

# Home Care Staff Year 1 Survey

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## Programming Specifications

### HCIntro

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 home care agency staff who care for people living with dementia. The survey will take about 25 minutes.

This survey asks questions about your job with [AGENCY 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.

---

### HC0 StillWork

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

1. Yes
5. No

[TERMINATE IF HC0 = 5]

# Section 1: Education Training and Experience

## HC1 LicenseHeld

Have you ever held a state license, certification, or registration related to your job in a home care agency?

- 1. Yes [GO TO HC1\_1]
  - 5. No [GO TO HC2]
- 

## HC1\_1 LicenseNow

[DISPLAY IF HC1 = 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: \_\_\_\_\_
- 

## HC1\_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: \_\_\_\_\_
- 

**HC1\_3 TrainFormal**

Have you received formal training (online or in-person course) to be a home care/personal care aide?

- 1. Yes
  - 5. No
- 

**HC2 Certificate**

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

- 1. Yes
  - 5. No
- 

**HC3 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)\_\_\_\_\_
- 

## HC4 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 client behaviors	<input type="radio"/>	<input type="radio"/>
c. Communicating with people with dementia	<input type="radio"/>	<input type="radio"/>
d. Working with families of people with dementia	<input type="radio"/>	<input type="radio"/>
e. Identifying changes in clients' condition	<input type="radio"/>	<input type="radio"/>
f. Providing end-of-life care	<input type="radio"/>	<input type="radio"/>
g. Caring for clients of different cultures, values, or beliefs	<input type="radio"/>	<input type="radio"/>
h. Respecting clients' rights	<input type="radio"/>	<input type="radio"/>
i. Protecting clients against injury	<input type="radio"/>	<input type="radio"/>
j. Protecting yourself against injury	<input type="radio"/>	<input type="radio"/>

---

## HC5 TrainInformal

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

	Yes	No
a. Understanding dementia	<input type="radio"/>	<input type="radio"/>
b. Responding to client behaviors	<input type="radio"/>	<input type="radio"/>
c. Communicating with people with dementia	<input type="radio"/>	<input type="radio"/>
d. Working with families of people with dementia	<input type="radio"/>	<input type="radio"/>
e. Identifying changes in clients' condition	<input type="radio"/>	<input type="radio"/>
f. Providing end-of-life care	<input type="radio"/>	<input type="radio"/>
g. Caring for clients of different cultures, values, or beliefs	<input type="radio"/>	<input type="radio"/>
h. Respecting clients' rights	<input type="radio"/>	<input type="radio"/>
i. Protecting clients against injury	<input type="radio"/>	<input type="radio"/>
j. Protecting yourself against injury	<input type="radio"/>	<input type="radio"/>



---

## HC6 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
- 

## Section 2: Employment Status

### HC7a 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 HC7a not null or > 0, GO TO HC8a]

---

### HC7b MonthsLTCWork

[Display HC7b if HC7a = 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]

---

### HC8a JobsHave

How many jobs do you currently hold for pay?

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

[IF HC8a = 1 (one job only), GO TO HC9]

---

## HC8b 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 HC8b = HC8a (all jobs are with LTC), GO TO HC9]

---

## HC8c JobsHaveOther

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

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

[INTEGER; RANGE 0-99]

---

## HC9 JobHours

How many hours do you work in a normal week [Display if HC8a > 1 (more than one job): "[in **all** your jobs]"?]

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

[INTEGER; RANGE 0-168]

---

## HC10 JobOther

[Display HC10 if HC8a > 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. Assisted living community
- c. Another home care/home health agency
- d. Privately employed to provide home care

- e. Another type of health care employer
  - f. Other (specify): \_\_\_\_\_
- 

## HC11a JobYears

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

How long have you worked with this employer?

\_\_\_\_\_ Years [IF HC11a not null or > 0, GO TO HC12]

- 1. Less than one year

[INTEGER; RANGE 0-99]

---

## HC11b JobMonths

[Display HC11b if HC11a = Less than one year]

How many months have you worked with this employer?

\_\_\_\_\_ months

[INTEGER; RANGE 0-999]

---

## HC12 JobHoursWeek

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

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

[INTEGER; RANGE 0-168]

---

## HC13 JobWeeksYear

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

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

[INTEGER; RANGE 0-52]

---

### HC14 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]
- 

### HC15 JobSupervise

Do you supervise other staff in your job?

- 1. Yes
  - 5. No
- 

### HC16 JobAdmin

Do you administer any of the following to your clients:

	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"/>

---

## HC17 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
- 

## HC18 ScheduleAnticipate

[Display on the same screen as HC17]

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
- 

## HC19a JobSingleClient

During the past month, did you work with a single patient/client or multiple clients?

1. Single client
  2. Multiple clients [GO TO HC19c]
- 

## HC19b JobLiveWith

Did you live with your client?

1. Yes [GO TO HC20e]
  5. No [GO TO HC20e]
-

## HC19c JobNrClients

During the past month, how many clients did you work with?

\_\_\_\_\_ Number of clients [INTEGER; RANGE 0-50]

[GO TO HC20a IF HC19c >=2; GO TO HC20e if HC19c <2]

---

## HC20a JobSameResident

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

1. Same clients
  2. Clients change
  3. Combination
- 

## HC20b TravelMinutes

In total, about how many minutes in a typical day do you spend traveling between clients?

\_\_\_\_\_ minutes

[INTEGER; RANGE 0-1440]

---

## HC20b\_1 TravelExpense

Does your agency support the cost of transportation between clients?

1. Yes
  5. No [GO TO HC20d]
-

## HC20c TravelExpenseType

What support do they provide? *Select all that apply.*

1. Reimburse mileage or expenses
2. Reimburse public transportation fares
3. Provide an agency car
4. Other (describe): \_\_\_\_\_

[IF HC20C = 4; OPEN SPECIFY]

---

## HC20d TravelTimePaid

Are you paid for your travel time between clients?

1. Yes
  5. No
- 

## HC20e StayPastHours

How often do you have to stay past your authorized hours with a client?

1. Never [GO TO HC20g]
  2. Rarely
  3. Sometimes
  4. Often
- 

## HC20f StayPastHoursPaid

If you have to stay late, are you paid for that time?

1. Yes
5. No

---

## HC20g InteractClients

Do you support or interact with clients outside your official work hours, such as visiting them to see how they are doing, talking with family members, or finding supplies or services for them?

1. Yes
  5. No
- 

## HC20h HelpManageClients

How difficult or easy is it for you to contact your agency for help when you are managing a difficult situation with a client?

1. Extremely difficult
  2. Somewhat difficult
  3. Somewhat easy
  4. Extremely easy
- 

## HC21 TravelHow

[ASK IF HC19b = No, otherwise skip]

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
- 

## HC22a TransportMissWork

[ASK IF HC19b = No, otherwise skip]

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



1. Yes [GO TO HC22b]  
5. No [GO TO HC23]
- 

### HC22b TransportMissShift

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

\_\_\_\_ Number of shifts

[INTEGER; RANGE 0-99]

---

### HC22c TransportBeLate

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

\_\_\_\_ Number of times

[INTEGER; RANGE 0-99]

---

### HC23 PayType

How are you paid?

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

### HC24a PayPerHour

[Display HC24a If HC23 = 1]

What is your hourly wage before taxes?

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

[INTEGER; RANGE 0-999]

---

### HC24b PayPerWeek

[Display HC24b If HC23 = 2]

What is your weekly salary before taxes?

\_\_\_\_\_weekly salary

[INTEGER; RANGE 0-99,999]

---

### HC24c PayPerBiMonthly

[Display HC24c If HC23 = 3]

What is your twice-monthly salary before taxes?

\_\_\_\_\_twice-monthly salary

[INTEGER; RANGE 0-999,999]

---

### HC24d PayPerMonth

[Display HC24d If HC23 = 4]

What is your monthly salary?

\_\_\_\_\_monthly salary

[INTEGER; RANGE 0-999,999]

---

### HC25 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]
- 

## HC26 Benefits

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

*Select all that apply.*

- a. Paid time off (PTO) that combines sick and vacation [IF SELECTED, ASK HC26a]
  - b. Paid sick time that is separate from vacation time [IF SELECTED, ASK HC26b]
  - c. Paid vacation time that is separate from sick time [IF SELECTED, ASK HC26c]
- 

## HC26a DaysPTO

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

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

[INTEGER; RANGE 0-365]

---

## HC26b DaysSick

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

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

[INTEGER; RANGE 0-365]

---

## HC26c DaysVaca

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

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

[INTEGER; RANGE 0-365]

---

## HC27 BenefitsOther

What other benefits does [AGENCY NAME] currently offer?

*Select all that apply.*

- a. Health insurance for employees' families [IF SELECTED, ASK HC28]
  - b. Dental insurance [IF SELECTED, ASK HC29]
  - c. Vision insurance [IF SELECTED, ASK HC30]
  - d. Tuition reimbursement or education scholarship [IF SELECTED, ASK HC31]
  - e. Paid parental leave [IF SELECTED, ASK HC32]
  - f. Retirement benefits (401K, 403B, pension, other) [IF SELECTED, ASK HC33]
  - g. None of the above [Do not allow with other selections, Go to HC34]
- 

## HC28 FamilyInsurance

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

- 1. Yes
  - 5. No
- 

## HC29 Dental

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

- 1. Yes
  - 5. No
- 

## HC30 Vision

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

- 1. Yes
  - 5. No
-

## HC31 Tuition

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

- 1. Yes
  - 5. No
- 

## HC32 ParentalLeave

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

- 1. Yes
  - 5. No
- 

## HC33 Retirement

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

- 1. Yes
  - 5. No
- 

## HC34 Grieve

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

- 1. Yes
  - 5. No
- 

## HC35 DirectDementia

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

Do you provide direct care to people with dementia?

- 1. Yes
  - 5. No
-

# Section 3: Dementia Care Knowledge, Attitudes and Practices

## HC37a-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"/>

## HC38a-i PeopleWithDementia\_1

For each item below, how confident are you in your ability to do these things with clients 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 client 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 client with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I can keep up a positive attitude towards clients 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 clients 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 client 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 client with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





## Section 4: Worker Outcomes

### HC40 JobSatisfaction

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

	Very dissatisfied	Somewhat Dissatisfied	Somewhat 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 clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Relationship with family members of clients	<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"/>
r. Physical work environments of residences in which I work most often	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Safety of the residence or neighborhood where I deliver care most of the time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## HC41 JobOpinion

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

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
a. I have enough time to give individual attention to clients 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 clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Clients 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 clients with their families.

f. I participate as a member of a care team.

### HC42 Job Experienced

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

Never      Rarely      Sometimes      Often

b. Communication problems with supervisor(s)

c. Communication problems with clients

d. Communication problems with clients' family members

e. Disrespectful behavior from clients

f. Disrespectful behavior from clients' family members

g. Racial, ethnic, religious, or other personal insults from clients

h. Inappropriate sexual behavior from clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Hitting or other physical aggression from clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Yelling or other verbal aggression from clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

---

### HC43 JobRecommend

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

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

### HC44 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
- 

### HC45 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

---

## HC46a JobInjury

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

- 1. Yes [GO TO HC46b]
  - 5. No [GO TO HC47]
- 

## HC46b JobInjuryAid

[Display HC46b if HC46a = 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
- 

## HC46c JobInjuryWork

[Display HC46c if HC46a = Yes]

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

- 1. Yes
  - 5. No
- 

## HC47 JobRetention

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

*Please remember this survey is confidential.*

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

---

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.

## Section 5: Demographics

### HC48 BirthYear

What is your birth year?

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

[INTEGER; 1925-2005]

---

### HC49 Ethnicity

Are you of Latino or Hispanic ethnicity?

*Select all that apply.*

1. No, not Hispanic/Latino [Do not allow with other selections]
  2. Yes, Central American
  3. Yes, South American
  4. Yes, Caribbean
  5. Yes, Mexican
  6. Yes, Other Hispanic
- 

### HC50 Race

What is your racial background?

*Select all that apply.*

1. African-American, Black, African
2. American Indian, Native American, Alaskan Native

3. Asian [If selected, branch out to options below HC50a]
    - a. Filipino
    - b. Chinese
    - c. South Asian (e.g., Indian, Pakistani)
    - d. Southeast Asian (e.g., Vietnamese, Malaysian)
    - e. Other Asian
  4. Native Hawaiian or Pacific Islander
  5. Middle Eastern or North African
  6. White/European
  7. Other\_\_\_\_\_
- 

## HC51 WhereBorn

Where were you born?

1. In a U.S. state or D.C (drop-down state list) [GO TO HC54]
  2. In a U.S. territory (drop-down territory list) [GO TO HC54]
  3. Outside the United States (Specify country) \_\_\_\_\_ [GO TO HC52]
- 

## HC52 LiveUS

[Display HC52 if HC51 = 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]

---

## HC53a Citizenship

[Display HC53a if HC51 = 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 HC53b]

- 3. No, not a U.S. citizen
  - 9. Prefer not to answer
- 

### HC53b CitizenYear

[Display HC53b if HC53a = 2 (by naturalization)]

In what year did you become a naturalized citizen?

\_\_\_\_\_

[Allow 4 digits]

---

### HC54 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
- 

### HC55 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
- 

### HC56 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: \_\_\_\_\_
8. Prefer not to answer

[IF HC56 =7, OPEN SPECIFY]

---

## HC57 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
- 

## HC58 LanguageOther

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

1. Yes [GO TO HC59]
  5. No [GO TO HC61]
- 

## HC59 Language

[Ask If HC58 = 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 HC59 = 11, OPEN SPECIFY]

---

## HC61 Disability

Do you identify as a person with a disability?

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

## HC62 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]

---

## HC63 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.