

Spring 2018 Survey Instrument
PIs: Daniel Schneider and Kristen Harknett

This document displays the survey questions from our web-based survey instrument. Our research design involves administering this survey to workers employed in retail and food services industries in the United States.

The survey will be self-administered on computers, tablets, or smart phones. This document displays the content of the survey, but the actual survey will be formatted for these devices and the skip patterns, display logic, and “piped in” text such as employer name will be automated. The skip patterns and question display logic serve to minimize respondent burden in that only questions that are applicable, given earlier answers, will be presented to the respondent. For example, respondents with no children will skip out of all questions in Module 12: Parenting.

	PAGE
CONSENT	2
MODULE A: WORK BASICS	3
MODULE B: WORK SCHEDULING	8
MODULE C: SECURE SCHEDULING	11
MODULE D: CONTROL AND PTO	15
MODULE E: HOUR PREFERENCES AND WORK-FAMILY CONFLICT	16
MODULE F: WORK RELATIONSHIPS	19
MODULE G: SECOND JOB	22
MODULE H: DEMOGRAPHICS	23
MODULE I: BASIC FINANCIALS	30
MODULE J: BENEFITS AND FINANCIAL SERVICES	31
MODULE K: HEALTH AND WELLBEING	34
MODULE L: PARENTING	38
CLOSING SCRIPT	44

CONSENT

We are a group of University of California, Berkeley researchers interested in understanding work scheduling practices.

A full description of the study is available here: [Consent](#)

Please read this document and download or print a version for your records. If you wish to participate in this study, please click the arrow below to continue

Be sure to enter your email address at the end of the survey for a chance to win an Apple iPad!

MODULE A: WORK BASICS

A1.¹ What is the name of your main employer?

- 1 EMPLOYERNAME1
- 2 EMPLOYERNAME2
- 3 EMPLOYERNAME3
- 97 Other (please specify)
- 98 I am not employed
- 99 Don't know/refuse

Skip To: End of Survey If A1 = 98

Skip To: End of Survey If A1 = 99

¹ Unlike the multiple-company survey, which asks respondents where they work in (A1), the single-company survey assumes that respondents work at the company being targeted in the corresponding Facebook advertisement (thus, (A1) in the single-company survey asks respondents how long they have worked at [EMPLOYERNAME]). If the assumption is true, then the respondent answers the tenure questions and a sequence of questions that each invoke the name of their employer and that invocation is hard-coded into the survey as they progress. If the assumption is false and the respondent does not confirm employment at the targeted company, then they are skipped to a separate block of questions, in which the first question supplies a list of possible employers and an open text entry option.

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 or more years
- 8 Don't know/refuse

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

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

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

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

A6. Are you paid by the hour at [EMPLOYER NAME]?

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

Display This Question:

If A6 = 1

A7. How much are you paid per hour at [EMPLOYER NAME]? **Please enter dollars per hour.**

_____ [NUMBER REQUIRED]

Display This Question:

*If GeolP Location Region = OR
Or GeolP Location Region = WA
Or GeolP Location Region = CA
Or GeolP Location Region = NV
Or GeolP Location Region = ID*

A8. Is your [EMPLOYER NAME] workplace located in the state of Oregon?

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

Skip To: A16 If Is your [EMPLOYER NAME] workplace located in the state of Oregon? = Yes

Display This Question:

If GeolP Location Region = IL

A9. Is your [EMPLOYER NAME] workplace located in Chicago city limits?

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

Skip To: A16 If A9 = 1

Display This Question:

If GeolP Location Region = CA

A10. Is your [EMPLOYER NAME] workplace located in Los Angeles city limits?

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

Skip To: A16 If A10 = 1

Display This Question:

If GeolP Location Region = PA
Or GeolP Location Region = NJ
Or GeolP Location Region = DE

A11. Is your [EMPLOYER NAME] workplace located in Philadelphia city limits?

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

Skip To: A16 If A11 = 1

Display This Question:

If GeolP Location Region = WA

A12. Is your [EMPLOYER NAME] workplace located in Seattle city limits?

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

Skip To: A16 If A12 = 1

Display This Question:

If GeolP Location Region = CT
Or GeolP Location Region = MA
Or GeolP Location Region = NY
Or GeolP Location Region = RI

A13. Is your [EMPLOYER NAME] workplace located in the state of Connecticut?

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

Skip To: A16 If A13 = 1

Display This Question:

If GeolP Location Region = NY
Or GeolP Location Region = NJ
Or GeolP Location Region = CT
Or GeolP Location Region = PA
Or GeolP Location Region = MA
Or GeolP Location Region = VT

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

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

*Display This Question:**If A14 = 1*

- A15.** 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

- A16.** If you know your [EMPLOYER NAME] store number, please enter it here:

- 1 Store number

*Skip To: End of Block If A16 1 = Not Empty**Display This Question:**If A16 = Empty*

- A17.** Where is the store you work at located?
- 1 Street address
 - 2 City or town
 - 3 State

*Display This Question:**If A17 = Empty*

- A18.** What is the phone number for the store you work at?
____ [PHONE REQUIRED]

*Display This Question:**If A17 = Empty*

- A19.** What are the nearest cross streets to the [EMPLOYER NAME] store you work at?
- 1 Cross Streets/nearest intersection

MODULE B: WORK SCHEDULING

- B1.** Which of the following best describes your work schedule at [EMPLOYER NAME]?
- 1 Variable schedule (one that changes from day to day)
 - 2 Regular daytime schedule
 - 3 Regular evening shift
 - 4 Regular night shift
 - 5 Rotating shift (one that changes regularly from days to evenings or nights)
 - 6 Split shift (one consisting of two distinct periods each day)
 - 7 Other (specify)
 - 8 Don't know/Refuse
- B2.** How many **hours per week** do you usually work at [EMPLOYER NAME]? **Please enter a number between 0 and 60 hours per week**
____ [NUMBER REQUIRED]
- 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 60 hours per week.**
____ [NUMBER REQUIRED]
- B4.** In the last month, what is the **fewest** hours you've worked **in a week** at [EMPLOYER NAME]? (Please do not include weeks in which you missed work because of illness or vacation.) **Please enter a number between 0 and 60 hours per week.**
____ [NUMBER REQUIRED]
- 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

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

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

- B8.** Thinking about your job at [EMPLOYER NAME], please say whether you often, sometimes, or never work at these times...

	often	sometimes	never
a. daytime hours between 8 a.m. and 6 p.m.	1	2	3
b. evening hours after 6 p.m.	1	2	3
c. overnight hours between midnight and 8 a.m.	1	2	3
d. early morning hours before 8 a.m.	1	2	3

- B9.** Still thinking about your job at [EMPLOYER NAME], please say whether you often, sometimes, or never work on...

	often	sometimes	never
a. Mondays	1	2	3
b. Tuesdays	1	2	3
c. Wednesdays	1	2	3
d. Thursdays	1	2	3
e. Fridays	1	2	3
f. Saturdays	1	2	3
g. Sundays	1	2	3

MODULE C: SECURE SCHEDULING

- 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

Display This Question:

If C1 = 1

- C2.** In the past month or so, have you ever been asked to be "on-call" for work at [EMPLOYER NAME], **but then your employer did not need you to work?**
- 1 Yes
 - 2 No
 - 3 Don't know/refuse

Display This Question:

If C1 = 1

- C3.** The last time this happened, how much were you paid for being "on-call"?
- 1 I was not paid
 - 2 I was paid for some of my originally-scheduled hours
 - 3 I was paid for all of my originally-scheduled hours
 - 4 Other (please explain)
 - 5 Don't know/refuse

- C4.** 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

Display This Question:

If C4 = 1

- C5.** The last time this happened, how far in advance did you find out about the shift being canceled at [EMPLOYER NAME]?
- 1 Less than 24 hours
 - 2 1 day
 - 3 2 days
 - 4 3 days
 - 5 4 days
 - 6 5 days
 - 7 6 days
 - 8 at least 1 week but less than 2 weeks
 - 9 2 weeks or more
 - 11 Don't know/refuse

Display This Question:

If C4 = 1

And C5 != 9

- C6.** The last time this happened, how much were you paid for the cancelled shift?
- 1 I was not paid
 - 2 I was paid for at least half of my originally-scheduled hours
 - 3 Other (please explain)
 - 4 Don't know/refuse

Display This Question:

If C4 = 1

- C7.** The last time your employer canceled a shift, were you happy or unhappy about the shift cancellation?
- 1 I was happy about the cancellation
 - 2 I was neither happy nor unhappy
 - 3 I was unhappy about the cancellation
 - 4 Don't know/refuse
- C8.** 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

Display This Question:

If C8 = 1

- C9.** The last time this happened, how far in advance did you find out about your shift getting changed?
- 1 Less than 24 hours
 - 2 1 day
 - 3 2 days
 - 4 3 days
 - 5 4 days
 - 6 5 days
 - 7 6 days
 - 8 at least 1 week but less than 2 weeks
 - 9 2 weeks or more
 - 11 Don't know/refuse

Display This Question:

If C8 = 1

And C9 != 9

- C10.** The last time this happened, how much were you paid?
- 1 I was paid only for the hours I actually worked
 - 2 I was paid for all of the hours I worked, plus some extra pay for the shift change
 - 3 Other (please explain)
 - 4 Don't know/refuse

Display This Question:

If C8 = 1

- C11.** The last time your employer changed the timing or length of your shift, were you happy or unhappy about this change?
- 1 I was happy about the change
 - 2 I was neither happy nor unhappy
 - 3 I was unhappy about the change
 - 4 Don't know/refuse
- C12.** 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

Display This Question:

If C12 = 1

- C13.** The last time this happened, how much were you paid for these shifts?
- 1 I was paid only for the hours I actually worked
 - 2 I was paid for the hours I worked plus some extra pay because I didn't get at least 11 hours off between shifts
 - 3 Other (please explain)
 - 4 Don't know/refuse
- C14.** In the past month or so, has your employer hired any new employees to do work that is similar to the job you do at [EMPLOYER NAME]?
- 1 Yes
 - 2 No
 - 3 Don't know/refuse

Display This Question:

If C14 = 1

- C15.** Did your employer offer current employees more hours first, before hiring the new employee or employees at [EMPLOYER NAME]?
- 1 Yes
 - 2 No
 - 3 Don't know/refuse
- C16.** Over the past few months, would you say that overall your work schedule at [EMPLOYER NAME] has gotten better, stayed the same, or gotten worse?
- 1 Gotten better
 - 2 Stayed the same
 - 3 Gotten worse
 - 4 Don't know/refuse
- C17.** Over the past few months, has your number of work hours at [EMPLOYER NAME] increased, stayed the same, or decreased?
- 1 Hours increased
 - 2 Stayed the same
 - 3 Hours decreased
 - 4 Don't know/refuse

MODULE D: CONTROL AND PTO

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

D2. 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

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.

	Not Selected	Selected
a. Paid sick days	0	1
b. Paid vacation days	0	1
c. Health plan or medical insurance	0	1
d. Dental benefits	0	1
e. Paid maternity or paternity leave	0	1
f. Unpaid maternity or paternity leave which would allow you to return to the same job, or one similar to it	0	1
g. A retirement plan other than Social Security	0	1
h. Tuition reimbursement for certain types of schooling	0	1
i. Company provided or subsidized child care	0	1
j. None of these	0	1

MODULE E: HOUR PREFERENCES AND WORK-FAMILY CONFLICT

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

E2. I would like to work more hours at [EMPLOYER NAME].

- 1 Strongly agree
- 8 Agree
- 6 Disagree
- 3 Strongly disagree

E3. I would like to have a more stable and predictable work schedule at [EMPLOYER NAME].

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

E4. At [EMPLOYER NAME], I have too much work to do everything well.

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

E5. 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

- E6.** It is easy to get time off from [EMPLOYER NAME] when I need it.
- 1 Strongly agree
 - 2 Agree
 - 3 Disagree
 - 4 Strongly disagree
- E7.** My shift and work schedule at [EMPLOYER NAME] cause extra stress for me and my family.
- 1 Always true
 - 2 Often true
 - 3 Sometimes true
 - 4 Never true
- E8.** My shift and work schedule at [EMPLOYER NAME] make it hard for me to provide caregiving for my family or relatives.
- 1 Always true
 - 2 Often true
 - 3 Sometimes true
 - 4 Never true
- E9.** 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
- E10.** 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
- E11.** In all, how satisfied are you with your **work schedule** at [EMPLOYER NAME]?
- 1 Very satisfied
 - 2 Somewhat satisfied
 - 3 Not too satisfied
 - 4 Not at all satisfied

- E12.** Taking everything into consideration, how likely is it you will make a genuine effort to find a new job within the next 3 months?
- 1 Very likely
 - 2 Somewhat likely
 - 3 Not at all likely

MODULE F: WORK RELATIONSHIPS

F1. At [EMPLOYER NAME], my immediate supervisor treats me fairly.

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

F2. Is your immediate supervisor at [EMPLOYER NAME] male or female?

- 1 Male
- 2 Female
- 3 I do not have an immediate supervisor or do not have just one immediate supervisor

Display This Question:

If F2 != 3

F3. How would you describe the race/ethnicity of your immediate supervisor at [EMPLOYER NAME]? Please check 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

F4. Do you belong to a labor union at [EMPLOYER NAME]?

- 1 Yes
- 2 No

F5. ***We are interested in what social life looks like at your workplace. For the questions below, please think about your co-workers at your workplace (not including managers or direct supervisors).***

F6. In the last two weeks, how many co-workers at your workplace did you talk to about anything related to your personal life?
____ [NUMBER REQUIRED]

F7. If you needed help with something personal outside of work, how many co-workers at your workplace could you ask for help? (You can count the same person or persons as in the previous question.)

_____ [NUMBER REQUIRED]

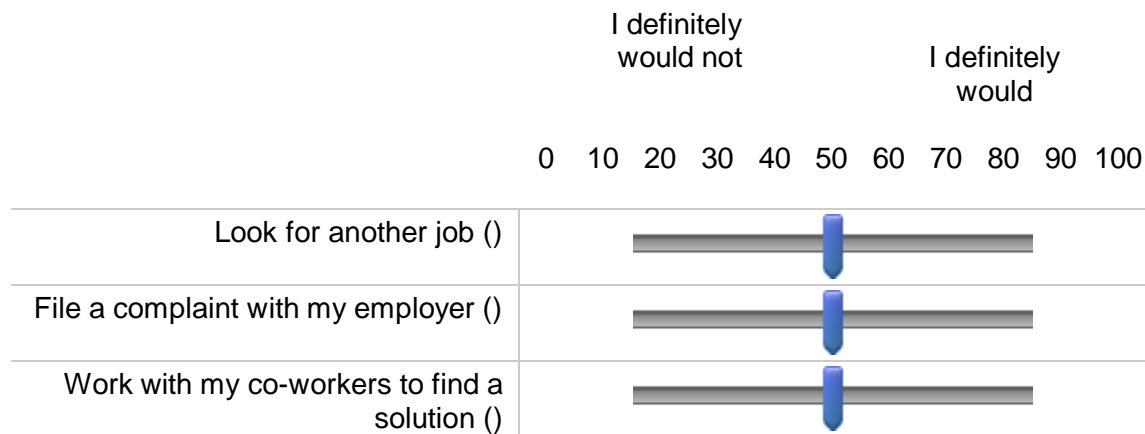
F8. If you had a serious problem at work, how many co-workers could you trust to help you? (You can count the same person or persons as in the previous questions)

_____ [NUMBER REQUIRED]

F9. About how many employees does your store have?

_____ [NUMBER REQUIRED]

F10. If something happened frequently at your job that made you unhappy, how likely would you be to take the following actions? Respond using the scale below from 0 to 100.



F11. Have you ever experienced workplace sexual harassment that created an uncomfortable or hostile work environment? This could include unwanted words, signs, jokes, pranks, intimidation, or physical violence. MARK ALL THAT APPLY.

- 1 Yes, at [EMPLOYER NAME]
- 5 Yes, at another employer
- 6 No, never at work
- 4 Don't know/refuse

F12. Have you personally experienced someone in a position of authority at your workplace trying to trade job benefits for sexual favors? Benefits might include being hired, promoted, or maintaining employment. MARK ALL THAT APPLY.

- 1 Yes, at [EMPLOYER NAME]
- 4 Yes, at another employer
- 5 No, never at work
- 3 Don't know/refuse

MODULE G: SECOND JOB

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

1 Yes

5 No

Skip To: End of Block If G1 != 1

G2. How many hours per week do you usually work at this second job?

____ [NUMBER REQUIRED]

MODULE H: DEMOGRAPHICS

H1. What is your gender?

- 1 Male
- 2 Female
- 3 Other
- 4 Don't know/Refuse

H2. How would you describe your race or ethnicity? Please select 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

H3. How old are you?

- 1 Enter your age in years

Display This Question:

If H3 = Empty

Or H3 < 18

Or H3 > 100

H4. 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

H5. Are you currently enrolled in school?

- 1 Yes
- 2 No

Display This Question:

If H5 = 1

- H6.** 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
- H7.** 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
- H8.** Do you speak a language other than English at home?
- 1 Yes
 - 2 No
- H9.** 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

Display This Question:

If H9 = 1

Or H9 = 2

- H10.** Is your spouse or partner employed?
- 1 Yes
 - 2 No

Display This Question:

If H10 = 1

- H11.** Which of the following best describes your spouse or partner's work schedule?
- 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 (please specify)

Display This Question:

If H10 = 1

- H12.** How far in advance does your spouse or partner know what days and hours they will need to work?
- 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
 - 6 4 weeks or more

- H13.** Do you have any children? These might be your biological children, step-children, adopted children, or foster children.
- 1 Yes
 - 2 No
 - 3 Don't know/refuse

Display This Question:

If H13 = 1

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

Display This Question:

If H14 = 1

- H15.** For each of your children **under the age of five**, please tell us the child's gender and age.

	Gender	Age

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

Display This Question:

If H13 = 1

H16. Are any of your children between the ages of 5 and 9?

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

Display This Question:

If H16 = 1

H17. For each of your children **between the ages of 5 and 9**, please tell us the child's gender and age.

	Gender	Age

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

Display This Question:

If H13 = 1

H18. Are any of your children between the ages of 10 and 14?

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

Display This Question:

If H18 = 1

H19. For each of your children **between the ages of 10 and 14**, please tell us the child's gender and age.

	Gender	Age

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

Display This Question:

If H14 = 1

Or H16 = 1

Or H18 = 1

H20. Thinking of your children between 0 and 14 years of age: Do you live with all, some, or none of these children?

- 1 I live with all of these children
- 2 I live with some of these children
- 3 I do not live with any of these children

Display This Question:

If H13 = 1

H21. Are any of your children age 15 or older?

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

Display This Question:

If H21 = 1

H22. For each of your children **age 15 or older**, please tell us the child's gender and age.

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

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

MODULE I: BASIC FINANCIALS

- 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
- I2.** In a typical month, 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
- I3.** Would you say that week-to-week your household income is...
- 1 Basically the same
 - 2 Goes up and down
 - 3 Don't know/Refuse

MODULE J: BENEFITS AND FINANCIAL SERVICES

- J1.** In the past 12 months, have you received help from the SNAP program? This is sometimes called "food stamps".
2 Yes
7 No
- J2.** In the past 12 months, did you do receive free food or meals because you didn't have enough money?
1 Yes
2 No
- J3.** In the past 12 months, were you ever hungry, but didn't eat because you couldn't afford enough food?
1 Yes
2 No
- J4.** In the past 12 months, did you not pay the full amount of gas, oil, or electricity bill because you didn't have enough money?
1 Yes
2 No
- J5.** In the past 12 months, did you borrow money from friends or family to help pay bills?
1 Yes
2 No
- J6.** In the past 12 months, did you move in with other people even for a little while because of financial problems?
1 Yes
2 No
- J7.** In the past 12 months, did you stay in a shelter, in an abandoned building, an automobile, or any other place not meant for regular housing, even for one night?
1 Yes
2 No

J8. In the past 12 months, was there anyone in your household who needed to see a doctor or go to the hospital but couldn't go because of the cost?

- 1 Yes
- 2 No

J9. Do you own a car?

- 1 Yes
- 2 No

J10. Do you have a checking or savings account at a bank or a credit union?

- 1 Yes
- 2 No

Display This Question:

If J10 = 1

J11. In the past 12 months, have you ever overdrawn your checking or savings account?

- 1 Yes
- 2 No

Skip To: J15 If J11 = 1

Display This Question:

If J9 = 1

J12. In the past 12 months, have you ever taken out an auto-title loan?

- 1 Yes
- 2 No

Skip To: J15 If J12 = 1

J13. In the past 12 months, have you ever taken out a payday loan?

- 1 Yes
- 2 No

J14. In the past 12 months, have you ever used a pawn shop?

- 1 Yes
- 2 No

J15. Do you have a credit card?

- 1 Yes
- 2 No

Display This Question:
If J15 = 1

J16. In the past 12 months, have you ever...

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

J17. How confident are you that you could come up with \$400 if an unexpected need arose within the next month?

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

MODULE K: HEALTH AND WELLBEING

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

K2. Do you now have any type of health plan or health coverage?

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

Display This Question:

If K2 = 2

K3. What is the main reason you do not have a health plan from your main job?

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

Display This Question:

If K2 = 1

K4. 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 Other (specify)

K5. During the past month, how would you rate your sleep quality overall?

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

- K6.** During the past month, how often have you felt difficulties were piling up so high that you could not overcome them?
- 1 All of the time
 - 2 Most of the time
 - 3 Some of the time
 - 4 A little of the time
 - 5 None of the time
- K7.** 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
- K8.** 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
- K9.** 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
- K10.** 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

K11. 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

K12. 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

K13. In the past week, how many days did you eat something from a fast food restaurant such as: McDonalds, KFC, Taco Bell, or a similar place? Please select the number of days.

- 4 0 days
- 5 1 days
- 6 2 days
- 7 3 days
- 8 4 days
- 9 5 days
- 10 6 days
- 11 7 days

K14. In the past week, how many days did you do physical activities for at least 10 minutes that cause heavy sweating or large increases in breathing or heart rate? Please select the number of days.

- 4 0 days
- 5 1 days
- 6 2 days
- 7 3 days
- 8 4 days
- 9 5 days
- 10 6 days
- 11 7 days

K15. Now thinking about the past month, considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on one occasion? Please select the number of times.

- 4 0 times
- 5 1 times
- 6 2 times
- 7 3 times
- 8 4 times
- 9 5 times
- 10 6 times
- 11 7 times
- 12 8 times
- 13 9 times
- 14 10 or more times

K16. About how many hours of sleep do you get per night?

- 5 1 hour
- 6 2 hours
- 7 3 hours
- 8 4 hours
- 9 5 hours
- 10 6 hours
- 11 7 hours
- 12 8 hours
- 13 9 hours
- 14 10 hours
- 15 11 hours
- 16 12 or more hours

K17. Taken all together, how would you say things are these days? Would you say you are...

- 1 Very happy
- 2 Pretty happy
- 3 Not too happy

MODULE L: PARENTING*Display This Question:**If H13 = 1*

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

*Display This Question:**If H13 = 1*

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

*Display This Question:**If H13 = 1*

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

*Display This Question:**If H13 = 1*

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

Display This Question:

If H13 = 1

- L5.** In the past month, how often did you and your child/children participate in outdoor activities together (like going for a walk or to a playground)?

- 1 Never in past month
- 2 1-2 times in past month
- 3 Once a week
- 4 Several times a week
- 5 Every day
- 6 Don't know/Refuse

- L6-7.** In the past six months, outside of school hours, has your child/children ever participated in these activities? **Mark all that apply.**

	Not Selected	Selected
a. Dance lessons	0	1
b. Organized athletics/sports	0	1
c. Organized clubs	0	1
d. Music or singing lessons	0	1
e. Drama lessons	0	1
f. Art or crafts classes	0	1
g. Organized performing arts	0	1
h. After school programs	0	1
i. None of these	0	1

Display This Question:

If H16 = 1

Or H18 = 1

- L9.** Next, please think of your school-aged children only. How old is your **youngest child who is enrolled in school?**

- 1 5
- 2 6
- 3 7
- 4 8
- 5 9
- 6 10
- 7 11
- 8 12
- 9 13
- 10 14

L8, L10-17. Below is a list of items that describe children and youths. Please rate each item to describe your **[AGE] year old child** now or within the past 1 month. For each item, please mark if the statement is not true, somewhat true, or very true of your

child. Please answer all items as well as you can, even if some do not seem to apply to your child.

[THIS QUESTION WAS POSED ABOUT CHILDREN WHO ARE 2, 3, 4, 15, 16, AND 17 YEARS OLD; YOUNGEST CHILD; YOUNGEST CHILD ENROLLED IN SCHOOL; OLDEST 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

Display This Question:

If H13 = 1

- L18.** 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

Display This Question:

If H13 = 1

- L19.** Do you agree or disagree?: I feel trapped by my responsibilities as a parent.
- 1 Strongly agree
 - 2 Agree
 - 3 Disagree
 - 4 Strongly disagree

Display This Question:

If H13 = 1

- L20.** 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

Display This Question:

If H13 = 1

- L21.** 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 H14 = 1

Or H16 = 1

Or H18 = 1

L22. Thinking about the past month, how difficult was it to arrange child care during your scheduled work hours?

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

Display This Question:

If H14 = 1

Or H16 = 1

Or H18 = 1

L23. In the past month, have you ever had to miss work because you needed to care for your child/children and you couldn't arrange child care?

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

Display This Question:

If H14 = 1

Or H16 = 1

Or H18 = 1

L24. In the past month, did one of your children ever go to school or daycare even though he or she was feeling sick?

- 1 Yes
- 2 No, my child was sick but stayed home
- 3 No, my child/children haven't been sick in the past month
- 4 Don't know/Refuse

Display This Question:

If H14 = 1

Or H16 = 1

L25. This question is about your **youngest child**. Sometimes children behave pretty well and sometimes they don't. In the past month, have you spanked your **youngest child** because of bad behavior or acting up?

- 1 Yes
- 2 No

Display This Question:

If H14 = 1

Or H16 = 1

Or H18 = 1

- L26.** In a typical week, how often do you usually use each type of child care **for your youngest child?**

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

Display This Question:

If H14 = 1

Or H16 = 1

Or H18 = 1

- L27.** In a typical week, how many different places does your youngest child go to for child care? (This could include locations such as a relative's house, a friend's house, or a daycare center)

- 1 None, my child is only cared for at home
- 4 1 other child care location
- 5 2 other child care locations
- 6 3 other child care locations
- 7 4 or more other child care locations

Display This Question:

If H14 = 1

Or H16 = 1

Or H18 = 1

L28. In general, would you say your youngest child's health is....

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

CLOSING SCRIPT

1. Thank you so much for completing our survey!
Please enter your email address below for a chance to win an Apple iPad!

2. Finally, could you please also enter your cell phone number?
We will only use this to notify you if you are an iPad winner or to invite you to participate in our follow-up survey.