

## Spring 2024 Survey Instrument

PIs: Daniel Schneider and Kristen Harknett

This document contains the survey questions from The Shift Project's Spring 2024 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.

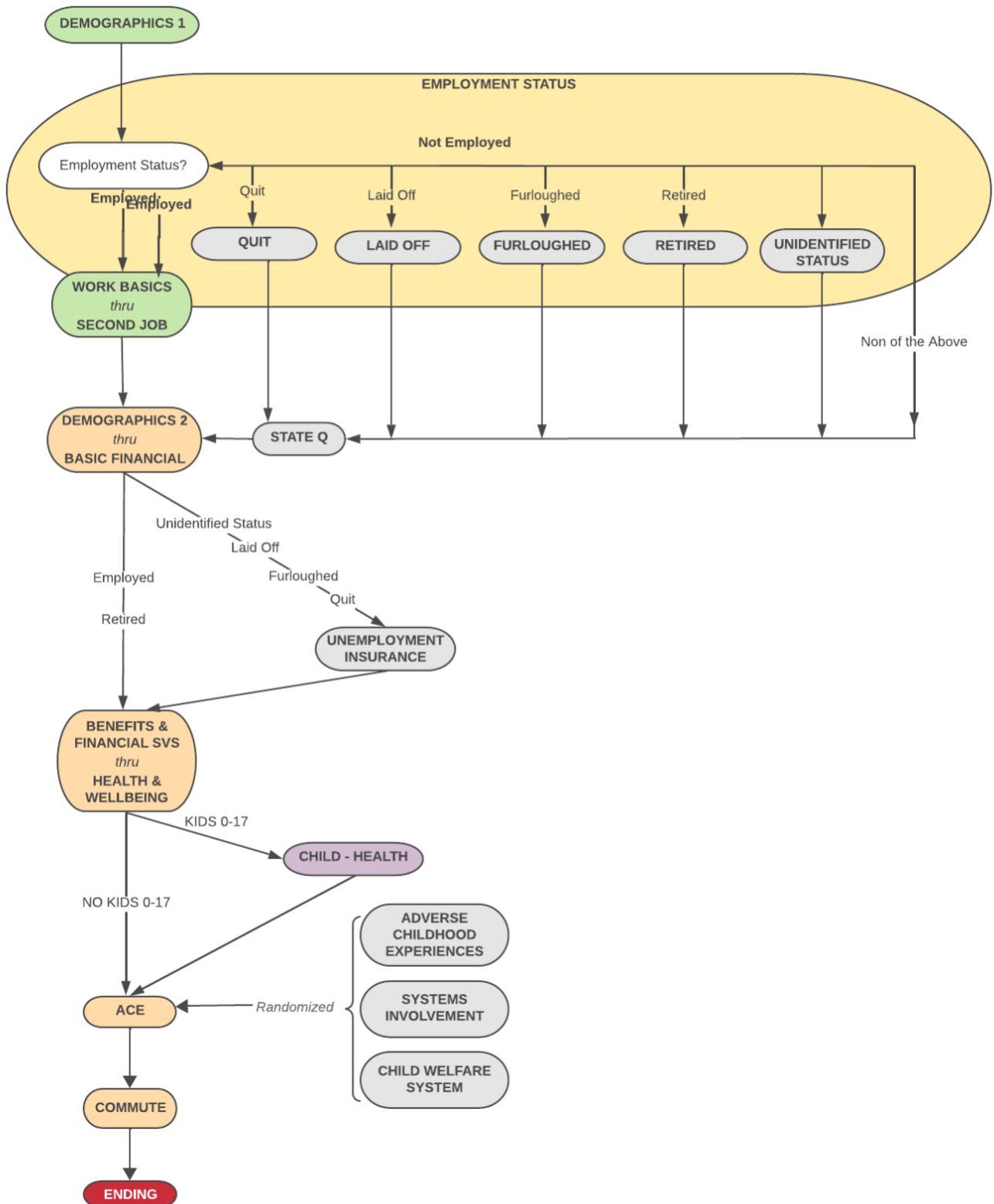
The Shift Project's Spring 2024 National survey will be self-administered on computers, tablets, or smart phones. Using the Facebook advertising platform, we will recruit workers affiliated with large chain service-sector companies. The target respondents are currently or were recently employed as frontline 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
- ⊘ Exclusive response option (multiple-selection question)
- ⌘ Choice randomization
- ℛ Question Block Randomization

### SPRING 24 NATIONAL INSTRUMENT – SURVEY FLOW



MODULE H.1: DEMOGRAPHICS 1 .....	5
MODULE 1: EMPLOYMENT STATUS.....	6
MODULE 4: QUIT <sup>§</sup> .....	9
MODULE 2: LAID OFF <sup>§</sup> .....	11
MODULE 3: FURLOUGHED <sup>§</sup> .....	13
MODULE 5: RETIRED <sup>§</sup> .....	15
MODULE 6: UNIDENTIFIED FOLKS .....	20
MODULE P: STATE FOR UNEMPLOYED <sup>§</sup> .....	22
MODULE A: WORK BASICS <sup>§</sup> .....	24
MODULE B: WORK SCHEDULING <sup>§</sup> .....	30
MODULE C: SECURE SCHEDULING <sup>§</sup> .....	32
MODULE C2: AUTOMATION <sup>§</sup> .....	33
MODULE X: BULLYING .....	34
MODULE F: WORK RELATIONSHIPS <sup>§</sup> .....	36
MODULE C3: SURVEILLANCE AND SANCTIONING <sup>§</sup> .....	38
MODULE F2: LABOR VIOLATIONS <sup>§</sup> .....	40
MODULE F3: COMPLAINTS <sup>§</sup> .....	43
MODULE D: CONTROL AND PTO <sup>§</sup> .....	45
MODULE E: HOUR PREFERENCES AND WORK-FAMILY CONFLICT <sup>§</sup> .....	47
MODULE E2: JOB INSECURITY <sup>§</sup> .....	50
MODULE A1: COVID SHOCK <sup>§</sup> .....	51
MODULE G: SECOND JOB <sup>§</sup> .....	53
MODULE H: DEMOGRAPHICS 2 .....	54
MODULE I: BASIC FINANCIALS .....	64
MODULE I2: UNEMPLOYMENT INSURANCE <sup>§</sup> .....	65
MODULE J: BENEFITS AND FINANCIAL SERVICES.....	68
MODULE M: MODERATING VARIABLES .....	72
MODULE K: HEALTH AND WELLBEING.....	73
MODULE L: CHILD - HEALTH <sup>§</sup> .....	78
MODULE O1: ADVERSE CHILDHOOD EXPERIENCES (ACEs) <sup>§</sup> .....	86
MODULE N: COMMUTE .....	89
END: ENDING (Store Number Questions).....	91
CLOSING SCRIPT.....	91
CUSTOM END-OF-SURVEY MESSAGE .....	92

## Embedded Variables:

Name	Description
EMPLOYERNAME	Targeted employer name that appears in question 1.1. After the Employment Status module, these variable changes based on answers to questions 1.1 or 1.3 and then piped in throughout the remainder of the survey
EMPLOYERNAME 1	Preprogrammed employer name option that appears in question 1.3
EMPLOYERNAME 2	Preprogrammed employer name option that appears in question 1.3
EMPLOYERNAME 3	Preprogrammed employer name option that appears in question 1.3
EMPLOYERNAME 4	Preprogrammed employer name option that appears in question 1.3
Employed	Programmed embedded variable based on answers to Employment Status questions
Laid off	Programmed embedded variable based on answers to Employment Status questions
Retired	Programmed embedded variable based on answers to Employment Status questions
Quit	Programmed embedded variable based on answers to Employment Status questions
Furloughed	Programmed embedded variable based on answers to Employment Status questions
Fired	Programmed embedded variable based on answers to Employment Status questions
Single	Preprogrammed embedded variable that activates logic in Employment Status that assumes the respondent works at one specific target firm
Multi	Preprogrammed embedded variable that activates logic in Employment Status that shows the respondent multiple firms
Kids	Embedded variable based on the respondent's answer to H14
Kids17	Embedded variable that reflects respondents with kids 17 or under, based on the respondent's answer to H15, H17, H19
Incentives	Embedded variable used to pipe into landing and ending pages, that reflects the incentives given to respondents to participate in the survey.

**MODULE H.1: DEMOGRAPHICS 1**

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

AGE\_TEXT

**H4.** How old are you?

- 1 Enter your age in years: [Text Box: Number required]

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

WHITE | HISP | BLACK | API | AIAN | OTH | RACE\_DKR

**H3.** How would you describe your race or ethnicity? **Mark all that apply.**

- 1 White
- 2 Hispanic or Latino/Latina
- 3 Black or African American
- 4 Asian or Pacific Islander
- 5 American Indian or Alaskan Native
- 6 Other (specify) [Text Box]
- 7 ☐ Prefer not to answer

GENDER | GENDER\_TEXT

**H1.** How would you describe your gender identity?

- 1 Man
- 2 Woman
- 3 Non-binary
- 4 Prefer to self-describe: [Text Box]
- 5 Prefer not to answer

## **MODULE 1: EMPLOYMENT STATUS**

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

EMP\_STATUS

*Display This Question:*

*If single = 1 And multi = 0 Or multi = empty*

- 1.1** What is your employment status?
- 1 I am employed at [EMPLOYERNAME]
  - 2 I am employed at a different company
  - 3 I am unemployed
  - 4 I am retired (no longer working)
  - 5 None of the above

EMP\_STATUS

*Display This Question:*

*If multi = 1 Or multi = 0 And single = 0 Or single = empty And multi = empty*

- 1.2** 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

Q1\_EMPLOYER\_TEXT

*Display This Question:*

*If 1.1 = 2 Or 1.2 = 1*

- 1.3** What is the name of your current employer?
- 1 EMPLOYERNAME1
  - 2 EMPLOYERNAME2
  - 3 EMPLOYERNAME3
  - 4 EMPLOYERNAME4
  - 5 EMPLOYERNAME5
  - 6 Other (please specify): [Text Box]
  - 7 Don't know/refuse

EMP\_STATUS\_UNEMP

*Display This Question:*

*If 1.2 = 2 Or 1.1 = 3*

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

UF\_DID\_LAST\_WEEK

*Display This Question:**If 1.2 = 4 Or 1.1 = 4***1.5** Which of these options best describes what you did last week?

- 1 Worked for pay at a job/business
- 2 Worked without pay at a job/business
- 3 Employed but not working
- 4 Was on temporary leave from my job
- 5 On vacation from my job
- 6 Did gig work
- 7 Was self-employed
- 8 None of these

UF\_STATUS\_TEXT

*Display This Question:**If 1.4 = 4***1.6** Do any of the following apply to your situation?

- 1 I was fired
- 2 I was at a temporary job that ended
- 3 On a temporary leave (parental leave, health leave, etc)
- 4 Other (please specify): [Text Box]

Q1\_EMPLOYER\_QUIT | Q1\_EMPLOYER\_QUIT\_TEXT

*Display This Question:**If 1.4 = 3***1.7** What is the name of the company where you were working before you quit your job?

- 1 EMPLOYERNAME
- 2 EMPLOYERNAME1
- 3 EMPLOYERNAME2
- 4 EMPLOYERNAME3

*Display This Choice:**If EMPLOYER4 is not Empty*

- 5 EMPLOYERNAME4
- 6 Other (please specify): [Text Box]
- 7 Don't know/refuse

Q1\_EMPLOYER\_LAIDOFF | Q1\_EMPLOYER\_LAIDOFF\_TEXT

*Display This Question:**If 1.4 = 2***1.8** What is the name of the company where you were working before you were laid off?

- 1 EMPLOYERNAME
- 2 EMPLOYERNAME1
- 3 EMPLOYERNAME2
- 4 EMPLOYERNAME3

*Display This Choice:**If EMPLOYER4 is not Empty*

- 5 EMPLOYERNAME4
- 6 Other (please specify): [Text Box]
- 7 Don't know/refuse

Q1\_EMPLOYER\_FURLOUGHED | Q1\_EMPLOYER\_FURLOUGHED\_TEXT

*Display This Question:**If 1.4 = 1***1.9** What is the name of the company that furloughed you?

- 1 EMPLOYERNAME
- 2 EMPLOYERNAME1
- 3 EMPLOYERNAME2
- 4 EMPLOYERNAME3

*Display This Choice:**If EMPLOYER4 is not Empty*

- 5 EMPLOYERNAME4 (Display Logic)
- 6 Other (please specify): [Text Box]
- 7 Don't know/refuse

Q1\_EMPLOYER\_RETIRE | Q1\_EMPLOYER\_RETIRE\_TEXT

*Display This Question:**If 1.1 = 4 OR 1.2 = 3***1.10** What is the name of the company where you were working before you retired?

- 1 EMPLOYERNAME
- 2 EMPLOYERNAME1
- 3 EMPLOYERNAME2
- 4 EMPLOYERNAME3

*Display This Choice:**If EMPLOYER4 is not Empty*

- 5 EMPLOYERNAME4
- 6 Other (please specify): [Text Box]
- 7 Don't know/refuse

Q1\_EMPLOYER\_UF | Q1\_EMPLOYER\_UF\_TEXT

*Display This Question:**If 1.6 = 1 OR 1.6=2 OR 1.6=3 OR 1.6=4***1.11** What is the name of the company where you last worked?

- 1 EMPLOYERNAME
- 2 EMPLOYERNAME1
- 3 EMPLOYERNAME2
- 4 EMPLOYERNAME3

*Display This Choice:**If EMPLOYER4 is not Empty*

- 5 EMPLOYERNAME4
- 6 Other (please specify: [Text Box]\_
- 7 Don't know/refuse

Q1\_EMPLOYER\_TEXT

*Display This Question:**If 1.5 = 1***1.12** What is the name of your current employer?

- 1 EMPLOYERNAME
- 2 EMPLOYERNAME1
- 3 EMPLOYERNAME2
- 4 EMPLOYERNAME3
- 5 EMPLOYERNAME4
- 6 Other (please specify): [Text Box]
- 7 Don't know/refuse



**MODULE 4: QUIT\$**

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 6-11 months ago
- 8 1 year or more ago

LONGWORK\_QUIT

**4.3.** How long had you been working at [EMPLOYER NAME] 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

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-19 was too high
- 2 Unsafe working conditions — other than COVID-19
- 3 To provide care for a child or family member
- 4 I didn't like my schedule/found schedule unmanageable
- 5 Not enough hours
- 6 Problems with management
- 7 I didn't like the work
- 8 I got a different job
- 9 I moved away
- 10 Other: \_\_\_\_\_

QUIT\_JOB\_SEARCH

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

- 1 Yes
- 2 No

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

*Display this question if 4.6=1***4.7** What are the reasons you are looking for work? **Mark all that apply.**

- 1 I need the money
- 2 I need health insurance
- 3 I need something to do with my time
- 4 Other

QUIT\_JOB\_NOSEARCH\_HEALTH\_ISSUE | QUIT\_JOB\_NOSEARCH\_FIN\_STABLE | QUIT\_JOB\_NOSEARCH\_CARE |  
QUIT\_JOB\_NOSEARCH\_OTHER*Display this question if 4.6=2***4.8** Why are you not looking for work? **Mark all that apply**

- 1 I have a health condition that limits my ability to work
- 2 I have enough income from other sources
- 3 I have caregiving responsibilities that limit my ability to work
- 4 Other reasons

QUIT\_WORK\_HOURS\_LASTMONTH

**4.9** Unemployed people sometimes do some work for pay. About how many hours per week did you work in the past month?

[Text Box: Number Required]

QUIT\_WORK\_LASTMONTH\_MONEY | QUIT\_WORK\_LASTMONTH\_HEALTH\_INS | QUIT\_WORK\_LASTMONTH\_FILL\_TIME |  
QUIT\_WORK\_LASTMONTH\_OTHER*Display this question if 4.9>0***4.10** Why did you work last month? **Mark all that apply.**

- 1 I need the money
- 2 I need health insurance
- 3 I need something to do with my time
- 4 Other

**MODULE 2: LAID OFF<sup>s</sup>**

LAIDOFF\_DATE

**2.2.** When did you lose your job at [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 6-11 months ago
- 8 1 year or more ago

LONGWORK\_LAIDOFF

**2.3.** How long had you been working at [EMPLOYER NAME] when you lost your job?

- 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

WHY\_LAIDOFF | WHY\_LAIDOFF\_TEXT

**2.5.** Did you lose your job at [EMPLOYER NAME] for any of the following reasons?

- 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: [Text Box]

LO\_JOB\_SEARCH

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

- 1 Yes
- 2 No

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

*Display this question if 2.6=1***2.7** What are the reasons you are looking for work? **Mark all that apply.**

- 1 I need the money
- 2 I need health insurance
- 3 I need something to do with my time
- 4 Other

LO\_JOB\_NOSEARCH\_HEALTH\_ISSUE | LO\_JOB\_NOSEARCH\_FIN\_STABLE | LO\_JOB\_NOSEARCH\_CARE | LO\_JOB\_NOSEARCH\_OTHER

*Display this question if 2.6=2***2.8** Why are you not looking for work? **Mark all that apply.**

- 1 I have a health condition that limits my ability to work
- 2 I have enough income from other sources
- 3 I have caregiving responsibilities that limit my ability to work
- 4 Other reasons

LO\_WORK\_HOURS\_LASTMONTH

**2.9** Unemployed people sometimes do some work for pay. About how many hours per week did you work in the past month?

[Text Box: Number Required]

LO\_WORK\_LASTMONTH\_MONEY | LO\_WORK\_LASTMONTH\_HEALTH\_INS | LO\_WORK\_LASTMONTH\_FILL\_TIME |

LO\_WORK\_LASTMONTH\_OTHER

*Display this question if 2.9>0***2.10** Why did you work last month? **Mark all that apply.**

- 1 I need the money
- 2 I need health insurance
- 3 I need something to do with my time
- 4 Other

**MODULE 3: FURLOUGHED\$**

FURLOUGHED\_DATE

**3.2.** When were you furloughed from [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 6-11 months ago
- 8 1 year or more ago

LONGWORK\_FURLOUGHED

**3.3.** Before you were furloughed, how long had 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

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: [Text Box]

FURLOUGHED\_JOB\_SEARCH

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

- 1 Yes
- 2 No

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

*Display this question if 3.6=1***3.7** What are the reasons you are looking for work? **Mark all that apply.**

- 1 I need the money
- 2 I need health insurance
- 3 I need something to do with my time
- 4 Other

FUR\_JOB\_NOSEARCH\_HEALTH\_ISSUE | FUR\_JOB\_NOSEARCH\_FIN\_STABLE | FUR\_JOB\_NOSEARCH\_CARE |  
FUR\_JOB\_NOSEARCH\_OTHER

Display this question if 3.6=2

**3.8** Why are you not looking for work? **Mark all that apply.**

- 1 I have a health condition that limits my ability to work
- 2 I have enough income from other sources
- 3 I have caregiving responsibilities that limit my ability to work
- 4 Other reasons

FUR\_WORK\_HOURS\_LASTMONTH

**3.9** Unemployed people sometimes do some work for pay. About how many hours per week did you work in the past month?

[Text Box: Number required]

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

Display this question if 3.9>0

**3.10** Why did you work last month? **Mark all that apply.**

- 1 I need the money
- 2 I need health insurance
- 3 I need something to do with my time
- 4 Other

**MODULE 5: RETIRED<sup>s</sup>**

RETIRE\_DATE

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

Month

Year

		1	2020
1	January	2	2021
2	February	3	2022
3	March	4	2023
4	April	5	2024
5	May		
6	June		
7	July		
8	August		
9	September		
10	October		
11	November		
12	December		

RETIRE\_PLAN

*Display This Question:**If 5.2 = January to December**And 5.2=2020 to 2024***5.3.** You indicated that you retired in [Piped Month] [Piped Year]. At that time, was it your plan to retire that 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, 2021, 2022, 2023, 2024***5.4.** Why did you retire from your job at [Piped in 5.2]? **Mark all that apply.**

- 1 I was financially ready to stop working
- 2 I had been planning to retire this year
- 3 I became eligible for Medicare or Social Security
- 4 To provide unpaid care for a child/children (my own child or another person's child)
- 5 To provide unpaid care for an adult family member or a close friend
- 6 Health reasons
- 7 Disability/Injury
- 8 I didn't like my schedule/found schedule unmanageable
- 9 I didn't like my manager
- 10 I didn't like the work
- 11 My financial situation changed and I was able to retire early
- 12 I felt risk of getting COVID-19 was too high
- 13 I was concerned about unsafe working conditions — other than COVID-19
- 14 Other: [Text Box]

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

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 Pension from Prior Employment
- 6 Veteran Benefits or a Military Pension
- 7 Rent paid to you for a property you own
- 8 Other income sources. Please specify: [Text Box]
- 9 ☐ 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? (For example: if the amount is \$600, please enter 600 without any spaces or dollar signs)  
\$\_\_\_\_\_ [Number Format Required]

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

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



RETIRE\_INCOME\_WELFARE\_AMOUNT

Display this question:

If 5.7=4

- 5.11 About how much income did you receive from welfare last month? (For example: if the amount is \$600, please enter 600 without any spaces or dollar signs)  
\$\_\_\_\_\_ [Number Format Required]

RETIRE\_INCOME\_WELFARE\_AMOUNT

Display this question:

If 5.7=5

- 5.11.1 About how much income did you receive from your former employer's pension last month? (For example: if the amount is \$600, please enter 600 without any spaces or dollar signs)  
\$\_\_\_\_\_ [Number Format Required]

RETIRE\_INCOME\_VETBENEFITS\_AMOUNT

Display this question:

If 5.7=6

- 5.12 About how much income did you receive from Veteran Benefits or a Military Pension last month? (For example: if the amount is \$600, please enter 600 without any spaces or dollar signs)  
\$\_\_\_\_\_ [Number Format Required]

RETIRE\_INCOME\_PROPERTY\_AMOUNT

Display this question:

If 5.7=7

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

RETIRE\_INCOME\_OTHER\_AMOUNT

Display this question:

If 5.7=8

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

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: [Text Box]
- 5 ☐ None

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

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

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

RETIRE\_SAVINGS\_BANK\_AMOUNT

Display this question if 5.15=4

- 5.19 In total, about how much do you have in your other retirement savings? (For example: if the amount is \$600, please enter 600 without any spaces or dollar signs)  
\$\_\_\_\_\_ [Number Format Required]

RETIRE\_WORK\_LASTMONTH

- 5.19.1 Retired people sometimes do some work for pay. Did you work for pay last month?  
1 Yes  
2 No

RETIRE\_WORK\_HOURS\_LASTMONTH

Display this question if 5.19.1=1

- 5.19.2 Retired people sometimes do some work for pay. About how many hours per week did you working the past month?  
[Text Entry: Number Required]

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

RETIRE\_WORK\_LASTMONTH\_OTHER

Display this question if 5.19.1&gt;1

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

RETIRE\_JOB\_SEARCH

Display this question if 5.19.1=2

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

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

*Display this question if 5.20=1*

**5.21** What are the reasons you are looking for work? **Mark all that apply.**

- 1 I need the money
- 2 I need health insurance
- 3 I need something to do with my time
- 4 Other

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

*Display this question if 5.20=2*

**5.22** Why are you not looking for work? **Mark all that apply.**

- 1 I have a health condition that limits my ability to work
- 2 I have enough income from other sources
- 3 I have caregiving responsibilities that limit my ability to work
- 4 Other reasons

**MODULE 6: UNIDENTIFIED FOLKS**

LONGWORK\_UF

**6.2.** How long did you work at [EMPLOYER NAME]?

- 1 Less than one 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

UF\_WHY\_FIRED

*Display This Question:**If 1.6 = 1***6.4.** What was the reason you were fired from your job?

- 1 [Open Ended Box] \_\_\_\_\_

UF\_JOB\_SEARCH

**6.5.** Are you currently looking for work?

- 1 Yes
- 2 No

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

*Display this question if 6.5=1***6.6.** What are the reasons you are looking for work? **Mark all that apply.**

- 1 I need the money
- 2 I need health insurance
- 3 I need something to do with my time
- 4 Other

UF\_JOB\_NOSEARCH\_HEALTH\_ISSUE | UF\_JOB\_NOSEARCH\_FIN\_STABLE | UF\_JOB\_NOSEARCH\_CARE | UF\_JOB\_NOSEARCH\_OTHER

*Display this question if 6.5=2***6.7.** Why are you not looking for work? **Mark all that apply.**

- 1 I have a health condition that limits my ability to work
- 2 I have enough income from other sources
- 3 I have caregiving responsibilities that limit my ability to work
- 4 Other reasons

UF\_WORK\_HOURS\_LASTMONTH

**6.8.** Unemployed people sometimes do some work for pay. About how many hours per week did you working the past month?

[Text Entry: Number Required]

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

*Display this question if 6.8>0*

**6.9.** Why did you work last month? **Mark all that apply.**

- 1 I need the money
- 2 I need health insurance
- 3 I need something to do with my time
- 4 Other

**MODULE P: STATE FOR UNEMPLOYED\$**

STATELIST\_QUIT | STATELIST\_UF | STATELIST\_UF | STATELIST\_RETIRED | STATELIST\_FURLOUGHED | STATELIST\_LAIDOFF

**P.1.** Please select the state where your former [EMPLOYER NAME] workplace is located.

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

- 47 Washington
- 48 West Virginia
- 49 Wisconsin
- 50 Wyoming
- 52 I do not work in the United States

**MODULE A: WORK BASICS<sup>s</sup>**

LONGWORK\_YRS

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

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

LONGWORK\_M

*Display This Question:**If A2 = 1***A3.** How many months have you worked at [EMPLOYER NAME]?

- 1 Less than 1 month
- 2 1 month
- 3 2 months
- 4 3 months
- 5 4 months
- 6 5 months
- 7 6 months
- 8 7 months
- 9 8 months
- 10 9 months
- 11 10 months
- 12 11 months
- 13 Don't know/refuse

MANAGER

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

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

JOBTITLE

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



WORKPLACE\_SIMPLIFIED | WORKPLACE\_SIMPLIFIED\_TEXT

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

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

*Skip To: End of survey If A6.1 = 6*

JOBTITLELIST\_STORE | JOBTITLELIST\_STORE\_TEXT

*Display This Question:**If A4 !=1**And A6.1 = 1***A6.2** Which job description most closely resembles your primary day-to-day responsibilities at your current job?

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

JOBTITLELIST\_DINING | JOBTITLELIST\_DINING\_TEXT

*Display This Question:**If A4 !=1**And A6.1 = 2, 3 or 4***A6.2** Which job description most closely resembles your primary day-to-day responsibilities at your current job?

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

JOBTITLELIST\_WAREHOUSE | JOBTITLELIST\_WAREHOUSE\_TEXT

*Display This Question:**If A4 != 1**And A6.1 = 5*

**A6.3** Which job description most closely resembles your primary day-to-day responsibilities at your current job?

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

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

*Display This Question:**If A4 != 1**And**If A6.1 = 6, 7 or 8*

**A6.4** Which job description most closely resembles your primary day-to-day responsibilities at your current job?

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

PAIDHOUR

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

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

HOURWAGE

*Display This Question:**If A8 = 1*

**A9.** How much are you paid per hour at [EMPLOYER NAME]? **Please enter dollars per hour (for example, if you earn \$10 per hour, enter 10.00). DO NOT include any tips you may earn.**

[Text Entry: Number Required]

PAIDTIPS

*Display This Question:**If A8 = 1*

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

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

## WEEKTIPS

*Display This Question:**If A10 = 1*

- A11.** Please enter the amount you usually earn in tips **per week** at [EMPLOYER NAME].  
**Please enter a dollar amount (for example, if you earn \$100 in tips per week, enter 100).**  
[Text Entry: Number Required]

## SALARY

*Display This Question:**If A8 != 1*

- A12.** What is your **annual** salary at [EMPLOYER NAME]? **Please enter a dollar amount.**  
[Text Entry: 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*

**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*

**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*

**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 A13 = 32

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

WORKPLACE\_OWNER

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

FRANCHISED\_OWNER\_MULTIPLE\_EST

Display This Question:

If A22 = 2

- A22.1.** Does the owner of your franchised [EMPLOYER NAME] own more than one store/establishment?
- 1 Yes
  - 2 No
  - 3 Don't know/refuse

FRANCHISED\_OWNER\_NUM\_EST

Display This Question:

If A22.1 = 1

- A22.2.** As far as you know, how many stores/establishments does the owner of your franchised [EMPLOYER NAME] own?
- 1 2 – 5
  - 2 6 – 10
  - 3 11 – 20
  - 4 21+
  - 5 Don't know/refuse

HONEYPOT1

Display This Question:

If A8 != 1

And A8 != 2

And A8 != 3

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

CHECK

- A25.** 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

**MODULE B: WORK SCHEDULING<sup>s</sup>**

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) [Text Box]
- 8 Don't know/refuse

USUALHOURS

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

[Text Entry: 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.**

[Text Entry: 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 days off.) **Please enter a number between 0 and 80 hours per week.**

[Text Entry: 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<sup>s</sup>**

## ONCALL

- C1.** In the past month or so, have you ever been asked to be “on-call” for work at [EMPLOYER NAME]? By “on-call,” we mean you have to be available to work, and you find out if you are needed to work just a few hours before your shift.

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

## CANCELSHIFT

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

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

## TIMING

- C5.** In the past month or so, did your employer ever change the timing or the length of your scheduled shift at [EMPLOYER NAME]? For example, your employer asked you to come in early or late, or asked you to leave early or to stay later than the hours you were originally scheduled for.

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

## CLOPENING

- C7.** In the past month or so, have you ever worked a closing shift and then worked the very next opening shift with less than 11 hours off in between your shifts at [EMPLOYER NAME]? This is sometimes called “clopening.”

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

## NUM\_SHIFTS\_CAT

- C8.1** 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



**MODULE C2: AUTOMATION<sup>s</sup>**

The next questions ask about technology at your workplace.

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

*Display This Question:*

*If embedded variable Automation = 1*

**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) [Text Box]
- 7 ☐ None of these

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

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

- 1 Robots that stock shelves or move boxes
- 2 Robots, shelf-scanning cameras, or other technology that take inventory
- 3 Robots that provide customer service
- 4 A machine that counts money
- 5 Robots that cook or prepare food
- 6 Artificial intelligence (AI) that assists with customer service such as a chat bot
- 7 AI that helps predict demand for certain items or what the busy periods are going to be
- 8 AI that optimizes the order of tasks, such as picking items in a certain order or taking a particular delivery route
- 9 Other: [Text Box]
- 10 ☐ None of these

**MODULE X: BULLYING**

We have a few questions about your interactions at work.

BULLYFREQ\_SUPERVISOR | BULLYFREQ\_COWORKERS | BULLYFREQ\_CUSTOMERS

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

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
your supervisor? (1)	1	2	3	4	5
your coworkers? (2)	1	2	3	4	5
your customers? (3)	1	2	3	4	5

RESPECTFREQ\_SUPERVISOR | RESPECTFREQ\_COWORKERS | RESPECTFREQ\_CUSTOMERS

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

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
your supervisor? (1)	1	2	3	4	5
your coworkers? (2)	1	2	3	4	5
your customers? (3)	1	2	3	4	5

SUPER\_TREATS\_FAIRLY

**X3.** At [EMPLOYER NAME], my immediate supervisor treats me fairly.

- 1 Always true
- 2 Often true
- 3 Sometimes true
- 4 Never true

## JOB\_AUTONOMY

**X4.** How much do you agree with the following statement: At [EMPLOYERNAME], 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

**X5.** How much do you agree with the following statement: At [EMPLOYERNAME] 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\_CITY\_COUNTY\_GOV  
| RESOLVEPROB\_STATE\_GOV | RESOLVEPROB\_FED\_GOV | RESOLVEPROB\_OTHER | RESOLVEPROB\_NONE |  
RESOLVEPROB\_OTHER\_TEXT

**X6.** If you had a serious problem at [EMPLOYERNAME], what would you do to resolve this issue? **Mark all that apply.**

- 1 Discuss with coworkers
- 2 Discuss with supervisor
- 3 Talk to higher-up management
- 4 Use a company grievance procedure
- 5 Speak to a union rep or union organizer
- 6 Speak to HR (Human Resources)
- 7 Quit
- 8 Talk to someone at a nonprofit, community organization, worker center, or labor union
- 9 File a complaint with a City or County Labor Regulator such as an Office of Labor Standards
- 10 File a complaint with a State Labor Regulator such as CAL/OSHA or the Labor Commissioner's Office
- 11 File a complaint with a Federal Labor Regulator such as OSHA or the Department of Labor
- 12 Other (specify): [Text Box]
- 13 None of these

**MODULE F: WORK RELATIONSHIPS<sup>s</sup>**

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

UNION

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

- 1 Yes
- 2 No

UNION\_VOTE

Display This Question:

If F1 = 2

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

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

SUPER\_GENDER

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

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

Skip To F16 if F14= 5

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

Display This Question:

If F14 != 5


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

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

WORKPLACE\_PCT\_WOMEN

**F16.** In your personal experience at your [EMPLOYER NAME] workplace, about what percent of the people who work there are women?

0 10 20 30 40 50 60 70 80 90 100

Percent women	
---------------	--

WORKPLACE\_PCT\_WHITE

**F17.** In your personal experience **at your [EMPLOYER NAME] workplace**, about what percent of the people who work there are **white**?

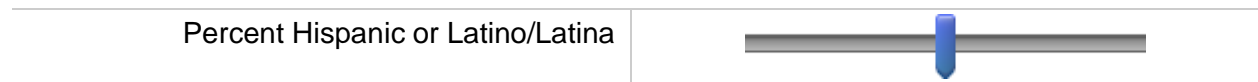
0 10 20 30 40 50 60 70 80 90 100



WORKPLACE\_PCT\_HISP

**F18.** In your personal experience **at your [EMPLOYER NAME] workplace**, about what percent of the people who work there are **Hispanic or Latino/Latina**?

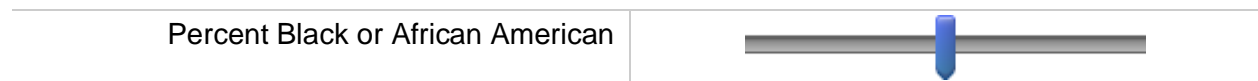
0 10 20 30 40 50 60 70 80 90 100



WORKPLACE\_PCT\_BLACK

**F19.** In your personal experience **at your [EMPLOYER NAME] workplace**, about what percent of the people who work there are **Black or African American**?

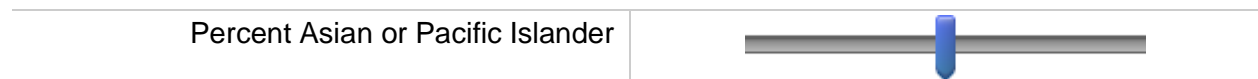
0 10 20 30 40 50 60 70 80 90 100



WORKPLACE\_PCT\_API

**F20.** In your personal experience **at your [EMPLOYER NAME] workplace**, about what percent of the people who work there are **Asian or Pacific Islander**?

0 10 20 30 40 50 60 70 80 90 100



**MODULE C3: SURVEILLANCE AND SANCTIONING<sup>s</sup>**

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) [Text Box]
- 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

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

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

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

EMPLOYER\_RESPECTS\_PRIVACY | EMPLOYER\_TRUSTS\_YOU | EMPLOYER\_TRUSTS\_COWORKERS

**C3.14.** Please indicate how much your [EMPLOYER NAME] employer:

	A great deal	Somewhat	A little	Not at all
1. respects your privacy	1	2	3	4
2. trusts you	1	2	3	4
3. trust your coworkers	1	2	3	4

EMPLOYER\_SUSP\_STEAL\_YOU | EMP\_SUSP\_STEAL\_COWORKERS

**C3.15.** Please indicate how much you feel that your [EMPLOYER NAME] employer:

	A great deal	Somewhat	A little	Not at all
1. suspects that you will try to steal from the company	1	2	3	4
2. suspects that your co-workers will try to steal from the company	1	2	3	4

EMPLOYER\_TRACKS\_OUTSIDE

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

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

**MODULE F2: LABOR VIOLATIONS<sup>s</sup>**

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

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

Display This Question:

If longwork\_yrs = less than 1 year

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

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

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

Display This Question:

If longwork\_yrs! = less than 1 year,

And longwork\_yrs = is displayed

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

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

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

Display This Question:

If longwork\_yrs = less than 1 year

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

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



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

Display This Question:

If longwork\_yrs! = less than 1 year,

And longwork\_yrs = is displayed

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

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

VIOLATION\_PAYLATE, VIOLATION\_PAYMODE,

VIOLATION\_PAYWAIT, VIOLATION\_\_PAYNOSTUB, VIOLATION\_PAYCASH, VIOLATION\_KIDS, VIOLATION\_ANYOT, VIOLATION\_NONE

Display This Question:

If longwork\_yrs = less than 1 year

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

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

VIOLATION\_PAYLATE, VIOLATION\_PAYMODE,

VIOLATION\_PAYWAIT, VIOLATION\_\_PAYNOSTUB, VIOLATION\_PAYCASH, VIOLATION\_KIDS, VIOLATION\_ANYOT, VIOLATION\_NONE

Display This Question:

If longwork\_yrs! = less than 1 year,

And longwork\_yrs = is displayed

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

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

VIOLATION\_OTUNPAID

Display This Question:

If longwork\_yrs = less than 1 year

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

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

VIOLATION\_OTUNPAID

Display This Question:

If longwork\_yrs! = less than 1 year,

And longwork\_yrs = is displayed

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

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

**MODULE F3: COMPLAINTS<sup>s</sup>**

COMPLAINT\_MAKE

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

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

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

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

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

*Display This Question:**If F3.1 = 1*

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

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

## COMPLAINT\_RETALIATE

Display This Question:

If F3.1 = 1

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

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

## COMPLAINT\_WHYNOT

Display This Question:

If F3.1 = 2

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

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

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

## NONCOMPETE

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

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

**MODULE D: CONTROL AND PTO<sup>s</sup>**

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

HOURLYDECIDE

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

CHOICE TOTAL HR

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

BENEFITS\_PAIDSICK | BENEFITS\_PAIDVACATION | BENEFITS\_HEALTH | BENEFITS\_DENTAL | BENEFITS\_PAIDLEAVE | BENEFITS\_UNPAIDLEAVE | BENEFITS\_RETIEMENTPLAN | BENEFITS\_TUITION | BENEFITS\_CHILDCARE | BENEFITS\_NONE

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

SICKWORK\_YN

- D4.** 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 D4 = 1**

**D5.** What were the main reasons you went to work while sick? **Mark all that apply.**

- 4 I didn't have paid sick leave
- 5 I was afraid I'd get in trouble for calling out sick
- 6 I couldn't get medical documentation
- 7 My supervisor pressured me
- 8 I wanted to save my sick days
- 9 I couldn't get anyone to cover my shift
- 10 I needed the pay
- 11 I didn't want to let down my co-workers
- 12 Other (specify): [Text Box]

**MODULE E: HOUR PREFERENCES AND WORK-FAMILY CONFLICT<sup>s</sup>**

SATISFYWORK2

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

LIKEMOREHOURS

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

LIKEMOREPREDICT

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

GETTIMEOFF

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

LOWSTAFF

- E4.1.** At [EMPLOYER NAME], how often are there not enough people or staff to get all the work done?
- 1 Always
  - 2 Often
  - 3 Sometimes
  - 4 Rarely
  - 5 Never

LOWSTAFF\_NO\_BREAKS | LOWSTAFF\_WORK\_SICK | LOWSTAFF\_FAIL\_JOB\_DUTIES | LOWSTAFF\_STAY\_LATE |  
 LOWSTAFF\_SHORT\_NOTICE | LOWSTAFF\_ONLY\_WORKER | LOWSTAFF\_ANGRY\_CUSTOMERS | LOWSTAFF\_INCREASED\_STRESS |  
 LOWSTAFF\_NONE

**E4.1.1** In the past month, has understaffing at your [EMPLOYER NAME] workplace led you to...

**Mark all that apply.**

- 1 Work a shift without taking any breaks
- 2 Come in to work even when you are sick
- 3 Fall behind on your assigned job duties
- 4 Stay late at work
- 5 Get called in on short notice
- 6 Be the only person working
- 7 Deal with angry customers
- 8 Experience increased stress at work
- 9 None of these

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

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

**E7.1.** At my [EMPLOYER NAME] workplace, I have access to an app or another online tool that allows me to...**Mark all that apply.**

- 1 Pick up extra available shifts
- 2 Find someone to cover my shift
- 3 Swap shifts with co-workers
- 4 Update my availability
- 5 ∅ None of these



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

Display This Question:

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

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

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

NEWJOB3M

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

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

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

**MODULE E2: JOB INSECURITY<sup>s</sup>**

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 A1: COVID SHOCK\$**

The next questions ask about your experiences on the job.

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 & is displayed*

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

- 5 Yes
- 6 No
- 7 Don't Know/refuse

EMPLOYEES\_WEARMASK

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

- 8 Yes
- 9 No
- 10 Don't Know/refuse

WEARMASKS\_YOU | WEARMASKS\_COWORKERS | RMASKS\_CUSTOMERS

*Display This Question:*

*If A1.1 != 5 & is displayed*

**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

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

SECONDJOB

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

1 Yes

2 No

*Skip To: End of Block If G1 != 1*

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 2**

The following questions ask for a little more information about you.

ENROLLED

**H6.** Are you currently enrolled in school?

- 1 Yes
- 2 No

DIFSCHEDSCHOOL

*Display This Question:**If H6 = 1**And**If employed = 1*

**H7.** How much do you agree with the following statement:  
My work schedule at my main job makes it difficult for me to attend classes, study, and complete my school work.

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

EDUC

**H8.** What is the highest grade of school you completed?

- 1 No degree or diploma earned
- 2 High school diploma/GED
- 3 Some college
- 4 Associate's degree
- 5 Bachelor's degree
- 6 Master's degree/Advanced degree
- 7 Don't know/refuse

ESLHOME

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

- 1 Yes
- 2 No

LANGUAGE\_AT\_HOME

*Display This Question:**If H9 = 1*

**H10.** What language do you speak at home?  
[Text Box]\_\_

BIRTH\_GEOGRAPHY

**H10.1** Where were you born?

- 1 In the U.S,
- 2 Outside the U.S.

US\_CITIZENSHIP

Display This Question:

If H10.1 = 2

**H10.2** Are you a citizen of the U.S.?

- 1 Yes, born in the U.S.
- 2 Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
- 3 Yes, born abroad of U.S. citizen parent or parents
- 4 Yes, U.S. citizen by naturalization
- 5 No, I am not a U.S. citizen

WHEN\_LIVE\_US

Display This Question:

If H10.1 = 2

**H10.3** When did you come to live in the U.S.? (Please write in year. For example: If you came in 2020, write 2020)

\_\_\_\_[Text Box: Number required]

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? **Mark all that apply.**

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

SPOUSEINCOME

Display this Question:

If 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, stepchildren, adopted children, or foster children.

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

KIDS0TO4

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. Child #1	1	Male	1	<1 year
	2	Female	2	1 year
			3	2 years
			4	3 years
			5	4 years
b. Child #2	1	Male	1	<1 year
	2	Female	2	1 year
			3	2 years
			4	3 years
			5	4 years
c. Child #3	1	Male	1	<1 year
	2	Female	2	1 year
			3	2 years
			4	3 years
			5	4 years
d. Child #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. Child #1	1	Male	1	5 years
	2	Female	2	6 years
			3	7 years
			4	8 years
			5	9 years
b. Child #2	1	Male	1	5 years
	2	Female	2	6 years
			3	7 years
			4	8 years
			5	9 years
c. Child #3	1	Male	1	5 years
	2	Female	2	6 years
			3	7 years
			4	8 years
			5	9 years
d. Child #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\_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. Child #1	1	Male	1	10 years
	2	Female	2	11 years
			3	12 years
			4	13 years
			5	14 years
b. Child #2	1	Male	1	10 years
	2	Female	2	11 years
			3	12 years
			4	13 years
			5	14 years
c. Child #3	1	Male	1	10 years
	2	Female	2	11 years
			3	12 years
			4	13 years
			5	14 years
d. Child #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

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. Child #1	1	Male	1	15 years
	2	Female	2	16 years
			3	17 years
			4	18 years
			5	19+ years
b. Child #2	1	Male	1	15 years
	2	Female	2	16 years
			3	17 years
			4	18 years
			5	19+ years
c. Child #3	1	Male	1	15 years
	2	Female	2	16 years
			3	17 years
			4	18 years
			5	19+ years
d. Child #4	1	Male	1	15 years
	2	Female	2	16 years
			3	17 years
			4	18 years
			5	19+ years

We have a couple more questions about you.

HHCT

**H26.** Including yourself, how many people currently live in your household?  
 \_\_\_\_\_ [Text Box: Number Required]

SEXUAL\_ORIENTATION

**H27.** Which of the following best describes you?

- 1 Heterosexual or straight
- 1 Gay, lesbian, or homosexual
- 2 Bisexual
- 3 ☐ Prefer not to answer

TRANSGENDER

**H28.** Do you identify as transgender?

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

TELL\_MANAGER\_TRANSNB

Display This Question:

If (H2 = 1 OR H1 = 3) &amp; Employed = 1

- H29.** How soon into your current job did you first start to tell your **manager** that you were transgender and/or non-binary (even if you did not use those words)?
- 1 Before or during the application process
  - 2 As soon as I started on the job
  - 3 Sometime after I started
  - 4 I have never told my manager that I am transgender and/or non-binary
  - 5 Don't know/cannot recall

TELL\_MANAGER\_TRANSNB\_YEARS

Display This Question:

If H2A = 3 &amp; (H2 = 1 OR H1 = 3) &amp; Employed = 1

- H30.** How long after you started did you first start to tell your **manager** that you were transgender and/or nonbinary (even if you did not use those words)?
- 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

TELL\_MANAGER\_TRANSNB\_MONTHS

Display This Question:

If H2A = 3 &amp; (H2 = 1 OR H1 = 3) &amp; Employed = 1

- H31.** How many months after you started did you first start to tell your **manager** that you were transgender and/or non-binary (even if you did not use those words)?
- 1 1 month
  - 2 2 months
  - 3 3 months
  - 4 4 months
  - 5 5 months
  - 6 6 months
  - 7 7 months
  - 8 8 months
  - 9 9 months
  - 10 10 months
  - 11 11 months

TELL\_COWORK\_TRANSNB

Display This Question:

If (H2 = 1 OR H1 = 3) &amp; Employed = 1

**H32.** How soon into your current job did you first tell any of your **co-workers** that you were non-binary and/or transgender (even if you did not use those words)?

- 1 Before or during the application process
- 2 As soon as I started on the job
- 3 Sometime after I started
- 4 I have never told my co-workers that I am non-binary and/or transgender
- 5 Don't know/cannot recall

TELL\_COWORK\_TRANSNB\_YEARS

Display This Question:

If (H2 = 1 OR H1 = 3) &amp; H2B = 3 &amp; Employed = 1

**H33.** How long after you started did you first start to tell your **co-workers** that you were non-binary and/or transgender (even if you did not use those words)?

- 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

TELL\_COWORK\_TRANSNB\_MONTHS

Display This Question:

If H2A = 3 &amp; (H2 = 1 OR H1 = 3) &amp; Employed = 1

**H34.** How many months after you started did you first start to tell your **co-workers** that you were transgender and/or non-binary (even if you did not use those words)?

- 1 1 month
- 2 2 months
- 3 3 months
- 4 4 months
- 5 5 months
- 6 6 months
- 7 7 months
- 8 8 months
- 9 9 months
- 10 10 months
- 11 11 months

AGE\_TELL\_OTHERS\_TRANSNB | AGE\_TELL\_OTHERS\_TRANSNB2

Display This Question:

If (H2 = 1 OR H1 = 3)

**H35.** At about what age did you first start to tell others that you were non-binary and/or transgender (even if you did not use those words)?

- 1 Age in years [Text Box]
- 2 I have never told others that I am transgender and/or non-binary

AGE\_THINK\_TRANSNB | AGE\_THINK\_TRANSNB2

Display This Question:

If (H2 = 1 OR H1 = 3)

**H36.** At about what age did you first start to think you were non-binary and/or transgender] (even if you did not use those words)?

- 1 Age in years [Text Box]
- 2 Don't know/cannot recall

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

**H37.** How would you describe your race or ethnicity?  
\_\_\_\_\_[Text Response Required; Paragraph]

**MODULE I: BASIC FINANCIALS**

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

HHINCOME

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

DIFFPAY

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

INCVOLATILE

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



**MODULE I2: UNEMPLOYMENT INSURANCE<sup>s</sup>**

UI\_APP

**I2.1.** Have you completed an application for unemployment insurance?

- 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: [Text Box]

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\_LAIPOFF\_MONTH | UI\_PAYMENT\_LAIPOFF\_YEAR

Display This Question:

If I2.6 = 1

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

	Month		Year	
My first payment arrived in...	1	January	1	2020
	2	February	2	2021
	3	March	3	2022
	4	April	4	2023
	5	May	5	2024
	6	June		
	7	July		
	8	August		
	9	September		
	10	October		
	11	November		
	12	December		

UI\_PAYMENT\_AMOUNT

Display This Question:

If I2.6 = 1

**I2.8.** 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	
I stopped receiving unemployment benefits in...	1	January	1	2020
	2	February	2	2021
	3	March	3	2022
	4	April	4	2023
	5	May	5	2024
	6	June		
	7	July		
	8	August		
	9	September		
	10	October		
	11	November		
	12	December		

UI\_WHY\_STOP\_PAYMENTS

Display This Question:

If I2.10 = 2

**I2.12** Why did you stop receiving 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**

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

**J.1.1** Which of the following benefits have you used at any time in the last 12 months?**Mark all that apply.**

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

*Skip To: J2 if J1.1 = 8*

SNAP\_BENEFITS\_LASTMON | TANF\_BENEFITS\_LASTMON | MEDICAID\_BENEFITS\_LASTMON | SSI\_BENEFITS\_LASTMON | GOVT\_HOUSING\_BENEFITS\_LASTMON | CHILDCARE\_BENEFITS\_LASTMON | OTHER\_BENEFITS\_LASTMON | NO\_BENEFITS\_LASTMON | OTHER\_BENEFITS\_TEXT\_LASTMON

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

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

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

HARDSHIP\_FREEFOOD

**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 on a gas, oil, and/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 on a gas, oil, and/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 childcare?

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

FRIENDFAMCT

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

[Number Required]



**MODULE K: HEALTH AND WELLBEING**

The next questions ask about your health and wellbeing.

LIFE\_LADDER

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

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



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

☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐

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

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

HEALTHPLAN

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

WHYNOPLANFROMJOB | WHYNOPLAN\_TEXT

Display This Question:

If K6 = 2

And Employed = 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): [Text Box]

JOBPLAN | JOBPLAN\_TEXT

Display This Question:

If K6 = 1

And Employed = 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): [Text Box]

HLTHCOVG\_STATE\_SOURCE | HLTHCOVG\_STATE\_SOURCE\_OTH\_TXT

Display This Question:

If K8 = 4

**K8.1** Do you receive your health coverage from:

- 1 Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability?
- 2 A health insurance plan that you signed up for through [State marketplace name] or a health insurance marketplace created by the Affordable Care Act, also known as Obamacare?
- 3 Medicare, for people 65 and older, or people with certain disabilities?
- 4 A military health care plan, such as TRI-CARE, CHAMPUS, or CHAMP-VA?
- 5 Any other type of health insurance or health coverage plan (specify): [Text Box]

HLTHCOVG\_STATE\_TAX\_CREDIT

Display This Question:

If K8 = 2

OR K8.1 = 2

**K8.2** Do you receive a tax credit or subsidy based on your (or your family) income to help pay the premium?

1. Yes, I receive a tax credit or subsidy
2. No, I do not receive a tax credit or subsidy

HEALTHCOVERAGE | HEALTHCOVERAGE\_TEXT

Display This Question:

If K6 = 1

And Employed= 0

**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): [Text Box]

Display This Question:

If K9 = 4

**K9.1** Do you receive your health coverage from:

- 1 Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability?
- 2 A health insurance plan that you signed up for through [State marketplace name] or a health insurance marketplace created by the Affordable Care Act, also known as Obamacare?
- 3 Medicare, for people 65 and older, or people with certain disabilities?
- 4 A military health care plan, such as TRI-CARE, CHAMPUS, or CHAMP-VA?
- 5 Any other type of health insurance or health coverage plan (specify): [Text Box]

Display This Question:

If K9 = 2

OR K9.1 = 2

**K9.2** Do you receive a tax credit or subsidy based on your (or your family) income to help pay the premium?

1. Yes, I receive a tax credit or subsidy
2. No, I do not receive a tax credit or subsidy

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 LONELY

**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

LONELY

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

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

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

**K19.** During the past three months, have you experienced the following types of **pain** (if any)?  
**Mark all that apply.**

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

Skip To: End of module If K19.= 7

PAIN\_SCALE

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

0    1    2    3    4    5    6    7    8    9    10

LOUDNOISE

Display This Question:

If employed = 1

**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 - HEALTH\$**

Now we just have a few questions about your child/children and your experiences as a parent.

**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 employed = 1

And If kids14 = 1

- L6.** Thinking about the past month, how difficult was it to arrange childcare 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 employed = 1

And If kids14 = 1

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

## SPANKKIDS

Display This Question:

If H19 = 1

Or H21 = 1

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

## PARENTHARD

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

## PARENTTRAP

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

## CAREMOREWORK

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

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

## TIREDPARENT

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

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

Display This Question:

If H19 != 1

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

Skip To: L19 If L13 = Displayed

Display This Question:

If H19 = 1

And H21 != 1

And H23 != 1

And H27 != 1

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

Skip To: L19 If L14 = Displayed

Display This Question:

If H19 = 1

And

If H21 = 1

And H23 != 1

Or

If H21 != 1

And H23 != 1

And H27 = 1

Or

If H21 = 1

And H23 = 1

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

Skip To: L19 If L15 = Displayed

Display This Question:

If H19 = 1

And H21 != 1

And H23 = 1

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

Skip To: L19 If L16 = Displayed



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

KIDA\_INITIAL

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

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

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

Display This Question:

If L19 != empty

- L20.** Below is a list of items that describe children and youths. Please rate each item to describe [CHILD1] now or within the past month. For each item, please mark if the statement is not true, somewhat true, or very true of your child. Please answer all items as well as you can, even if some do not seem to apply to your child.

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

KIDHEALTH

Display This Question:

If L19 != empty

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

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

Display This Question:

If L19 = empty

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

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

Display This Question:

If L19 = empty

- L23.** Below is a list of items that describe children and youths. Please rate each item to describe A now or within the past month. For each item, please mark if the statement is not true, somewhat true, or very true of your child. Please answer all items as well as you can, even if some do not seem to apply to your child.

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

KIDHEALTH\_LASTMONTH

*Display This Question:*

*If L19 = empty*

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

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

**MODULE 01: ADVERSE CHILDHOOD EXPERIENCES (ACEs)<sup>§</sup>**

*(Modules 01, 02, and 03 have a split ballot design with respondents randomized to receive the following: Only Module 01, Only Module 02, Only Module 03, Modules 01&02, Modules 01&03, Modules 02&03, Modules 01&02&03).*

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

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

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

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

**MODULE 02: SYSTEMS INVOLVEMENT<sup>s</sup>**

(Modules 01, 02, and 03 have a split ballot design with respondents randomized to receive the following: Only Module 01, Only Module 02, Only Module 03, Modules 01&02, Modules 01&03, Modules 02&03, Modules 01&02&03).

- O2.1** Now, we are interested in any contact you may have had with the juvenile justice system. Please think back to your childhood and tell us whether you have had any of the experiences listed below prior to your 18th birthday:

JUVENILE\_ARREST

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

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

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

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

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

JUVENILE\_PROBATION

- O2.2** Before your 18<sup>th</sup> birthday, were you ever on probation, alternative to detention, parole, aftercare or any other form of court-ordered supervision for an alleged crime?

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

**MODULE 03: CHILD WELFARE SYSTEM<sup>§</sup>**

(Modules 01, 02, and 03 have a split ballot design with respondents randomized to receive the following: Only Module 01, Only Module 02, Only Module 03, Modules 01&02, Modules 01&03, Modules 02&03, Modules 01&02&03).

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

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

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

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

FOSTER\_CARE\_DEPARTURE

Display This Question:

If 03.1 = 1, 2, AND/OR 3

**03.2** How did you leave foster care for the last time?

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



**MODULE N: COMMUTE**

Finally, we would like to ask you a few questions about your commute to work.

TRAVEL\_PERSONAL\_VEHICLE | TRAVEL\_BORROW\_VEHICLE | TRAVEL\_GET\_RIDE | TRAVEL\_RIDESHARE | TRAVEL\_PUBLIC\_TRANSIT |  
TRAVEL\_WALK\_BIKE | TRAVEL\_OTHER | TRAVEL\_OTHER\_TXT

**N1.** How often do you use each of the following mode(s) of transportation to get from place to place?

	Always	Often	Sometimes	Rarely	Never
a. Your own personal vehicle (e.g., car, truck, SUV)	1	2	3	4	5
b. Borrowing the personal vehicle of a friend, family member, or someone else you know	1	2	3	4	5
c. Getting a ride from a friend, family member, or someone else (including carpooling)	1	2	3	4	5
d. Taxi or Rideshare (e.g. Uber, Lyft)	1	2	3	4	5
c. Public Transit (e.g. bus, train, subway)	1	2	3	4	5
d. Walk or bike	1	2	3	4	5
e. Other (specify)	1	2	3	4	5

JOB\_SEARCH\_COMMUTE\_IMPACT

**N2.** Thinking back to your job search process that led you to work at [EMPLOYER NAME], how much did the potential commute or access to transportation affect the jobs you applied to?

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

COMMUTE\_TIME\_MIN

Display This Question:

If Employed= 1

**N3.** How many minutes does it usually take to get from home to work?  
[Text Box]

FORMER\_COMMUTE\_TIME\_MIN

Display This Question:

If Employed= 0

**N4.** When you were working at [EMPLOYER NAME], how many minutes did it usually take to get from home to work?

[Text Box]

TRAVEL\_ISSUE\_RESCHED | TRAVEL\_ISSUE\_SKIP | TRAVEL\_ISSUE\_STAY\_HOME | TRAVEL\_ISSUE\_FEEL\_BAD | TRAVEL\_ISSUE\_WORRY | TRAVEL\_ISSUE\_AFFECT\_RLTN

**N5.** To get to the places they need to go, people might walk, bike, take a bus, train or taxi, drive a car, or get a ride. In the past 30 days, how often did you...

	Often	Sometimes	Never
a. Have to reschedule an appointment because of a problem with transportation?	1	2	3
b. Skip going somewhere because of a problem with transportation?	1	2	3
c. <b>Not</b> able to leave the house when you wanted to because of a problem with transportation?	1	2	3
d. Feel bad because you did not have the transportation you needed?	1	2	3
e. Worry about inconveniencing your friends, family, or neighbors because you needed help with transportation?	1	2	3
f. Have problems with transportation affect your relationships with others?	1	2	3

**END: ENDING (Store Number Questions)***Display This Question:**If Employed = 1*

We have just two more questions before we enter you into the prize drawing.

*Display This Question:**If Employed = 1*

**END1.** Many companies assign each store/establishment an ID number or a name. If your [EMPLOYER NAME] store/establishment has an ID number or name that you know, please enter it here:

Store/establishment ID number: [Text Box]

Store/establishment name: [Text Box]

*Display This Question:**If Employed = 1*

**END2.** Where is the store/establishment you work at located?

Street address: [Text Box]

City or town: [Text Box]

Phone number: [Text Box]

**CLOSING SCRIPT**

**1. You have reached the end of the survey!**

Thank you for taking the time to tell us about how things are going in your life.

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

**2. Finally, could you please also enter your cell phone number?**

We will only use this to notify you if you are a gift card winner or to invite you to participate in our follow-up survey.

Phone Number (XXX-XXX-XXXX):

[PHONE NUMBER]

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

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

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