

# SURVEY

SPRING 2020  
TEMPLATE 1/2

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## THE SHIFT PROJECT

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# ABOUT THE SURVEY

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The Shift Project surveys retail and food-service workers at large chains around the United States to learn more about job quality and worker wellbeing, with a particular focus on workplace scheduling. This document contains the survey questions from our web-based survey instrument.

## METHODOLOGY

This survey will be self-administered on computers, tablets, or smartphones via the Qualtrics survey platform. The survey employs automated skip patterns, display logic, and “piped in” text (such as employer name) to minimize respondent burden. For example, respondents with no children will skip out of all questions in Module L: Child.

Shift recruits survey respondents using online Facebook advertisements, targeted to workers employed at large chains. A key advantage of this sampling approach is that we purposefully capture workers who will be covered by scheduling ordinances, which apply to large retail and food employers and exempt smaller establishments. By targeting our data collection to these large establishments, the workers in our survey sample are precisely those who would be affected by a scheduling law like the ones recently passed in Seattle, Philadelphia, and Oregon.

Those who respond to the Shift survey invitation by clicking on the Facebook advertisement are automatically routed to a survey landing page where they are asked to consent to participate in the study. They then begin the online self-administered survey hosted on the Qualtrics platform. The survey can be completed on a computer, tablet, or smartphone and is automatically formatted for those devices.

The survey employs automated skip patterns, display logic, and “piped in” text (such as employer name) to minimize respondent burden. For example, respondents with no children will skip out of all questions in Module L: Child. hosted on the Qualtrics platform. As an incentive, respondents who complete the survey and provide contact information are entered into a lottery to win an Apple iPad, or are eligible to receive a \$5, \$10, \$15, or \$20 Tango gift card.

The survey includes modules on job characteristics, work schedules, demographics, economic stability, health, parenting, and child outcomes. To screen out invalid survey responses, we use an attention filter (a question that instructs respondents to select a particular response category to verify the accuracy of their responses) as well as a speed filter (discarding data for surveys that are completed too hastily).

For a more detailed discussion of The Shift Project data collection, methodology, and data validation, see Schneider, D. and K. Harknett. 2019. “What’s to Like? Facebook as a Tool for Survey Data Collection.” *Sociological Methods & Research*.

<https://doi.org/10.1177/0049124119882477>.

## DATA COLLECTION CYCLES

In general, Shift data collection takes place during the spring (February-May) and fall (September-November) semesters. The fall semester has historically involved running fewer ads, usually targeting national audiences only, and yielded less data; the spring semester, on the other hand, has involved more data collection, including oversample audiences, and yielded more data. The chart below describes annual Shift baseline data collection.



## PARTIAL, SUFFICIENT, AND COMPLETE SURVEYS

**Complete:** We measure survey “completion” based on whether a respondent provided their email address in the last module of the survey (“Ending”), *not* based on how many questions were answered. (Most surveys will contain many missing responses while still meeting this criterion for completeness.)

**Partial:** Surveys that are not completed (respondent did not reach the “Ending” module and did not provide an email address) are considered “partial” surveys.

**Sufficient:** We measure the relative completeness of a partial survey in order to evaluate the success of a Facebook audience and associated campaign, and to plan spending in future adbuy cycles. We deem a survey sufficiently completed if the respondent got to the end of Module C (Secure Scheduling). A majority of questions in Modules A-C include a prompt to respond or force a response; therefore, the completion of Modules A-C indicates that a respondent has provided a significant amount of data towards our core survey modules (relating to scheduling). Sufficiency is measured in Step 2 of data processing.

## KEY

- § Branched module
- ÷ Force response
- † Request response
- ⊘ Exclusive response option (multiple-selection question)
- ⌘ Choice randomization

# SPRING 2020 UPDATES

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## HUMAN SUBJECTS APPROVAL AND CONSENT FORMS

UC Berkeley's Committee for Protection of Human Subjects (CPHS) reviewed a modification to CPHS Protocol Number 2015-10-8014 containing the revised Spring 2020 instrument. The notice of approval (dated January 29, 2020) is available [here](#).

CPHS did not require an amendment to the Shift survey consent form(s). The Spring 2020 approved consent form is stored in the online Qualtrics library:

iPad incentive:	<a href="https://berkeley.ca1.qualtrics.com/WRQualtricsControlPanel_rel/File.php?F=F_0w6MaoVykUFUW0J">https://berkeley.ca1.qualtrics.com/WRQualtricsControlPanel_rel/File.php?F=F_0w6MaoVykUFUW0J</a>
\$5 Tango incentive:	<a href="https://berkeley.ca1.qualtrics.com/WRQualtricsControlPanel_rel/File.php?F=F_bEJLA2oEEBrFO9D">https://berkeley.ca1.qualtrics.com/WRQualtricsControlPanel_rel/File.php?F=F_bEJLA2oEEBrFO9D</a>
\$10 Tango incentive:	<a href="https://berkeley.ca1.qualtrics.com/WRQualtricsControlPanel_rel/File.php?F=F_a2Eny0RMJw6Ptqt">https://berkeley.ca1.qualtrics.com/WRQualtricsControlPanel_rel/File.php?F=F_a2Eny0RMJw6Ptqt</a>
\$15 Tango incentive:	<a href="https://berkeley.ca1.qualtrics.com/WRQualtricsControlPanel_rel/File.php?F=F_39HyqA4wg5qkj0V">https://berkeley.ca1.qualtrics.com/WRQualtricsControlPanel_rel/File.php?F=F_39HyqA4wg5qkj0V</a>

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## CONTENT CHANGES

### NEW QUESTIONS

<b>A7</b>	Workplace environment dropdown question to allow for more tailored display logic in Module C2 and C3
<b>A17</b>	Geo-IP triggered Washington question to compliment WA law module
<b>A21</b>	State dropdown question to compliment GeoIP-triggered location questions
<b>E10, H9, H15, H16, Module H2</b>	<p>Political Participation</p> <p>Note that the Spring 2020 survey was not fielded until after Super Tuesday (3/3/20) in order to capture the primary season. Question H2.2 asks about the respondent's choice for nomination. The list of candidates was updated on March 2 to reflect the Democratic candidates still in the running as of Super Tuesday (Biden, Sanders, Warren, Bloomberg). We removed Buttigieg, Klobuchar, and Steyer (who dropped out in the days leading up to Super Tuesday) prior to fielding the survey.</p>

	<b>Contributor:</b> Greg Lyon, Postdoc, Tufts University ( <a href="mailto:Greg.Lyon@tufts.edu">Greg.Lyon@tufts.edu</a> )
<b>H2</b>	Moved transgender response options from H1 to separate H2. See workplace survey guidelines <a href="#">here</a> and the CDC's 2019 Behavioral Risk Factor Surveillance System (BRFSS) survey <a href="#">here</a> .
<b>H32-H35</b>	Social media usage
<b>E13-E15</b>	Positive job characteristics (from Gallop's Great Jobs Survey)
<b>E16, E17</b>	Open-ended job quality questions
<b>D12</b>	COVID-19 question
<b>Module D2</b>	<p>Washington Paid Family &amp; Medical Leave Law</p> <p>Unlike most state- or city-specific law questions, a portion of this module is fielded to all respondents (D2.4-D2.7 and one of the following: D2.8-D2.10; D2.14-D2.16; D2.20-D2.22; D2.26-D2.28). The remaining questions are fielded to all respondents.</p> <p>Also unlike other waves, the Spring 2020 state- and city-specific law modules (WA, OR, NYC) are fielded not only to oversample audiences but to national audiences as well, with varied display logic in each of the survey types, as follows:</p> <p><b>NATIONAL</b></p> <ul style="list-style-type: none"> <li>• OR Display if A13 = 1 or A20 = 37</li> <li>• NYC Display if A19 = 1</li> <li>• WA Display if A17 = 1 or A20 = 47</li> </ul> <p><b>ORWA</b></p> <ul style="list-style-type: none"> <li>• OR Display if A13 = 1 or A20 = 37</li> <li>• NYC <i>Drop</i></li> <li>• WA Display if A17 = 1 or A20 = 47</li> </ul> <p><b>NYC</b></p> <ul style="list-style-type: none"> <li>• OR <i>Drop</i></li> <li>• NYC Display if A19 = 1</li> <li>• WA <i>Drop</i></li> </ul> <p><b>Contributor:</b> Julia Goodman, Assistant Professor, OHSU-PSU (<a href="mailto:julia.goodman@pdx.edu">julia.goodman@pdx.edu</a>)</p>
<b>A25, H36</b>	<p>Safeguard questions to protect against online bot infiltration (inspired by <a href="#">this Twitter thread</a>). Both A24 and H36 are “honeypot” questions, meaning they use impossible logic such that the questions would never display to a normal respondent.</p> <p><b>Honeypot #1 (A24):</b> The display logic requires that A8 is empty (skipped); however, A8 is a “required response” question and could never be skipped. A24 also employs a secondary bot protection measure: it is a redundant question,</p>

reiterating A5. This strategy is recommended to catch inconsistent responses, which could indicate that the respondent is a bot.

**Honeypot #2 (H36):** The display logic requires that H2 = 7 *and* 1, 2, 3, 4, 5, or 6; however, H2 is a multiple selection question where H2:7 is an exclusive response option, and cannot be coupled with another selection. Like A24, H36 is a redundant question (reiterates H2). Unlike A24, H36 also changes that format of the response to an open-ended paragraph-length text entry. Bots struggle with open-ended responses, and those questions should be monitored for unusual responses or identical responses across respondents.

*For more information about online survey bots and strategies for prevention, see articles [here](#) and [here](#).*

## CUTS

Due to higher-than-normal attrition rates in Fall19, it was imperative that we shorten the survey in Spring 2020. We did this by cutting some questions that were fielded in the fall for the purpose of generating NIA R01 pilot data, or questions which were generally deemed duplicative, ineffective, or which have not yet proven useful for analysis. (See the [Fall19 instrument](#) for reference.)

<b>MODULE A</b>	<b>A12.</b>	Thinking about each paycheck you receive from [EMPLOYER NAME], about how much is it usually for? Please enter a dollar amount.
	<b>A13.</b>	How often do you receive your paychecks from [EMPLOYER NAME]?
<b>MODULE B</b>	<b>B12.</b>	Thinking about your job at [EMPLOYER NAME], please say whether you often, sometimes, or never work at these times...
<b>MODULE C2</b>	<b>C2.4.</b>	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.)...
	<b>C2.5.</b>	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.)...
<b>MODULE C3</b>	<b>C3.7.</b>	At your [EMPLOYER NAME] workplace, how often does your manager provide feedback on the speed of your work?
	<b>C3.8.</b>	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?
	<b>C3.9.</b>	Do [EMPLOYER NAME] employees who work most quickly receive any special rewards like gift cards, paid time off, or bonuses? Mark all that apply.

	<b>C3.10.</b>	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.
	<b>C3.11.</b>	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.
	<b>C3.12.</b>	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.
<b>MODULE C4</b>	<b>C4.1</b>	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.
<b>MODULE D</b>	<b>D11.</b>	How much choice do you have over when you take vacations or days off?
	<b>D12.</b>	How much choice do you have over when you begin and end each work day?
	<b>D14.</b>	How much choice do you have over the number of personal phone calls you make or receive while you work?
<b>MODULE E2</b>	<b>E2.1</b>	Do you agree with the following statements? (Chances are, I will soon lose my job, etc.)
<b>MODULE E3</b>	<b>E3.1.</b>	The next set of questions ask about help you can receive from people you know.
	<b>E3.2.</b>	Is there someone you could count on if you needed a loan for \$200?
	<b>E3.3.</b>	Is there someone you could count on if you needed a place to live?
	<b>E3.4.</b>	Is there someone you could count on to help with emergency child care?
	<b>E3.5.</b>	About how many friends or relatives do you have whom you could call on for advice or help if you needed it?
	<b>E3.5.*</b>	How much are friends or relatives willing to listen when you need to talk about your worries or problems? <i>*duplicate question #</i>
	<b>E3.6.</b>	In the last two weeks, how many people did you talk to about anything related to your personal life?

	<b>E3.7.</b>	In the last two weeks, how many coworkers at your [EMPLOYER NAME] workplace did you talk to about anything related to your personal life?
	<b>E3.8.</b>	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.)
	<b>E3.9.</b>	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.)
	<b>E3.10.</b>	About how many employees does your [EMPLOYER NAME] workplace have?
	<b>E3.11(b).</b>	How true are the following statements?: If something comes up and I can't make it to my scheduled shift, I am responsible for finding someone to cover my shift.
	<b>E3.11(d).</b>	How true are the following statements?: My coworkers will try their best to cover for one another if someone can't make it to their scheduled shift on time.
	<b>E3.11(e).</b>	How true are the following statements?: At my [EMPLOYER NAME] workplace, I feel supported by my coworkers.
<b>MODULE J</b>	<b>J9.</b>	Do you own a car?
	<b>J10.</b>	Do you have a checking or savings account at a bank or a credit union?
	<b>J11.</b>	In the past 12 months, have you ever overdrawn your checking or savings account?
	<b>J12.</b>	In the past 12 months, have you ever taken out an auto-title loan?
	<b>J13.</b>	In the past 12 months, have you ever taken out a payday loan?
	<b>J14.</b>	In the past 12 months, have you ever used a pawn shop?
	<b>J15.</b>	Do you have a credit card?
	<b>J16.</b>	In the past 12 months, have you ever... (a) Paid only the minimum on a credit card; (b) Been charged a late fee on credit card; (c) Been charged an over-the-limit fee on credit card
<b>MODULE K</b>	<b>K14.</b>	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.



	<b>K15.</b>	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.
	<b>K16.</b>	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.
	<b>K31.</b>	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.
	<b>K32.</b>	At your workplace, how often do you wear protective hearing devices such as earplugs or earmuffs?

## MODIFICATIONS

<b>A9</b>	Added custom (regex) content validation to ameliorate data cleaning.
<b>A11</b>	Added custom (regex) content validation to ameliorate data cleaning.
<b>A12</b>	Added custom (regex) content validation to ameliorate data cleaning.
<b>A18</b>	Modified display logic using new A17.
<b>B3</b>	Added content validation restriction response to maximum 2 decimal places.
<b>B4</b>	Added content validation restriction response to maximum 2 decimal places.
<b>B5</b>	Added content validation restriction response to maximum 2 decimal places.
<b>B6</b>	Added content validation restriction response to maximum 2 decimal places.
<b>B7</b>	Added content validation restriction response to maximum 0 decimal places.
<b>B8</b>	Added content validation restriction response to maximum 0 decimal places.
<b>C2.1</b>	Modified display logic using workplace environment dropdown.
<b>C2.2</b>	Modified display logic using workplace environment dropdown; also modified display logic to exclude C2.1:7 (workplace does not use one of the selected technologies; workplace may use a different technology, but we cannot know for sure).
<b>C2.3</b>	Modified display logic using workplace environment dropdown; changed question wording from “Does your [EMPLOYER NAME] workplace use any other workplace technologies” to “Does your [EMPLOYER NAME] workplace use any of the following workplace technologies?”

<b>C3.1</b>	Changed response option from “Entering a code into a computer, tablet, or other device” to “Logging in to a computer, tablet, or other device (including an app or website).”
<b>C3.3</b>	Changed response option from “Using data recorded by the cash register or other checkout devices” to “Using data recorded by a cash register, computer, or similar device.”
<b>D2</b>	While the content/logic remained intact, this question was moved from position D11 to position D2 within the module. This seems like a more appropriate location, especially with the addition of the COVID-19 question and sandwiching between paid sick questions and questions about paid leave in Washington.
<b>F2</b>	Added “other” and “don’t know/refuse” response options.
<b>H1</b>	Modified response options (removed transgender male/female so as not to differentiate transgender male/female from male/female). See workplace survey guidelines <a href="#">here</a> and the CDC’s 2019 Behavioral Risk Factor Surveillance System (BRFSS) survey <a href="#">here</a> .
<b>H19</b>	Changed “<1” to “Under 1” because Qualtrics seemed to be having difficulty parsing that label (specifically, “<”).
<b>H28-H31</b>	Fixed display logic to include respondents who answered H27 affirmatively (have caregiving responsibilities) in addition to parents with young children.
<b>L66</b>	Fixed display logic to reference question in the correct branch.
<b>Closing question #2</b>	Added custom (regex) content validation to ameliorate data cleaning.

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## AVERAGE SURVEY LENGTH

*\*Based on 200 Qualtrics-generated test responses*

**MULTIPLE-COMPANY:**     98 questions on average

**SINGLE-COMPANY:**     128 questions on average

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## NOTES FOR FUTURE WAVES

<b>A5, A6</b>	Consider rewording job title questions to request <i>approximation</i> of job duties rather than actual “title” to reduce “other” responses (e.g. in the case of Amazon workers, we would expect many to select stocker or delivery, but instead many say their actual internal payroll title).
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<b>A6</b>	Note that we do not include any titles appropriate for the hospitality sector. Those workers can select “other,” unless other options are added.
<b>C2.3</b>	Connor reviewed text entry responses and flagged this question (robots). Consider for future changes.
<b>C3.1</b>	Connor reviewed text entry responses and noted the following possible response additions: “dk/r”; “Using a paper timecard or manual time clock.”
<b>C3.3</b>	Connor reviewed text entry responses and noted the following possible response additions: “using a timer at the drive-thru,” “using my delivery vehicle’s GPS capability,” “measuring how much work I completed (for example, counting the number of boxes I moved, or orders I completed).”
<b>H1</b>	Note the best practices for asking about gender in workplace surveys <a href="#">here</a> . These guidelines would have us ask two questions, as follows: H1. “What is your gender?” {1-Male; 2-Female; 3-Non-binary or third gender; 4-Prefer to self-describe ____; 5-Prefer not to answer}; H2. “Do you identify as transgender?” {1-Yes; 2-No; 3-Don’t know/refuse}. We opted not to implement changes in the Spr20 survey. Consider implementing in future waves.

## MID-CYCLE CHANGES (COVID-19)

The Spring 2020 survey instrument was modified mid-cycle due to the global coronavirus/COVID-19 pandemic. Notes on changes to survey version below:

<b>Spr20-Natl-[M/S]-Template 1</b> <b>Spr20-ORWA-[M/S]-Template 1</b> <b>Spr20-NYC-[M/S]-Template 1*</b>	<b>m3_w1</b> <b>m3_w2</b> <b>m3_w3</b>	Original survey instrument. The only modification in light of COVID-19 outbreak was the last-minute inclusion of a question about COVID-19 (see D12).
<b>Spr20-Natl-[M/S]-Template 2</b> <b>Spr20-ORWA-[M/S]-Template 2</b>	<b>m4_w5</b>	By March 30, it became apparent that we needed to make further modifications to the Spring 2020 instrument. Template 2 contained very minor edits to the landing page text only, as these were easy to rollout on short notice (m4_w5 began running on 4/4/20). Template 2 was only intended to run for 1 week, at which point Template 3 was rolled out.
<b>Spr20-Natl-[M/S]-Template 3</b> <b>Spr20-ORWA-[M/S]-Template 3</b>	<b>m4_w6</b> <b>etc.</b>	See <a href="#">Template 3</a> for more information.

\*NYC only ran for m3\_w1 and m3\_w2.

# CONTENTS

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LANDING PAGE (CONSENT) .....	15
MODULE A: WORK BASICS .....	16
MODULE B: WORK SCHEDULING .....	25
MODULE C: SECURE SCHEDULING .....	28
MODULE CX: KNOWLEDGE OF LAWS – <i>PART 1 (OR), PART 2 (NYC)</i> .....	34
MODULE C2: AUTOMATION .....	37
MODULE C3: SURVEILLANCE AND SANCTIONING .....	39
MODULE D: CONTROL AND PTO .....	41
MODULE D2: KNOWLEDGE OF LAWS, CONT. – <i>PART 3 (WA)</i> .....	45
MODULE E: HOUR PREFERENCES AND WORK-FAMILY CONFLICT .....	56
MODULE E2: MODERATING VARIABLES .....	62
MODULE F: WORK RELATIONSHIPS .....	63
MODULE G: SECOND JOB .....	65
MODULE H: DEMOGRAPHICS .....	66
MODULE H2: POLITICAL PARTICIPATION .....	78
MODULE I: BASIC FINANCIALS .....	82
MODULE J: BENEFITS AND FINANCIAL SERVICES .....	83
MODULE K: HEALTH AND WELLBEING .....	85
MODULE L: CHILD – <i>PART 1-5</i> .....	92

<b>ENDING .....</b>	<b>114</b>
<b>CUSTOM END-OF-SURVEY MESSAGE .....</b>	<b>115</b>

## LANDING PAGE (CONSENT)<sup>1</sup>

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**COVID-19 NOTICE:** *We understand that this is a difficult time, and that many people are experiencing changed working conditions or even loss of employment as a result of the coronavirus/COVID-19 outbreak. If you are currently working or if you worked in the past 6 months, we want to hear from you.*

**We are a group of University of California, Berkeley researchers interested in work and worker wellbeing.**

**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!**

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<sup>1</sup> This landing page was modified beginning in m4\_w5 to acknowledge changes in the world precipitated by the COVID-19 pandemic. The modified text appeared for the first time in Template 2 and was partially carried over into Template 3 (though there may be additional changes to incentive in national template). The original language in Template 1 (prior to modification) was as follows:

***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

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Q1\_EMPLOYER | Q1\_EMPLOYER\_TEXT

†**A1.**<sup>2</sup> 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

LONGWORK\_YRS

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

- 1 less than 1 year
- 2 1 year
- 3 2 years
- 4 3 years
- 5 4 years
- 6 5 years
- 7 6 years
- 8 7 years
- 9 8 years
- 10 9 years
- 11 10 or more years
- 12 Don't know/refuse
- 13 I don't work at [EMPLOYER NAME]

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<sup>2</sup> 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.

LONGWORK\_M

Display This Question:

If A2 = 1

‡A3. How many months have you worked at [EMPLOYER NAME]?

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

MANAGER

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

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

JOBTITLE

Display This Question:

If A4 = 1

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

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Display This Question:

If A4 != 1

†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. Which of the following best describes your [EMPLOYER NAME] workplace?

I work in a...

- 1 Big-box superstore
- 2 Department store
- 3 Retail store
- 4 Grocery store or food market
- 5 Restaurant
- 6 Fast food place
- 7 Coffee shop or cafe
- 8 Hotel or motel
- 9 Warehouse
- 10 Fulfillment center
- 11 Delivery vehicle
- 12 Convenience store or gas station
- 13 Drugstore or pharmacy
- 14 Corporate office or training center
- 15 Call center
- 16 Other: \_\_\_\_\_

Skip To: End of Survey If A7 = 14

PAIDHOUR

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

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

PAIDWAGE

Display This Question:

If A8 = 1

†A9. How much are you paid per hour at [EMPLOYER NAME]? **Please enter dollars per hour (for example, if you earn \$10 per hour, enter 10.00).**

\_\_\_\_\_  
VALIDATION: Numeric, 0-60, 2 decimals Custom: ^(\d{1,3})\d{1,2})?\$\$

PAIDTIPS

Display This Question:

If A8 = 1

A10. 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

WEEKTIPS

Display This Question:

If A10 = 2

† Please enter the amount you usually earn in tips **per week** at [EMPLOYER NAME]. **Please enter a dollar amount (for example, if you earn \$100 in tips per week, enter 100.00).**

\_\_\_\_\_  
VALIDATION: Numeric, 0-N, 2 decimals Custom: ^(\d{1,3})\d{1,2})?\$\$

SALARY

Display This Question:

If A8 != 1

†A12. What is your **annual** salary at [EMPLOYER NAME]? **Please enter a dollar amount.**

\_\_\_\_\_  
VALIDATION: Custom: ^(\d{1,3},\d{3},)\*\d{3}(\.\d{1,2})?|\d{1,3}(\.\d{2})?\$\$

~ ~ ~ PAGE BREAK ~ ~ ~

#### OREGON

Display This Question:

If GeoIP Location Region = OR

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

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

Skip To: A21 If A13 = 1

#### CHICAGO

Display This Question:

If GeoIP Location Region = IL

†A14. Is your [EMPLOYER NAME] workplace located in Chicago city limits?

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

Skip To: A21 If A14 = 1

#### LOSANGELES

Display This Question:

If GeoIP Location Region = CA

†A15. Is your [EMPLOYER NAME] workplace located in Los Angeles city limits?

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

Skip To: A21 If A15 = 1

#### PHILADELPHIA

Display This Question:

If GeoIP Location Region = PA

Or GeoIP Location Region = NJ

Or GeoIP Location Region = DE

†A16. Is your [EMPLOYER NAME] workplace located in Philadelphia city limits?

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

Skip To: A21 If A16 = 1

#### WASHINGTON

Display This Question:

If GeoIP Location Region = WA

†A17. Is your [EMPLOYER NAME] workplace located in the state of Washington?

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

Skip To: A22 If A17 = 1

SEATTLE

Display This Question:

If GeolP Location Region = WA

Or A17 = 1

†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

NYS

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

†A19. Is your [EMPLOYER NAME] workplace located in the state of New York?

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

NYCFIVE

Display This Question:

If A19 = 1

†A20. 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

Display This Question:

If A13 != 1

And A14 !=1

And A15 !=1

And A16 !=1

And A17 !=1

And A18 !=1

And A19 !=1

Or

If A13:1 != displayed

And A14:1 != displayed

And A15:1 != displayed

And A16:1 != displayed

And A17:1 != displayed

And A18:1 != displayed

And A19 != displayed

STATELIST

†**A21.** Please select the state where your [EMPLOYER NAME] workplace is located from the dropdown menu.

- 1 Alabama
- 2 Alaska
- 3 Arizona
- 4 Arkansas
- 5 California
- 6 Colorado
- 7 Connecticut
- 8 Delaware
- 51 District of Columbia
- 9 Florida
- 10 Georgia
- 11 Hawaii
- 12 Idaho
- 13 Illinois
- 14 Indiana
- 15 Iowa
- 16 Kansas
- 17 Kentucky
- 18 Louisiana
- 19 Maine
- 20 Maryland
- 21 Massachusetts
- 22 Michigan
- 23 Minnesota
- 24 Mississippi
- 25 Missouri
- 26 Montana
- 27 Nebraska
- 28 Nevada
- 29 New Hampshire
- 30 New Jersey
- 31 New Mexico
- 32 New York
- 33 North Carolina
- 34 North Dakota
- 35 Ohio

- 36 Oklahoma
- 37 Oregon
- 38 Pennsylvania
- 39 Rhode Island
- 40 South Carolina
- 41 South Dakota
- 42 Tennessee
- 43 Texas
- 44 Utah
- 45 Vermont
- 46 Virginia
- 47 Washington
- 48 West Virginia
- 49 Wisconsin
- 50 Wyoming

STORE\_NUM

†**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*

STORE\_ST

*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 \_\_\_\_\_

STORE\_CITY

*Display This Question:*

*If A23:1 = Empty*

†**A24.** What are the nearest cross streets to the [EMPLOYER NAME] store you work at?

- 1 Cross Streets/nearest intersection

~ ~ ~ PAGE BREAK ~ ~ ~

HONEYPOT1

Display This Question:

If A8 != 1

And A8 != 2

And A8 != 3



. What is your job title at [EMPLOYER NAME]?  
\_\_\_\_\_ [TEXT RESPONSE REQUIRED; ESSAY]

## § MODULE B: WORK SCHEDULING

---

SCHEDULE4 | SCHEDULE4\_TEXT

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

- 1 Variable schedule (one that changes from day to day)
- 2 Regular daytime schedule
- 3 Regular evening shift
- 4 Regular night shift
- 5 Rotating shift (one that changes regularly from days to evenings or nights)
- 6 Split shift (one consisting of two distinct periods each day)
- 7 Other (specify) \_\_\_\_\_
- 8 Don't know/refuse

~ ~ ~ PAGE BREAK ~ ~ ~

USUALHOURS

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

\_\_\_\_\_ [VALIDATION: Numeric, 0-80, 1 decimal]

~ ~ ~ PAGE BREAK ~ ~ ~

GREATESTHR

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

\_\_\_\_\_ [VALIDATION: Numeric, 0-80, 2 decimals]

~ ~ ~ PAGE BREAK ~ ~ ~

LEASTHR

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

\_\_\_\_\_ [VALIDATION: Numeric, 0-80, 2 decimals]



LONGSHIFT

† **B5.** At your [EMPLOYER NAME] workplace, how many hours long is your longest shift in a typical week?  
\_\_\_\_\_ [VALIDATION: Numeric, 0-24, 2 decimals]

SHORTSHIFT

† **B6.** At your [EMPLOYER NAME] workplace, how many hours long is your shortest shift in a typical week?  
\_\_\_\_\_ [VALIDATION: Numeric, 0-24, 2 decimals]

LONGSHIFTBREAK

Display This Question:  
And If B5 > 0

**B7.** At your [EMPLOYER NAME] workplace, how many minutes of break time do you get during a shift that is [B8 RESPONSE VALUE] hours long?  
\_\_\_\_\_ [VALIDATION: Numeric, 0-N, 0 decimals]

SHORTSHIFTBREAK

Display This Question:  
And If B6 > 0

**B8.** At your [EMPLOYER NAME] workplace, how many minutes of break time do you get during a shift that is [B9 RESPONSE VALUE] hours long?  
\_\_\_\_\_ [VALIDATION: Numeric, 0-N, 0 decimals]

~ ~ ~ PAGE BREAK ~ ~ ~

NOTICE

† **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

*DAYSNOTICE*

*Display This Question:*

*If B9 = 1*

†**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

*KEEPSCHEDOPEN*

†**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

*WORKWEEKENDS*

**B12.** 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

---

### ONCALL

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

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

### ONCALLNONEED

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

### PAYONCALLNONEED / PAYONCALLNONEED\_TEXT

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

~ ~ ~ PAGE BREAK ~ ~ ~

### CANCELSHIFT

†**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

NOTICECANCEL

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

PAYCANCEL | PAYCANCEL\_TEXT

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

HAPPYCANCEL

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

~ ~ ~ PAGE BREAK ~ ~ ~

*TIMING*

†**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

*NOTICETIMING*

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

*PAYTIMING | PAYTIMING\_TEXT*

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

*HAPPYTIMING*

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

CLOPENING

†**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

PAYCLOPEN | PAYCLOPEN\_TEXT

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

~ ~ ~ PAGE BREAK ~ ~ ~

HIRESIMILAR

†**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

OFFERFIRST

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

SCHEDQUALITYCHANGE

†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

BETTERSCHED\_ADVANCE | BETTERSCHED\_CHANGE | BETTERSCHED\_CONVENIENT | BETTERSCHED\_CONTROL | BETTERSCHED\_OTHER | BETTERSCHED\_OTHER\_TEXT

Display This Question:

If C16 = 1

**C17.** Over the past few months, in what ways has your work schedule 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 \_\_\_\_\_

WORSESCHED\_ADVANCE | WORSESCHED\_CHANGE | WORSESCHED\_CONVENIENT | WORSESCHED\_CONTROL | WORSESCHED\_OTHER | WORSESCHED\_OTHER\_TEXT

Display This Question:

If C16 = 3

**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 \_\_\_\_\_

HOURSCHANGE

†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 CX: KNOWLEDGE OF LAW

### PART 1 – OREGON OVERSAMPLE

ORLAW\_MINWAGE | ORLAW\_PAIDSICK | ORLAW\_SECSCHED | ORLAW\_EQUALPAY

Display This Question:

If A13 = 1  
Or A21 = 37

**CX** 1. Have you heard anything about the following laws recently passed in Oregon?

	Yes	No
a. Minimum Wage Increases	1	2
b. Paid Sick Leave	1	2
c. Fair Scheduling	1	2
d. Equal Pay Act	1	2

SECSCHED\_MANAGER\_OR | SECSCHED\_WORKPOST\_OR | SECSCHED\_COWORKER\_OR | SECSCHED\_FRIEND\_OR |  
SECSCHED\_STATE\_OR | SECSCHED\_MEDIA\_OR | SECSCHED\_ORG\_OR | SECSCHED\_UNION\_OR | SECSCHED\_OTHER\_OR  
| SECSCHED\_TEXT\_OR |

Display This Question:

If CX.1:c = 1

**CX** 2. How did you hear about Oregon's Fair Scheduling Law? **Please mark all that apply.**

- 1 From my manager
- 2 From a posting at work
- 3 From a co-worker
- 4 From a friend or family member
- 5 From the Oregon Bureau of Labor and Industries (BOLI)
- 6 From the media (news, internet, etc.)
- 7 From a community organization or non-profit
- 8 From a labor union
- 9 Other (specify) \_\_\_\_\_

ORLAW\_VOLUNTEER

Display This Question:

If A13 = 1  
Or A21 = 37

**CX** 3. Does your employer, [EMPLOYER NAME], have a list of employees who have volunteered to be on "stand-by" to cover unanticipated absences or business needs?

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



ORLAW\_VOLUNTEERRESP

Display This Question:

If CX.3 = 1

**CX** 4. Did you choose to be a volunteer employee on stand-by to cover unanticipated absences or business needs?

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

## PART 2 – NYC OVERSAMPLE

Display This Question:

If A20 = 1

**CX 5.** Have you heard anything about the following New York laws?

	Yes	No
a. NYC Paid Safe and Sick Leave Law	1	2
b. NYC Fair Workweek Law for fast-food workers	1	2
c. NYC Temporary Schedule Change Law	1	2
d. New York State Minimum Wage Laws	1	2
e. New York State Paid Family Leave Policy	1	2

Display This Question:

If CX.5:b = 1

**CX 6.** How did you hear about New York City's Fair Workweek Law for fast-food workers?

**Please mark all that apply.**

- 1 From my manager
- 2 From a posting a work
- 3 From a co-worker
- 4 From a friend or family member
- 5 From New York State's Division of Labor Standards
- 6 From NYC's Office of Labor Policy & Standards
- 7 From the media (news, internet, etc.)
- 8 From a community organization or non-profit
- 9 From a labor union
- 10 Other (specify) \_\_\_\_\_

## § MODULE C2: AUTOMATION

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

Display This Question:

If A7 = 1  
Or A7 = 2  
Or A7 = 3  
Or A7 = 4  
Or A7 = 5  
Or A7 = 6  
Or A7 = 7  
Or A7 = 12  
Or A7 = 13

**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.**

- 7 Customers use a website or app to order online and pick up in the store.
- 5 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.
- 9 Employees use tablets or handheld devices to check out customers.
- 11 Other (specify) \_\_\_\_\_
- 12 ☐ None of these

TECHSTRESS | TECHHARD | TECHJOY

Display This Question:

If C2.1 = displayed

And

If C2.1 selected count >0

And C2.1 != 7

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

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

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

Display This Question:

If A7 = 1  
Or A7 = 2  
Or A7 = 3  
Or A7 = 4  
Or A7 = 5  
Or A7 = 6  
Or A7 = 7  
Or A7 = 9  
Or A7 = 10  
Or A7 = 11  
Or A7 = 12  
Or A7 = 13

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

- 1 Robots that stock shelves or move boxes
- 5 Robots that take inventory
- 2 Robots that provide customer service
- 3 A machine that counts money
- 4 Other: \_\_\_\_\_
- 6 ☐ None of these

## § MODULE C3: SURVEILLANCE AND SANCTIONING

---

SHIFTREPORT | SHIFTREPORT\_TEXT

- C3.1.** At your [EMPLOYER NAME] workplace, how do you report the times that you begin and end your shift?
- 2 Logging in to a computer, tablet, or other device (including an app or website)
  - 5 Scanning a badge or ID card
  - 3 Using my fingerprint
  - 1 Using a scan of my face or my eye
  - 7 Using a paper timecard
  - 4 Other (specify) \_\_\_\_\_

CLOCKINLOSTPAY

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

SPEEDVIDEO | SPEEDBADGE | SPEEDHANDHELD | SPEEDREGISTER | SPEEDOBSERVE | SPEEDOTHER |  
SPEEDOTHER\_TEXT | SPEEDNOTRACK

- 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
  - 7 Using a handheld device that I carry
  - 6 Using data recorded by a cash register, computer, or similar device
  - 3 By my supervisor(s) directly observing me
  - 5 Other (specify) \_\_\_\_\_
  - 8 ☐ My employer does not track the speed of my work

LEADERBOARD

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

LEADERBOARD\_FUN

Display This Question:

If C3.4 = 1

**C3.5.** Do you agree or disagree: The leaderboard or dashboard makes my job more fun.

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

LEADERBOARD\_STRESS

Display This Question:

If C3.4 = 1

**C3.6.** Do you agree or disagree: The leaderboard or dashboard makes my job more stressful.

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

## § MODULE D: CONTROL AND PTO

---

*HOURDECIDE*

‡**D1.** Which of the following statements best describes how the times you start and finish work are decided at [EMPLOYER NAME]?

- 1 Starting and finishing times are decided by my employer and I cannot change them on my own.
- 2 Starting and finishing times are decided by my employer but with my input.
- 3 I can decide the time I start and finish work, within certain limits.
- 4 I am entirely free to decide when I start and finish work.
- 5 When I start and finish work depends on things outside of my control and outside of my employer's control.
- 6 Don't know/refuse

*CHOICETOTALHR*

**D2.** How much choice do you have over the total number of hours you work each week?

- 1 None
- 2 Very little
- 3 A little
- 4 A moderate amount
- 5 A lot
- 6 Don't know/refuse

~ ~ ~ PAGE BREAK ~ ~ ~

*SICKWORK\_YN*

†**D3.** In the past month, did you ever work at [EMPLOYER NAME] even though you were feeling sick?

- 1 Yes
- 2 No, I was sick but I stayed home
- 3 No, I haven't been sick in the past month

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

**D4.** 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 ☐ None of these

EARN\_SICK12

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 D4:1 = selected

**D5.** How many sick days have you earned in the past 12 months?  
\_\_\_\_\_ [VALIDATION: Numeric, 0-365]

EARN\_SICK\_HIRE

Display This Question:

If A2 = 1

And

If D4:1 = selected

**D6.** How many sick days have you earned since you were hired at [EMPLOYER NAME]?  
\_\_\_\_\_ [VALIDATION: Numeric, 0-365]



USESICK12

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 D4:1 = selected

**D7.** How many earned sick days have you used in the past 12 months?  
\_\_\_\_\_ [VALIDATION: Numeric, 0-365]

USESICKHIRE

Display This Question:

If A2 = 1

And

If D6 > 0

**D8.** How many earned sick days have you used since you were hired at [EMPLOYER NAME]?  
\_\_\_\_\_ [VALIDATION: Numeric, 0-365]

PAYSICK12

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 D7 > 0

**D9.** 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?  
\_\_\_\_\_ [VALIDATION: Numeric, 0-365]

PAYSICKHIRE

Display This Question:

If A2 = 1

And

If D8 > 0

**D10.** Of the [D8 RESPONSE VALUE] earned sick days you used since you were hired at [EMPLOYER NAME], for how many of those days did you receive pay?  
\_\_\_\_\_ [VALIDATION: Numeric, 0-365]

USESICKEASY

Display This Question:

If D7 > 0

Or D8 > 0

**D11.** How easy was it to use your paid sick leave benefits?

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult

COVID19

**D12.** Has [EMPLOYER NAME] made any of the following changes at your workplace in response to Coronavirus (COVID-19)? **Please mark all that apply.**

- 1 Reduced number of work hours for employees
- 2 Kept workplace closed when it is normally open
- 3 Offered employees more paid time off than usual
- 4 Offered employees more unpaid time off than usual
- 5 Reduced penalties on employees for calling out sick
- 6 Reduced penalties on employees for calling out to care for child or others
- 7 Required employees to do additional cleaning of workplace store/restaurant
- 8 Made gloves available to employees
- 9 Made masks available to employees
- 10 Made *new* requirements for employees to wear gloves
- 11 Made *new* requirements for employees to wear mask
- 12 Set *new* policies for how employees handle sick customers
- 13 Other \_\_\_\_\_
- 14 ☐ My employer has not made any changes in response to Coronavirus (COVID-19)

## § MODULE D2: KNOWLEDGE OF LAWS, CONT.

### PART 3 – WASHINGTON OVERSAMPLE

WALV

Display This Question:

If A17 = 1

Or A21 = 47

**D2.1.** Have you heard of Washington's new Paid Family & Medical Leave Law?

1 Yes

2 No

WAQUAL\_CHILD / WAQUAL\_HEALTH / WAQUAL\_CARE / WAQUAL\_MILITARY

Display This Question:

If D2.1. = 1

**D2.2.** To the best of your knowledge, which of the following are "qualifying events" for paid leave under Washington's Paid Family & Medical Leave Law? **Mark all that apply.**

1 Welcoming a new child into your family through birth, adoption, or foster placement

2 Your own serious health condition or illness, like recovering from surgery or a serious injury

3 Caring for a seriously ill or injured family member

4 A qualifying military family leave event

WALV\_PAY

Display This Question:

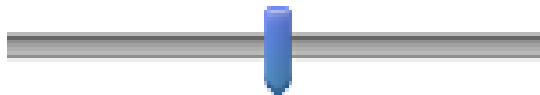
If A17 = 1

Or A21 = 47

**D2.3.** If you needed to provide care for a new child, a seriously ill family member, or to recover from a serious illness, how much of your normal pay would you need to receive in order to take time away from work?

0 10 20 30 40 50 60 70 80 90 100

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



~ ~ ~ PAGE BREAK ~ ~ ~

**D2.4.** For the following questions, please refer to any experiences you have had since January 1, 2020.

CHILDJAN20

**D2.5.** Since January 1, 2020, have you welcomed a new child into your family through birth, adoption, or foster placement?

- 1 Yes
- 2 No

HEALTHJAN20

**D2.6.** Since January 1, 2020, have you had a serious health condition or illness, like recovering from surgery or a serious injury?

- 1 Yes
- 2 No

CAREJAN20

**D2.7.** Since January 1, 2020, have you needed to care for a seriously ill or injured family member?

- 1 Yes
- 2 No

~ ~ ~ PAGE BREAK ~ ~ ~

WALV\_CH

Display This Question:

If D2.5 = 1

And D2.6 != 1

And D2.7 != 1

**D2.8.** Did you take leave from your job at [EMPLOYER NAME] to care for your new child?

- 1 Yes
- 2 No

Skip To: D2.13 If D2.8 != 1

WALV\_CH\_WK | WALV\_CH\_WK\_TEXT

Display This Question:

If D2.8 = 1

**D2.9.** How many weeks of leave did you take from your job at [EMPLOYER NAME] to care for your new child?

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

WALV\_CH\_PAY

Display This Question:

If D2.8 = 1

**D2.10.** During this leave, did you receive pay from [EMPLOYER NAME]? Do not include pay from the government or short-term disability insurance unless paid for by your employer.

- 1 Yes, I received my full pay from my employer while I was on leave
- 2 Yes, I received part of my pay from my employer while I was on leave
- 3 No, I did not receive any pay from my employer while I was on leave
- 4 Don't know/refuse

WALV\_CH\_COVER

Display This Question:

If D2.8 = 1

And

If A17 = 1

Or A21 = 47

**D2.11.** Did you receive pay from the state's Paid Family & Medical Leave program?

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

WALV\_CH\_LV\_FIN | WALV\_CH\_LV\_PRE | WALV\_CH\_LV\_FIRE | WALV\_CH\_LV\_INS | WALV\_CH\_LV\_OK |  
WALV\_CH\_LV\_OTHER | WALV\_CH\_LV\_OTHER\_TEXT

Display This Question:

If D2.8 = 1

And

If A17 = 1

Or A21 = 47

**D2.12.** Please tell us if any of the following were important factors in your decision about how much time you took off from your job at [EMPLOYER NAME] to care for your new child. **Mark all that apply.**

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

WALV\_CH\_NOLV\_FIN / WALV\_CH\_NOLV\_PRE / WALV\_CH\_NOLV\_FIRE / WALV\_CH\_NOLV\_INS / WALV\_CH\_NOLV\_OK  
/ WALV\_CH\_NOLV\_OTHER / WALV\_CH\_NOLV\_OTHER\_TEXT

Display This Question:

If D2.8 = 2

And

If A17 = 1

Or A21 = 47

**D2.13.** Please tell us if any of the following were reasons why you did not take time off from your job at [EMPLOYER NAME] to care for your new child. **Mark all that apply.**

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

~ ~ ~ PAGE BREAK ~ ~ ~

WALV\_HLTH

Display This Question:

If D2.5 != 1

And D2.6 = 1

And D2.7 != 1

**D2.14.** Did you take leave from your job at [EMPLOYER NAME] to recover from your serious health condition or illness?

- 1 Yes
- 2 No

Skip To: D2.19 If D2.14 != 1

WALV\_HLTH\_WK / WALV\_HLTH\_WK\_TEXT

Display This Question:

And If D2.14 = 1

**D2.15.** How many weeks of leave did you take from your job at [EMPLOYER NAME] to recover from your serious health condition or illness?

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

WALV\_HLTH\_PAY

Display This Question:

And If D2.14 = 1

**D2.16.** During this leave, did you receive pay from [EMPLOYER NAME]? Do not include pay from the government or short-term disability insurance unless paid for by your employer.

- 1 Yes, I received my full pay from my employer while I was on leave
- 2 Yes, I received part of my pay from my employer while I was on leave
- 3 No, I did not receive any pay from my employer while I was on leave
- 4 Don't know/refuse

WALV\_HLTH\_COVER

Display This Question:

And If D2.14 = 1

And

If A17 = 1

Or A21 = 47

**D2.17.** Did you receive pay from the state's Paid Family & Medical Leave program?

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

WALV\_HLTH\_LV\_FIN | WALV\_HLTH\_LV\_PREP | WALV\_HLTH\_LV\_FIRE | WALV\_HLTH\_LV\_INS | WALV\_HLTH\_LV\_OK |  
WALV\_HLTH\_LV\_OTHER | WALV\_HLTH\_LV\_OTHER\_TEXT

Display This Question:

And If D2.14 = 1

And

If A17 = 1

Or A21 = 47

**D2.18.** Please tell us if any of the following were important factors in your decision about how much time you took off from your job at [EMPLOYER NAME] to recover from your serious health condition or illness. **Mark all that apply.**

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

WALV\_HLTH\_NOLV\_FIN | WALV\_HLTH\_NOLV\_PRES | WALV\_HLTH\_NOLV\_FIRE | WALV\_HLTH\_NOLV\_INS |  
WALV\_HLTH\_NOLV\_OK | WALV\_HLTH\_NOLV\_OTHER | WALV\_HLTH\_NOLV\_OTHER\_TEXT

Display This Question:

And If D2.14 = 2

And

If A17 = 1

Or A21 = 47

**D2.19.** Please tell us if any of the following were reasons why you did not take time off from your job at [EMPLOYER NAME] to recover from your serious health condition or illness. **Mark all that apply.**

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

~ ~ ~ PAGE BREAK ~ ~ ~

WALV\_CR

Display This Question:

If D2.5 != 1

And D2.6 != 1

And D2.7 = 1

**D2.20.** Did you take leave from your job at [EMPLOYER NAME] to care for a seriously ill or injured family member?

- 1 Yes
- 2 No

Skip To: D2.25 If D2.20 != 1

WALV\_CR\_WK | WALV\_CR\_WK\_TEXT

Display This Question:

And If D2.20 = 1

**D2.21.** How many weeks of leave did you take from your job at [EMPLOYER NAME] to care for a seriously ill or injured family member?

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



WALV\_CR\_PAY

Display This Question:

And If D2.20 = 1

**D2.22.** During this leave, did you receive pay from [EMPLOYER NAME]? Do not include pay from the government or short-term disability insurance unless paid for by your employer.

- 1 Yes, I received my full pay from my employer while I was on leave
- 2 Yes, I received part of my pay from my employer while I was on leave
- 3 No, I did not receive any pay from my employer while I was on leave
- 4 Don't know/refuse

WALV\_CR\_COVER

Display This Question:

And If D2.20 = 1

And

If A17 = 1

Or A21 = 47

**D2.23.** Did you receive pay from the state's Paid Family & Medical Leave program?

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

WALV\_CR\_LV\_FIN | WALV\_CR\_LV\_PREP | WALV\_CR\_LV\_FIRE | WALV\_CR\_LV\_INS | WALV\_CR\_LV\_OK |  
WALV\_CR\_LV\_OTHER | WALV\_CR\_LV\_OTHER\_TEXT

Display This Question:

And If D2.20 = 1

And

If A17 = 1

Or A21 = 47

**D2.24.** Please tell us if any of the following were important factors in your decision about how much time you took off from your job at [EMPLOYER NAME] to care for a seriously ill or injured family member. **Mark all that apply.**

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

WALV\_CR\_NOLV\_FIN | WALV\_CR\_NOLV\_PRES | WALV\_CR\_NOLV\_FIRE | WALV\_CR\_NOLV\_INS | WALV\_CR\_NOLV\_OK  
| WALV\_CR\_NOLV\_OTHER | WALV\_CR\_NOLV\_OTHER\_TEXT

Display This Question:

And If D2.20 = 2

And

If A17 = 1

Or A21 = 47

**D2.25.** Please tell us if any of the following were reasons why you did not take time off from your job at [EMPLOYER NAME] to care for a seriously ill or injured family member.

**Mark all that apply.**

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

~ ~ ~ PAGE BREAK ~ ~ ~

WALV\_MULT

Display This Question:

If D2.5 = 1

And D2.6 = 1

Or

If D2.6 = 1

And D2.7 = 1

Or

If D2.5 = 1

And D2.7 = 1

Or

If D2.5 = 1

And D2.6 = 1

And D2.7 = 1

**D2.26.** Did you take leave from your job at [EMPLOYER NAME] to care for yourself or others?

- 1 Yes
- 2 No

Skip To: D2.31 If D2.26 != 1

WALV\_MULT\_WK | WALV\_MULT\_WK\_TEXT

Display This Question:

And If D2.26 = 1

**D2.27.** How many weeks of leave did you take from your job at [EMPLOYER NAME] to care for yourself or others?

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

WALV\_MULT\_PAY

Display This Question:

And If D2.26 = 1

**D2.28.** During this leave, did you receive pay from [EMPLOYER NAME]? Do not include pay from the government or short-term disability insurance unless paid for by your employer.

- 1 Yes, I received my full pay from my employer while I was on leave
- 2 Yes, I received part of my pay from my employer while I was on leave
- 3 No, I did not receive any pay from my employer while I was on leave
- 4 Don't know/refuse

WALV\_MULT\_COVER

Display This Question:

And If D2.26 = 1

And

If A17 = 1

Or A21 = 47

**D2.29.** Did you receive pay from the state's Paid Family & Medical Leave program?

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

WALV\_MULT\_LV\_FIN | WALV\_MULT\_LV\_PRES | WALV\_MULT\_LV\_FIRE | WALV\_MULT\_LV\_INS | WALV\_MULT\_LV\_OK  
| WALV\_MULT\_LV\_OTHER | WALV\_MULT\_LV\_OTHER\_TEXT

Display This Question:

And If D2.26 = 1

And

If A17 = 1

Or A21 = 47

**D2.30.** Please tell us if any of the following were important factors in your decision about how much time you took off from your job at [EMPLOYER NAME] to care for yourself or others. **Mark all that apply.**

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

WALV\_MULT\_NOLV\_FIN | WALV\_MULT\_NOLV\_PRES | WALV\_MULT\_NOLV\_FIRE | WALV\_MULT\_NOLV\_INS |  
WALV\_MULT\_NOLV\_OK | WALV\_MULT\_NOLV\_OTHER | WALV\_MULT\_NOLV\_OTHER\_TEXT

Display This Question:

And If D2.26 = 2

And

If A17 = 1

Or A21 = 47

**D2.31.** Please tell us if any of the following were reasons why you did not take time off from your job at [EMPLOYER NAME] to care for yourself or others. **Mark all that apply.**

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

~ ~ ~ PAGE BREAK ~ ~ ~

WALV\_UNDERSTAND

Display This Question:

If D2.8 = 1

Or D2.14 = 1

Or D2.20 = 1

Or D2.26 = 1

And

If A17 = 1

Or A21 = 47

**D2.32.** At the time you needed to take leave, how well did you understand the paid family and medical leave benefits that were available to you?

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

WALV\_EMPEXPLAIN

Display This Question:

If D2.8 = 1

Or D2.14 = 1

Or D2.20 = 1

Or D2.26 = 1

And

If A17 = 1

Or A21 = 47

**D2.33.** How helpful was your employer in making sure you understood the paid family and medical leave benefits that were available to you?

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

## § MODULE E: HOUR PREFERENCES AND WORK-FAMILY CONFLICT

---

*SATISFYWORK2*

†E1. All in all, how satisfied would you say you are with your job at [EMPLOYER NAME]?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not too satisfied
- 4 Not at all satisfied

*LIKEMOREHOURS*

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

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

*LIKEMOREPREDICT*

†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

*LOWSTAFF*

†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

*GETTIMEOFF*

†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 ~ ~ ~

*SHIFTFAMILYSTRESS*

†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

*HARDCAREGIVE*

†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

*HANDLPERSATWORK*

†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

*FLEXHANDLEFAMILY*

†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

PLAN



Outside of work, it is difficult to make firm commitments to be at a certain place at a certain time.

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

~ ~ ~ PAGE BREAK ~ ~ ~

SATISFYSCHE

†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

NEWJOB3M

†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

~ ~ ~ PAGE BREAK ~ ~ ~



How important are each of the following characteristics for you personally to consider a job to be a good job?

	Not at all important	Not very important	Neither important nor unimportant	Somewhat important	Extremely important




a. Level of pay	1	2	3	4	5
b. Stable and predictable pay	1	2	3	4	5
c. Stable and predictable hours	1	2	3	4	5
d. Control over hours and/or location (e.g., ability to work flexible hours, work remotely)	1	2	3	4	5
e. Job security	1	2	3	4	5
	Not at all important	Not very important	Neither important nor unimportant	Somewhat important	Extremely important
f. Employee benefits (e.g., healthcare, retirement)	1	2	3	4	5
g. Career advancement opportunities (e.g., promotion path, learning new skills)	1	2	3	4	5
h. Enjoying your day-to-day work (e.g., good co-workers/ managers, pleasant work environment, manageable stress level)	1	2	3	4	5
i. Having a sense of purpose and dignity in your work	1	2	3	4	5
j. Having the power to change things about your job that you're not satisfied with	1	2	3	4	5



E14. How satisfied are you with each of the following characteristics of your job at [EMPLOYER NAME]?

	Not at all satisfied	Not very satisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Extremely satisfied
<hr/>					

a. Level of pay	1	2	3	4	5
b. Stable and predictable pay	1	2	3	4	5
c. Stable and predictable hours	1	2	3	4	5
d. Control over hours and/or location (e.g., ability to work flexible hours, work remotely)	1	2	3	4	5
e. Job security	1	2	3	4	5
	Not at all important	Not very important	Neither important nor unimportant	Somewhat important	Extremely important
f. Employee benefits (e.g., healthcare, retirement)	1	2	3	4	5
g. Career advancement opportunities (e.g., promotion path, learning new skills)	1	2	3	4	5
h. Enjoying your day-to-day work (e.g., good co-workers/ managers, pleasant work environment, manageable stress level)	1	2	3	4	5
i. Having a sense of purpose and dignity in your work	1	2	3	4	5
j. Having the power to change things about your job that you're not satisfied with	1	2	3	4	5

 E15. Which of the following best describes your career advancement opportunities at [EMPLOYER NAME]?

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

~ ~ ~ PAGE BREAK ~ ~ ~

 E16. What are the best parts of your job at [EMPLOYER NAME]?  
\_\_\_\_\_ [TEXT RESPONSE; ESSAY]

 E17. What are the worst parts of your job at [EMPLOYER NAME]?  
\_\_\_\_\_ [TEXT RESPONSE; ESSAY]

## § MODULE E2: MODERATING VARIABLES

---

MGRCOVERSHIFT / SWAPSHIFTAPP

**E2.1.** 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. At my [EMPLOYER NAME] workplace, I have access to an app or other online tool to swap shifts with coworkers.	1	2	3

## § MODULE F: WORK RELATIONSHIPS

---

### *SUPERFAIR*

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

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

### *SUPERGENDER*

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

- 1 Male
- 2 Female
- 4 Other
- 3 I do not have an immediate supervisor or do not have just one immediate supervisor
- 5 Don't know/refuse

### *SUPERWHITE | SUPERHISP | SUPERBLACK | SUPERAPI | SUPERAIAN | SUPEROTH*

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

### *UNION*

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

- 1 Yes
- 2 No

*CUSTOMER*

**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

---

### *SECONDJOB*

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

1 Yes

2 No

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

### *HOURSSECONDJOB*

†**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

---

GENDER | GENDER\_TEXT



**H3.** 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

TRANSGENDER



**H2.** Do you identify as transgender?

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

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

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

- 1 White
- 2 Hispanic or Latino/Latina
- 3 Black or African American
- 4 Asian or Pacific Islander
- 5 American Indian or Alaskan native
- 6 Other
- 7 Prefer not to answer

AGE\_TEXT

**H4.** How old are you?

- 1 Enter your age in years

AGE

Display This Question:

If H4 = Empty

Or H4 < 18

Or H4 > 100

‡H5. Choose your age group:

- 1 18-19 years old
- 2 20-29 years old
- 3 30-39 years old
- 4 40-49 years old
- 5 50-59 years old
- 6 60-69 years old
- 7 70+ years old
- 8 Don't know/refuse

ENROLLED

†H6. Are you currently enrolled in school?

- 1 Yes
- 2 No

DIFSCHEDSCHOOL

Display This Question:

If H6 = 1

†H7. How much do you agree with the following statement:

My work schedule at my main job makes it difficult for me to attend classes, study, and complete my school work.

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

EDUC

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

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

ESLHOME

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

- 1 Yes
- 2 No

REL\_ATT



H10. Aside from weddings and funerals, how often do you attend religious services?

- 1 More than once a week
- 2 Once a week
- 3 Once or twice a month
- 4 A few times a year
- 5 Seldom
- 6 Never

COHABSTATUS

†H11. Are you living with a spouse or a partner?

- 1 Married, living with spouse
- 2 Living with a partner
- 3 Not living with a spouse or partner
- 4 Don't know/refuse

SPOUSEWORK

Display This Question:

If H11 = 1

Or H11 = 2

†H12. Is your spouse or partner employed?

- 1 Yes
- 2 No

SPOUSESCHEDULE | SPOUSESCHEDULE\_TEXT

Display This Question:

If H12 = 1

†H13. 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) \_\_\_\_\_

SPOUSESNOTICE

Display This Question:

If H12 = 1

**H14.** 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 ~ ~ ~

HHCT

**H15.** Including yourself, how many people currently live in your household?

\_\_\_\_\_ [NUMBER REQUIRED]

OWNRENTHOME

**H16.** Do you own your home? or pay rent?

- 1 Own Yes
- 2 Rent No
- 3 Other

RESIDENCE

**H17.** How long have you lived at your present address?

- 1 Less than 1 month
- 2 2 to 6 months
- 3 7 to 11 months
- 4 1 to 2 years
- 5 3 to 4 years
- 6 5 or more years

~ ~ ~ PAGE BREAK ~ ~ ~

KIDS

†H18. 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

KIDS0TO4

Display This Question:

If H18 = 1

†H19. Are any of your children under the age of 5?

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

KIDS0TO4\_GEN1 | KIDS0TO4\_GEN2 | KIDS0TO4\_GEN3 | KIDS0TO4\_GEN4 | KIDS0TO4\_AGE1 | KIDS0TO4\_AGE2 | KIDS0TO4\_AGE3 | KIDS0TO4\_AGE4

Display This Question:

If H19 = 1

H20. 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	Under 1 year
		2	Female	2	1 year
				3	2 years
				4	3 years
				5	4 years
b.	Kid #2	1	Male	1	Under 1 year
		2	Female	2	1 year
				3	2 years
				4	3 years
				5	4 years
c.	Kid #3	1	Male	1	Under 1 year
		2	Female	2	1 year
				3	2 years
				4	3 years
				5	4 years
d.	Kid #4	1	Male	1	Under 1 year
		2	Female	2	1 year
				3	2 years
				4	3 years
				5	4 years

~ ~ ~ PAGE BREAK ~ ~ ~

KIDS5TO9

Display This Question:

If H18 = 1

†H21. Are any of your children between the ages of 5 and 9?

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

KIDS5TO9\_GEN1 | KIDS5TO9\_GEN2 | KIDS5TO9\_GEN3 | KIDS5TO9\_GEN4 | KIDS5TO9\_AGE1 | KIDS5TO9\_AGE2 | KIDS5TO9\_AGE3 | KIDS5TO9\_AGE4

Display This Question:

If H21 = 1

H22. 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

~ ~ ~ PAGE BREAK ~ ~ ~

KIDS10TO14

Display This Question:

If H18 = 1

†H23. Are any of your children between the ages of 10 and 14?

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

KIDS10TO14\_GEN1 | KIDS10TO14\_GEN2 | KIDS10TO14\_GEN3 | KIDS10TO14\_GEN4 | KIDS10TO14\_AGE1 | KIDS10TO14\_AGE2 | KIDS10TO14\_AGE3 | KIDS10TO14\_AGE4

Display This Question:

If H23 = 1

H24. For each of your children between the ages of 10 and 14, please tell us the child's gender and age.

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

NUMKIDSLIVE0TO14

Display This Question:

If H19 = 1

Or H21 = 1

Or H23 = 1

†**H25.** 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

~ ~ ~ PAGE BREAK ~ ~ ~

KIDS15MORE

Display This Question:

If H8 = 1

‡**H26.** Are any of your children age 15 or older?

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

KIDS15MORE\_GEN1 | KIDS15MORE\_GEN2 | KIDS15MORE\_GEN3 | KIDS15MORE\_GEN4 | KIDS15MORE\_AGE1 | KIDS15MORE\_AGE2 | KIDS15MORE\_AGE3 | KIDS15MORE\_AGE4

Display This Question:

If H26 = 1

**H27.** For each of your children age 15 or older, please tell us the child's gender and age.

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



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

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#### UNPAIDCARE

**H28.** 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 H28 = 2

#### CARE\_TIMEOFF

Display This Question:

If H28 = 1

Or H19 = 1

Or H21 = 1

Or H23 = 1

**H29.** 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

CARE\_MISSSHIFT

Display This Question:

If H28 = 1

Or H19 = 1

Or H21 = 1

Or H23 = 1

H30. In your experience as both a worker and a caregiver, have you ever had to miss a shift of work?

1 Yes

2 No

CARE\_PT\_QUIT

Display This Question:

If H28 = 1

Or H19 = 1

Or H21 = 1

Or H23 = 1

H31. 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

CARE\_NOPROM

Display This Question:

If H28 = 1

Or H19 = 1

Or H21 = 1

Or H23 = 1

H32. In your experience as both a worker and a caregiver, have you ever had to turn down a promotion?

1 Yes

2 No

~ ~ ~ PAGE BREAK ~ ~ ~

SOCIAL\_FB / SOCIAL\_INSTA / SOCIAL\_LINKEDIN

H33. Do you ever use any of the following social media sites online or on your cell phone?

	Yes	No	Don't know/refuse
a. Facebook	1	2	3
b. Instagram	1	2	3
c. LinkedIn	1	2	3

*SOCIAL\_FB\_FREQ*

*Display This Question:*

*If H33a = 1*

**H34.** Thinking about the social media sites you use... About how often do you visit or use Facebook?

- 1 Several times a day
- 2 About once a day
- 3 A few times a week
- 4 Every few weeks
- 5 Less often
- 6 Don't know/refuse

*SOCIAL\_INSTA\_FREQ*

*Display This Question:*

*If H33b = 1*

**H35.** Thinking about the social media sites you use... About how often do you visit or use Instagram?

- 1 Several times a day
- 2 About once a day
- 3 A few times a week
- 4 Every few weeks
- 5 Less often
- 6 Don't know/refuse

*SOCIAL\_LINKEDIN\_FREQ*

*Display This Question:*

*If H30c = 1*

**H36.** Thinking about the social media sites you use... About how often do you visit or use LinkedIn?

- 1 Several times a day
- 2 About once a day
- 3 A few times a week
- 4 Every few weeks
- 5 Less often
- 6 Don't know/refuse

~ ~ ~ PAGE BREAK ~ ~ ~

HONEYPOT2

Display This Question:

If H3 = 7

And

If H3 = 1

Or H3 = 2

Or H3 = 3

Or H3 = 4

Or H3 = 5

Or H3 = 6



. How would you describe your race or ethnicity?

\_\_\_\_\_ [TEXT RESPONSE REQUIRED; PARAGRAPH]

## MODULE H2: POLITICAL PARTICIPATION

### PRIMARY\_VOTE

Display This Question:

If GeolP = AL, AR, CA, CO, IA, ME, MA, MN, NV, NH, NC, OK, SC, TN, TX, UT, VA, VT

Or A21 = 1

Or A21 = 4

Or A21 = 5

Or A21 = 6

Or A21 = 15

Or A21 = 19

Or A21 = 21

Or A21 = 23

Or A21 = 28

Or A21 = 29

Or A21 = 33

Or A21 = 36

Or A21 = 40

Or A21 = 42

Or A21 = 43

Or A21 = 44

Or A21 = 45

Or A21 = 46

**H2.1.** Did you vote in your state's primary election or caucus? This would have been in February or March 2020.

- 1 Yes, I voted
- 2 I usually vote, but did not in this election
- 3 No, I did not vote in this election
- 4 I am not eligible to vote
- 5 Other
- 6 Don't know/refuse

### PRIMARY\_CHOICE

**H2.2.** In the Presidential primary or caucus, which candidate is your choice for the nomination?

- 1 ☒ Bernie Sanders
- 2 ☒ Joe Biden
- 3 ☒ Michael Bloomberg
- 4 ☒ Elizabeth Warren
- 5 ☒ ~~Pete Buttigieg~~
- 6 ☒ ~~Amy Klobuchar~~
- 7 ☒ ~~Tom Steyer~~
- 8 Another Democrat
- 9 Donald Trump
- 10 Another Republican
- 11 Other: \_\_\_\_\_
- 12 Don't know/refuse

**H2.3.** During the past year, did you...

	Yes	No
a. Attend a political meeting?	1	2
b. Contact a public official?	1	2
c. Work for a candidate or campaign?	1	2
d. Attend a political protest, march, or demonstration?	1	2
e. Donate money to a candidate, campaign, or political organization?	1	2
f. Put up a political sign?	1	2

PARTY\_ID

**H2.4.** Generally speaking, do you think of yourself as a...

- 1 Democrat
- 2 Republican
- 3 Independent
- 4 Other

PARTY\_STRONG

Display This Question:

If H2.4 = 1

Or If H2.4 = 2

- H2.5.** Would you call yourself a strong [PIPED H2.4] or a not so strong [PIPED H2.4]?
- 1 Strong
  - 2 Not so strong

PARTY\_ID\_LEAN

Display This Question:

If H2.4 = 3

Or If H2.4 = 4

- H2.6.** Do you think of yourself as closer to the Democratic or the Republican Party?
- 1 Democratic Party
  - 2 Republican Party
  - 3 Neither
  - 4 Don't know/refuse

POL\_INT

**12.7.** Some people seem to follow what's going on in government and public affairs most of the time, whether there's an election going on or not. Others aren't that interested. Would you say you follow what's going on in government and public affairs...

- 1 most of the time
- 2 some of the time
- 3 only now and then
- 4 hardly at all

EFFICACY\_EX

**12.8.** In general, would you say you agree or disagree with the following statement:

Public officials don't care much what people like me think.

- 1 Strongly agree
- 2 Somewhat agree
- 3 Neither agree nor disagree
- 4 Somewhat disagree
- 5 Strongly disagree

EFFICACY\_IN

**12.9.** In general, would you say you agree or disagree with the following statement:

People like me have no say over what the government does.

- 1 Strongly agree
- 2 Somewhat agree
- 3 Neither agree nor disagree
- 4 Somewhat disagree
- 5 Strongly disagree

TRUSTINST\_CORP | TRUSTINST\_EDUC | TRUSTINST\_EXEC | TRUSTINST\_SCOTUS | TRUSTINST\_CONG |  
TRUSTINST\_BANK | TRUSTINST\_UNION | TRUSTINST\_MEDIA

**12.10.** How much confidence do you have in...

	No confidence at all	Very little confidence	Some confidence	A great deal of confidence	Complete confidence

a. Major companies	1	2	3	4	5
b. Education	1	2	3	4	5
c. Executive branch of U.S. government	1	2	3	4	5
d. U.S. Supreme Court	1	2	3	4	5
e. U.S. Congress	1	2	3	4	5
f. Banks and financial institutions	1	2	3	4	5
g. Labor unions	1	2	3	4	5
h. News media	1	2	3	4	5

#### UNIONPOLICY

- 12. 11.** Do you support or oppose a policy that would make it easier to form labor unions?
- 1 Support
  - 2 Oppose

#### IDEOLOGY

- 12. 12.** In general, how would you describe your own political viewpoint?
- 1 Very liberal
  - 2 Liberal
  - 3 Moderate
  - 4 Conservative
  - 5 Very conservative



## MODULE I: BASIC FINANCIALS

---

### *HHINCOME*

†11. What is your household's approximate annual income, including earnings from a job and any other sources of income? Would you say it is:

- 1 Less than \$15,000 per year
- 2 At least \$15,000 but less than \$25,000 per year
- 3 At least \$25,000 but less than \$35,000 per year
- 4 At least \$35,000 but less than \$50,000 per year
- 5 At least \$50,000 but less than \$75,000 per year
- 6 At least \$75,000 but less than \$100,000 per year
- 7 At least \$100,000 but less than \$150,000 per year
- 8 \$150,000 or more per year
- 9 Don't know/refuse

### *DIFFPAY*

†12. 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

### *INCVOLATILE*

†13. 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

---

*LAST12\_SNAP*

†**J1.** In the past 12 months, have you received help from the SNAP program? This is sometimes called "food stamps."

- 1 Yes
- 2 No

*HARDSHIP\_FREEFOOD*

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

- 1 Yes
- 2 No

*HARDSHIP\_HUNGRY*

†**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

*HARDSHIP\_UTILITIES*

†**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

*HARDSHIP\_INFORMATION*

†**J5.** In the past 12 months, did you borrow money from friends or family to help pay bills?

- 1 Yes
- 2 No

*HARDSHIP\_MOVEIN*

†**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

*HARDSHIP\_SHELTER*

†**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

*HARDSHIP\_DEFERMEDICAL*

†**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

~ ~ ~ PAGE BREAK ~ ~ ~

*CONFIDCOPE*

†**J9.** 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

---

### HEALTH

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

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

### HEALTHPLAN

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

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

### WHYNOPLANFROMJOB / WHYNOPLAN\_TEXT

Display This Question:

If 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) \_\_\_\_\_

### JOBPLAN / JOBPLAN\_TEXT

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)

*SLEEP*

†**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

*PILINGHIGH*

†**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

*SOSAD*

†**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

*NERVOUS*

†**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

*RESTLESS*

†**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

HOPELESS

†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

EFFORT

†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

WORTHLESS\_K6

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

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

~ ~ ~ PAGE BREAK ~ ~ ~

CHECK

†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

*SLEEP\_HOURS*

**†K14.** How many hours of sleep do you get per night?

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

*DIFFSLEEP*

**K15.** 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

*WAKEUP*

**K16.** During the past month, 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

*FATIGUED*

**K17.** During the past month, how often did you wake up feeling exhausted/fatigued?

- 1 Every day
- 2 Multiple times per week
- 3 About once per week
- 4 Once or twice per month
- 5 Never

~ ~ ~ PAGE BREAK ~ ~ ~

HAPPY

†**K18.** Taken all together, how would you say things are these days? Would you say you are...

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

~ ~ ~ PAGE BREAK ~ ~ ~

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

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

- 1 Foot pain
- 2 Neck pain
- 3 Back pain
- 4 Pain, aching, stiffness, or swelling in or around a joint
- 5 Headaches or migraines
- 6 Other: \_\_\_\_\_
- 7 ☐ None of these

Display This Question:

If A4-NOTAD:1 = displayed  
Or If A4-NOTAD:2 = displayed  
Or If A4-NOTAD:4 = displayed  
And  
If K19:7 != selected  
And If K19 selected count > 0

**K20.**<sup>3</sup> 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 K19:7 != selected  
And If K19 selected count > 0

**K21.**<sup>4</sup> The next set of questions will ask about your [EMPLOYER NAME] workplace.

<sup>3</sup> This question appears in the single-company survey (NOTAD branch) only. It does not appear in the multiple-company survey.

<sup>4</sup> This question appears in the single-company survey (RUE branch) only. It does not appear in the multiple-company survey.



CONTRIBPAINFOOT

Display This Question:

If K19:1 = selected

**K22.** How much does your work contribute to your foot pain?

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

CONTRIBPAINNECK

Display This Question:

If K19:2 = selected

**K23.** How much does your work contribute to your neck pain?

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

CONTRIBPAINBACK

Display This Question:

If K19:3 = selected

**K24.** How much does your work contribute to your back pain?

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

CONTRIBPAINJOINT

Display This Question:

If K19:4 = selected

**K25.** How much does your work contribute to your pain, aching, stiffness or swelling in or around a joint?

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

CONTRIBPAINHEAD

Display This Question:

If K19:5 = selected

**K26.** How much does your work contribute to your headaches or migraines?

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

CONTRIBPAINOTHER

Display This Question:

If K19:6 = selected

And K19:6 text entry != empty

**K27.** How much does your work contribute to your other pain ([PIPE K19 OTHER PAIN])?

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

## MODULE L: CHILD

---

### PART 1 – HEALTH

#### *SPENDTIMEKIDS*

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

#### *HAVEMEALKIDS*

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

#### *HWBOOKKIDS*

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

#### *PLAYINDOORKIDS*

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

†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 ~ ~ ~

KIDACTIVE1TO4\_DANCE | KIDACTIVE1TO4\_SPORTS | KIDACTIVE1TO4\_CLUBS | KIDACTIVE1TO4\_MUSIC |  
KIDACTIVE1TO4\_DRAMA | KIDACTIVE1TO4\_ART | KIDACTIVE1TO4\_PERFARTS | KIDACTIVE1TO4\_AFTSCHOOL |  
KIDACTIVE1TO4\_NONE

Display this Question:

If H18 = 1

And

If H21 != 1

And H23 != 1

And H26 != 1

And


If H19 = 1

And

If H20 Age(1) selected count = 0

And H20 Age(2) selected count = 0

**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  None of these

KIDACTIV5MORE\_DANCE | KIDACTIV5MORE\_SPORTS | KIDACTIV5MORE\_CLUBS | KIDACTIV5MORE\_MUSIC |  
KIDACTIV5MORE\_DRAMA | KIDACTIV5MORE\_ART | KIDACTIV5MORE\_PERFARTS | KIDACTIV5MORE\_AFTSCHOOL |  
KIDACTIV5MORE\_NONE

Display this Question:

If H18 = 1

And

If H21 = 1

Or H23 = 1

Or H26 = 1

**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 ~ ~ ~

HARDARRANGECARE

Display This Question:

If H19 = 1

Or H21 = 1

Or H23 = 1

**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

MISSWORKFORCARE

Display This Question:

If H19 = 1

Or H21 = 1

Or H23 = 1

**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

KIDSGOSICK2

Display This Question:

If H19 = 1

Or H21 = 1

Or H23 = 1

†**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

SPOUSECARES | GRANDPARENTCARES | SIBLINGCARES | CHILDSELFCARES | BABYSITTERS | DAYCARE

Display This Question:

If H19 = 1

Or H21 = 1

Or H23 = 1

†**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

DIFFPLACESCARE

Display This Question:

If H19 = 1

Or H21 = 1

Or H23 = 1

†**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

SPANKKIDS

Display This Question:

If H19 = 1

Or H21 = 1

†**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 ~ ~ ~

PARENTHARD

**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

PARENTTRAP

**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

CAREMOREWORK

**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

TIREDPARENT

**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 ~ ~ ~

YOUNGESTKID

Display This Question:

If H19 != 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

OLDESTKID

Display This Question:

If H19 = 1

And H21 != 1

And H23 != 1

And H26 != 1

And

If H20a1 = 1

Or H20a2 = 1

And

If H20b1 = 1

Or H20b2 = 1

Or H20c1 = 1

Or H20c2 = 1

Or H20d1 = 1

Or H20d2 = 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



KIDCLOSETO7

Display This Question:

If H19 = 1

And

If H21 = 1

And H23 != 1

Or

If H21 != 1

And H23 != 1

And H26 = 1

Or

If H21 = 1

And H23 = 1

**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**.

Skip To: L23 If L20 = Displayed

KIDCLOSETO10

Display This Question:

If H19 = 1

And H21 != 1

And H23 = 1

**L21.** The next set of questions will ask about just one of your children. Thinking about all of your children, please choose the child **closest to 10 years of age**.

Skip To: L23 If L21 = Displayed

SINGLEKID

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

KIDA\_AGE

†**L23.** Please enter the age of the child (in years).

\_\_\_\_\_ [NUMBER REQUIRED; NUMERIC RANGE 0-17]

KIDA\_INITIAL

**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)

BEDTIME

**L25.** Does [CHILD1] have a regular bedtime during the week?

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

BEDTIMEHOUR / BEDTIMEMIN / BEDTIMEAMPM

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 ____	2 ____	1 2	AM PM
		[NUMBER REQUIRED]	[NUMBER REQUIRED]		

BEDTIMEFREQ

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

WAKEUPTIME

**L28.** Does [CHILD1] have a regular wake-up time during the week?

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

WAKEUPHOUR / WAKEUPMIN / WAKEUP\_AMPM

Display This Question:

If L28 = 1

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

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

WAKEUPTIMEFREQ

Display This Question:

If L28 = 1

**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

SLEEP\_TOOLITTLE / SLEEP\_RIGHT / SLEEP\_SAME / SLEEP\_LONGALERT / SLEEP\_HARDBED / SLEEP\_WHILEACTIVE / SLEEP\_SCREEN

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

	Often	Sometimes	Never

a. Sleeps too little	1	2	3
b. Sleeps the right amount	1	2	3
c. Sleeps the same amount each day	1	2	3
d. Takes 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

#### KIDWEIGHT

**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

#### ADHD | DEVDELAY | ASTHMA | CHILDHEALTHNONE

**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 ☐ None of these

#### ASTHMAMED

Display This Question:

If L33 = 1

**L34.** Is [CHILD1] taking asthma medications?

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

#### WHEEZING

**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 Once *per week*
- 6 More than once *per week*
- 7 Every day

#### EMERGENCY

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?

\_\_\_\_\_ [VALIDATION: Numeric, 0-365]

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

**†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

KIDHEALTH

**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 NAME)<sup>5</sup>

### GRADE

**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*

### ABSENT

**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

### HELD BACK

**L41.** Since starting kindergarten, has [CHILD1] ever repeated a grade or been held back?

- 1 Yes
- 2 No

---

<sup>5</sup> 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."



Display This Question:

If L41 = 1

**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].

TROUBLETEACH

**L44.** [CHILD1] has trouble getting along with teachers.

- 1 Often true
- 2 Sometimes true
- 3 Not true

TROUBLEPEER

**L45.** [CHILD1] has trouble getting along with other peers.

- 1 Often true
- 2 Sometimes true
- 3 Not true

SUSPEXPEL

**L46.** Has [CHILD1] ever been suspended or expelled from school?

- 1 Yes
- 2 No

SUSPEXPELGRADE

Display This Question:

If L46 = 1

**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

SUSPEXPELPUNISH / SUSPEXPELPUNISH\_TEXT

Display This Question:

If L46 = 1

**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].

LIKESCHOOL

**L50.** In general, [CHILD1] likes to go to school.

- 1 Often true
- 2 Sometimes true
- 3 Not true

INTERESTSCHOOLWK

**L51.** In general, [CHILD1] is interested in school work.

- 1 Often true
- 2 Sometimes true
- 3 Not true

*WORKHARDSCHOOL*

**L52.** In general, [CHILD1] works hard at school.

- 1 Often true
- 1 Sometimes true
- 2 Not true

*REPORTCARD*

**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<sup>6</sup>

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

*KIDB\_AGE*

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

*KIDB\_INITIAL*

**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]

---

<sup>6</sup> If the respondent has a child  $\leq 4$  years of age and  $\geq 15$  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 NAME)<sup>7</sup>

GRADE\_15

**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*

ABSENT\_15

**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

HELDBACK\_15

**L59.** Since starting kindergarten, has [CHILD2] ever repeated a grade or been held back?

- 1 Yes
- 2 No

---

<sup>7</sup> 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."

HELDBACK0\_15 | HELDBACK1\_15 | HELDBACK2\_15 | HELDBACK3\_15 | HELDBACK4\_15 | HELDBACK5\_15 |  
HELDBACK6\_15 | HELDBACK7\_15 | HELDBACK8\_15 | HELDBACK9\_15 | HELDBACK10\_15 | HELDBACK11\_15 |  
HELDBACK12\_15

Display This Question:

If L59 = 1

**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].

TROUBLETEACH\_15

**L62.** [CHILD2] has trouble getting along with teachers.

- 1 Often true
- 2 Sometimes true
- 3 Not true

TROUBLEPEER\_15

**L63.** [CHILD2] has trouble getting along with other peers.

- 1 Often true
- 2 Sometimes true
- 3 Not true

SUSPEXPEL\_15

**L64.** Has [CHILD2] ever been suspended or expelled from school?

- 1 Yes
- 2 No

SUSPEXPELGRADE\_15

Display This Question:

If L64 = 1

**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

SUSPEXPELPUNISH\_15 | SUSPEXPELPUNISH\_TEXT\_15

Display This Question:

If L64 = 1

**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].

LIKESCHOOL\_15

**L68.** In general, [CHILD2] likes to go to school.

- 1 Often true
- 2 Sometimes true
- 3 Not true

INTERESTSCHOOLWK\_15

**L69.** In general, [CHILD2] is interested in school work.

- 1 Often true
- 2 Sometimes true
- 3 Not true

*WORKHARDSCHOOL\_15*

**L70.** In general, [CHILD2] works hard at school.

- 1 Often true
- 2 Sometimes true
- 3 Not true

*REPORTCARD\_15*

**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



## ENDING

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†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.

Phone Number (XXX-XXX-XXXX):

\_\_\_\_\_ [ ] IDATION: U.S Phone # Custom: ~~^[0-9]{3}\-[0-9]{3}\-[0-9]{4}\$~~

## CUSTOM END-OF-SURVEY MESSAGE

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

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