

Fall 2024 Survey Instrument

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

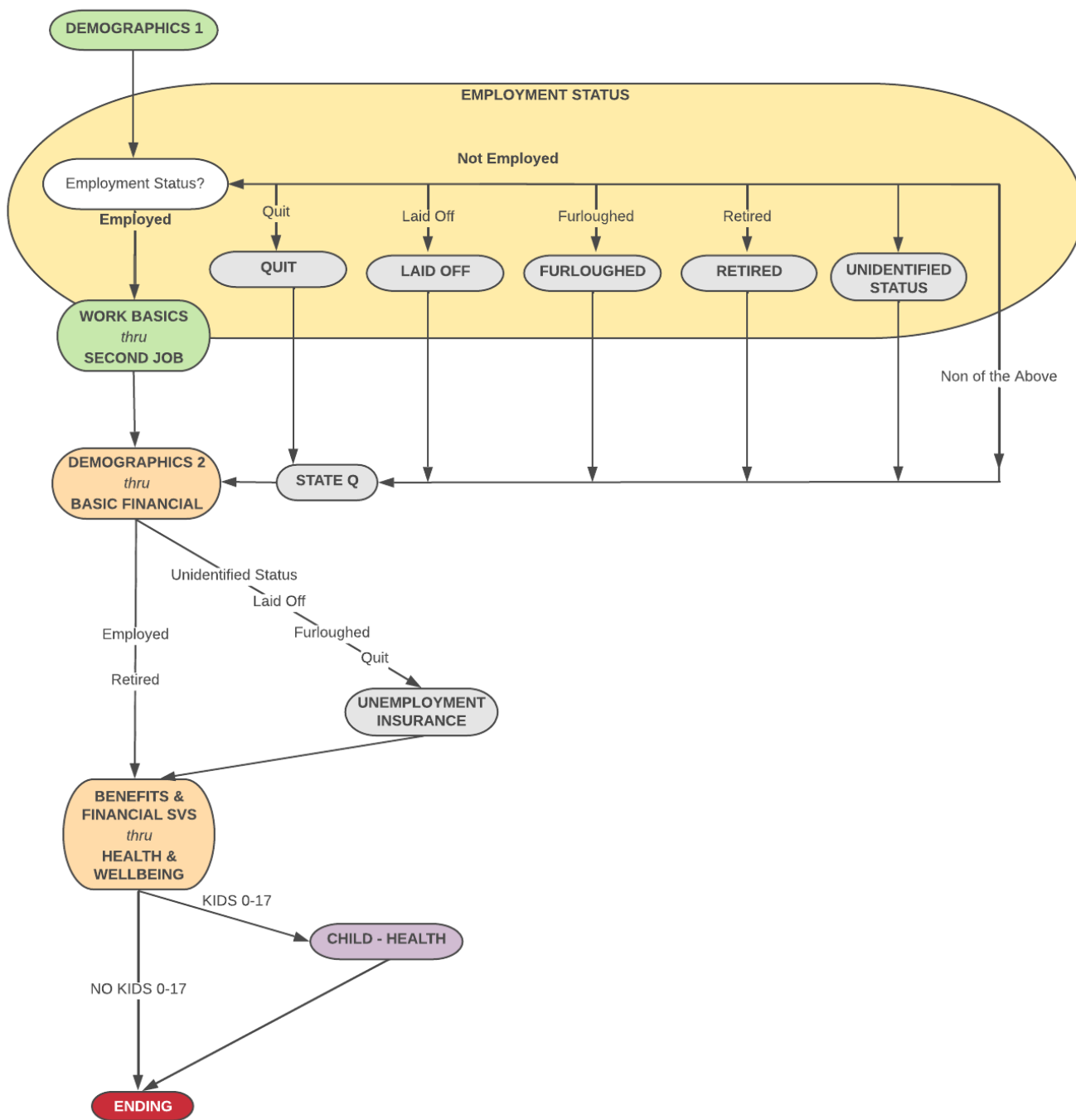
The Shift Project's Fall 2024 National survey will be self-administered on computers, tablets, or smart phones. Using the Facebook advertising platform, we will recruit workers affiliated with large chain service-sector companies. The target respondents are currently or were recently employed as frontline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

FALL 24 NATIONAL INSTRUMENT – SURVEY FLOW



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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 H1: 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^s

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 A health condition or injury
- 2 Unsafe working conditions
- 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^s

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^s

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^s

RETIRE_DATE

5.2. When did you retire from your last employer?

Month

Year

		1	2020 or before
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>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^s

STATELIST_QUIT | STATELIST_UF | STATELIST_UF | STATELIST_RETIRED | STATELIST_FURLOGHED | 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^s

LONGWORK_YRS

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

- 1 less than 1 year
- 2 1 year
- 3 2 years
- 4 3 years
- 5 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

HOURLY WAGE

*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 T: TRAINING^s

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

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

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

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

	strongly agree (1)	Agree (2)	Disagree (3)	Neither agree nor disagree (4)	strongly disagree (5)	Not applicable (I did not receive any onboarding) (6)
The onboarding process made me feel welcome in my new job	1	2	3	4	5	X
The onboarding process made me feel stressed in my new job	1	2	3	4	5	X

MODULE C2: AUTOMATION^{\$}

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

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

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

TE

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

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

MODULE C3: TECH AND WORKER VOICE §

C3.1. How much say or influence do **you have now** over the introduction of new technologies at work that might affect your job?

- 1 None
- 2 Very little
- 3 A little
- 4 A moderate amount
- 5 A lot

C3.2. How much say or influence do you think **you should have** over the introduction of new technologies at work that might affect your job?

- 1 None
- 2 Very little
- 3 A little
- 4 A moderate amount
- 5 A lot

C3.3. Have there been any significant changes in the use of technology at your [EMPLOYER] workplace in the last 12 months?

- 1 Yes
- 2 No
- 3 Don't know/Not sure

Display This Question:

If C3.3 = 1

C3.3a. How far in advance of this change were you told that it was going to happen?

- 1 No advance notice
- 2 Less than 1 month
- 3 1-3 months
- 4 3-6 months
- 5 6-12 months
- 6 1 year or more

Display This Question:

If C3.3 = 1

C3.3b. How much information have you received from [EMPLOYER] about the purpose, functioning, and/or operation of this newly introduced technology?

- 1 None
- 2 Very little
- 3 A little
- 4 A moderate amount
- 5 A lot

MODULE B: WORK SCHEDULING^s

The next questions ask about your work schedule.

SCHEDULE4 | SCHEDULE4_TEXT

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

- 1 Variable schedule (one that changes from day to day)
- 2 Regular daytime schedule
- 3 Regular evening shift
- 4 Regular night shift
- 5 Rotating shift (one that changes regularly from days to evenings or nights)
- 6 Split shift (one consisting of two distinct periods each day)
- 7 Other (specify) [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

KEEPSCHEDULEOPEN

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

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

MODULE C: SECURE SCHEDULING^s

ONCALL

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

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

MODULE 01: ADVERSE CHILDHOOD EXPERIENCES (ACEs)[§]

The next set of questions ask about your childhood experiences.

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 well-being. Difficult childhood experiences are very common.

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

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

ACE_HOMELESS

O1.2. Prior to your 18th birthday, did you ever stay in a shelter, in an abandoned building, an automobile, or any other place not meant for regular housing, even for one night?

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

ACE_INSTABILITY

O1.3. Prior to your 18th birthday, how many times did you move from one residence to another?

1. 0
2. 1
3. 2
4. 3
5. 4
6. 5
7. 6
8. 7
9. 8
10. 9
11. 10 or more times
12. Don't know/refuse

MODULE 03: CHILD WELFARE SYSTEM[§]

CHILD_WELFARE_REL_PLCMNT | CHILD_WELFARE_FOSTER | CHILD_WELFARE_GROUP_HOME
| CHILD_WELFARE_NONE | CHILD_WELFARE_PREFER_NOT

O3.1 **Before** your 18th birthday, were you ever placed in any type of foster care (under the legal responsibility of the child welfare)? **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. ∅ None of these
5. ∅ Prefer not to answer

FOSTER_CARE_DEPARTURE

Display This Question:

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

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

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

MODULE 02: SYSTEMS INVOLVEMENT§*JUVENILE_ARREST*

O2.1 Before your 18th 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 18th birthday, were you ever confined in any of the following facilities in connection to an alleged crime? **Mark all that apply.**

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

JUVENILE_PROBATION

O2.3 Before your 18th 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

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

ADULT_ARREST

O2.4 After your 18th birthday, were you ever arrested for an alleged crime?

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

ADULT_CONVICTION

O2.4.1 After your 18th birthday, were you ever convicted for a crime?

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

ADULT_FCLTY_JAIL | ADULT_FCLTY_OTHER | ADULT_FCLTY_NONE | ADULT_FCLTY_PREFER_NOT

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

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

ADULT_probation

O2.6 After your 18th 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 X: BULLYING

We have some questions about your interactions at work.

BULLYFREQ_SUPERVISOR | BULLYFREQ_COWORKERS | BULLYFREQ_CUSTOMERS

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

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)	Not applicable
your supervisor? (1)	1	2	3	4	5	6
your coworkers? (2)	1	2	3	4	5	6
<i>Display This option: If workplace!= warehouse</i> your customers? (3)	1	2	3	4	5	6

RESPECTFREQ_SUPERVISOR | RESPECTFREQ_COWORKERS | RESPECTFREQ_CUSTOMERS

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

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)	Not applicable
your supervisor? (1)	1	2	3	4	5	6
your coworkers? (2)	1	2	3	4	5	6
<i>Display This option: If workplace!= warehouse</i> your customers? (3)	1	2	3	4	5	6

Display This Question:

If longwork_yrs = less than 1 year

And If workplace!= warehouse

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

- 1 A customer has raised their voice or yelled at me
- 2 A customer has sworn at or verbally abused me
- 3 A customer has threatened me
- 4 A customer has thrown things or intentionally made a mess to express anger at me
- 5 You have had to involve store security or call the police on a customer
- 6 A customer has sexually harassed me
- 7 A customer has tried to hit me with their hands, an object, or a weapon
- 8 A customer has actually hit me with their hands an object or weapon
- 9 A customer has injured me
- 10 ø None of these
- 11 Not applicable

Display This Question:

If longwork_yrs! = less than 1 year,

And longwork_yrs = is displayed

And If workplace!= warehouse

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

- 1 A customer has raised their voice or yelled at me
- 2 A customer has sworn at or verbally abused me
- 3 A customer has threatened me
- 4 A customer has thrown things or intentionally made a mess to express anger at me
- 5 You have had to involve store security or call the police on a customer
- 6 A customer has sexually harassed me
- 7 A customer has tried to hit me with their hands, an object, or a weapon
- 8 A customer has actually hit me with their hands an object or weapon
- 9 A customer has injured me
- 10 ø None of these
- 11 Not applicable

*SUPERVISOR_FAIR | SUPERVISOR_CARE | SUPERVISOR_CARE | SUPERVISOR_GOAL |
SUPERVISOR_HELP | SUPERVISOR_FORGIVE | SUPERVISOR_GROWTH | SUPERVISOR_FEEDBACK*

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

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

TEAM_SOLIDARITY | COWORK_MISTAKE | COWORK_REJECT | COWORK_HELP |

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

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

JOB_AUTONOMY

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

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

TEAM_SOLIDARITY | COWORK_MISTAKE | COWORK_REJECT | COWORK_HELP |

X7. Please indicate how much you agree or disagree with the following statements.

I feel physically safe:

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

JOB_RESPONSIBILITIES | WORK_EXPECT

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

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

RESOLVEPROB_COWORKERS | RESOLVEPROB_SUPERVISOR | RESOLVEPROB_MANAGEMENT | RESOLVEPROB_GRIEVANCE |
RESOLVEPROB_UNION | RESOLVEPROB_HR | RESOLVEPROB_QUIT | RESOLVEPROB_NONPROF | RESOLVEPROB_CITY_COUNTY_GOVT
| RESOLVEPROB_STATE_GOVT | RESOLVEPROB_FED_GOVT | 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
- 11 File a complaint with a Federal Labor Regulator such as OSHA or the Department of Labor
- 12 Other (specify): [Text Box]
- 13 None of these

DISC_RACE | DISC_GENDER | DISC_AGE | DISC_ORIENT | DISC_DISABILITY | DISC_INCARCERATION | DISC_CW

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

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

MODULE F: WORK RELATIONSHIPS^s

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**?

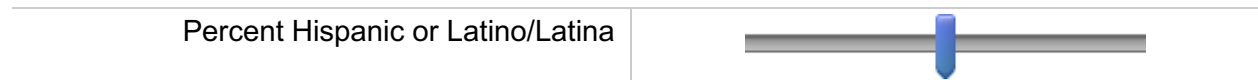
0 10 20 30 40 50 60 70 80 90 100



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**?

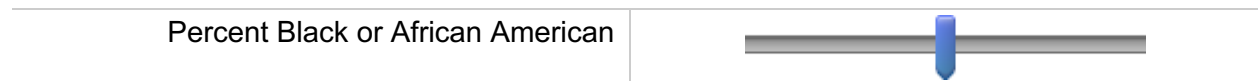
0 10 20 30 40 50 60 70 80 90 100



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**?

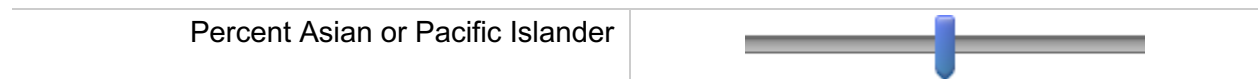
0 10 20 30 40 50 60 70 80 90 100



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 F2: LABOR VIOLATIONS^s

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^s

COMPLAINT_MAKE

*Display This Question:**If has_only_child_labor_violation!=1**And has_only_child_labor_violation_lt1year!=1**And**If has_any_labor_violation=1**Or If has_any_labor_violation_lt1year=1*

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

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

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

COMPLAIN_COWORKER | COMPLAIN_SUPERVISOR | COMPLAIN_MANAGER | COMPLAIN_COMPANY_GRIEVANCE |
 COMPLAIN_UNION | COMPLAIN_HR | COMPLAIN_NONPROFIT | COMPLAIN_CITYCOUNTY | COMPLAIN_STATE |
 COMPLAIN_FEDERAL | COMPLAIN_OTHER | COMPLAIN_OTH_TEXT |

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

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

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

COMPLAINT_RETALIATE

Display This Question:

If F3.1 = 1

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

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

COMPLAINT_WHYNOT

Display This Question:

If F3.1 = 2

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

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

- 1 I did not know how to make a report or complaint
- 2 I didn't think that making a report or complaint would be effective/worth the trouble
- 3 At the time, I didn't know that my employer's actions were illegal
- 4 I was worried that I would be assigned to a worse work schedule
- 5 I was worried that I would be assigned to worse work duties
- 6 I was worried 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

MODULE D: CONTROL AND PTO^s

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

HOURDECIDE

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

CHOICETOTALHR

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

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

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

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 E: HOUR PREFERENCES AND WORK-FAMILY CONFLICT^s

SATISFYWORK2

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

LIKEMOREHOURS

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

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 ø None of these

NEWJOB3M

E10. Taking everything into consideration, how likely is it you will make a genuine effort to find a s 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 P: TEMP WORKERS^s

- P1** Are you currently paid by a temporary help agency to work for [EMPLOYER NAME], such as PeopleReady, Instawork, or Adecco? A temporary help agency assigns people to work at other companies and handles all worker payments.

- 1 Yes
- 1 No
- 2 Don't know
- 3 Refuse

Display This Question:

If P1! = 1 and 1 is displayed

- P2** Does [EMPLOYER NAME] classify you as an independent contractor, independent consultant, or a free-lance worker? These workers usually do not have taxes taken out of their paycheck by their employer.

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refuse

Display This Question:

If P1! = 1 and 1 is displayed

- P3** Were you initially assigned to [EMPLOYER NAME] through a temporary help agency, such as PeopleReady, Instawork, or Adecco?

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refuse

Display This Question:

If P1 = 1

- P4** How long is your current assignment at [EMPLOYNAME] expected to last (total duration)?

- 1 Less than 1 week
- 2 At least 1 week but less than 1 month
- 3 1-6 months
- 4 7-11 months
- 5 1 year or more
- 6 Don't know
- 7 Refuse

Display This Question:

If P1 = 1

- P5** How long have you done work assignments of any kind for this temporary help agency?

- 1 Less than 1 week
- 2 At least 1 week but less than 1 month
- 3 1-6 months
- 4 7-11 months
- 5 1 year or more
- 6 Don't know
- 7 Refuse

Display This Question:

If P1= 1

P6 People work for temporary help agencies for a variety of reasons. What is the main reason you work for a temporary help agency?

- 1 The pay is higher than other jobs
- 1 To get a permanent job at a company like [EMPLOYER NAME]
- 2 Only type of work I could find
- 3 To obtain experience/training
- 4 Flexibility of schedule
- 5 In school/training
- 6 Childcare problems
- 7 Health limitations
- 8 Only wanted to work for a short period of time
- 9 Don't know
- 10 Other (specify): [Text Box]

MODULE E2: JOB INSECURITY^s

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 G: SECOND JOB^s

SECONDJOB

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

1 Yes

2 No

Skip To: End of Block If G1 != 1

INCOMESECONDJOB

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

1 It is essential for meeting my basic needs

2 Is it an important component of my budget, but not essential

3 It is nice to have, but I could live comfortably without it

4 Don't know/refuse

MODULE H: DEMOGRAPHICS 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 $(H2 = 1 \text{ OR } H1 = 3) \text{ \& } Employed = 1$

- 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 $H2A = 3 \text{ \& } (H2 = 1 \text{ OR } H1 = 3) \text{ \& } Employed = 1$

- 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 $H2A = 3 \text{ \& } (H2 = 1 \text{ OR } H1 = 3) \text{ \& } Employed = 1$

- 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) & 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) & H2B = 3 & 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 & (H2 = 1 OR H1 = 3) & 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^s

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_LASTMONTH

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

- 1 Yes
- 2 No

HARDSHIP_HUNGRY_LASTMONTH

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

- 1 Yes
- 2 No

HARDSHIP_CHILD_HUNGRY_LASTMONTH

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

- 1 Yes
- 2 No

HARDSHIP_UTILITIES_LASTMONTH

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

- 1 Yes
- 2 No

HARDSHIP_INFORMATION_LASTMONTH

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

- 1 Yes
- 2 No

HARDSHIP_MOVEIN_LASTMONTH

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

- 1 Yes
- 2 No

HARDSHIP_SHELTER_LASTMONTH

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

- 1 Yes
- 2 No

HARDSHIP_DEFERMEDICAL_LASTMONTH

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

- 1 Yes
- 2 No

CONFIDCOPE

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

- 1 I am certain I could come up with the full \$400
- 2 I could probably come up with \$400
- 3 I could probably not come up with \$400
- 4 I am certain I could not come up with \$400
- 5 Don't know/refuse

MODULE M: MODERATING VARIABLES

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 well-being.

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]

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]

SLEEP

K10. ne

- 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

MODULE N: EXTREME HEAT^s

The next few questions focus on your home and work temperatures.

N1 Over the summer, how frequently could you keep the place you live comfortably cool?

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

N2 Thinking about a typical shift at [EMPLOYERNAME], about what percent of the time do you spend working:

[Validation: percents should add up to 100%]

- 1 Indoors [Text Box: Number required] %
- 2 Outdoors [Text Box: Number required] %
- 3 In a vehicle [Text Box: Number required] %

N3 Over the summer, how often did you feel uncomfortably hot or overheated while working at [EMPLOYER NAME]?

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

Display This Question:

If N2= indoor greater than 0

N4 Over the summer, how often did the indoor temperature exceed 80 degrees while you were working at [EMPLOYER NAME]?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- 6 Don't know/refuse

N5 In the last year, have hot temperatures while working at [EMPLOYER NAME] caused you to experience any of the following symptom? **Mark all that apply.**

- 1 Fatigue, weakness, dizziness, or faintness
- 2 Nausea
- 3 Headache
- 4 Skin rash
- 5 Fainting or loss of consciousness
- 6 Confusion
- 7 Rapid pulse
- 8 Convulsions
- 9 Other (specify): [Text Box]
- 10 ☐ None of these

N6 When I feel uncomfortably hot or overheated while working at [EMPLOYER NAME], I am able to... **(Mark all that apply).**

- 1 Turn up the air conditioning (A/C)
- 2 Have my manager turn up the air conditioning (A/C)
- 3 Use a fan or other machine that circulates air
- 4 Get a drink of water
- 5 Move to a cooler location
- 6 Take a paid rest break
- 7 Take an unpaid rest break
- 8 End my shift early (without being paid)
- 9 End my shift early (with full pay for my scheduled hours)
- 10 Other (specify): [Text Box]
- 11 ☐ None of these
- 12 ☐ Not applicable

N7 Does [EMPLOYER NAME] have a policy or guidelines about work during periods of extreme heat?

- 13 Yes
- 14 No
- 15 I don't know

Display This Question:

If N7=1

N7.1 Please tell us about the [EMPLOYERNAME] policy or guidelines about work during periods of extreme heat.

[Text Box]

MODULE L: CHILD - HEALTH^s

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

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

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

END: ENDING (Store Number Questions)

Display This Question:

If Employed = 1

We have just three 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. Please enter the **street address** of the **store/establishment** where you work (If you are not satisfied with the autocomplete option, you can edit the information manually).

Street address autocomplete feature: [Text Box]

END3. Please enter the **phone number** of the **store/establishment** where you work.

Phone Number: [Text Box, phone number validation]

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.)