINANCIALS*HHINCOME*

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

DIFFPAY

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

INCVOLATILE

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

HHINCOME_2020CHANGE

- I4.** Overall, how has your household income changed since January 2020?
- 1 My household income has increased
 - 2 My household income has stayed the same
 - 3 My household income has decreased

UNEMP_2020M

- I5.** How many months were you unemployed since the pandemic started, back in January 2020?
- 1 I was not unemployed at any point since January 2020
 - 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

UNEMP_PPL_HH | UNEMP_PPL_FAM | UNEMP_PPL_FRIENDS | UNEMP_PPL_COWORK

I6. How many people do you know who have lost a job since January 2020?

	Number of people who have lost a job since January 2020
a. People in your household (<i>not</i> 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]

R MODULE X: EITC Open-Ended[§]

TAXES_FILED_OPEN

X.1. Have you filed your tax return for 2020? (These are the taxes based on your earnings in calendar year 2020)

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

Skip To: End of Block If X.1 = 1

TAXES_METHOD_OPEN | TAXES_METHOD_OTHER_TEXT_OPEN

Display This Question:

If X.1 = 1

X.2. Which of the following best describes how you prepared your taxes?

- 1 Paid Online Software (for example: TurboTax, H&R Block online, or others)
- 2 Paid Preparer in Person (for example: H&R Block, Accountant, Notario)
- 3 VITA Center
- 4 I did my own taxes, did not pay anyone
- 5 Friend or Family did them for me for free
- 6 Other _____

TAXES_SOFTWARE_OPEN | TAXES_SOFTWARE_OTHER_TEXT_OPEN

Display This Question:

If X.2 = 1

X.3. Which of the following best describes how you prepared your taxes?

- 1 TurboTax
- 2 H&R Block
- 3 TaxAct
- 4 Jackson Hewitt
- 5 Other _____

TAXES_PREPARER_OPEN | TAXES_PREPARER_OTHER_TEXT_OPEN

Display This Question:

If X.2 = 2

X.4. What in-person paid preparer did you use?

- 1 H&R Block
- 2 Jackson Hewitt
- 3 Liberty Tax
- 4 Other _____

TAXES_PREP_COST_OPEN

Display This Question:

If X.2 = 1

Or X.2 = 2

X.5. How much did it cost to do your tax preparation? For example, if you paid \$40, enter 40).
_____ (Number Required)

TAXES_REFUND_RECEIVED_OPEN

Display This Question:

If X.1 = 1

- X.7.** Have you received a 2020 tax refund?
1. Yes, I received my refund
 2. No, I expect a refund, but haven't received it yet
 3. No, I don't expect a refund
 4. Don't know/refuse

TAXES_REFUND_AMOUNT_OPEN

Display This Question:

If X.7 = 1

- X.8.** About how much did you get or are you expecting to get in your 2020 refund? (Please provide the total before any fees. For example, if you received \$850, enter 850.)
_____ (Number Required)

TAXES_REFUND_USE_OPEN

Display This Question:

If X.7 = 1

Or X.7 = 2

- X.9.** How have you spent or how do you plan to spend your 2020 tax refund?
_____ (Text Box: Essay)

STIMULUS_PAY_RECEIVED_OPEN

- X.10.** Have you received a stimulus payment (sometimes referred to as an economic impact payment) from the Federal Government since January 2020?
1. Yes
 2. No
 3. Don't know/refuse

Skip To: End of Block If X.10 = 1

STIMULUS_PAY_AMOUNT_OPEN

Display This Question:

If X.10 = 1

- X.11.** How much was your stimulus payment? (For example, if you received \$1400, enter 1400.)
_____ (Require Number)

STIMULUS_PAY_USE_OPEN

Display This Question:

If X.10 = 1

- X.12.** How have you spent or how do you plan to spend your stimulus payment?
_____ (Text Box: Essay)

R MODULE Y: EITC Closed-Ended [§]

TAXES_FILED_CLOSED

Y.1. Have you filed your tax return for 2020? (These are the taxes based on your earnings in calendar year 2020)

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

Skip To: End of Block If Y.1 = 1

TAXES_METHOD_CLOSED | TAXES_METHOD_OTHER_TEXT_CLOSED

Display This Question:

If Y.1 = 1

Y.2. Which of the following best describes how you prepared your taxes?

- 1 Paid Online Software (for example: TurboTax, H&R Block online, or others)
- 2 Paid Preparer in Person (for example: H&R Block, Accountant, Notario)
- 3 VITA Center
- 4 I did my own taxes, did not pay anyone
- 5 Friend or Family did them for me for free
- 6 Other _____

TAXES_SOFTWARE_CLOSED | TAXES_SOFTWARE_OTHER_TEXT_CLOSED

Display This Question:

If Y.2 = 1

Y.3. What paid tax preparation software did you use?

- 1 TurboTax
- 2 H&R Block
- 3 TaxAct
- 4 Jackson Hewitt
- 5 Other _____

TAXES_PREPARER_CLOSED | TAXES_PREPARER_OTHER_TEXT_CLOSED

Display This Question:

If Y.2 = 2

Y.4. What in-person paid preparer did you use?

- 1 H&R Block
- 2 Jackson Hewitt
- 3 Liberty Tax
- 4 Other _____

TAXES_PREP_COST_CLOSED

Display This Question:

If Y.2 = 1

Or Y.2 = 2

Y.5. How much did it cost to do your tax preparation? For example, if you paid \$40, enter 40).
_____ (Number Required)

TAXES_REFUND_RECEIVED_CLOSED

Display This Question:

If Y.1 = 1

- Y.6.** Have you received a 2020 tax refund?
5. Yes, I received my refund
 6. No, I expect a refund, but haven't received it yet
 7. No, I don't expect a refund
 8. Don't know/refuse

TAXES_REFUND_AMOUNT_CLOSED

Display This Question:

If Y.6 = 1

- Y.7.** About how much did you get or are you expecting to get in your 2020 refund? (Please provide the total before any fees. For example, if you received \$850, enter 850.)
 _____ (Number Required)

TAXES_REFUND_PAYBILLS_CLOSED | TAXES_REFUND_CCDEBT_CLOSED | TAXES_REFUND_OTHDEBT_CLOSED |
 TAXES_REFUND_RENT_CLOSED | TAXES_REFUND_CAR_CLOSED | TAXES_REFUND_APPLIANCE_CLOSED |
 TAXES_REFUND_GROCERIES_CLOSED | TAXES_REFUND_KIDS_CLOSED | TAXES_REFUND_FAMILY_CLOSED |
 TAXES_REFUND_VACATION_CLOSED | TAXES_REFUND_SAVINGS_CLOSED | TAXES_REFUND_OTHER_CLOSED |
 TAXES_REFUND_DKR_CLOSED | TAXES_REFUND_OTHER_TEXT_CLOSED

Display This Question:

If Y.6 = 1

Or Y.6 = 2

- Y.9.** How have you spent or how do you plan to spend your 2020 tax refund?
- 1 Pay off bills
 - 2 Pay off credit card debt
 - 3 Pay off other debts
 - 4 Mortgage or rent
 - 5 Car purchase or repair
 - 6 Furniture or appliance purchase
 - 7 Shopping/Groceries
 - 8 Purchases for kids
 - 9 Help other family
 - 10 Special treat/vacation
 - 11 Savings
 - 12 Other: _____
 - 13 ☐ Don't know/refuse

STIMULUS_PAY_RECEIVED_CLOSED

- Y.10.** Have you received a stimulus payment (sometimes referred to as an economic impact payment) from the Federal Government since January 2020?
4. Yes
 5. No
 6. Don't know/refuse

Skip To: End of Block If Y.10 = 1

STIMULUS_PAY_AMOUNT_CLOSED

Display This Question:

If Y.10 = 1

Y.11. How much was your stimulus payment? (For example, if you received \$1400, enter 1400.)

_____ (Require Number)

STIMULUS_PAY_PAYBILLS_CLOSED | STIMULUS_PAY_CCDEBT_CLOSED | STIMULUS_PAY_OTHDEBT_CLOSED |
 STIMULUS_PAY_RENT_CLOSED | STIMULUS_PAY_CAR_CLOSED | STIMULUS_PAY_APPLIANCE_CLOSED |
 STIMULUS_PAY_GROCERIES_CLOSED | STIMULUS_PAY_KIDS_CLOSED | STIMULUS_PAY_FAMILY_CLOSED |
 STIMULUS_PAY_VACATION_CLOSED | STIMULUS_PAY_SAVINGS_CLOSED | STIMULUS_PAY_OTHER_CLOSED |
 STIMULUS_PAY_DKR_CLOSED | STIMULUS_PAY_OTHER_TEXT_CLOSED

Display This Question:

If Y.10 = 1

Y.12. How have you spent or how do you plan to spend your stimulus payment?

- 1 Pay off bills
- 2 Pay off credit card debt
- 3 Pay off other debts
- 4 Mortgage or rent
- 5 Car purchase or repair
- 6 Furniture or appliance purchase
- 7 Shopping/Groceries
- 8 Purchases for kids
- 9 Help other family
- 10 Special treat/vacation
- 11 Savings
- 12 Other: _____
- 13 ☐ Don't know/refuse

MODULE 12: UNEMPLOYMENT INSURANCE^s

UI_APP

I2.1. Have you completed an application for unemployment insurance since being laid off, being furloughed, or quitting your job?

- 1 Yes
- 2 No

UI_APP_NOTCOMPLETED | UI_APP_NOTCOMPLETED_TEXT

Display This Question:

If I2.1 = 2

I2.2. Why haven't you completed an application for unemployment insurance?

- 1 I do not believe I am eligible for unemployment insurance
- 2 I don't know how to apply
- 3 I haven't had time to apply yet
- 4 The application was too complicated
- 5 I tried to apply but experienced technical problems with the application
- 6 Other: _____

UI_APP_RESPONSE

Display This Question:

If I2.1 = 1

I2.3. Have you received a response to your unemployment insurance application?

- 1 Yes
- 2 No

UI_BENEFITS

Display This Question:

If I2.3 = 1

I2.4. Were you granted unemployment insurance benefits?

- 1 Yes
- 2 No

UI_DENIED

Display This Question:

If I2.4 = 2

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

UI_PAYMENT_RECEIVED

Display This Question:

If I2.3 = 2

Or I2.4 = 1

I2.6. Have you received an unemployment insurance payment yet?

- 1 Yes
- 2 No

UI_PAYMENT_LAIDOFF_MONTH | UI_PAYMENT_LAIDOFF_YEAR

Display This Question:

If I2.6 = 1

Or 1.1 = 3

I2.7. When did you receive your first unemployment insurance payment for your claim after you were laid off from [EMPLOYER NAME]?

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

UI_PAYMENT_FURLOUGHED_MONTH | UI_PAYMENT_FURLOUGHED_YEAR

Display This Question:

If I2.6 = 1

Or 1.1 = 2

- I2.8.** When did you receive your first unemployment insurance payment for your claim after you were furloughed by [EMPLOYER NAME]?

	Month		Year	
a. My first payment arrived in...	13	January	4	2019
	14	February	5	2020
	15	March	6	2021
	16	April		
	17	May		
	18	June		
	19	July		
	20	August		
	21	September		
	22	October		
	23	November		
	24	December		

UI_PAYMENT_QUIT_MONTH | UI_PAYMENT_QUIT_YEAR

Display This Question:

If I2.6 = 1

Or 1.1 = 4

- I2.9.** When did you receive your first unemployment insurance payment for your claim after you quit your job at [EMPLOYER NAME]?

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

UI_PAYMENT_AMOUNT

Display This Question:

If I2.6 = 1

I2.10. How much do you receive in unemployment insurance per week? (For example, if you receive \$300 per week, enter 300.)

- 1 Yes
- 2 No

UI_PAYMENT_COMPARE_LAIDOFF

Display This Question:

If I2.10 = 1

And 1.1 = 3

I2.11. How does that compare to what you were earning at [EMPLOYER NAME] before you were laid off?

- 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_PAYMENT_COMPARE_FURLOUGHED

Display This Question:

If I2.10 = 1

And 1.1 = 2

I2.12. How does that compare to what you were earning at [EMPLOYER NAME] before you were furloughed?

- 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_PAYMENT_COMPARE_QUIT

Display This Question:

If I2.10 = 1

And 1.1 = 4

I2.13. How does that compare to what you were earning at [EMPLOYER NAME] before you quit?

- 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 I2.6 = 1

I2.14. 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 I2.14 = 2

I2.15. 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 I2.6 = 1

I2.16. Are you still receiving unemployment insurance payments?

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

UI_STOP_MONTHYEAR

Display This Question:

If I2.16 = 2

I2.17. When did you stop receiving unemployment benefits?

	Month		Year	
a.	25	January	7	2019
	26	February	8	2020
	27	March	9	2021
	28	April		
	29	May		
	30	June		
	31	July		
	32	August		
	33	September		
	34	October		
	35	November		
	36	December		

MODULE J: BENEFITS AND FINANCIAL SERVICES

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

J1. Which of the following benefits have you used since the beginning of the pandemic, back in January 2020?

- 1 Assistance with food expenses from the SNAP program (this is sometimes called "food stamps")
- 2 Federal student loan deferment
- 3 Rent or mortgage deferment
- 4 Cash benefit from Temporary Assistance for Needy Families (TANF) program
- 5 Cash benefit from Supplemental Security Income (Social Security)
- 6 Medicaid

HARDSHIP_FREEFOOD

J2. In the past 12 months, did you receive free food or meals because you didn't have enough money?

- 1 Yes
- 2 No

HARDSHIP_FREEFOOD_LASTMONTH

Display This Question:

If J2 = 1

J3. In the past **month**, did you receive free food or meals because you didn't have enough money?

- 1 Yes
- 2 No

HARDSHIP_HUNGRY

J4. In the past 12 months, were you ever hungry, but didn't eat because you couldn't afford enough food?

- 1 Yes
- 2 No

HARDSHIP_HUNGRY_LASTMONTH

Display This Question:

If J4 = 1

J5. In the past **month**, were you ever hungry, but didn't eat because you couldn't afford enough food?

- 1 Yes
- 2 No

HARDSHIP_CHILD_HUNGRY

Display This Question:

If H25 = 1

Or H25 = 2

J6. In the past 12 months, were children in your household not eating enough because you just couldn't afford enough food?

- 1 Yes
- 2 No

HARDSHIP_CHILD_HUNGRY_LASTMONTH

Display This Question:

If J6 = 1

J7. In the past **month**, were children in your household not eating enough because you just couldn't afford enough food?

- 1 Yes
- 2 No

HARDSHIP_UTILITIES

J8. In the past 12 months, did you not pay the full amount of gas, oil, or electricity bill because you didn't have enough money?

- 1 Yes
- 2 No

HARDSHIP_UTILITIES_LASTMONTH

Display This Question:

If J8 = 1

J9. In the past **month**, did you not pay the full amount of gas, oil, or electricity bill because you didn't have enough money?

- 1 Yes
- 2 No

HARDSHIP_INFORMATION

J10. In the past 12 months, did you borrow money from friends or family to help pay bills?

- 1 Yes
- 2 No

HARDSHIP_INFORMATION_LASTMONTH

Display This Question:

If J10 = 1

J11. In the past **month**, did you borrow money from friends or family to help pay bills?

- 1 Yes
- 2 No

HARDSHIP_MOVEIN

J12. In the past 12 months, did you move in with other people even for a little while because of financial problems?

- 1 Yes
- 2 No

HARDSHIP_MOVEIN_LASTMONTH

Display This Question:

If J12 = 1

J13. In the past **month**, did you move in with other people because of financial problems?

- 1 Yes
- 2 No

HARDSHIP_SHELTER

J14. In the past 12 months, did you stay in a shelter, in an abandoned building, an automobile, or any other place not meant for regular housing, even for one night?

- 1 Yes
- 2 No

HARDSHIP_SHELTER_LASTMONTH

Display This Question:

If J14 = 1

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

- 1 Yes
- 2 No

HARDSHIP_DEFERMEDICAL

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

- 1 Yes
- 2 No

HARDSHIP_DEFERMEDICAL_LASTMONTH

Display This Question:

If J16 = 1

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

- 1 Yes
- 2 No

CONFIDCOPE

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

- 1 I am certain I could come up with the full \$400
- 2 I could probably come up with \$400
- 3 I could probably 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

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

NEW VARIABLE

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

NEW VARIABLE

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

NEW VARIABLE

Display This Question:

If H18 = 1

M4. Is there someone you could count on to help with emergency child care?

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

NEW VARIABLE

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

_____ (Text Response: Essay)

MODULE K: HEALTH AND WELLBEING

K1. The next set of questions will ask about your health.

HEALTH

K2. In general, how is your health? Would you say it is...

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 Don't know/refuse

COVID_SELF

K3. Have you contracted the novel coronavirus (COVID-19)?

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

COVID_FAMILY

K4. Have any of your immediate family members contracted the novel coronavirus (COVID-19)?

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

HEALTHPLAN

K5. 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 K5 = 2

And 1.1 = 1

K6. 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
- 7 My employer does not offer a health plan
- 6 Other (specify): _____

JOBPLAN | JOBPLAN_TEXT

Display This Question:

If K5 = 1

And 1.1. = 1

- K7.** 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): _____

HEALTHCOVERAGE | HEALTHCOVERAGE_TEXT

Display This Question:

If K5 = 1

And 1.1. != 1

- K8.** 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
 - 6 I get health coverage through my college or university
 - 5 Other (specify): _____

SLEEP

- K9.** 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

- K10.** 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

- K11.** 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

K12. 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

K13. 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

K14. 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

K15. 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

K16. For this question, please select "A little of the time"

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

HAPPY

K17. 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

PAINFOOT | PAINNECK | PAINBACK | PAINJOINT | PAINHEAD | PAINOTHER | PAINONE | PAINOTHER_TEXT

K18. During the past three months, have you experienced the following types of 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 _____
- 7 ☐ None of these

CONTRIBPAINDFOOT

Display This Question:

If K18 = 1

And 1.1 = 1

K19. How much does your work contribute to your foot pain?

- 1 A great deal
- 2 Somewhat
- 3 A little
- 4 Not at all

CONTRIBPAINNECK

Display This Question:

If K18 = 2

And 1.1 = 1

K20. How much does your work contribute to your neck pain?

- 1 A great deal
- 2 Somewhat
- 3 A little
- 4 Not at all

CONTRIBPAINBACK

Display This Question:

If K18 = 3

And 1.1 = 1

K21. How much does your work contribute to your back pain?

- 5 A great deal
- 6 Somewhat
- 7 A little
- 8 Not at all

CONTRIBPAINJOINT

Display This Question:

If K18 = 4

And 1.1 = 1

K22. How much does your work contribute to your pain, aching, stiffness or swelling in or around a joint?

- 1 A great deal
- 2 Somewhat
- 3 A little
- 4 Not at all

CONTRIBPAINHEAD

Display This Question:

If K18 = 5

And 1.1 = 1

K23. How much does your work contribute to your headaches and migraines?

- 1 A great deal
- 2 Somewhat
- 3 A little
- 4 Not at all

CONTRIBPAINOTHER

Display This Question:

If K18 = Not Empty

And 1.1 = 1

K24. How much does your work contribute to your other pain (Piped in Other Response?

- 1 A great deal
- 2 Somewhat
- 3 A little
- 4 Not at all

LOUDNOISE

K25. At your workplace, how often are you exposed to loud noise? By loud noise, we mean noise so loud that you have to speak in a raised voice to be heard.

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

PREOTECTHEAR

Display This Question:

If K25 = 1

Or K25 = 2

Or K25 = 3

Or K25 = 4

K26. At your workplace, how often do you wear protective hearing devices such as earplugs or earmuffs?

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

MODULE L: CHILD\$

SPENDTIMEKIDS

- L1.** Do you agree or disagree? I wish I could spend more time with my child/children.
- 8 Strongly agree
 - 9 Agree
 - 10 Disagree
 - 11 Strongly disagree
 - 12 Don't know/refuse

HAVEMEALKIDS

- L2.** In the past month, how often did you have a meal with your child/children?
- 5 Never in past month
 - 6 1-2 times in past month
 - 7 Once a week
 - 8 Several times a week
 - 9 Every day
 - 10 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?
- 6 Never in past month
 - 7 1-2 times in past month
 - 8 Once a week
 - 9 Several times a week
 - 10 Every day
 - 11 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)?
- 6 Never in past month
 - 7 1-2 times in past month
 - 8 Once a week
 - 9 Several times a week
 - 10 Every day
 - 11 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

HARDARRANGECARE

Display This Question:

If H19 = 1

Or H21 = 1

Or H23 = 1

And

If 1.1 = 1

- L6.** 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 H19 = 1

Or H21 = 1

Or H23 = 1

And

If 1.1 = 1

- L7.** In the past month, have you ever had to miss work because you needed to care for your child/children and you couldn't arrange child care?
- 1 Yes
 - 2 No
 - 3 Don't know/refuse

SPANKKIDS

Display This Question:

If H19 = 1

Or H21 = 1

- L8.** This question is about your **youngest child**. Sometimes children behave pretty well and sometimes they don't. In the past month, have you spanked your **youngest child** because of bad behavior or acting up?
- 1 Yes
 - 2 No

PARENTHARD

- L9.** Do you agree or disagree?: Being a parent is harder than I thought it would be.
- 1 Strongly agree
 - 2 Agree
 - 3 Disagree
 - 4 Strongly disagree

PARENTTRAP

- L10.** Do you agree or disagree?: I feel trapped by my responsibilities as a parent.
- 1 Strongly agree
 - 2 Agree
 - 3 Disagree
 - 4 Strongly disagree

CAREMOREWORK

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

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

TIREDPARENT

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

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

Display This Question:

If H19 != 1

L13. The next set of questions will ask your **youngest child**. Please think about your **youngest child** when you answer these questions.

Skip To: L18 If L13 = Displayed

Display This Question:

If H19 = 1

And H21 != 1

And H23 != 1

And H27 != 1

And

If H20a1 = 1

Or H20a2 = 1

And

If H20b1 = 1

Or H20b2 = 1

Or H20c1 = 1

Or H20c2 = 1

Or H20d1 = 1

Or H20d2 = 1

L14. The next set of questions will ask about your **oldest child**. Please think about your **oldest child** when you answer these questions.

Skip To: L18 If L14 = Displayed

Display This Question:

If H19 = 1

And

If H21 = 1

And H23 != 1

Or

If H21 != 1

And H23 != 1

And H27 = 1

Or

If H21 = 1

And H23 = 1

- L15.** The next set of questions will ask about just one of your children. Thinking about all of your children, please choose the child **closest to 7 years of age**.

Skip To: L18 If L15 = Displayed

Display This Question:

If H19 = 1

And H21 != 1

And H23 = 1

- L16.** Now, the next set of questions will ask about just one of your children. Thinking about all of your children, please choose the child **closest to 10 years of age**.

Skip To: L18 If L16 = Displayed

- L17.** We have just a couple more questions about your child.

KIDA_AGE

- L18.** Please tell us again the age of the child (in years).
 _____ [NUMBER REQUIRED; NUMERIC RANGE 0-17]

KIDA_INITIAL

- L19.** Please enter the first letter of the child's first name. We will use this letter to refer to your child in the next set of questions.
 _____ [TEXT REQUIRED]

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

Display This Question:

If L19 != empty

- L20.** Below is a list of items that describe children and youths. Please rate each item to describe [CHILD1] now or within the past 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

KIDHEALTH

Display This Question:

If L19 != empty

L21. In general, would you say [CHILD1]'s health is...

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

Display This Question:

If L19 = empty

L22. We'll call your child "A" in the next set of questions.

TOOYOUNG_LASTMONTH | ARGUES_LASTMONTH | FINISH_LASTMONTH | CONCENTRATE_LASTMONTH |
HYPER_LASTMONTH | DESTROYS_LASTMONTH | DISOBHOME_LASTMONTH | DISOBSCH_LASTMONTH |
WORTHLESS_LASTMONTH | IMPULSIVE_LASTMONTH | ANXIOUS_LASTMONTH | GUILTY_LASTMONTH |
SELFCON_LASTMONTH | DISTRACT_LASTMONTH | STUBBORN_LASTMONTH | TANTRUMS_LASTMONTH |
THREATS_LASTMONTH | SAD_LASTMONTH | WORRIES_LASTMONTH

Display This Question:

If L19 = empty

L23. Below is a list of items that describe children and youths. Please rate each item to describe A now or within the past 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

KIDHEALTH_LASTMONTH

Display This Question:

If L19 = empty

L24. In general, would you say A's health is...

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

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.)