Fall 2019 Survey Instrument
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This document contains the survey questions from our web-based survey instrument. Our research design involves administering this survey to workers employed in retail and food service industries in the United States.

Methodology: This 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 L: Child.

Distribution: A version of this survey will be administered to national target audiences.

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Survey Testing:
Single-Company – Average Survey Length (200 responses): 142 questions
Multiple-Company – Average Survey Length (200 responses): 106 questions

Notes: The Fall 2019 survey includes the following new rotating modules: Automation, Surveillance and Sanctioning, Job Demands and Control, Job Insecurity, and Moderating Variables. The Fall19 instrument also includes new questions within existing modules (shortest/longest shift and breaks; paid sick and vacation leave; an updated gender question with a broader range of response options; caregiving; pain and noise level). The instrument also modified some questions for clarity based on pre-testing conducted in Summer 2019, and modified the recode values for the tenure question (A2) so as not to necessitate updating recode values to match current year going forward (the purpose of the recode values in Spr19 was to enable logic in the CJ modules). The Fall19 instrument dropped survey modules on managers (managers-main, managers-misclassification, manager-vignettes), criminal justice, geography-specific modules on secure scheduling laws (fielded to oversample respondents only), geography marker questions for California/Nevada/Alaska, Colorado, and Connecticut, and overtime questions associated with CA/NV/AK and CO (work basics), and questions about gig work (previously G3-G6). In addition to cutting some geography marker questions, the display logic for the Oregon market was simplified to include just Oregon GeoIP address.

CONSENT   *(return to top)*

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   *(return to top)*

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

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
   13   I don't work at [EMPLOYER NAME]

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[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.

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. What is your job title at [EMPLOYER NAME]?
　　1　Cashier or clerk
　　2　Salesperson
　　3　Customer service
　　4　Waiter/waitress/server
　　5　Host/hostess
　　6　Bartender
　　7　Barista
　　8　Cook
　　9　Baker
　　10　Butcher/meat cutter
　　11　Produce
　　12　Sandwich artist or other food preparation
　　13　Delivery person
　　14　Stocker/stocking/unloading
　　15　Driver
　　16　Other: _____

A7.　Are you paid by the hour at [EMPLOYER NAME]?
　　　1　Yes
　　　2　No
　　　3　Don't know/refuse

Display This Question:
　If A7 = 1

A8.　How much are you paid per hour at [EMPLOYER NAME]? **Please enter dollars per hour.**
　　　____ [NUMBER REQUIRED]

Display This Question:
　If A7 = 1

A9.　Does that include any tips you might receive at [EMPLOYER NAME]?
　　　1　Yes
　　　2　No, I get tips in addition to my hourly wage
　　　3　No, I don't get tips

Display This Question:
　If A9 = 2

A10.　Please enter the amount you usually earn in tips **per week** at [EMPLOYER NAME].
　　　Please enter a dollar amount.
　　　____ [NUMBER REQUIRED]

Display This Question:
　If A7 != 1

A11.　What is your **annual** salary at [EMPLOYER NAME]? **Please enter a dollar amount.**
　　　____ [NUMBER REQUIRED]

A12.　Thinking about each paycheck you receive from [EMPLOYER NAME], about how much is it usually for? **Please enter a dollar amount.**
　　　____ [NUMBER REQUIRED]

A13. How often do you receive your paychecks from [EMPLOYER NAME]?
  1   Daily
  2   Weekly
  3   Every two weeks
  4   Monthly
  5   Other: _____
  6   Don't know/refuse

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Display This Question:
  If GeoIP Location Region = OR

A14. Is your [EMPLOYER NAME] workplace located in the state of Oregon?
  1   Yes
  2   No
  3   Don't know/refuse
Skip To: A22 If A14 = 1

Display This Question:
  If GeoIP Location Region = IL

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

Display This Question:
  If GeoIP Location Region = CA

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

Display This Question:
  If GeoIP Location Region = PA
  Or GeoIP Location Region = NJ
  Or GeoIP Location Region = DE

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

Display This Question:
If GeoIP Location Region = WA

A18.   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

Display This Question:
If GeoIP Location Region = NY
Or GeoIP Location Region = NJ
Or GeoIP Location Region = CT
Or GeoIP Location Region = PA
Or GeoIP Location Region = MA
Or GeoIP Location Region = VT

A20.   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 A20 = 1

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

A22.   If you know your [EMPLOYER NAME] store number, please enter it here:
      1   Store number
Skip To: End of Block If A22:1 = Not Empty

Display This Question:
If A22 = Empty

A23.   Where is the store you work at located?
      1   Street address
      2   City or town
      3   State
      4   Phone number

A24.   What are the nearest cross streets to the [EMPLOYER NAME] store you work at?
   1   Cross Streets/nearest intersection

MODULE B: WORK SCHEDULING   *(return to top)*

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

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

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

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

B5.   At your [EMPLOYER NAME] workplace, how many <u>hours</u> long is your <u>longest shift</u> in a typical week?
_____ [NUMBER REQUIRED]

B6.   At your [EMPLOYER NAME] workplace, how many <u>hours</u> long is your <u>shortest shift</u> in a typical week?
_____ [NUMBER REQUIRED]

Display This Question:
  And If B5 > 0

B7.   At your [EMPLOYER NAME] workplace, how many <u>minutes</u> of break time do you get during a shift that is [B5 RESPONSE VALUE] hours long?
_____ [NUMBER REQUIRED]

Display This Question:
  And If B6 > 0

B8.   At your [EMPLOYER NAME] workplace, how many <u>minutes</u> of break time do you get during a shift that is [B6 RESPONSE VALUE] hours long?
_____ [NUMBER REQUIRED]

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B9.   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

B10. 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

B11. 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

B12. 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

B13. Still thinking about your job at [EMPLOYER NAME], please say whether you often, sometimes, or never work on weekends.

    1   Often
    2   Sometimes
    3   Never

MODULE C: SECURE SCHEDULING   *(return to top)*

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 <u>not</u> paid
2   I was paid for <u>some</u> of my originally-scheduled hours
3   I was paid for <u>all</u> of my originally-scheduled hours
4   Other (please explain)
5   Don't know/refuse

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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

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

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

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

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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

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

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

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

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

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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

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, in what ways has your work schedule at gotten better? **(Mark all that apply.)**

 1 I get more advance notice
 2 My schedule is less likely to change at the last minute
 3 I am working at more convenient times
 4 I have more control over my schedule
 5 Other _____

C18. Over the past few months, in what ways has your work schedule gotten worse? **(Mark all that apply.)**

 1 I get less advance notice
 2 My schedule is more likely to change at the last minute
 3 I am working at less convenient times
 4 I have less control over my schedule
 5 Other _____

C19. 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 C2: AUTOMATION   *(return to top)*

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 tablets or handheld devices to place orders for customers.
  4   Customers use self-checkout registers or apps in the store.
  5   Employees use tablets or handheld devices to check out customers.
  6   Other (specify) _____
  7   ø None of these

Display This Question:
 If C2 selected count != empty

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

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

C2.3. Does your [EMPLOYER NAME] workplace use any other workplace technologies? **Mark all that apply.**
      1   Robots that stock shelves or move boxes
      2   Robots that take inventory
      3   Robots that provide customer service
      4   A machine that counts money
      5   Other: _____
      6   ø None of these

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

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

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

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

MODULE C3: SURVEILLANCE AND SANCTIONING   *(return to top)*

C3.1. At your [EMPLOYER NAME] workplace, how do you report the times that you begin and end your shift?
- 1   Entering a code into a computer, tablet, or other device
- 2   Scanning a badge or ID card
- 3   Using my fingerprint
- 4   Using a scan of my face or my eye
- 5   Using a paper timecard
- 6   Other (specify) _____

C3.2. At your [EMPLOYER NAME] workplace, how often have you lost pay because of technical difficulties clocking in or clocking out?
- 1   Never
- 2   Once
- 3   Twice
- 4   Three or more times
- 5   Don't know/refuse

C3.3. At your [EMPLOYER NAME] workplace, how does your employer keep track of the speed of your work? **Mark all that apply.**
- 1   Using video recordings
- 2   Using a wristband or a badge that I wear
- 3   Using a handheld device that I carry
- 4   Using data recorded by the cash register or other checkout devices
- 5   By my supervisor(s) directly observing me
- 6   Other (specify) _____
- 7   ø My employer does not track the speed of my work

C3.4. At your [EMPLOYER NAME] workplace, is there a leaderboard or other type of "dashboard" that gives you feedback about the speed of your work?
- 1   Yes
- 2   No

Display This Question:
If C3.4 = 1

C3.5. Do you agree or disagree: The leaderboard or dashboard makes my job more fun.
- 1   Strongly Agree
- 2   Agree
- 3   Disagree
- 4   Strongly Disagree

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

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

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

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

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

C3.11. Please mark how true the following statement is at your [EMPLOYER NAME] workplace:
Workers will be assigned to less desirable tasks if they do not work quickly.
    1   Very true
    2   Somewhat true
    3   A little true
    4   Not at all true

C3.12. Please mark how true the following statement is at your [EMPLOYER NAME] workplace:
Workers will be given worse schedules if they do not work quickly.
    1   Very true
    2   Somewhat true
    3   A little true
    4   Not at all true

MODULE C4: JOB DEMANDS AND CONTROL *(return to top)*

C4.1. The next set of statements will ask about your experience of the day-to-day functions of your job at [EMPLOYER NAME]. Please mark your agreement or disagreement with each of the following statements.

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a.	Your job allows you to make a lot of decisions on your own.	1	2	3	4	5
b.	On your job, you have very little freedom to decide how you do your work.	1	2	3	4	5
c.	You have a lot of say about what happens on your job.	1	2	3	4	5

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
d.	You do not have enough time to get your job done.	1	2	3	4	5
e.	Your job requires very fast work.	1	2	3	4	5
f.	Your job requires very hard work.	1	2	3	4	5

MODULE D: CONTROL AND PTO   *(return to top)*

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

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

Display This Question:
 If A2 = 2
  Or A2 = 3
  Or A2 = 4
  Or A2 = 5
  Or A2 = 6
  Or A2 = 7
  Or A2 = 8
  Or A2 = 9
  Or A2 = 10
  Or A2 = 11
And
 If D3:1 = selected

D4. How many sick days have you earned in the past 12 months?
_____ [NUMBER REQUIRED]

Display This Question:
 If A2 = 1
And
 If D3:1 = selected

D5. How many sick days have you earned since you were hired at [EMPLOYER NAME]?
_____ [NUMBER REQUIRED]

Display This Question:
 If A2 = 2
  Or A2 = 3
  Or A2 = 4
  Or A2 = 5
  Or A2 = 6
  Or A2 = 7
  Or A2 = 8
  Or A2 = 9
  Or A2 = 10
  Or A2 = 11
And
      If D3:1 = selected

D6. How many earned sick days have you used in the past 12 months?
_____ [NUMBER REQUIRED]

Display This Question:
 If A2 = 1
And
 If D5 > 0

D7. How many earned sick days have you used since you were hired at [EMPLOYER NAME]?
_____ [NUMBER REQUIRED]

Display This Question:
  If A2 = 2
   Or A2 = 3
   Or A2 = 4
   Or A2 = 5
   Or A2 = 6
   Or A2 = 7
   Or A2 = 8
   Or A2 = 9
   Or A2 = 10
   Or A2 = 11
And
  If D6 > 0

D8. Of the [D6 RESPONSE VALUE] earned sick days you used in the past 12 months, for how many of those days did you receive pay?
_____ [NUMBER REQUIRED]

Display This Question:
  If A2 = 1
And
  If D7 > 0

D9. Of the [D7 RESPONSE VALUE] earned sick days you used since you were hired at [EMPLOYER NAME], for how many of those days did you receive pay?
_____ [NUMBER REQUIRED]

Display This Question:
  If D6 > 0
  Or D7 > 0

D10. How easy was it to use your paid sick leave benefits?
     1   Very easy
     2   Somewhat easy
     3   Somewhat difficult
     4   Very difficult

D11. How much choice do you have over when you take vacations or days off?
   1   None
   2   Very little
   3   A little
   4   A moderate amount
   5   A lot
   6   Don't know/refuse

D12. How much choice do you have over when you begin and end each work day?
   1   None
   2   Very little
   3   A little
   4   A moderate amount
   5   A lot
   6   Don't know/refuse

D13. 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

D14. How much choice do you have over the number of personal phone calls you make or receive while you work?
   1   None
   2   Very little
   3   A little
   4   A moderate amount
   5   A lot
   6   Don't know/refuse

MODULE E: HOUR PREFERENCES AND WORK-FAMILY CONFLICT   *(return to top)*

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], 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

E5.   It is easy to get time off from [EMPLOYER NAME] when I need it.
   1   Strongly agree
   2   Agree
   3   Disagree
   4   Strongly disagree

~ ~ ~ PAGE BREAK ~ ~ ~

E6. 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

E7. 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

E8. 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

E9. 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

~ ~ ~ **PAGE BREAK** ~ ~ ~

E10. 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

E11.   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 E2: JOB INSECURITY   *(return to top)*

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

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a. Chances are, I will soon lose my job.	1	2	3	4	5
b. I am sure I can keep my job.	1	2	3	4	5
c. I feel insecure about the future of my job.	1	2	3	4	5

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

MODULE E3: MODERATING VARIABLES   *(return to top)*

E3.1. ***The next set of questions ask about help you can receive from people you know.***

E3.2. 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

E3.3. 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

E3.4. Is there someone you could count on to help with emergency child care?
- 1   Not applicable, I do not have children
- 2   Definitely yes
- 3   Probably yes
- 4   Maybe
- 5   Probably not
- 6   Definitely not
- 7   Don't know/refuse

E3.5.   About how many friends or relatives do you have whom you could call on for advice or help if you needed it?
_____ [NUMBER REQUIRED]

E3.5.   How much are friends or relatives willing to listen when you need to talk about your worries or problems?
1   A great deal
2   Quite a bit
3   Some
4   A little
5   Not at all

E3.6.   In the last two weeks, how many people did you talk to about anything related to your personal life?
_____ [NUMBER REQUIRED]

E3.7.   In the last two weeks, how many coworkers at your [EMPLOYER NAME] workplace did you talk to about anything related to your personal life?
_____ [NUMBER REQUIRED]

E3.8.   If you needed help with something personal outside of work, how many coworkers could you ask for help? (You can count the same person or persons as in the previous question.)
_____ [NUMBER REQUIRED]

E3.9.   If you had a serious problem at work, how many coworkers could you trust to help you? (You can count the same person or persons as in the previous questions.)
_____ [NUMBER REQUIRED]

E3.10. About how many employees does your [EMPLOYER NAME] workplace have?
_____ [NUMBER REQUIRED]

E3.11. How true are the following statements?

	Very true	Somewhat true	Not at all true
a. If something comes up and I can't make it to my scheduled shift, my [EMPLOYER NAME] manager will find someone to cover my shift without negative consequences for me.	1	2	3
b. If something comes up and I can't make it to my scheduled shift, I am responsible for finding someone to cover my shift.	1	2	3
c. At my [EMPLOYER NAME] workplace, I have access to an app or other online tool to swap shifts with coworkers.	1	2	3
d. My coworkers will try their best to cover for one another if someone can't make it to their scheduled shift on time.	1	2	3
e. At my [EMPLOYER NAME] workplace, I feel supported by my coworkers.	1	2	3

MODULE F: WORK RELATIONSHIPS   *(return to top)*

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 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

F4. Do you belong to a labor union at [EMPLOYER NAME]?
- 1 Yes
- 2 No

F5. As part of your job at [EMPLOYER NAME], how often do you interact with customers or clients face-to-face?
- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- 6 Don't know/refuse

MODULE G: SECOND JOB   *(return to top)*

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

G2.   How many hours per week do you usually work at all your other jobs (not counting your job at [EMPLOYER NAME])?
  ____ [NUMBER REQUIRED]

MODULE H: DEMOGRAPHICS *(return to top)*

H1.   How would you describe your gender identity?
      1   Male
      2   Female
      5   Transgender male
      6   Transgender female
      7   Non-binary
      8   Prefer to self-describe: _____
      4   Prefer not to answer
      3   Other

H2.   How would you describe your race or ethnicity? Please mark all that apply.
      1   White
      2   Hispanic or Latino/Latina
      3   Black or African American
      4   Asian or Pacific Islander
      5   American Indian or Alaskan native
      6   Other
      7   ø Prefer not to answer

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
      7   Don't know/refuse

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
      4   Don't know/refuse

Display This Question:
  If H9 = 1
  Or H9 = 2

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

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)

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

~ ~ ~ PAGE BREAK ~ ~ ~

H13. Including yourself, how many people currently live in your household?
    _____ [NUMBER REQUIRED]

~ ~ ~ PAGE BREAK ~ ~ ~

H14. Do you have any children? These might be your biological children, step-children, adopted children, or foster children.
     1   Yes
     2   No
     3   Don't know/refuse

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

H16. For each of your children **under the age of five**, please tell us the child's gender and age.

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

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H17. Are any of your children between the ages of 5 and 9?
      1   Yes
      2   No
      3   Don't know/refuse

H18. For each of your children **between the ages of 5 and 9**, please tell us the child's gender and age.

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

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H19. Are any of your children between the ages of 10 and 14?
  1   Yes
  2   No
  4   Don't know/refuse

H20. For each of your children **between the ages of 10 and 14**, please tell us the child's gender and age.

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

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

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Display This Question:
 If H14 = 1

H22. Are any of your children age 15 or older?
   1 Yes
   2 No
   3 Don't know/refuse

Display This Question:
 If H22 = 1

H23. For each of your children **age 15 or older**, please tell us the child's gender and age.

	Gender	Age
a. Kid #1	1 Male 2 Female	1 15 years 2 16 years 3 17 years 4 18 years 5 19+ years
b. Kid #2	1 Male 2 Female	1 15 years 2 16 years 3 17 years 4 18 years 5 19+ years
c. Kid #3	1 Male 2 Female	1 15 years 2 16 years 3 17 years 4 18 years 5 19+ years
d. Kid #4	1 Male 2 Female	1 15 years 2 16 years 3 17 years 4 18 years 5 19+ years

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H24. In the past month, have you provided unpaid care to a relative or friend to help them take care of themselves? Unpaid care may include help with personal needs or household chores. It might be arranging for outside services, or visiting regularly to see how they are doing. This person need not live with you.

    1   Yes
    2   No

Skip To: End of Block If H24 = 2

Display This Question:
  If H15 = 1
  Or H17 = 1
  Or H19 = 1

H25. In your experience as both a worker and a caregiver, have you ever had to go in late, leave early, or take time off during the day to provide care?

    1   Yes
    2   No

Display This Question:
  If H15 = 1
  Or H17 = 1
  Or H19 = 1

H26. In your experience as both a worker and a caregiver, have you ever had to miss a shift of work?

    1   Yes
    2   No

Display This Question:
  If H15 = 1
  Or H17 = 1
  Or H19 = 1

H27. In your experience as both a worker and a caregiver, have you ever had to go from working fulltime to part-time, or taken a less demanding job?

    1   Yes
    2   No

Display This Question:
  If H15 = 1
  Or H17 = 1
  Or H19 = 1

H28. In your experience as both a worker and a caregiver, have you ever had to turn down a promotion?

    1   Yes
    2   No

MODULE I: BASIC FINANCIALS   *(return to top)*

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...
   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 J: BENEFITS AND FINANCIAL SERVICES   *(return to top)*

J1.   In the past 12 months, have you received help from the SNAP program? This is sometimes called "food stamps."
    1   Yes
    2   No

J2.   In the past 12 months, did you 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

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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

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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   *(return to top)*

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
   6   I get health coverage through my college or university
   5   Other (specify)

K5.   During the <u>past month</u>, 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 <u>past month</u>, 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 <u>past month</u>, 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 <u>past month</u>, 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 <u>past month</u>, 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 <u>past month</u>, 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 <u>past month</u>, 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.   During the <u>past month</u>, 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

~ ~ ~ PAGE BREAK ~ ~ ~

K13.   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

K14.   In the past week, how many days did you eat something from a fast-food restaurant such as: McDonald's, KFC, Taco Bell, or a similar place? Please select the number of days.
     1   0 days
     2   1 day
     3   2 days
     4   3 days
     5   4 days
     6   5 days
     7   6 days
     8   7 days

K15. 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.

    1   0 days
    2   1 day
    3   2 days
    4   3 days
    5   4 days
    6   5 days
    7   6 days
    8   7 days

K16. 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.

    1   0 times
    2   1 time
    3   2 times
    4   3 times
    5   4 times
    6   5 times
    7   6 times
    8   7 times
    9   8 times
    10   9 times
    11   10 or more times

K17. How many hours of sleep do you get per night?

    1   1 hour
    2   2 hours
    3   3 hours
    4   4 hours
    5   5 hours
    6   6 hours
    7   7 hours
    8   8 hours
    9   9 hours
    10   10 hours
    11   11 hours
    12   12 or more hours

K18. During the past month, how often did you have difficulty falling asleep?

    1   Every day
    2   Multiple times per week
    3   About once per week

    4   Once or twice per month
    5   Never

K19.   During the <u>past month</u>, how often did you wake up repeatedly during sleep?
    1   Every day
    2   Multiple times per week
    3   About once per week
    4   Once or twice per month
    5   Never

K20.   During the <u>past month</u>, how often did you wake up feeling exhausted/fatigue?
    1   Every day
    2   Multiple times per week
    3   About once per week
    4   Once or twice per month
    5   Never

~ ~ ~ PAGE BREAK ~ ~ ~

K21.   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

~ ~ ~ PAGE BREAK ~ ~ ~

K22.   During the past three months, have you experienced the following types of pain? **Mark all that apply.**
    1   Foot pain
    2   Neck pain
    3   Back pain
    4   Pain, aching, stiffness, or swelling in or around a joint
    5   Headaches or migraines
    6   Other: _____
    7   ø None of these

Display This Question:
  If A4-NOTAD:1 = displayed
  Or If A4-NOTAD:2 = displayed
  Or If A4-NOTAD:4 = displayed
And
  If K22:7 != selected
  And If K22 selected count > 0

K23.   *The next set of questions will ask about your [EMPLOYER NAME] workplace.*

Display This Question:
  If A1-RUE:1 = displayed
  Or If A1-RUE:2 = displayed
  Or If A1-RUE:99 = displayed
And
  If K22:7 != selected
  And If K22 selected count > 0

K24.   *The next set of questions will ask about your [EMPLOYER NAME] workplace.*

K25. How much does your work contribute to your foot pain?
- 1   A great deal
- 2   Somewhat
- 3   A little
- 4   Not at all

K26. How much does your work contribute to your neck pain?
- 1   A great deal
- 2   Somewhat
- 3   A little
- 4   Not at all

K27. How much does your work contribute to your back pain?
- 1   A great deal
- 2   Somewhat
- 3   A little
- 4   Not at all

K28. How much does your work contribute to your pain, aching, stiffness or swelling in or around a joint?
- 1   A great deal
- 2   Somewhat
- 3   A little
- 4   Not at all

K29. How much does your work contribute to your headaches or migraines?
- 1   A great deal
- 2   Somewhat
- 3   A little
- 4   Not at all

K30. How much does your work contribute to your other pain ([K22 OTHER PAIN])?
    1   A great deal
    2   Somewhat
    3   A little
    4   Not at all

K31. At your workplace, how often are you exposed to loud noise? By loud noise, we mean noise so loud that you have to speak in a raised voice to be heard.
    1   Always
    2   Often
    3   Sometimes
    4   Rarely
    5   Never

K32. At your workplace, how often do you wear protective hearing devices such as earplugs or earmuffs?
    1   Always
    2   Often
    3   Sometimes
    4   Rarely
    5   Never

MODULE L: CHILD   *(return to top)*

Part 1 – Health

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

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

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

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

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

~ ~ ~ PAGE BREAK ~ ~ ~

Display this Question:
 If H13 = 1
And
 If H16 != 1
 And H18 != 1
 And H21 != 1
And
 If H14 = 1
And
 If H15a != 1
 And H15b != 1
 And H15c != 1
 And H15d != 1
 And H15a != 2
 And H15b != 2
 And H15c != 2
 And H15d != 2

L6.   In the past month, outside of school hours, has your child/children ever participated in these activities? **Mark all that apply.**
      1   Dance lessons
      2   Organized athletics/sports
      3   Organized clubs
      4   Music or singing lessons
      5   Drama lessons
      6   Art or crafts classes
      7   Organized performing arts
      8   After school programs
      9   ø None of these

L7.   In the past month, outside of school hours, has your child/children ever participated in these activities? **Mark all that apply.**

    1   Dance lessons
    2   Organized athletics/sports
    3   Organized clubs
    4   Music or singing lessons
    5   Drama lessons
    6   Art or crafts classes
    7   Organized performing arts
    8   After school programs
    9   ∅ None of these

~ ~ ~ PAGE BREAK ~ ~ ~

L8.   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

L9.   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

L10. 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

L11. 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

L12. 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, a daycare center, or a school.)

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

L13. 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

~ ~ ~ PAGE BREAK ~ ~ ~

L14. 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

L15. Do you agree or disagree?: I feel trapped by my responsibilities as a parent.

    1   Strongly agree
    2   Agree
    3   Disagree
    4   Strongly disagree

L16.   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

L17.   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

~ ~ ~ PAGE BREAK ~ ~ ~

Display This Question:
  If H14 != 1

L18.   The next set of questions will ask your ***youngest child***. Please think about your ***youngest child*** when you answer these questions.
Skip To: L23 If L18 = Displayed

Display This Question:
  If H14 = 1
  And H16 != 1
  And H18 != 1
  And H21 != 1
And
  If H15a1 = 1
  Or H15a2 = 1
And
  If H15b1 = 1
  Or H15b2 = 1
  Or H15c1 = 1
  Or H15c2 = 1
  Or H15d1 = 1
  Or H15d2 = 1

L19.   The next set of questions will ask about your ***oldest child***. Please think about your ***oldest child*** when you answer these questions.
Skip To: L23 If L19 = Displayed

L20.   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*.

L21.   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*.

L22.   The next set of questions are about your child.

L23.   Please enter the age of the child (in years).
____ [NUMBER REQUIRED; NUMERIC RANGE 0-17]

L24.   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]

Part 2 – Health – Name/No Name[2]

L25. Does [CHILD1] have a regular bedtime during the week?
     1   Yes
     2   No
     3   Don't know/refuse

Display This Question:
If L25 = 1

L26. What is your [AGE1]-year-old child, [CHILD1]'s, usual bedtime?

	Time		AM / PM
	Hour (HH)	Minute (MM)	
a. Bedtime	1 ____ [NUMBER REQUIRED]	2 ____ [NUMBER REQUIRED]	1 AM 2 PM

Display This Question:
If L25 = 1

L27. How many times in the last week, Monday through Friday, did [CHILD1] go to bed at that time?
     1   0 times
     2   1 time
     3   2 times
     4   3 times
     5   4 times
     6   5 times

L28. Does [CHILD1] have a regular wake-up time during the week?
     1   Yes
     2   No
     3   Don't know/refuse

[2] If the respondent does not provide the first letter of their focal child's first name in L24, they are branched to a block of identical child health questions that refer to child "A."

L29. What time [CHILD1] usually wake up in the morning?

	Time		AM / PM
	Hour (HH)	Minute (MM)	
a. Wake-up time	1 ____	2 ____	1 A M
	[NUMBER REQUIRED]	[NUMBER REQUIRED]	2 P M

L30. How many times in the last week, Monday through Friday, did [CHILD1] wake up at that time?
1   0 times
2   1 time
3   2 times
4   3 times
5   4 times
6   5 times

L31. The following statements are about [CHILD1]'s sleep habits.

		Usually	Sometimes	Rarely or Never
a.	Sleeps to little	1	2	3
b.	Sleeps the right amount	1	2	3
c.	Sleeps the same amount each day	1	2	3
d.	Take a long time to be alert	1	2	3
e.	Has a hard time getting out of bed	1	2	3
f.	Falls asleep while involved in activities	1	2	3
g.	Uses a screen-based technology (i.e. television, tablet, phone, laptop) in the hour before he/she goes to sleep	1	2	3

L32. Which of these best describes your [AGE1]-year-old child, [INITIAL]?
  1 Underweight
  2 Normal weight
  3 Somewhat overweight
  4 Very overweight
  5 Don't know/refuse

L33. Has [CHILD1]'s doctor or health professional ever said that he/she had…
  (Mark all that apply.)
  1 Attention Deficit Disorder (ADD) or ADHD
  2 Developmental Delay
  3 Learning Disability
  4 Asthma
  5 ø None of these

Display This Question:
If L33 = 1

L34. Is [CHILD1] taking asthma medications?
  1 Yes
  2 No
  3 Don't know/refuse

L35. In the past 12 months, how often has [CHILD1] had an attack of wheezing (a whistling sound coming from the chest) that made it hard for him/her to breathe or catch his/her breath?
  1 Never
  2 Fewer than 3 times *all together*
  3 4-10 times *all together*
  4 1-2 times *per week*
  5 More than once *per week*
  6 Every day

Display This Question:
  If L33: 4 = Selected
  Or L35 != 1

L36. How many times in the past 12 months has [CHILD1] been to a hospital emergency room for asthma or wheezing?
  _____ [NUMBER REQUIRED; BETWEEN 0 AND 365]

L37. 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

L38.   In general, would you say [CHILD1]'s health is…
1   Excellent
2   Very good
3   Good
4   Fair
5   Poor

Part 3 – School – Name/No Name₃

L39. What grade or year in school is your [AGE1]-year-old child, [CHILD1], now attending?
1   Not started Kindergarten
2   Kindergarten
3   First grade
4   Second grade
5   Third grade
6   Fourth grade
7   Fifth grade
8   Sixth grade
9   Seventh grade
10   Eighth grade
11   Ninth grade
12   Tenth grade
13   Eleventh grade
14   Twelfth grade
15   College, one year or more
16   Not enrolled in school

Skip To: End of Block If L39 = 1
Skip To: End of Block is L39 = 15
Skip To: End of Block is L39 = 16

L40. During the past month, how many times has [CHILD1] been absent from school?
1   Never
2   Once
3   Twice
4   Three times or more
5   Don't know/refuse

L41. Since starting kindergarten, has [CHILD1] ever repeated a grade or been held back?
1   Yes
2   No

₃ If the respondent does not provide the first letter of their focal child's first name in L24, they are branched to a block of identical child school questions that refer to child "A."

L42. Which grade or grades did [CHILD1] repeat? (Mark all that apply)
1   Kindergarten
2   Grade 1
3   Grade 2
4   Grade 3
5   Grade 4
6   Grade 5
7   Grade 6
8   Grade 7
9   Grade 8
10 Grade 9
11 Grade 10
12 Grade 11
13 Grade 12

L43. For the following statements, please mark if you think each statement is often true, sometimes true, or not true of your [AGE1]-year-old child, [CHILD1].

L44. [CHILD1] has trouble getting along with teachers.
1   Often true
2   Sometimes true
3   Not true

L45. [CHILD1] has trouble getting along with other peers.
1   Often true
2   Sometimes true
3   Not true

L46. Has [CHILD1] ever been suspended or expelled from school?
1   Yes
2   No

L47. What grade was [CHILD1] in **the last time** this happened?
   1 Kindergarten
   2 Grade 1
   3 Grade 2
   4 Grade 3
   5 Grade 4
   6 Grade 5
   7 Grade 6
   8 Grade 7
   9 Grade 8
   10 Grade 9
   11 Grade 10
   12 Grade 11
   13 Grade 12

L48. The last time this happened, did [CHILD1] receive a…
   1 In-school suspension
   2 Out-of-school suspension
   3 Expulsion from school
   4 Other _____

L49. For the following statements, please mark if you think each statement is often true, sometimes true or not true of your [AGE1]-year-old child, [CHILD1].

L50. In general, [CHILD1] likes to go to school.
   1 Often true
   2 Sometimes true
   3 Not true

L51. In general, [CHILD1] is interested in school work.
   1 Often true
   2 Sometimes true
   3 Not true

L52.   In general, [CHILD1] works hard at school.
       1   Often true
       2   Sometimes true
       3   Not true

L53.   Based on your knowledge of your [CHILD1]'S most recent report card, how well did he/she do overall in school?
       1   Not well at all
       2   Below average
       3   Average
       4   Above average
       5   Very Well
       6   My child has never received a report card

Part 4 – School 15[4]

L54. The next set of questions will ask about one of your older children. Please choose the child **closest to 15 years of age**.

L55. Please enter the age of this child (in years).
_____ [NUMBER REQUIRED; NUMERIC RANGE 0-17]

L56. Please enter the first letter of the child's first name. We will use this letter to refer to your older child in the next set of questions.
_____ [TEXT REQUIRED]

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[4] If the respondent has a child ≤4 years of age and ≥15 years of age, they are prompted to select their younger child as the focal child for health-related questions (Parts 2 and 3). However, since their younger child is not school-aged, we provide a second prompt in Part 4 asking respondents to select their child closest to 15 years of age as the focal child for school-related questions (Part 5).

Part 5 – School 15 – Name/No Name5

L57.   What grade or year in school is your [AGE2]-year-old child, [CHILD2], now attending?
  1   Not started Kindergarten
  2   Kindergarten
  3   First grade
  4   Second grade
  5   Third grade
  6   Fourth grade
  7   Fifth grade
  8   Sixth grade
  9   Seventh grade
  10   Eighth grade
  11   Ninth grade
  12   Tenth grade
  13   Eleventh grade
  14   Twelfth grade
  15   College, one year or more
  16   Not enrolled in school
  Skip To: End of Block If L57 = 1
  Skip To: End of Block is L57 = 15
  Skip To: End of Block is L57 = 16

L58.   During the past month, how many times has [CHILD2] been absent from school?
  1   Never
  2   Once
  3   Twice
  4   Three times or more
  5   Don't know/refuse

L59.   Since starting kindergarten, has [CHILD2] ever repeated a grade or been held back?
  1   Yes
  2   No

5 If the respondent does not provide the first letter of their focal child's first name in L56, they are branched to a block of identical child schooling questions that refer to child "B."

L60. Which grade or grades did [CHILD2] repeat? **(Mark all that apply.)**
- 1   Kindergarten
- 2   Grade 1
- 3   Grade 2
- 4   Grade 3
- 5   Grade 4
- 6   Grade 5
- 7   Grade 6
- 8   Grade 7
- 9   Grade 8
- 10   Grade 9
- 11   Grade 10
- 12   Grade 11
- 13   Grade 12

L61. For the following statements, please mark if you think each statement is often true, sometimes true or not true of your [AGE2]-year-old child, [CHILD2].

L62. [CHILD2] has trouble getting along with teachers.
- 1   Often true
- 2   Sometimes true
- 3   Not true

L63. [CHILD2] has trouble getting along with other peers.
- 1   Often true
- 2   Sometimes true
- 3   Not true

L64. Has [CHILD2] ever been suspended or expelled from school?
- 1   Yes
- 2   No

L65. What grade was [CHILD2] in **the last time** this happened?
  1   Kindergarten
  2   Grade 1
  3   Grade 2
  4   Grade 3
  5   Grade 4
  6   Grade 5
  7   Grade 6
  8   Grade 7
  9   Grade 8
  10   Grade 9
  11   Grade 10
  12   Grade 11
  13   Grade 12

L66. The last time this happened, did [CHILD2] receive a…
  1   In-school suspension
  2   Out-of-school suspension
  3   Expulsion from school
  4   Other _____

L67. For the following statements, please mark if you think each statement is often true, sometimes true or not true of your [AGE2]-year-old child, [CHILD2].

L68. In general, [CHILD2] likes to go to school.
  1   Often true
  2   Sometimes true
  3   Not true

L69. In general, [CHILD2] is interested in school work.
  1   Often true
  2   Sometimes true
  3   Not true

L70.   In general, [CHILD2] works hard at school.
  1   Often true
  2   Sometimes true
  3   Not true

L71.   Based on your knowledge of your [CHILD2]'s most recent report card, how well did he/she do overall in school?
  1   Not well at all
  2   Below average
  3   Average
  4   Above average
  5   Very Well
  6   My child has never received a report card

CLOSING SCRIPT   *(return to top)*

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.

CUSTOM END-OF-SURVEY MESSAGE   *(return to top)*

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

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