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# National Dementia Workforce Study

## Home Care Staff Survey

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

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.

### Instructions:

- Please use **DARK BLUE OR BLACK BALLPOINT PEN.**
- Mark only one answer for each question unless otherwise indicated.
- Follow the arrow from your response to find the next question.
- Only write comments in the spaces provided.
- Please keep this questionnaire clean, flat, and dry.
- Do not fold or tear any of the pages.

Fill in the bubbles **COMPLETELY** for each of the questions in this form.

Like this: ●

Not like this: ⊗ ⊙

Please write responses in all capital letters and numbers without touching the sides of the boxes.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
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1. You have been selected to complete this survey based on your employment at this agency. Do you still work at this agency?

Yes

No → **PLEASE TERMINATE THIS SURVEY**



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

Yes

No → GO TO QUESTION 5 ON NEXT PAGE

3. Please select the state licenses, certifications, or registrations that you **currently hold**. *Select all that apply.*

<b>Licenses</b>
<input type="radio"/> RN
<input type="radio"/> LPN/LVN
<input type="radio"/> Other: <input type="text"/>
<input type="radio"/> None of the above

<b>Certification or Registration</b>
<input type="radio"/> Certified nursing assistant
<input type="radio"/> Home health aide
<input type="radio"/> Personal care aide/assistant
<input type="radio"/> Medication aide
<input type="radio"/> Other: <input type="text"/>
<input type="radio"/> None of the above



4. 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.*

<b>Licenses</b>
<input type="radio"/> RN
<input type="radio"/> LPN/LVN
<input type="radio"/> Other: <input type="text"/>
<b>Certification or Registration</b>
<input type="radio"/> Certified nursing assistant
<input type="radio"/> Home health aide
<input type="radio"/> Personal care aide/assistant
<input type="radio"/> Medication aide
<input type="radio"/> Other: <input type="text"/>

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

- Yes  
 No

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

- Yes  
 No



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

- Some high school coursework
- High school diploma or equivalent
- Some college coursework
- Practical/vocational nursing diploma or certificate
- Diploma from a hospital-based RN program
- Associate degree
- Bachelor's degree
- Master's degree
- Doctoral degree
- Other (specify):

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

	YES	NO
Understanding dementia?	<input type="radio"/>	<input type="radio"/>
Responding to client behaviors?	<input type="radio"/>	<input type="radio"/>
Communicating with people with dementia?	<input type="radio"/>	<input type="radio"/>
Working with families of people with dementia?	<input type="radio"/>	<input type="radio"/>
Identifying changes in clients' condition?	<input type="radio"/>	<input type="radio"/>
Providing end-of-life care?	<input type="radio"/>	<input type="radio"/>
Caring for clients of different cultures, values, or beliefs?	<input type="radio"/>	<input type="radio"/>
Respecting clients' rights?	<input type="radio"/>	<input type="radio"/>
Protecting clients against injury?	<input type="radio"/>	<input type="radio"/>
Protecting yourself against injury?	<input type="radio"/>	<input type="radio"/>



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

	YES	NO
Understanding dementia?	<input type="radio"/>	<input type="radio"/>
Responding to client behaviors?	<input type="radio"/>	<input type="radio"/>
Communicating with people with dementia?	<input type="radio"/>	<input type="radio"/>
Working with families of people with dementia?	<input type="radio"/>	<input type="radio"/>
Identifying changes in clients' condition?	<input type="radio"/>	<input type="radio"/>
Providing end-of-life care?	<input type="radio"/>	<input type="radio"/>
Caring for clients of different cultures, values, or beliefs?	<input type="radio"/>	<input type="radio"/>
Respecting clients' rights?	<input type="radio"/>	<input type="radio"/>
Protecting clients against injury?	<input type="radio"/>	<input type="radio"/>
Protecting yourself against injury?	<input type="radio"/>	<input type="radio"/>

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

- Not at all prepared
- Somewhat prepared
- Well prepared

11. How many years have you been working for pay in long-term care, with any type of employer? If less than one year, please enter "0".

years

→ IF MORE THAN "0" GO TO QUESTION 12 ON NEXT PAGE

→ IF "0" GO TO QUESTION 11a

11a. How many months have you been working for pay in long-term care, with any type of employer?

Months



12. How many jobs do you currently hold for pay?

current jobs for pay

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

paid jobs in long-term care

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

paid jobs in other fields

15. How many hours do you work in a normal week **in all your jobs?**

hours per week

16. What type of employer do you have for your other job(s)? *Select all that apply.*

- Nursing home
- Assisted living community
- Another home care / home health agency
- Privately employed to provide home care
- Another type of health care employer
- Other (specify):



The rest of the questions in this survey are related to your job with this agency.

17. How long have you worked with this employer? If less than 1 year, please enter "0".

years

→ IF MORE THAN "0" GO TO QUESTION 18

→ IF "0" GO TO QUESTION 17a

17a. How many months have you worked with this employer?

months

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

hours per week

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

weeks per year

20. What shifts do you normally work in this job? *Select all that apply.*

- Days
- Evenings
- Nights
- Weekends
- No regular shift schedule

21. Do you supervise other staff in your job?

- Yes
- No



22. Do you administer any of the following to your clients:

	YES	NO
Prescription oral medication	<input type="radio"/>	<input type="radio"/>
Prescription creams/ointments	<input type="radio"/>	<input type="radio"/>
Over-the-counter medications	<input type="radio"/>	<input type="radio"/>

How much do you agree or disagree with the following statements?	Strongly disagree	Disagree	Agree	Strongly Agree
23. Last minute adjustments are often made to your schedule by your employer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. You can easily anticipate what days and times you will be working week-to-week.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Single client

Multiple clients → GO TO QUESTION 27

26. Did you live with your client?

Yes

No

} GO TO QUESTION 32 ON NEXT PAGE

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

Number of clients





28. 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?

- Same clients
- Clients change
- Combination

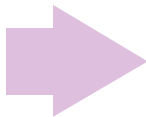
29. In total, about how many minutes in a typical day do you spend traveling between clients?

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minutes

30. Does your agency support the cost of transportation between clients?

Yes



30a. What support do they provide? *Select all that apply.*

- Reimburse mileage or expenses
- Reimburse public transportation fares
- Provide an agency car
- Other:

No → GO TO QUESTION 31

31. Are you paid for your travel time **between** clients?

- Yes
- No

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

- Never → GO TO QUESTION 34 ON NEXT PAGE
- Rarely
- Sometimes
- Often



33. If you have to stay late, are you paid for that time?
- Yes
  - No
34. 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?
- Yes
  - No
35. How difficult or easy is it for you to contact your agency for help when you are managing a difficult situation with a client?
- Extremely difficult
  - Somewhat difficult
  - Somewhat easy
  - Extremely easy
36. During the past month, how did you usually travel from home to your job?
- Drove yourself
  - Got a ride from others
  - Public transportation
  - Walking or bicycle
  - Taxi, van, or rideshare service
  - Other
37. During the past month, did you miss any time from work because of problems with transportation?
- Yes
  - No → **GO TO QUESTION 40 ON NEXT PAGE**



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

Number of shifts

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

Number of times

40. How are you paid?

- Hourly wage
- Weekly salary
- Twice-monthly salary
- Monthly salary

41. What is your hourly wage before taxes?

\$

hourly wage

42. What is your weekly salary before taxes?

\$

weekly salary

43. What is your twice-monthly salary before taxes?

\$

twice-monthly salary

44. What is your monthly salary?

\$

monthly salary



45. Do you currently have health insurance? *Select all that apply.*

- Yes, from this job
- Yes, from another job
- Yes, from spouse's or partner's job
- Yes, from parent or parent's job
- Yes, Medicaid
- Yes, Medicare
- Yes, Veterans Affairs (VA)
- Yes, from the Affordable Care Act/Exchange
- No, I do not have health insurance

46. What benefits are you currently offered by this agency? *Select all that apply.*

<input type="radio"/> Paid time off (PTO) that combines sick and vacation	46a. How many days of paid time off (PTO) do you currently receive each year? <input type="text"/> <input type="text"/> <input type="text"/> # Days per year
<input type="radio"/> Paid sick time that is separate from vacation time	46b. How many days of paid sick time do you currently receive each year? <input type="text"/> <input type="text"/> <input type="text"/> # Days per year
<input type="radio"/> Paid vacation time that is separate from sick time	46c. How many days of paid vacation time do you receive each year? <input type="text"/> <input type="text"/> <input type="text"/> # Days per year



47. What other benefits does this agency currently offer? *Select all that apply.*

<input type="radio"/> Health insurance for employees' families	47a. Is your family currently enrolled in health insurance from this agency? <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Dental insurance	47b. Are you currently enrolled in dental insurance from this agency? <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Vision insurance	47c. Are you currently enrolled in vision insurance from this agency? <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Tuition reimbursement or education scholarship	47d. Have you ever received tuition reimbursement or an education scholarship from this agency? <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Paid parental leave	47e. Have you ever received paid parental leave from this agency? <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Retirement benefits (401K, 403B, pension, other)	47f. Are you currently enrolled in retirement benefits from this agency? <input type="radio"/> Yes <input type="radio"/> No

None of the above



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

Yes

No

Please continue to answer the questions related to your job with this agency.

49. Do you provide direct care to people with dementia?

Yes

No

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

	Strongly disagree	Disagree	Somewhat disagree	Neutral	Somewhat agree	Agree	Strongly agree
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>



51. 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
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"/>
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"/>
I can keep up a positive attitude towards clients with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
I can keep myself motivated during a working day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can play an active role in my team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can protect the dignity of a client with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
I can offer choice to a client with dementia (such as what to wear, or what to do).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Strongly disagree	Disagree	Agree	Strongly agree
I have appropriate personal protective equipment (PPE).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Equipment or assistive devices are available when needed to help move, transfer, or lift clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other staff are available when needed to help move, transfer, or lift clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
The demands of my job interfere with my personal or family life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



53. Thinking about your job at this agency, please indicate your level of satisfaction or dissatisfaction with each of the following:

	Very dissatisfied	Somewhat dissatisfied	Somewhat satisfied	Very satisfied
Overall job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schedule of hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salary or wages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Type of work that you do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities to learn new skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independence at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working with your supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working with your coworkers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities for career advancement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with family members of clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your workload	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respect for your role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work schedule flexibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to take enough sick time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical work environments of residences in which I work most often	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>





54. Thinking about your job at this agency, how much do you agree or disagree with each of the following?

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
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"/>
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"/>
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"/>
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"/>
I am encouraged to discuss the care and well-being of clients with their families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I participate as a member of a care team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

55. In your job at this agency over the past year, how often have you experienced the following:

	Never	Rarely	Sometimes	Often
Communication problems with supervisor(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication problems with clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication problems with clients' family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disrespectful behavior from clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disrespectful behavior from clients' family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Racial, ethnic, religious, or other personal insults from clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inappropriate sexual behavior from clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hitting or other physical aggression from clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yelling or other verbal aggression from clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



56. Would you recommend this agency to your family and friends needing care?
- Definitely no
  - Maybe no
  - Maybe yes
  - Definitely yes
57. In your current job have you ever been discriminated against by your employer because of your race or ethnic origin?
- Yes
  - No
58. I feel burned out from my work...
- Never
  - A few times a year or less
  - Once a month or less
  - A few times a month
  - Once a week
  - A few times a week
  - Every day
59. During the past 12 months, did you experience any work-related injuries?
- Yes
  - No → **GO TO QUESTION 62 ON NEXT PAGE**
60. Did any of these injuries require any first aid or medical treatment, change in job activities, or lost time from work?
- Yes
  - No



61. Was any injury with your job at this agency?

Yes

No

62. How long do you think you will continue to work at this agency? *Please remember this survey is confidential.*

Less than 6 months

6 months - 1 year

More than 1 year

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 email address to send you the \$100 as a token of appreciation for your participation.

63. What is your birth year?

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year of birth

64. Are you of Latino or Hispanic ethnicity? *Select all that apply.*

No, not Hispanic/Latino

Yes, Central American

Yes, South American

Yes, Caribbean

Yes, Mexican

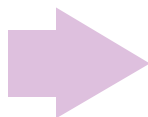
Yes, Other Hispanic



65. What is your racial background? *Select all that apply.*

- African-American, Black, African
- American Indian, Native American, Alaskan Native

Asian



- Filipino
- Chinese
- South Asian (e.g., Indian, Pakistani)
- Southeast Asian (e.g., Vietnamese, Malaysian)
- Other Asian

- Native Hawaiian or Pacific Islander
- Middle Eastern or North African
- White/European
- Other:

66. Where were you born?

In a U.S. state or D.C.

State

In a U.S. territory

Territory

Outside the United States

Specify country

**GO TO QUESTION 69  
ON NEXT PAGE**

67. 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.*

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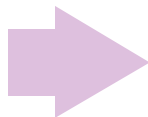
Year



68. Are you a citizen of the United States?

Yes, born abroad to U.S. citizen parent(s)

Yes, U.S. citizen by naturalization



68a. In what year did you become a naturalized citizen?

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No, not a U.S. citizen

Prefer not to answer

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

Yes

No

Prefer not to answer

70. Do you think of yourself as:

Straight or heterosexual

Lesbian or gay

Bisexual

Queer, pansexual, and/or questioning

Something else; please specify:

Prefer not to answer



71. Do you think of yourself as:

- Male/man
- Female/woman
- Transgender man/trans man
- Transgender woman/trans woman
- Non-binary
- Genderqueer/gender nonconforming/neither exclusively male nor female
- Another gender category or other; please specify:
- Prefer not to answer

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

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

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

- Yes
- No → **GO TO QUESTION 75 ON NEXT PAGE**



74. What language(s)? *Select all that apply.*

- Spanish
- Hindi
- French
- Persian/Farsi
- Chinese
- Arabic
- German
- Russian
- Italian
- Hebrew
- Other language; Please specify:

75. Do you identify as a person with a disability?

- Yes
- No
- Prefer not to answer



76. 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".

Children, age 17 or younger:	<input type="text"/> <input type="text"/>
Adults, age 18-64 years:	<input type="text"/> <input type="text"/>
Adults, age 65 and older:	<input type="text"/> <input type="text"/>

77. 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.

- Yes  
 No

Please provide your email address below:

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

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