

Fall 2021 Survey Instrument
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This document contains the survey questions from The Shift Project's Fall 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.

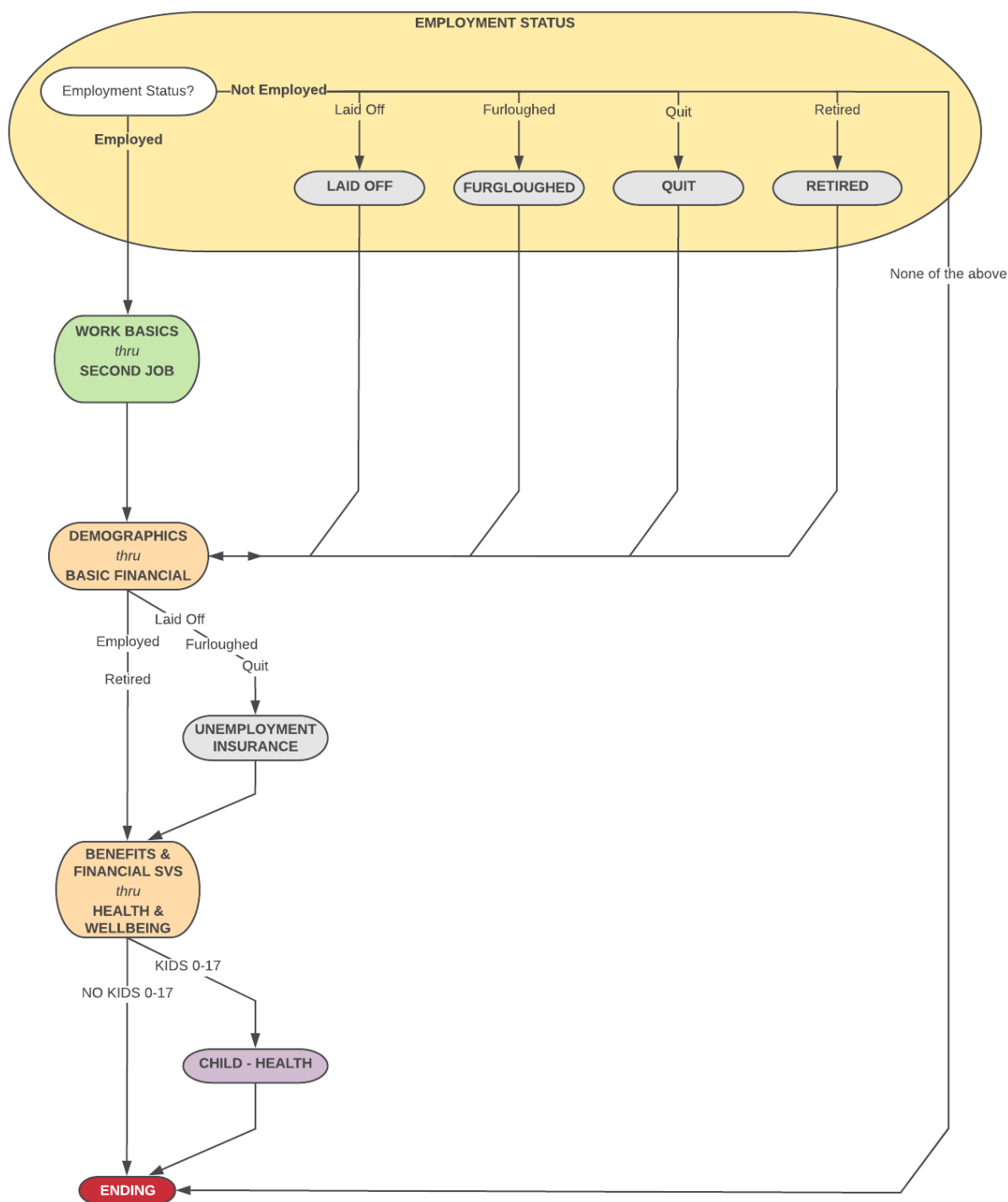
The Shift Project's Fall 2021 National survey will be self-administered on computers, tablets, or smart phones. Using the Facebook advertising platform, we will recruit workers affiliated with large chain service-sector companies. The target respondents are currently or were recently employed as frontline 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
- Ø Exclusive response option (multiple-selection question)
- ⌘ Choice randomization
- ℛ Question Block Randomization

FALL21 NATIONAL INSTRUMENT – SURVEY FLOW



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MODULE 1: EMPLOYMENT STATUS – SINGLE TEMPLATE*EMP_STATUS*

- 1.1. What is your employment status?
- 1 I am employed at (EMPLOYERNAME)
 - 2 I am employed at a different company
 - 3 I am furloughed by my employer (I am not getting any scheduled hours)
 - 4 I was laid off and am now unemployed
 - 5 I quit my job and am now unemployed
 - 6 I am retired (no longer working)
 - 7 None of the above

*Skip To: End of Survey If 1.1 = 7**Q1_EMPLOYER_TEXT**Display This Question:**If 1.1 = 2*

- 1.2 What is the name of your main employer?
- 1 EMPLOYERNAME1
 - 2 EMPLOYERNAME2
 - 3 EMPLOYERNAME3
 - 4 EMPLOYERNAME4
 - 5 EMPLOYERNAME5
 - 6 Other
 - 7 Don't know/refuse

MODULE 1: EMPLOYMENT STATUS – MULTI TEMPLATE*EMP_STATUS*

- 1.1. What is your employment status?
- 1 I am employed
 - 2 I am unemployed
 - 3 I am retired (no longer working)
 - 4 None of the above

*Skip To: End of Survey If 1.1 = 4**EMP_STATUS_UNEMP**Display This Question:**If 1.1 = 2*

- 1.2 Choose the option that best describes your situation.
- 1 I was furloughed
 - 2 I was laid off
 - 3 I quit
 - 4 None of these

MODULE 2: LAID OFF^s

Q1_EMPLOYER_LAIDOFF | Q1_EMPLOYER_LAIDOFF_TEXT

Display This Question:

If Multi-Template

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
- 6 Other (please specify): _____
- 7 Don't know/refuse

LAIDOFF_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_LAIDOFF

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_LAIDOFF

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: _____

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
- 5 EMPLOYERNAME4 (Display Logic)
- 6 Other (please specify): _____
- 7 Don't know/refuse

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

- 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 [EMPLOYERNAME]?

- 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: _____

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
- 5 EMPLOYERNAME4
- 6 Other (please specify): _____
- 7 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 care for a child/children (my own child or another person's child)
- 4 To provide care for an adult family member or a close friend
- 5 I didn't like my schedule/found schedule unmanageable

- 6 I didn't like my manager
- 7 I didn't like the work
- 8 I got a different job
- 9 Other: _____

MODULE 5: RETIRED§

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
- 5 EMPLOYERNAME4
- 6 Other (please specify): _____
- 7 Don't know/refuse

RETIRE_DATE

5.2. When did you retire from your last employer?

Month

Year

- | | | | |
|----|-----------|---|------|
| 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 | | |

RETIRE_PLAN

Display This Question:

If 5.2 = Year 2020 is selected

5.3. Think back to [Piped Month] [Piped Year]. 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 = 2020

5.4. Why did you retire from your job at (Piped in 5.1)? Check all that Apply

- 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 To provide unpaid care for an adult family member or a close friend
- 5 I didn't like my schedule/found schedule unmanageable

- 6 I didn't like my manager
- 7 I didn't like the work
- 8 My financial situation changed and I was able to retire early
- 9 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

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

5.7 In the past year, did you receive any income from these sources? **Mark all that apply.**

- 1 Social Security
- 2 Supplemental Security Income, also called SSI
- 3 Odd jobs
- 4 Welfare
- 5 Veteran Benefits or a Military Pension
- 6 Rent paid to you for a property you own
- 7 Other income sources
- 8 ☐ None

RETIRE_INCOME_SS_AMOUNT

Display this question:

If 5.7=1

5.8 About how much income did you receive from Social Security last month?

\$ _____

RETIRE_INCOME_SSI_AMOUNT

Display this question:

If 5.7=2

5.9 About how much income did you receive from Supplemental Security Income last month?

\$ _____

RETIRE_INCOME_ODDJOB_AMOUNT

Display this question:

If 5.7=3

- 5.10 About how much income did you receive from odd jobs last month?
\$ _____

RETIRE_INCOME_WELFARE_AMOUNT

Display this question:

If 5.7=4

- 5.11 About how much income did you receive from welfare last month?
\$ _____

RETIRE_INCOME_VETBENEFITS_AMOUNT

Display this question:

If 5.7=5

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

RETIRE_INCOME_PROPERTY_AMOUNT

Display this question:

If 5.7=6

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

RETIRE_INCOME_OTHER_AMOUNT

Display this question:

If 5.7=7

- 5.14 About how much income did you receive from other income sources last month?
\$ _____

RETIRE_SAVINGS_401K | RETIRE_SAVINGS_IRA | RETIRE_SAVINGS_BANK | RETIRE_SAVINGS_OTHER

- 5.15 Do you have any of these forms of retirement savings? **Mark All That Apply**

- 1 401K pre-tax retirement account
- 2 IRA
- 3 Checking, savings, or money market account
- 4 Other

RETIRE_SAVINGS_401K_AMOUNT

Display this question if 5.15=1

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

RETIRE_SAVINGS_IRA_AMOUNT

Display this question if 5.15=2

- 5.17 In total, about how much do you have saved in an IRA?
\$ _____

RETIRE_SAVINGS_BANK_AMOUNT

Display this question if 5.15=3

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

MODULE A: WORK BASICS^s

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 years
- 6 years
- 7 years
- 8 years
- 9 years
- 10 years
- 11 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
- 2 No
- 3 Don't know/refuse

JOBTITLE

Display This Question:

If A4 = 1

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

JOBTITLELIST | JOBTITLELIST_TEXT

Display This Question:

If A4 != 1

A6. Which job description most closely resembles your primary day-to-day responsibilities at your current job?

- 1 Cashier or clerk

- 2 Salesperson
- 3 Customer service
- 4 Waiter/waitress/server
- 5 Host/hostess
- 6 Bartender
- 7 Barista
- 8 Cook
- 9 Baker
- 10 Butcher/meat cutter
- 11 Produce
- 12 Sandwich artist or other food preparation
- 13 Delivery person
- 14 Stocker/stocking/unloading
- 15 Picker
- 16 Package handling
- 17 Driver
- 18 Pharmacy technician
- 19 Housekeeper
- 20 Maintenance
- 21 Supervisor
- 22 Other: _____

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

WEEKTIPS

Display This Question:

If A10 = 2

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

SALARY

Display This Question:

If A8 != 1

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

STATELIST

- A13.** Please select the state where your [EMPLOYER NAME] workplace is located.
- 1 Alabama
 - 2 Alaska
 - 3 Arizona
 - 4 Arkansas
 - 5 California
 - 6 Colorado
 - 7 Connecticut
 - 8 Delaware
 - 51 District of Columbia
 - 9 Florida
 - 10 Georgia
 - 11 Hawaii
 - 12 Idaho
 - 13 Illinois
 - 14 Indiana
 - 15 Iowa
 - 16 Kansas
 - 17 Kentucky
 - 18 Louisiana
 - 19 Maine
 - 20 Maryland
 - 21 Massachusetts

- 22 Michigan
- 23 Minnesota
- 24 Mississippi
- 25 Missouri
- 26 Montana
- 27 Nebraska
- 28 Nevada
- 29 New Hampshire
- 30 New Jersey
- 31 New Mexico
- 32 New York
- 33 North Carolina
- 34 North Dakota
- 35 Ohio
- 36 Oklahoma
- 37 Oregon
- 38 Pennsylvania
- 39 Rhode Island
- 40 South Carolina
- 41 South Dakota
- 42 Tennessee
- 43 Texas
- 44 Utah
- 45 Vermont
- 46 Virginia
- 47 Washington
- 48 West Virginia
- 49 Wisconsin
- 50 Wyoming
- 52 I do not work in the United States

CHICAGO*Display This Question:**If A13 = 13*

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

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

*Skip To: A22 If A15 = 1***LOSANGELES***Display This Question:**If A13 = 5**OR GEOIP = California*

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

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

Skip To: A22 If A16 = 1

PHILADELPHIA

Display This Question:

If A13 = 38

OR GeolP = Pennsylvania

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

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

Skip To: A22 If A17 = 1

WASHINGTON

Display This Question:

If A13 = 47

Or GEOIP = Washington

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

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

Skip To: A22 If A18 = 1

NYCFIVE

Display This Question:

If GeolP Location Region = NY

Or If A13 = 32

A21. Is your [EMPLOYER NAME] workplace located in one of the five boroughs of New York City (Manhattan, Brooklyn, Queens, Staten Island, or the Bronx)?

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

STORE_NUM

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

- 1 Store number _____

STORE_CITY | STORE_STREET

A23. Where is the store you work at located?

- 1 Street _____
- 2 City or town: _____
- 3 State: _____
- 4 Phone number _____

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

*CUSTOMERS_WEARMASK**Display This Question:**If A1.1 != 5*

A1.2. Does your [EMPLOYER NAME] location require customers to wear masks?

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

EMPLOYEES_WEARMASK

A1.3. Does your [EMPLOYER NAME], location require employees to wear masks at work?

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

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

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

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

WEARMASKS_NOF2F_YOU | WEARMASKS_NOF2F_COWORKERS

Display This Question:

If A1.1 = 5

A1.5. 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

A1.6. Does your [EMPLOYER NAME] workplace encourage workers to stay home if they are feeling sick?

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

COVID_VACCINE

A1.7 Have you been vaccinated against COVID19?

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

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

Display This Question:

If A1.8 = 2

Or If A1.8 = 3

A1.8. Why have you not been fully vaccinated? Mark all that apply

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

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

Display This Question:

If A1.7 = 3

A1.9 Did [EMPLOYERNAME] do anything to encourage you to get the COVID vaccine? Mark all that apply.

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

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

Display This Question:

If A1.7 = 1

If A1.7 = 2

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

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

REQUIRE_EMPLOYEES_VACC

A1.11 Has your employer required you to get vaccinated?

- 1 Yes
- 2 No
- 3 I'm not sure

VACC_VERIFIED_VERBAL | VACC_VERIFIED_SUBMIT_FORM | VACC_VERIFIED_SUBMIT_COPY |
 VACC_VERIFIED_SUBMIT_OTHER | VACC_VERIFIED_NOT_VERIFIED | VACC_VERIFIED_OTHER

Display This Question:

If A1.14 = 1

A1.12 How is your vaccination status verified? Mark all that apply.

- 1 Verbal confirmation to manager
- 2 Online/paper form
- 3 Must submit copy of my vaccine card
- 4 No verification

REQUIRE_CUSTOMERS_VACC

A1.13 Does your employer require customers to be vaccinated?

- 1 Yes
- 2 No
- 3 Don't Know/Refuse

REQUIRE_CUSTOMERS_PROOF_VACC

Display This Question:

If A1.16 = 1

A1.17. Does your workplace require customers to provide proof of vaccination status before entry?

- 1 Yes
- 2 No
- 3 Don't Know/Refuse

MODULE B: WORK SCHEDULING^s

The next questions ask about your work schedule.

SCHEDULE4 | SCHEDULE4_TEXT

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

USUALHOURS

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

GREATESTHR

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

LEASTHR

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

NOTICE

- B5.** How far in advance do you usually know what days and hours you will need to work at [EMPLOYER NAME]?
- 1 Less than 1 week
 - 2 At least 1 week but less than 2 weeks
 - 3 At least 2 weeks but less than 3 weeks
 - 4 At least 3 weeks but less than 4 weeks
 - 5 4 weeks or more
 - 6 Don't know/refuse

DAYSNOTICE

Display This Question:
If B5 = 1

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

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

KEEPSCHEDOPEN

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

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

MODULE C: SECURE SCHEDULING^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

LONGSHIFT

- C9.** How many hours long is your typical shift at [EMPLOYERNAME]?
____ [NUMBER REQUIRED]

LONGSHIFTBREAK

- C10.** How many minutes of break time are you allowed to take during a typical shift?
____ [NUMBER REQUIRED]

SKIPBREAK_FREQ

- C11.** How often do you skip or cut short your break time?
- 1 Always
 - 2 Often
 - 3 Sometimes
 - 4 Rarely
 - 5 Never

WHYSKIPBREAK_TOOBUSY | WHYSKIPBREAK_MANAGPRESS | WHYSKIPBREAK_EARLYLEAVE | WHYSKIPBREAK_OTHER
| WHYSKIPBREAK_OTHER_TEXT

Display This Question:

If C11 = 1, 2, or 3

C12. Why do you skip or cut short your break? Mark all that apply.

- 1 Too busy to take a break
- 2 Pressure from my manager
- 3 So I can leave work earlier
- 4 Other reason _____

NUM_SHIFTS_CAT

Display This Question:

If C9 = Text Response is Empty

C13. Over the past month, can you give an estimate of about how many shifts you have worked at [EMPLOYERNAME]?

- 1 1-4 shifts (about 1 shift per week)
- 2 5-9 shifts (about 2 shifts per week)
- 3 10-14 shifts (about 3 shifts per week)
- 4 15-19 shifts (about 4 shifts per week)
- 5 20-24 shifts (about 5 shifts per week)
- 6 25-29 shifts (about 6 shifts per week)
- 7 More than 30 shifts

NUM_SHIFTS

Display This Question:

If C13 = 1-4 shifts (about 1 shift per week)

Or C13 = 5-9 shifts (about 2 shifts per week)

Or C13 = 10-14 shifts (about 3 shifts per week)

Or C13 = 15-19 shifts (about 4 shifts per week)

Or C13 = 20-24 shifts (about 5 shifts per week)

Or C13 = 25-29 shifts (about 6 shifts per week)

Or C13 = More than 30 shifts

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

_____ NUMERIC RESPONSE

MODULE C2: AUTOMATION[§]

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

Display This Question:

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

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

- 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 statements: 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
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MODULE X: BULLYING

This next question asks about “bullying” at work. “Bullying” can include things like being humiliated, constantly criticized, or excessively teased.

BULLYFREQ_SUPERVISOR | BULLYFREQ_COWORKERS | BULLYFREQ_CUSTOMERS

X1. How often are you bullied by:

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
your supervisor? (1)	1	2	3	4	5
your coworkers? (2)	6	7	8	9	10
by customers? (3)	11	12	13	14	15

RESPECTFREQ_SUPERVISOR | RESPECTFREQ_COWORKERS | RESPECTFREQ_CUSTOMERS

X2. How often do you feel respected by:

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
your supervisor? (1)	16	17	18	19	20
your coworkers? (2)	21	22	23	24	25
by customers? (3)	26	27	28	29	30

JOB_AUTONOMY

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

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

JOB_RESPONSIBILITIES

- X4.** How much do you agree with the following statement: At EMPLOYER I often have a good understanding of what my tasks and responsibilities are.
- 1 Strongly Agree
 - 2 Agree
 - 3 Disagree
 - 4 Strongly Disagree

*RESOLVEPROB_COWORKERS / RESOLVEPROB_SUPERVISOR / RESOLVEPROB_MANAGEMENT /
RESOLVEPROB_GRIEVANCE / RESOLVEPROB_UNION / RESOLVEPROB_HR / RESOLVEPROB_QUIT /
RESOLVEPROB_NONPROF / RESOLVEPROB_WORKERCENTER / RESOLVEPROB_GOVT /
RESOLVEPROB_UNCOMFORTABLE / RESOLVEPROB_IDK / RESOLVEPROB_NOTHING*

- X5.** If you had a **serious problem** at [EMPLOYERNAME], what would you do to resolve this issue? **Check All That Apply.**
- 1 Discuss with coworkers
 - 2 Discuss with supervisor
 - 3 Talk to higher-up management
 - 4 Use a company grievance procedure
 - 5 Speak to a union rep
 - 6 Speak to HR (Human Resources)
 - 7 Quit
 - 8 Talk to someone at a Nonprofit/Advocacy Organization
 - 9 Talk to someone at a Worker Center
 - 10 File a complaint with the City or State Department of Labor/Labor Regulator
 - 11 I would not feel comfortable raising issues at work
 - 12 I would not know what to do

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

Display This Question:

If C3.3 != 7

- 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

SLOWWORSESCHEM

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*HOURDECIDE*

- D1.** Which of the following statements best describes how the times you start and finish work are decided at [EMPLOYER NAME]?
- 1 Starting and finishing times are decided by my employer and I cannot change them on my own.
 - 2 Starting and finishing times are decided by my employer but with my input.
 - 3 I can decide the time I start and finish work, within certain limits.
 - 4 I am entirely free to decide when I start and finish work.
 - 5 When I start and finish work depends on things outside of my control and outside of my employer's control.
 - 6 Don't know/refuse

CHOICETOTALHR

- D2.** How much choice do you have over the total number of hours you work each week?
- 1 None
 - 2 Very little
 - 3 A little
 - 4 A moderate amount
 - 5 A lot
 - 6 Don't know/refuse

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

- D3.** Please look at the following list of benefits that employers sometimes make available to their employees. Which of the benefits on this list can you receive as part of your job at [EMPLOYER NAME]? **Please mark all that apply.**
- 1 Paid sick days
 - 2 Paid vacation days
 - 3 Health plan or medical insurance
 - 4 Dental benefits
 - 5 Paid maternity or paternity leave
 - 6 Unpaid maternity or paternity leave which would allow you to return to the same job, or one similar to it
 - 7 A retirement plan other than Social Security
 - 8 Tuition reimbursement for certain types of schooling
 - 9 Company provided or subsidized child care
 - 10 ø None of these

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 couldn't get anyone to cover my shift.
- 7 I needed the pay
- 8 I didn't want to let down my co-workers.
- 9 Other (specify): _____

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
 - 2 Agree
 - 3 Disagree
 - 4 Strongly disagree

GETTIMEOFF

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

GETTIMEOFF

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

HANDLPERSATWORK

- E5.** 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

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

MGRCOVERSHIFT | ICOVERSHIFT | TRYCOVERSHIFT

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

	Very true (1)	Somewhat true (2)	Not at all true (3)
My manager will find someone to cover my shift (1)	<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"/>
I can use an app or other online tool to swap shifts with coworkers (3)	<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

E8. 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

E9. At my [EMPLOYER NAME] workplace, I feel supported by my coworkers.

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

FINDNEWJOB

E10. Taking everything into consideration, how likely is it you will make a genuine effort to find a new job within the next 3 months.

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

ADVOPP

E11. Which of the following best describes your career advancement opportunities at [EMPLOYER NAME]?

- 1 It is likely that I will be promoted
- 2 It is unlikely that I will be promoted
- 3 There are no promotion opportunities available
- 4 Don't know/refuse

EMP_TAKEJOB OFFER

E12. If you were offered this job, how likely would you be to accept the offer?**JOB DESCRIPTION:**

- Provide customer service and support store operations and sales.

PAY

- \$10/ hour
- \$15/ hour
- \$20/ hour

BENEFITS

- Paid time off for earned sick days and family and medical leave
- Employee discount

SCHEDULE

- Part-time (20 to 30 hours per week).
- Full time (40 hours per week).

Hours and shifts are subject to change.

- Associates are expected to keep their schedules open and available for work.
- Hours and shifts are subject to change. Associates are expected to keep their schedules open and available for work. Associates are typically given 2-3 day's notice of their work schedule.
- Associates are guaranteed 2 weeks advance notice of the work schedule.

REQUIREMENTS

- Customer service-oriented
- Positive attitude
- Ability to communicate effectively with guests and team member

(Categories above are randomized for respondents)

- 5 Very unlikely
- 6 Unlikely
- 7 Somewhat Likely
- 8 Very likely

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^s*UNION*

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

MODULE G: SECOND JOB^s*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 Man
- 2 Woman
- 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.

- 1 White
- 2 Hispanic or Latino/Latina
- 3 Black or African American
- 4 Asian or Pacific Islander
- 5 American Indian or Alaskan native
- 6 Other
- 7  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

OR 1.1 = different company

- 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

ESLHOME

- H9.** Do you speak a language other than English at home?
- 1 Yes
 - 2 No

ESLHOME_TEXT

Display This Question:

If H9 = 1

- H10.** What language do you speak at home?
- _____

COHABSTATUS

- H11.** 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 H11 = 1

Or H11 = 2

- H12.** What is your spouse or partner's employment status?
- 1 My spouse/partner is employed
 - 2 My spouse/partner is furloughed by their employer (they are not getting any scheduled hours)
 - 3 My spouse/partner was laid off and is now unemployed
 - 4 My spouse/partner quit their job and is now unemployed
 - 5 My spouse/partner is retired (no longer working)
 - 6 None of the above

SPOUSEINCOME

Display this Question:

If H12=1

- H13.** Which of the following statements best describes the income your spouse or partner earns from their job?
- 1 It is essential for meeting our basic needs
 - 2 Is it an important component of our budget, but not essential
 - 3 It is nice to have, but we could live comfortably without it
 - 4 My spouse or partner and I keep our incomes separate
 - 5 Don't know/refuse

KIDS

- H14.** 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 H14 = 1

- H15.** Are any of your children under the age of 5?
- 1 Yes
 - 2 No
 - 3 Don't know/refuse

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

Display This Question:

If H15 = 1

H16. 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

KIDS5TO9

Display This Question:

If H14 = 1

H17. 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 H17 = 1

H18. 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 H14 = 1

H19. Are any of your children between the ages of 10 and 14?

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

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

Display This Question:

If H19 = 1

H20. 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 H15 = 1

Or H17 = 1

Or H19 = 1

H21. 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 H21 = 1

Or H21 = 2

H22. 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 H14 = 1

H23. 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 H23 = 1

H24. 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

KIDSOTO17_DEPENDENTS

- H25.** Thinking of all of your children between 0 and 17 years of age, do you claim these children as dependents when you file your taxes?
- 1 I claim all of these children as dependents
 - 2 I claim some of these children as dependents
 - 3 I do not claim any of these children as dependents.

HHCT

- H26.** 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

- H27.** How would you describe your race or ethnicity?
_____ [TEXT RESPONSE REQUIRED; PARAGRAPH]

MODULE StatePTO1: PTO – Knowledge of Laws

HEARD_STATE_LV

NJ1.1. Have you heard of the New Jersey Family Leave Program?

- 1 Yes
- 2 No

KNOW_QUALEVENT_CHILD | KNOW_QUALEVENT_HEALTH | KNOW_QUALEVENT_CARE | KNOW_QUALEVENT_DV |
KNOW_QUALEVENT_MILITARY | KNOW_QUALEVENT_ALL

Display This Question:

If NJ.1.1 = 1

NJ1.2. To the best of your knowledge, which of the following are “qualifying events” for paid leave under [State Paid Leave Law]? **Check all that apply**

- 1 Welcoming a new child into your family through birth, adoption, or foster placement
- 2 Your own serious health condition or illness, like recovering from a surgery or a serious injury
- 3 Caring for a seriously ill or injured family member
- 4 To address needs arising from domestic or sexual violence
- 5 A qualifying military family leave event
- 6 (exclusive) All of the above

STATELV_EMPEXPLAIN | STATELV_COWORKEREXPLAIN | STATELV_HEALTHEXPLAIN | STATELV_FAMEXPLAIN |
STATELV_GOVEXPLAIN | STATELV_NONPROFEXPLAIN | STATELV_WEBEXPLAIN | STATELV_OTHEXPLAIN |
STATELV_NOBODYEXPLAIN | STATELV_OTHEXPLAIN_TEXT |

Display This Question:

If NJ.1.1 = 1

NJ1.3. Did any of the following help you learn about the paid family & medical leave benefits available to you? Please select all that apply:

- 1 Employer
- 2 Co-worker
- 3 Healthcare provider
- 4 Friend/family
- 5 Government agency
- 6 Nonprofit/Legal aid
- 7 Internet search
- 8 Other: _____
- 9 Nobody helped me

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

CHILDLASTYEAR

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

- 1 Yes
- 2 No

HEALTHLASTYEAR

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

- 1 Yes
- 2 No

CARELASTYEAR

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

- 1 Yes
- 2 No

EMPLOYED_WHEN_CHILD

Display This Question:

If D.1.2 = 1

D1.5. Were you employed at the time you welcomed a new child into your family?

- 1 Yes
- 2 No

EMPLOYED_WHEN_HEALTH

Display This Question:

If D.1.3 = 1

D1.6. Were you employed at the time you had a serious health condition or illness?

- 1 Yes
- 2 No

EMPLOYED_WHEN_CARE

Display This Question:

If D.1.4 = 1

D1.7. Were you employed at the time you needed to care for a seriously ill or injured family member?

- 1 Yes
- 2 No

PFML_PAY_NEEDED

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

Not Applicable

0 10 20 30 40 50 60 70 80 90 100

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



MODULE D2: Everyone PTO – LIFE EVENT – CHILD^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, I kept working
 - 3 No, I decided to quit.

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

LV_CH_WK | LV_CH_WK_TEXT

Display This Question:

If D2.1 = 1

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

LV_CH_TOTAL

Display This Question:

If D2.2 = 2

D2.2 = 3

Or D2.2 = 4

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

 LV_CH_PAY_FULL_EMPLOYER | LV_CH_PAY_PART_EMPLOYER | LV_CH_PAY_DISABILITY |
 LV_CH_PAY_PVT_PROGRAM | LV_CH_PAY_STATE_PROGRAM | LV_CH_PAY_NONE

Display This Question:

If D2.1 = 1

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

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

Display This Question:

If D2.1 = 1

D2.6. Please tell us if any of the following were important factors in your decision about how much time you took off from your job at [EMPLOYER NAME] to care for your new child. Mark all that apply.

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

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

D2.6.1 Did you experience any of the following situations due to taking leave from work? **Mark all that apply.**

- 1 I lost my job.
- 2 I lost my seniority or potential for job advancement
- 3 I had to reveal information about my personal relationships or family relationships to my manager/boss
- 4 I had to reveal personal information about my own health, or the health of my care recipient to my manager/boss
- 5 I was treated differently at work because of the reason I took leave
- 6 Something else happened (TEXT BOX)

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

Display This Question:

If D2.1 = 2

D2.7. Please tell us if any of the following were reasons why you did not take time off from your job at [EMPLOYER NAME] to care for your new child. **Mark all that apply.**

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

LV_CH_WHY_LEAVEJOB / LV_CH_WHY_LEAVEJOB_OTHER_TEXT

Display This Question:

If D2.1 = 2

OR D2.1 = 3

D.2.7.1 What made you leave your job?

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

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

LV_HLTH

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?

- 1 Yes
- 2 No, I kept working
- 3 No, I decided to quit.

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

LV_HLTH_WK | LV_HLTH_WK_TEXT

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_FULL_EMPLOYER | LV_HLTH_PAY_PART_EMPLOYER | LV_HLTH_PAY_DISABILITY |

LV_HLTH_PAY_PVT_PROGRAM | LV_HLTH_PAY_STATE_PROGRAM | LV_HLTH_PAY_NONE

Display This Question:

If D3.1 = 1

D3.4. Did you receive pay during your leave? Check all that apply

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

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

Display This Question:

If D3.1 = 1

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

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

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

Display This Question:

If D3.1 = 2

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

Mark all that apply.

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

LV_HLTH_WHY_LEAVEJOB | LV_HLTH_WHY_LEAVEJOB_OTHER_TEXT

Display This Question:

If D3.1 = 2

OR D3.1 = 3

D3.7 What made you leave your job?

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

MODULE D4: Everyone PTO – LIFE EVENT – CAREGIVING§

LV_CR

Display This Question:

If D1.2 != 1

And D1.3 != 1

And D1.4 = 1

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

- 1 Yes
- 2 No, I kept working
- 3 No, I decided to quit.

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

LV_CR_WK / LV_CR_WK_TEXT

Display This Question:

If D4.1 = 1

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

- 1 Less than 1 week
- 2 A different number of weeks (specify): _____
- 3 I have taken leave little by little (intermittent leave)
- 4 I am still on leave

LV_CR_TOTAL

Display This Question:

If D4.2 = 3

Or D4.2 = 4

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

_____ [NUMBER REQUIRED]

Display This Question:

If D4.1 = 1

D4.4. Did you receive pay during your leave? Check all that apply

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

LV_CR_LV_FIN | LV_CR_LV_PREP | LV_CR_LV_FIRE | LV_CR_LV_INS | LV_CR_LV_OK | LV_CR_LV_OTHER |
LV_CR_LV_OTHER_TEXT

Display This Question:

If D4.1 = 1

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

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

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

Display This Question:

If D4.1 = 2

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

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

LV_HLTH_WHY_LEAVEJOB
LV_HLTH_WHY_LEAVEJOB_OTHER_TEXT

Display this Question:

If D4.1 = 2

OR D4.1 = 3

D.4.8 What made you leave your job?

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

MODULE D5: Everyone PTO – LIFE EVENT – MULTIPLE^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, I kept working
- 3 No, I decided to quit.

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

LV_MULT_WK | LV_MULT_WK_TEXT

Display This Question:

If D5.1 = 1

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

- 1 Less than 1 week
- 2 A different number of weeks (specify): _____
- 3 I have taken leave little by little (intermittent leave)
- 4 I am still on leave

LV_MULT_TOTAL

Display This Question:

If D5.2 = 3

Or D5.2 = 4

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

_____ [NUMBER REQUIRED]

LV_MULT_PAY

Display This Question:

If D5.1 = 1

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

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

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

Display This Question:

If D5.1 = 1

D5.6. Please tell us if any of the following were important factors in your decision about how much time you took off from your job at [EMPLOYER NAME] to care for yourself or others. Mark all that apply.

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

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

Display This Question:

If D5.1 = 2

D5.7. Please tell us if any of the following were reasons why you did not take time off from your job at [EMPLOYER NAME] to care for yourself or others. Mark all that apply.

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

LV_MULT_WHY_LEAVEJOB | LV_MULT_WHY_LEAVEJOB_OTHER_TEXT

Display this Question:

If D5.1 = 2

OR D5.1 = 3

D5.8 What made you leave your job?

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

MODULE NJ7: PFML State PTO – Knowledge of Laws Final*STATELV_UNDERSTAND*

NJ7.1. At the time you needed to take leave, how well did you understand the paid family & medical leave benefits that were available to you?

- 1 Extremely well
- 2 Very well
- 3 Somewhat well
- 4 Not well at all

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

NJ7.2. Did any of the following help you learn about the paid family & medical leave benefits available to you? Please select all that apply:

- 1 Employer
- 2 Co-worker
- 3 Healthcare provider
- 4 Friend/family
- 5 Government agency
- 6 Nonprofit/Legal aid
- 7 Internet search
- 8 Other: _____
- 9 Nobody helped me

STATELV_EMPHELPFUL

NJ7.3. How helpful was your **employer** in making sure you understood what paid family & medical leave benefits were available to you?

- 1 Very helpful
- 2 Somewhat helpful
- 3 Not at all helpful
- 4 My employer did not discuss these benefits with me

STATELV_UNDERSTAND_JOBPROTECT

NJ7.4. At the time you needed to take leave, how well did you understand if you qualified for job protection (meaning your job would be held for you until you returned from leave)?

- 1 Extremely well
- 2 Very well
- 3 Somewhat well
- 4 Not well at all

STATELV_SUPPORTIVE_MANAGER

NJ7.5. How supportive was your manager or supervisor of your decision to take leave?

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

STATELV_SUPPORTIVE_COWORKERS

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

- 1 Extremely supportive

- 2 Very supportive
- 3 Somewhat supportive
- 4 Not supportive at all

STATELV_BENEFITS_IMPORTANT

Display This Question:

If Took Leave

& Paid Leave State

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

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

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

NJLV_COMPLETE_APP

Display This Question:

If NJ1.6 = 1

OR NJ1.8=1

NJ6.1. Have you completed an application for New Jersey's Paid Family Leave program, also known as New Jersey Family Leave Insurance?

- 1 Yes
- 2 No

NJLV_WHYNOT_COMP_APP | NJLV_WHYNOT_COMP_APP_OTH_TEXT

Display This Question:

If NJ6.1 = 2

NJ6.2 Why haven't you completed an application for New Jersey's Paid Family Leave program?

- 1 I did not know about the program
- 2 My employer told me I am not eligible
- 3 I learned from a NJ state agency that I am not eligible
- 4 I don't know how to apply
- 5 I haven't had time to apply yet
- 6 I could not obtain the required documentation from my health provider
- 7 I tried to apply but could not complete the application
- 8 Other: _____

NJLV_WHY_INELIGIBLE

Display This Question:

If NJ6.2 = 2

OR NJ6.2 = 3

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

NJLV_TRIED_WHYNOT_COMP | NJLV_TRIED_WHYNOT_COMP_OTH_TEXT

Display This Question:

If NJ6.2 = 5

OR NJ6.2 = 6

OR NJ6.2 = 7

OR NJ6.2 = 8

NJ6.3.1 Why didn't you complete the application?

- 1 It was too confusing
- 2 I had technical issues
- 3 Other (Text Response)

NJLV_APP_SUPPORT_PAPERWORK | NJLV_APP_SUPPORT_ELIGIBILITY | NJLV_APP_SUPPORT_EDUC_EMP |

NJLV_APP_SUPPORT_DASHBOARD | NJLV_APP_SUPPORT_OTHER | NJLV_APP_SUPPORT_OTHER_TEXT

NJ6.4.1 What information or support would have helped you to apply for the program?

- 1 A person to help you fill out the paperwork
- 2 A person to answer questions about eligibility
- 3 A person to educate my employer about the program
- 4 A dashboard that shows me what I need to submit
- 5 Other _____

NJLV_APP_RESPONSE

Display This Question:

If NJ6.1 = 1

NJ6.4 Have you received a response to your application for paid family leave?

- 1 Yes
- 2 No

NJLV_APP_APPROVED

Display This Question:

If NJ6.4 = 1

NJ6.5 Were you approved for paid leave benefits?

- 1 Yes
- 2 No

NJLV_WHY_APP_DENIED

Display This Question:

If NJ6.5 = 2

NJ6.6 Do you know why your application was denied?

- 1 Yes
- 2 No

NJLV_WHY_APP_DENIED_REASON

Display This Question:

If NJ6.6 = 1

NJ6.6.1 What was the reason?

_____ [TEXT RESPONSE; Paragraph]

NJLV_RECEIVE_PAYMENT

Display This Question:

If NJ6.5 = 1

NJ6.7 Did you receive a payment from New Jersey's Paid Family Leave program?

- 1 Yes
- 2 No

NJLV_WHEN_RECEIVE_BENEFITS

Display This Question:

If NJ6.7 = 1

NJ6.8 When did you receive your leave benefits?

- 1 Right when my leave began
- 2 Soon after my leave began
- 3 Several weeks after my leave began
- 4 Near the end of my leave
- 5 After my leave was over

NJLV_PAYMENT_AMOUNT

Display This Question:

If NJ6.7 = 1

NJ6.10 How much do you receive in paid leave payments per week? (For example, if you receive \$300 per week, enter 300.)

[TEXT Response: Number required]

NJLV_PAYMENT_AMOUNT

Display This Question:

If NJ6.7 = 1

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

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

MODULE I: BASIC FINANCIALS*HHINCOME*

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

DIFFPAY

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

INCVOLATILE

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

HHINCOME_2020CHANGE

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

UNEMP_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
 - 9 7 months
 - 10 8 months
 - 11 9 months
 - 12 10 months
 - 13 11 months

14 12 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 the pandemic started, back in 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]

MODULE 6: JOB SEARCH*CONSIDER_RETURN_WORK*

6.1. Would you consider going back to work in the next few months?

- 1 Yes
- 2 No
- 3 I'm not sure

LIKELY_ACCEPT_OFFER

6.2. If you were offered this job, how likely would you be to accept the offer?

JOB DESCRIPTION:

Provide customer service and support store operations and sales.

PAY

- ☐ \$10/ hour
- ☐ \$15/ hour
- ☐ \$20/ hour

BENEFITS

- ☐ Paid time off for earned sick days and family and medical leave
- ☐ Employee discount

SCHEDULE

- ☐ Part-time (20 to 30 hours per week).
- ☐ Full time (40 hours per week).

Hours and shifts are subject to change.

- ☐ Associates are expected to keep their schedules open and available for work.
- ☐ Hours and shifts are subject to change. Associates are expected to keep their schedules open and available for work. Associates are typically given 2-3 day's notice of their work schedule.
- ☐ Associates are guaranteed 2 weeks advance notice of the work schedule.

REQUIREMENTS

- Customer service-oriented
- Positive attitude
- Ability to communicate effectively with guests and team member

- 1 Very unlikely
- 2 Unlikely
- 3 Somewhat Likely
- 4 Very likely

JOB_SEARCH_LASTWEEK

6.4. Have you looked for a job in the last week?

- 1 Yes
- 2 No

LEARN_JOBOPEN_ONLINE LEARN_JOBOPEN_NEWSPAPER LEARN_JOBOPEN_WORKPLACES LEARN_JOBOPEN_FAMILY LEARN_JOBOPEN_COWORKERS

Display This Question:

If 6.4 = 1

6.5. How do you learn about job openings? (Mark all that apply)

- 1 job listings online
- 2 job listings in a newspaper
- 3 help wanted signs at workplaces
- 4 through friends or family
- 5 from former co-workers

NUM_JOBAPPS

Display This Question:

If 6.4 = 1

6.6 How many job applications have you submitted in the past month?

_____ [NUMBER]

WHYNOT_EXPECT_WORK

Display This Question:

If 6.4 = 2

6.7. Why aren't you currently looking for work?

- 1 I'm permanently retired
- 2 I have enough income or savings from other sources to live on
- 3 I have care obligations
- 4 I am worried about COVID transmission
- 5 I cannot find any jobs that are hiring
- 6 I have a physical limitation or health condition that prevents me from working

MODULE 4: Child Tax Credit

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

CTC_AWARE

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

CTC_RECEIVE

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

*CTC_NUM_PAYMENTS**Display this question:**If R.2=1*

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

*CTC_AMOUNT_RECEIVE**Display this question:**If R.2=1*

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

*CTC_USED**Display this question:**If R2=1*

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

[PROG: MULTIPLE RESPONSE, ORDER=RANDOMIZED, FORCED, ALLOW UP TO 3 SELECTIONS]

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

CTC_HOW_PERCEIVE

Display this question:

If R.2=1

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

CTC_HOW_PERCEIVE2

Display this question:

If R.2=1

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

CTC_HOWLONG_LAST

Display this question:

If R.2=1

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

CTC_TRY_RECEIVE

Display this question:

If R2=2

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

CTC_WHYNOT_TRY

Display this question

If R.2 = no (2)

If R.9 == 1

R.10 Why didn't you try to receive the Child Tax Credit? Mark all that apply.

- 1 I didn't think I would be eligible
- 2 I didn't think I needed to do anything
- 3 I didn't have time to find out what to do
- 4 I did not know how
- 5 I did not have an internet connection
- 6 I had language barriers
- 7 I was worried I would lose other benefits (SNAP, WIC, TANF, CHIP, Medicaid)
- 8 I was worried I would get in trouble with other government authorities
- 9 Other [PROG: FIXED]

CTC_ACTIONS

Display this question:

If R.2=2

R.11 Did you do any of the following in 2021?

- 1 Filed my taxes
- 1 Received a stimulus payment
- 2 Closed my bank account or changed banks
- 3 Welcomed a new first child to my family
- 4 Moved and changed my mailing address
- 5 Got married
- 6 Separated or divorced
- 7 Immigrated to the United States

MODULE XU: BULLYING - Unemployed

This next question asks about “bullying” at work. “Bullying” can include things like being humiliated, constantly criticized, or excessively teased.

BULLYFREQ_SUPERVISOR | BULLYFREQ_COWORKERS | BULLYFREQ_CUSTOMERS

X1. At your last job, how often were you bullied by:

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
your supervisor? (1)	31	32	33	34	35
your coworkers? (2)	36	37	38	39	40
by customers? (3)	41	42	43	44	45

RESPECTFREQ_SUPERVISOR | RESPECTFREQ_COWORKERS | RESPECTFREQ_CUSTOMERS

X2. At your last job, how often did you feel respected by:

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
your supervisor? (1)	46	47	48	49	50
your coworkers? (2)	51	52	53	54	55
by customers? (3)	56	57	58	59	60

JOB_AUTONOMY

X3. How much do you agree with the following statement: At my last job, I was allowed to decide how to go about getting my job done.

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

JOB_RESPONSIBILITIES

X4. How much do you agree with the following statement: At my last job, I often had a good understanding of what my tasks and responsibilities are.

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

*RESOLVEPROB_COWORKERS / RESOLVEPROB_SUPERVISOR / RESOLVEPROB_MANAGEMENT /
RESOLVEPROB_GRIEVANCE / RESOLVEPROB_UNION / RESOLVEPROB_HR / RESOLVEPROB_QUIT /
RESOLVEPROB_NONPROF / RESOLVEPROB_WORKERCENTER / RESOLVEPROB_GOVT /
RESOLVEPROB_UNCOMFORTABLE / RESOLVEPROB_IDK / RESOLVEPROB_NOTHING*

X5. If you had a **serious problem** at your last job, what would you do to resolve this issue?

Check All That Apply.

- 1 Discuss with coworkers
- 2 Discuss with supervisor
- 3 Talk to higher-up management
- 4 Use a company grievance procedure
- 5 Speak to a union rep
- 6 Speak to HR (Human Resources)
- 7 Quit
- 8 Talk to someone at a Nonprofit/Advocacy Organization
- 9 Talk to someone at a Worker Center
- 10 File a complaint with the City or State Department of Labor/Labor Regulator
- 11 I would not feel comfortable raising issues at work
- 12 I would not know what to do

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

I2.7. When did you receive your first unemployment insurance payment from [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_AMOUNT

Display This Question:

If I2.6 = 1

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

UI_PAYMENT_COMPARE

Display This Question:

If I2.8 = 1

And 1.1 = 2 OR 3 or 4

I2.9. How does that compare to what you were earning at [EMPLOYER NAME] before you left?

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

UI_STILLRECEIVE

Display This Question:

If I2.6 = 1

I2.10. Are you still receiving unemployment insurance payments?

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

UI_STOP_MONTHYEAR

Display This Question:

If I2.10 = 2

I2.11. 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		

UI_WHY_STOP_PAYMENTS

Display This Question:

If I2.10 = 2

I2.12 Why did you stop receiving unemployment insurance payments?

- 1 I hit the limit
- 2 I did not provide required documentation
- 3 I was flagged as suspected fraud
- 4 I found a job
- 5 I don't know

MODULE J: BENEFITS AND FINANCIAL SERVICES

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

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

- 1 Assistance with food expenses from the SNAP program (this is sometimes called "food stamps")
- 2 Getting to delay student loan payments without a penalty
- 3 Getting to delay rent or mortgage payments without a penalty
- 4 Cash from Temporary Assistance for Needy Families (TANF) program
- 5 Cash from Supplemental Security Income (Social Security/Disability Insurance)
- 6 Medicaid
- 7 Other: _____

HARDSHIP_FREEFOOD

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

- 1 Yes
- 2 No

HARDSHIP_FREEFOOD_LASTMONTH

Display This Question:

If J2 = 1

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

- 1 Yes
- 2 No

HARDSHIP_HUNGRY

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

- 1 Yes
- 2 No

HARDSHIP_HUNGRY_LASTMONTH

Display This Question:

If J4 = 1

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

- 1 Yes
- 2 No

HARDSHIP_CHILD_HUNGRY

Display This Question:

If H25 = 1

Or H25 = 2

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

- 1 Yes
- 2 No

HARDSHIP_CHILD_HUNGRY_LASTMONTH

Display This Question:

If J6 = 1

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

HARDSHIP_UTILITIES

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

HARDSHIP_UTILITIES_LASTMONTH

Display This Question:

If J8 = 1

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

HARDSHIP_INFORMATION

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

HARDSHIP_INFORMATION_LASTMONTH

Display This Question:

If J10 = 1

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

HARDSHIP_MOVEIN

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

HARDSHIP_MOVEIN_LASTMONTH

Display This Question:

If J12 = 1

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

HARDSHIP_SHELTER

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

HARDSHIP_SHELTER_LASTMONTH

Display This Question:

If J14 = 1

- J15.** In the past **month**, did you stay in a shelter, in an abandoned building, an automobile, or any other place not meant for regular housing, even for one night?
- 1 Yes
 - 2 No

HARDSHIP_DEFERMEDICAL

- J16.** In the past 12 months, was there anyone in your household who needed to see a doctor or go to the hospital but couldn't go because of the cost?
- 1 Yes
 - 2 No

HARDSHIP_DEFERMEDICAL_LASTMONTH

Display This Question:

If J16 = 1

- J17.** In the past **month**, was there anyone in your household who needed to see a doctor or go to the hospital but couldn't go because of the cost?
- 1 Yes
 - 2 No

CONFIDCOPE

- J18.** How confident are you that you could come up with \$400 if an unexpected need arose within the next month?
- 1 I am certain I could come up with the full \$400
 - 2 I could probably come up with \$400
 - 3 I could probably 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.

HELP_LOAN200

M2. Is there someone you could count on if you needed a loan for \$200?

- 1 Definitely yes
- 2 Probably yes
- 3 Maybe
- 4 Probably not
- 5 Definitely not
- 6 Don't know/refuse

HELP_HOUSING

M3. Is there someone you could count on if you needed a place to live?

- 1 Definitely yes
- 2 Probably yes
- 3 Maybe
- 4 Probably not
- 5 Definitely not
- 6 Don't know/refuse

HELP_CHILDCARE

Display This Question:

If H18 = 1

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

- 1 Definitely yes
- 2 Probably yes
- 3 Maybe
- 4 Probably not
- 5 Definitely not
- 6 Don't know/refuse

FRIENDFAMCT

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

____ [NUMBER REQUIRED]

MODULE K: HEALTH AND WELLBEING*HEALTH*

K1. In general, how is your health? Would you say it is...

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

COVID_SELF

K2. Have you contracted the novel coronavirus (COVID-19)?

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

COVID_SELF_SEVERITY

K3. How severe was your case of COVID-19?

- 1 I did not feel sick
- 2 My symptoms were mild
- 3 My symptoms were moderate
- 4 My symptoms were severe

COVID_SELF_HOSPITALIZED

Display if:

K3==2 | 3 | 4

K4. Were you hospitalized when you were sick with COVID-19?

- 1 No
- 2 Yes, for less than 1 week
- 3 Yes, for 1-2 weeks
- 4 Yes, for more than 2 weeks

COVID_FAMILY

K5. Have any of your immediate family members contracted the novel coronavirus (COVID-19)?

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

HEALTHPLAN

K6. Do you now have any type of health plan or health coverage?

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

WHYNOPLANFROMJOB | WHYNOPLAN_TEXT

Display This Question:

If K6 = 2

And 1.1 = 1

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

JOBPLAN | JOBPLAN_TEXT

Display This Question:

If K6 = 1

And 1.1. = 1

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

HEALTHCOVERAGE | HEALTHCOVERAGE_TEXT

Display This Question:

If K6 = 1

And 1.1. != 1

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

SLEEP

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

SOSAD

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

NERVOUS

K12. During the past month, how often did you feel nervous?

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

RESTLESS

K13. During the past month, how often did you feel restless?

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

HOPELESS

K14. During the 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

K15. 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

K16. 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

K17. For this question, please select "A little of the time"

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

HAPPY

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

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

- K19.** 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 K19 = 1

And 1.1 = 1

- K20.** 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 K19 = 2

And 1.1 = 1

- K21.** 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 K19 = 3

And 1.1 = 1

- K22.** How much does your work contribute to your back pain?
- 1 A great deal
 - 2 Somewhat
 - 3 A little
 - 4 Not at all

CONTRIBPAINJOINT

Display This Question:

If K19 = 4

And 1.1 = 1

- K23.** 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 K19 = 5

And 1.1 = 1

- K24.** 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 K19 = Not Empty

And 1.1 = 1

- K25.** 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

- K26.** 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 K26 = 1

Or K26 = 2

Or K26 = 3

Or K26 = 4

- K27.** 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^s*SPENDTIMEKIDSH*

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

HAVEMEALKIDS

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

HWBOOKKIDS

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

PLAYINDOORKIDS

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

PLAYOUTDOORKIDS

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

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