



# Assisted Living Staff Year 1 Survey

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# Programming Specifications

## ALIntro

Thank you for participating in the National Dementia Workforce Study.

This survey is sponsored by the National Institute on Aging and is being given to assisted living community staff who care for people living with dementia. The survey will take about 25 minutes.

This survey asks questions about your job with [FACILITY NAME].

Your responses are confidential and will never be shared with your employer.

Dementia is a general term for a condition causing loss of memory, language, problem-solving, and other thinking abilities that are severe enough to interfere with daily life. Alzheimer's disease is the most common cause of dementia.

---

## AL0 StillWork

You have been selected to complete this survey based on your employment at [FACILITY NAME]. Do you still work at [FACILITY NAME]?

1. Yes
5. No

[TERMINATE IF AL0 = 5]

---

# Section 1: Education, Training and Experience

## AL1 LicenseHeld

Have you ever held a state license, certification, or registration related to your job in an assisted living community?

1. Yes [GO TO AL1\_1]

5. No [GO TO AL2]

---

### AL1\_1 LicenseNow

[DISPLAY IF AL1 = 1 Yes]

Please select the state licenses, certifications, or registrations that you **currently hold**:

*Select all that apply.*

Licenses

- a. RN
- b. LPN/LVN
- c. Other: \_\_\_\_\_

#### ***Certification or Registration***

- d. Certified Nursing Assistant
  - e. Home Health Aide
  - f. Personal Care Aide/Assistant
  - g. Medication Aide
  - h. Other: \_\_\_\_\_
  - i. None of the above
- 

### AL1\_2 LicenseEver

Please check any state licenses, certifications, or registrations that you have ever held in the past, even if it is not current:

*Select all that apply.*

Licenses

- a. RN
- b. LPN/LVN
- c. Other: \_\_\_\_\_

#### ***Certification or Registration***

- d. Certified Nursing Assistant
- e. Home Health Aide

- f. Personal Care Aide/Assistant
  - g. Medication Aide
  - h. Other: \_\_\_\_\_
- 

## AL2 Certificate

Are you currently working towards a certificate, license, or degree related to healthcare?

- 1. Yes
  - 5. No
- 

## AL3 Education

Which of the following describes your **highest** level of education?

- 1. Some high school coursework
  - 2. High school diploma or equivalent
  - 3. Some college coursework
  - 4. Practical/vocational nursing diploma or certificate
  - 5. Diploma from a hospital-based RN program
  - 6. Associate degree
  - 7. Bachelor's degree
  - 8. Master's degree
  - 9. Doctoral degree
  - 10. Other (specify)\_\_\_\_\_
- 

## AL4 TrainFormal

Have you ever received formal training (online or in-person course) in...

	Yes	No
a. Understanding dementia	<input type="radio"/>	<input type="radio"/>
b. Responding to resident behaviors	<input type="radio"/>	<input type="radio"/>

c. Communicating with people with dementia  Yes  No

d. Working with families of people with dementia  Yes  No

e. Identifying changes in residents' condition  Yes  No

f. Providing end-of-life care  Yes  No

g. Caring for residents of different cultures, values, or beliefs  Yes  No

h. Respecting residents' rights  Yes  No

i. Protecting residents against injury  Yes  No

j. Protecting yourself against injury  Yes  No

---

## AL5 TrainInformal

Have you ever received informal on-the-job training or completed self-study in...

Yes No

a. Understanding dementia  Yes  No

b. Responding to resident behaviors  Yes  No

c. Communicating with people with dementia  Yes  No

d. Working with families of people with dementia	<input type="radio"/>	<input type="radio"/>
e. Identifying changes in residents' condition	<input type="radio"/>	<input type="radio"/>
f. Providing end-of-life care	<input type="radio"/>	<input type="radio"/>
g. Caring for residents of different cultures, values, or beliefs	<input type="radio"/>	<input type="radio"/>
h. Respecting residents' rights	<input type="radio"/>	<input type="radio"/>
i. Protecting residents against injury	<input type="radio"/>	<input type="radio"/>
j. Protecting yourself against injury	<input type="radio"/>	<input type="radio"/>

---

## Section 2: Employment Status

### AL6 TrainPrepare

How well did your training prepare you for what it is like to actually work at your current job?

1. Not at all prepared
  2. Somewhat prepared
  3. Well prepared
-



## AL7a YearsLTCWork

How many years have you been working for pay in long-term care, with any type of employer?

\_\_\_\_\_Years [INTEGER; RANGE 0-99]

1. Less than one year

[IF AL7a not null or > 0, GO TO AL8a]

---

## AL7b MonthsLTCWork

[Display AL7b if AL7a = Less than one year]

How many months have you been working for pay in long-term care, with any type of employer?

\_\_\_\_\_Months

[INTEGER; RANGE 0-999]

---

## AL8a JobsHave

How many jobs do you currently hold for pay?

\_\_\_\_\_ current jobs for pay [INTEGER; RANGE 1-10]

[IF AL8a = 1 (one job only), GO TO AL9]

---

## AL8b JobsHaveLTC

How many jobs do you currently hold for pay in the field of long-term care?

\_\_\_\_\_ paid jobs in long-term care [INTEGER; RANGE 1-10]

[IF AL8b = AL8a (all jobs are with LTC), GO TO AL9]

---

## AL8c JobsHaveOther

How many jobs do you currently hold for pay in other fields?

\_\_\_\_\_ paid jobs in other fields

[INTEGER; RANGE 0-99]

---

## AL9 JobHours

How many hours do you work in a normal week [Display if AL8a > 1 (more than one job): "in **all** your jobs"]?

\_\_\_\_\_ hours per week

[INTEGER; RANGE 0-168]

---

## AL10 JobOther

[Display AL10 if AL8a > 1 (more than one job)]

What type of employer do you have for your other job(s)?

*Select all that apply.*

- a. Nursing home
  - b. Another assisted living community
  - c. Home care agency
  - d. Privately employed to provide home care
  - e. Another type of health care employer
  - f. Other (specify): \_\_\_\_\_
- 

## AL11a JobYears

**The rest of the questions in this survey are related to your job with [FACILITY NAME]**

How long have you worked with this employer?

\_\_\_\_\_ Years [IF AL11a not null or > 0, GO TO AL12]

1. Less than one year

[INTEGER; RANGE 0-99]

---

### AL11b JobMonths

[Display AL11b if AL11a = Less than one year]

How many months have you worked with this employer?

\_\_\_\_\_months

[INTEGER; RANGE 0-999]

---

### AL12 JobHoursWeek

How many hours per week do you usually get paid for your work in this job?

\_\_\_\_\_ hours per week

[INTEGER; RANGE 0-168]

---

### AL13 JobWeeksYear

How many weeks per year do you usually work in this job?

\_\_\_\_\_ weeks per year

[INTEGER; RANGE 0-52]

---

## AL14 JobShiftType

What shifts do you normally work in this job?

*Select all that apply.*

- a. Days
  - b. Evenings
  - c. Nights
  - d. Weekends
  - e. No regular shift schedule [DO NOT ALLOW WITH OTHER OPTIONS]
- 

## AL15 JobSupervise

Do you supervise other staff in your job?

- 1. Yes
  - 5. No
- 

## AL16 JobAdmin

Do you administer any of the following to your residents?

	Yes	No
a. Prescription oral medication	<input type="radio"/>	<input type="radio"/>
b. Prescription creams/ointments	<input type="radio"/>	<input type="radio"/>
c. Over-the-counter medications	<input type="radio"/>	<input type="radio"/>

---

## AL17 ScheduleAdjust

How much do you agree or disagree with the following statements?

Last minute adjustments are often made to your schedule by your employer.

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

## AL18 ScheduleAnticipate

[Display on the same screen as AL17]

You can easily anticipate what days and times you will be working week-to-week.

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

## AL20 JobSameResident

Are you assigned to care for the same residents on most weeks you work, or do the residents you are assigned to change each week?

1. Same residents
  2. Residents change
  3. Combination
- 

## AL21 TravelHow

During the past month, how did you usually travel from home to your job?

1. Drove yourself
2. Got a ride from others
3. Public transportation
4. Walking or bicycle
5. Taxi, van, or rideshare service

## 6. Other

---

### AL22a TransportMissWork

During the past month, did you miss any time from work because of problems with transportation?

- 1. Yes [GO TO AL22b]
  - 5. No [GO TO AL23]
- 

### AL22b TransportMissShift

During the past month, how many shifts did you miss because of transportation problems?

\_\_\_\_ Number of shifts

[INTEGER; RANGE 0-99]

---

### AL22c TransportBeLate

During the past month, how many times were you late because of transportation problems?

\_\_\_\_ Number of times

[INTEGER; RANGE 0-99]

---

### AL23 PayType

How are you paid?

- 1. Hourly wage
  - 2. Weekly salary
  - 3. Twice-monthly salary
  - 4. Monthly salary
- 

### AL24a PayPerHour

[Display AL24a If AL23 = 1]

What is your hourly wage before taxes?

\_\_\_\_\_ hourly wage

[INTEGER; RANGE 0-999]

---

### AL24b PayPerWeek

[Display AL24b If AL23 = 2]

What is your weekly salary before taxes?

\_\_\_\_\_ weekly salary

[INTEGER; RANGE 0-99,999]

---

### AL24c PayPerBiMonthly

[Display AL24c If AL23 = 3]

What is your twice-monthly salary before taxes?

\_\_\_\_\_ twice-monthly salary

[INTEGER; RANGE 0-999,999]

---

### AL24d PayPerMonth

[Display AL24d If AL23 = 4]

What is your monthly salary?

\_\_\_\_\_ monthly salary

[INTEGER; RANGE 0-999,999]

---

## AL25 HaveInsurance

Do you currently have health insurance?

*Select all that apply.*

- a. Yes, from this job
  - b. Yes, from another job
  - c. Yes, from spouse's or partner's job
  - d. Yes, from parent or parent's job
  - e. Yes, Medicaid
  - f. Yes, Medicare
  - g. Yes, Veterans Affairs (VA)
  - h. Yes, from the Affordable Care Act/Exchange
  - i. No, I do not have health insurance [Do not allow with other answers]
- 

## AL26 Benefits

What benefits are you currently offered by [FACILITY NAME]?

*Select all that apply.*

- a. Paid time off (PTO) that combines sick and vacation [IF SELECTED, ASK AL26a]
  - b. Paid sick time that is separate from vacation time [IF SELECTED, ASK AL26b]
  - c. Paid vacation time that is separate from sick time [IF SELECTED, ASK AL26c]
- 

## AL26a DaysPTO

How many days of paid time off (PTO) do you currently receive each year?

\_\_\_\_\_ # Days per year

[INTEGER; RANGE 0-365]

---



## AL26b DaysSick

How many days of paid sick time do you currently receive each year?

\_\_\_\_\_ # Days per year

[INTEGER; RANGE 0-365]

---

## AL26c DaysVaca

How many days of paid vacation time do you receive each year?

\_\_\_\_\_ # Days per year

[INTEGER; RANGE 0-365]

---

## AL27 BenefitsOther

What other benefits does [FACILITY NAME] currently offer?

*Select all that apply.*

- a. Health insurance for employees' families [IF SELECTED, ASK AL28]
  - b. Dental insurance [IF SELECTED, ASK AL29]
  - c. Vision insurance [IF SELECTED, ASK AL30]
  - d. Tuition reimbursement or education scholarship [IF SELECTED, ASK AL31]
  - e. Paid parental leave [IF SELECTED, ASK AL32]
  - f. Retirement benefits (401K, 403B, pension, other) [IF SELECTED, ASK AL33]
  - g. None of the above [Do not allow with other selections, Go to AL34]
- 

## AL28 FamilyInsurance

Is your family currently enrolled in health insurance from [FACILITY NAME]?

- 1. Yes
  - 5. No
-

## AL29 Dental

Are you currently enrolled in dental insurance from [FACILITY NAME]?

- 1. Yes
  - 5. No
- 

## AL30 Vision

Are you currently enrolled in vision insurance from [FACILITY NAME]?

- 1. Yes
  - 5. No
- 

## AL31 Tuition

Have you ever received tuition reimbursement or an education scholarship from [FACILITY NAME]?

- 1. Yes
  - 5. No
- 

## AL32 Parental Leave

Have you ever received paid parental leave from [FACILITY NAME]?

- 1. Yes
  - 5. No
- 

## AL33 Retirement

Are you currently enrolled in retirement benefits from [FACILITY NAME]?

- 1. Yes
  - 5. No
-

## AL34 Grieve

Do you have enough support in your job to grieve patients who are dying or who have died?

- 1. Yes
  - 5. No
- 

## AL35 DirectDementia

**Please continue to answer the questions related to your job with [FACILITY NAME].**

Do you provide direct care to people with dementia?

- 1. Yes
  - 5. No
- 

## AL36 MemCare

Do you work in a memory care unit?

- 1. Yes, all of the time
  - 2. Yes, some of the time
  - 5. No, never
-

### Section 3: Dementia Care Knowledge, Attitudes and Practices

#### AL37a-f PeopleWithDementia

Please indicate your level of agreement or disagreement with the following statements:

	Strongly disagree	Disagree	Somewhat disagree	Neutral	Somewhat agree	Agree	Strongly agree
a. It is rewarding to work with people who have dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I am comfortable touching people with dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I feel relaxed around people with dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. People with dementia can be creative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. It is possible to enjoy interacting with people with dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

f. People with dementia can enjoy life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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### AL38a-i PeopleWithDementia\_1

For each item below, how confident are you in your ability to do these things with residents who have dementia?

	Not at all confident	A little confident	Somewhat confident	Very confident
a. I can use information about their past (such as what they used to do and their interests) when talking to a resident with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I can change my work to match the changing needs of a resident with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I can keep up a positive attitude towards residents with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I can keep up a positive attitude towards the relatives of residents with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I can keep myself motivated during a working day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I can play an active role in my team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I can protect the dignity of a resident with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

h. I can deal with personal care, such as incontinence, in a resident with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I can offer choice to a resident with dementia (such as what to wear, or what to do).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## AL39a-e Resources

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

	Strongly disagree	Disagree	Agree	Strongly agree
a. I have appropriate personal protective equipment (PPE).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Equipment or assistive devices are available when needed to help move, transfer, or lift residents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Other staff are available when needed to help move, transfer, or lift residents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The health and safety of workers is a high priority with management where I work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The demands of my job interfere with my personal or family life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

---

## Section 4: Worker Outcomes

### AL40 JobSatisfaction

Thinking about your job at [FACILITY NAME], please indicate your level of satisfaction or dissatisfaction with each of the following:

	Very dissatisfied	Dissatisfied	Satisfied	Very satisfied
a. Overall job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Schedule of hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Salary or wages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Type of work that you do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Opportunities to learn new skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Independence at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Working with your supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Working with your coworkers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Opportunities for career advancement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Relationship with residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Relationship with family members of residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Your workload	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Respect for your role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

o. Work schedule flexibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Work environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Ability to take enough sick time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## AL41 JobOpinion

Thinking about your job at [FACILITY NAME], how much do you agree or disagree with each of the following?

	Strongly disagree	Disagree	Agree	Strongly agree
a. I have enough time to give individual attention to residents who need assistance with dressing, bathing, transferring, or using the toilet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I have enough time to complete other duties that don't directly involve the residents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Residents and/or families let me know when I am doing a good job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My supervisor(s) lets me know when I am doing a good job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I am encouraged to discuss the care and well-being of residents with their families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I participate as a member of a care team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## AL42 Job Experienced

In your job at [FACILITY NAME] over the past year, how often have you experienced the following:

	Never	Rarely	Sometimes	Often
a. Communication problems with co-workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Communication problems with supervisor(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Communication problems with residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Communication problems with residents' family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Disrespectful behavior from residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Disrespectful behavior from residents' family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Racial, ethnic, religious, or other personal insults from residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Inappropriate sexual behavior from residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Hitting or other physical aggression from residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

j. Yelling or other verbal aggression from residents

o

o

o

o

---

## AL43 JobRecommend

Would you recommend [FACILITY NAME] to your family and friends needing care?

1. Definitely no
  2. Maybe no
  3. Maybe yes
  4. Definitely yes
- 

## AL44 JobDiscriminate

In your current job have you ever been discriminated against by your employer because of your race or ethnic origin?

1. Yes
  5. No
- 

## AL45 JobBurnedOut

I feel burned out from my work...

1. Never
  2. A few times a year or less
  3. Once a month or less
  4. A few times a month
  5. Once a week
  6. A few times a week
  7. Every day
- 

## AL46a JobInjury

During the past 12 months, did you experience any work-related injuries?

- 1. Yes [GO TO AL46b]
  - 5. No [GO TO AL47]
- 

### AL46b JobInjuryAid

[Display AL46b if AL46a = Yes]

Did any of these injuries require any first aid or medical treatment, change in job activities, or lost time from work?

- 1. Yes
  - 5. No
- 

### AL46c JobInjuryWork

[Display AL46c if AL46a = Yes]

Was any injury with your job at [FACILITY NAME]?

- 1. Yes
  - 5. No
- 

### AL47 JobRetention

How long do you think you will continue to work at [FACILITY NAME]?

*Please remember this survey is confidential.*

- 1. Less than 6 months
  - 2. 6 months – 1 year
  - 3. More than 1 year
  - 4. Don't know/unsure
-

## Section 5: Demographics

Finally, we have a few short questions that will help us ensure we receive feedback from a diverse group of people.

After this last section, we will confirm your address to send you the [\$xx] as a token of appreciation for your participation.

### AL48 BirthYear:

What is your birth year?

\_\_\_\_\_ Year of birth

[INTEGER; 1925-2005]

---

### AL49 Ethnicity

Are you of Latino or Hispanic ethnicity?

*Select all that apply.*

- a. No, not Hispanic/Latino [Do not allow with other selections]
  - b. Yes, Central American
  - c. Yes, South American
  - d. Yes, Caribbean
  - e. Yes, Mexican
  - f. Yes, Other Hispanic
- 

### AL50 Race

What is your racial background?

*Select all that apply.*

- a. African-American, Black, African
- b. American Indian, Native American, Alaskan Native
- c. Asian [If selected, branch out to options below NH50a]

- a. Filipino
  - b. Chinese
  - c. South Asian (e.g., Indian, Pakistani)
  - d. Southeast Asian (e.g., Vietnamese, Malaysian)
  - e. Other Asian
  - d. Native Hawaiian or Pacific Islander
  - e. Middle Eastern or North African
  - f. White/European
  - g. Other \_\_\_\_\_
- 

## AL51 WhereBorn

Where were you born?

1. In a U.S. state or D.C (drop-down state list) [GO TO AL54]
  2. In a U.S. territory (drop-down territory list) [GO TO AL54]
  3. Outside the United States (Specify country) \_\_\_\_\_ [GO TO AL52]
- 

## AL52 LiveUS

[Display AL52 if AL51 = 3 (outside the US)]

What year did you come to live in the United States?

*If you came to live in the United States more than once, enter the most recent year.*

\_\_\_\_\_ Year

[ALLOW 4 DIGITS]

---

## AL53a Citizenship

[Display AL53a if AL51 = 3 (outside the US)]

Are you a citizen of the United States?

1. Yes, born abroad to U.S. citizen parent(s)
2. Yes, U.S. citizen by naturalization (ASK Q6a)
3. No, not a U.S. citizen
9. Prefer not to answer

---

## AL53b CitizenYear

[Display AL53b if AL53a = 2 (by naturalization)]

In what year did you become a naturalized citizen?

\_\_\_\_\_

[ALLOW 4 DIGITS]

---

## AL54 Worry

Regardless of your own immigration or citizenship status, do you ever worry that you or a family member could be detained or deported?

1. Yes
  5. No
  9. Prefer not to answer
- 

## AL55 Orientation

Do you think of yourself as:

1. Straight or heterosexual
2. Lesbian or gay
3. Bisexual
4. Queer, pansexual, and/or questioning
5. Something else; please specify \_\_\_\_\_
8. Don't know
9. Prefer not to answer

[IF AL55=5, OPEN SPECIFY]

---

## AL56 Gender

Do you think of yourself as:

1. Male/man
2. Female/woman
3. Transgender man/trans man
4. Transgender woman/trans woman
5. Non-binary
6. Genderqueer/gender nonconforming/neither exclusively male nor female
7. Another gender category or other; please specify: \_\_\_\_\_
9. Prefer not to answer

[IF AL56 =7, OPEN SPECIFY]

---

## AL57 Service

Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

1. Never served in the military
  2. Only on active duty for training in the Reserves or National Guard
  3. Now on active duty
  4. On active duty in the past, but not now
- 

## AL58 LanguageOther

Do you speak any languages other than English well enough to communicate with residents?

1. Yes [GO TO AL59]
  5. No [GO TO AL61]
-

## AL59 Language

[Ask If AL58 = Yes]

What language(s)? Select all that apply.

1. Spanish
2. Hindi
3. French
4. Persian/Farsi
5. Chinese
6. Arabic
7. German
8. Russian
9. Italian
10. Hebrew
11. Other language; Please specify: \_\_\_\_\_

[IF AL59 = 11, OPEN SPECIFY]

---

## AL61 Disability

Do you identify as a person with a disability?

1. Yes
  5. No
  9. Prefer not to answer
- 

## AL62 AgeHHPeople

Not counting yourself, how many other people in your household are the following ages? Only count people who normally stay with you for at least 2 nights per week. If no one of that age lives in your household, please enter "0".

1. Children, age 17 or younger: \_\_\_\_
2. Adults, age 18-64 years: \_\_\_\_
3. Adults, age 65 and older: \_\_\_\_

[INTEGER, RANGE 0-99 FOR ALL]

---



## AL63 FamDisability

Do you have responsibility for assisting or caring for any adult family members who need help because of a condition related to aging or a disability? Do not include paid positions.

- 1. Yes
  - 5. No
- 

Thank you for your time. These are all questions that we have for you today.