Home Care Staff
Wave 2 Survey

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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]

Termination
[Delivered if HC0 = 5]

At this point in the study, we are only surveying staff that currently work at [AGENCY NAME]. As you selected that you no longer work at [AGENCY NAME], currently you are ineligible to participate.

Thank you for your time.

If you believe you reached this message in error, please contact us at 855-443-2692 or hc-ndws@ndwsinfo.com.

Please click "Submit" below.

HC0a-i LearnJob

How did you first learn about your current position at [AGENCY]?

Select all that apply.

a. Referred by a colleague/friend/family member
b. Job fair or recruitment event
c. Online job boards (e.g., Indeed, LinkedIn)
d. The organization's website
e. Social media (e.g., Facebook, Twitter)
f. Recruitment agency
g. Internal hire or transfer
h. Training program or college
i. Other

[VARIABLE CODING] a.[LearnJobColleague] f.[LearnJobRecruitment]]
b.[LearnJobFair] g.[LearnJobInternal]
c.[LearnJobOnline] h. [LearnJobTraining]
d.[LearnJobWebsite] i.[LearnJobOther]
e.[LearnJobSocial]

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 <u>currently hold</u>:

Select all that apply.

a. RN
b. LPN/LVN
d. Certified Nursing Assistant
e. Home Health Aide
f. Personal Care Aide/Assistant
g. Medication Aide
h. Other

i. None of the above

HC1_2 LicenseEver

Please select any state licenses, certifications, or registrations that you have ever <u>held in the past</u>, even if it is not current:

Select all that apply.

a. RN
b. LPN/LVN
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 license, certification, or degree related to healthcare?

1. Yes [GO TO HC2a]
5. No [GO TO HC3]

HC2a-l WorkingTowards

What license, certification or degree are you working towards?

Select all that apply.

License or Certification
a. RN
b. LPN/LVN
c. Certified Nursing Assistant
d. Home Health Aide
e. Personal Care Aide/Assistant
f. Medication Aide
g. Other (specify): _____

Degree
h. Associate degree
i. Bachelor's degree
j. Master's degree
k. PhD degree
l. Other (specify): _____

[VARIABLE CODING]

a. [WorkingTowardRN]   e. [WorkingTowardPCA]   i.[WorkingTowardBA]]

HC2b_a-i PayTraining

How are you paying for this license, certification or degree?

Select all that apply.

a. The training is free
b. My employer paid or will pay me back
c. I paid independently (and was not paid back by anyone)
d. My family or friends paid
e. Government loan
f. Other type of loan
g. Scholarship or grant
h. Union paid/provided
i. Paid apprenticeship

[VARIABLE CODING]
a.[PayTrainFree]   f.[PayTrainOtherLoan]
b.[PayTrainEmployer]   g.[PayTrainScholarship]
c.[PayTrainMyself]   h.[PayTrainUnion]
d.[PayTrainFamily]   i.[PayTrainApprentice]
e.[PayTrainGovLoan]

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):_____

[Dropdown = 10] Other license (specify): _____

HC4 TrainFormal

Have you ever received <u>formal</u> training (online or in-person course) in…

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

[VARIABLE CODING]	a.[TrainFormalUnderstand] b.[TrainFormalRespond] c.[TrainFormalComm] d.[TrainFormalFam] e.[TrainFormalCondition]	f.[TrainFormalEndOfLife] g.[TrainFormalCulture] h.[TrainFormalRights] i.[TrainFormalResInjury] i.[TrainFormalSelfInjury]

HC5 TrainInformal

Have you ever received <u>informal </u>on-the-job training or completed self-study in…

	Yes	No

a. Understanding dementia?	o	o
b. Responding to client behaviors?	o	o
c. Communicating with people with dementia?	o	o
d. Working with families of people with dementia?	o	o
e. Identifying changes in clients' condition?	o	o
f. Providing end-of-life care?	o	o
g. Caring for clients of different cultures, values, or beliefs?	o	o
h. Respecting clients' rights?	o	o
i. Protecting clients against injury?	o	o
j. Protecting yourself against injury?	o	o

[VARIABLE CODING]

a.[TrainInformalUnderstand]   f.[TrainInformalEndofLife]
b.[TrainInformalRespond]   g.[TrainInformalCultures]
c.[TrainInformalComm]   h[TrainInformalRights]
d.[TrainInformalFam]   i.[TrainInformalResInjury]
e.[TrainInformalCondition]   i.[TrainInformalSelfInjury]

Section 2: Employment Status

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

HC7a YearsLTCWork

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

_____year(s) [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?

_____month(s)

[INTEGER; RANGE 0-999]

HC8a JobsHave

How many jobs do you currently hold for pay?

_____ current job(s) 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 job(s) in long-term care [INTEGER; RANGE 1-10]

HC9 JobHours

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

_____hour(s) per week

[INTEGER; RANGE 0-168]

HC10a-l JobOther
[Display HC10 if HC8a > 1 (more than one job)]

What type of employer(s) 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
g. Office Job
h. Retail
i. Customer Service
j. Childcare
k. Food Service
l. Manufacturing
f. Other
[Dropdown = F] Other (specify): _____

[VARIABLE CODING]	a [JobOtherNH]	h.[JobOtherRetail]
	b.[JobOtherAL]	i.[JobOtherCustomer]
	c.[JobOtherHC]	j.[JobOtherChildcare]
	d.[JobOtherPrivateHC]	k.[JobOtherFood]
	e.[JobOtherHealthCare]	l.[JobOtherManu]
	g.[JobOtherOffice]	f.[JobOtherOther]

HC10a MoreHours

In your job with [AGENCY NAME] would you prefer to work more hours, fewer hours, or the same number of hours than you are typically scheduled for?

1. More hours
2. Fewer hours
3. The same number of hours

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?

_____year(s) [IF HC11a not null or > 0, GO TO HC12]

1. Less than one year

[INTEGER; RANGE 0-99]

HC11b JobMonths

How many months have you worked with this employer?

_____month(s)

[INTEGER; RANGE 0-999]

HC12 JobHoursWeek

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

_____ hour(s) per week

[INTEGER; RANGE 0-168]

HC13 JobHoursYear

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

_____ week(s) per year

[INTEGER; RANGE 0-52]

HC14JobShiftType

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]

[VARIABLE CODING]   a.[JobShiftTypeD]
b.[JobShiftTypeE]
c.[JobShiftTypeN]
d.[JobShiftTypeW]

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	o	o
b. Prescription creams/ointments	o	o
c. Over-the-counter medications	o	o

[VARIABLE CODING]
a.[JobAdminMed]
b.[JobAdminCream]
c.[JobAdminOTC]

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 client(s) [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?

_____ minute(s)

[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

[IF HC20C = 4; OPEN: Other (specify): _____]

[VARIABLE CODING]   1.[TravelExpenseME]
                                                      2.[TravelExpensePublic]
                                                      3.[TravelExpenseCar]
                                                      4.[TravelExpenseOther]

HC20d TravelTimePaid

Are you paid for your travel time <u>between</u> 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 HC20f]
2. Rarely
3. Sometimes
4. Often

HC20e1 HowMany

In the past month, approximately how many hours did you stay past your authorized hours?

_____ hour(s) in the past month

HC20e2 WantExtra

Did you want to work that many extra hours?

1. Yes
5. No

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 HC22d]

HC22b TransportMissShift

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

_____missed shift(s) in the past month

[INTEGER; RANGE 0-99]

HC22c TransportBeLate

During the past month, how many times were you late to work <u>because of transportation problems?</u>

_____time(s) late to work in the past month

[INTEGER; RANGE 0-99]

HC22d Childcare

Are you responsible for caring for any children at home?

1. Yes [GO TO HC22e]
5. No [GO TO HC23]

HC22e ChildcareMissWork

During the past month, did you miss any time from work <u>because of problems with childcare</u>?

1. Yes   [GO TO HC22f]
5. No   [GO TO HC23]

HC22f ChildcareMissShift

During the past month, how many shifts did you miss <u>because of problems with childcare</u>?

_____missed shift(s) in the past month

[INTEGER; RANGE 0-99]

HC22g ChildcareBeLate

During the past month, how many times were you late to work <u>because of problems with childcare</u>?

_____time(s) late to work in the past month

[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?

$_____per hour

[INTEGER; RANGE 0-999]

HC24b PayPerWeek
[Display HC24b If HC23 = 2]

What is your weekly salary before taxes?

$_____per week

[INTEGER; RANGE 0-99,999]

HC24c PayPerBiMonthly
[Display HC24c If HC23 = 3]

What is your twice-monthly salary before taxes?

$_____twice-monthly

[INTEGER; RANGE 0-999,999]

HC24d PayPerMonth
[Display HC24d If HC23 = 4]

What is your monthly salary before taxes?

$_____monthly

[INTEGER; RANGE 0-999,999]

HC24e TotalEarnings

How much are your total yearly earnings, before taxes, in all of your jobs combined?

_____total yearly earnings in all jobs

HC25a-j 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
j. Yes, from a source not listed above
i. No, I do not have health insurance [Do NOT allow with other answers]

[VARIABLE CODING]

a.[HaveInsuranceJob]
b.[HaveInsuranceOtherJob]
c.[HaveInsuranceSpouse]
d.[HaveInsuranceParent]
e.[HaveInsuranceMedicaid]
f.[HaveInsuranceMedicaire]
g.[HaveInsuranceVA]
h.[HaveInsuranceACA]
j. [HaveInsuranceOther]
i.[HaveInsuranceNone]

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]
d. My employer does not offer vacation or sick time [Do not allow with other selections IF SELECTED, ASK HC27]

[VARIABLE CODING]   a.[BenefitsPTO]
                                     b.[BenefitsSick]
                                     c.[BenefitsVaca]

HC26a DaysPTO

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

_____ # day(s) per year

[INTEGER; RANGE 0-365]

HC26b DaysSick

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

_____ # day(s) per year

[INTEGER; RANGE 0-365]

HC26c DaysVaca

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

_____ # day(s) per year

[INTEGER; RANGE 0-365]1

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]

[VARIABLE CODING]   a.[BenefitsOtherFamily]
                                 b.[BenefitsOtherDental]
                                 c.[BenefitsOtherVision]
                                 d,[BenefitsOtherTuition]
                                 e.[BenefitsOtherPPL]
                                 f.[BenefitsOtherRetirement]
                                 g.[BenefitsOtherNone]

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_1 Grieve1

To what extent do you have enough support in your job to grieve clients who are dying or who have died?

1. No support
2. Some support
3. A moderate amount of support
4. A great deal of support

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, all of the clients I care for have dementia.
2. Yes, some of the clients I care for have dementia.
5. No, none of the clients I care for have dementia.

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.	o	o	o	o	o	o	o
b. I am comfortable touching people with dementia.	o	o	o	o	o	o	o
c. I feel relaxed around people with dementia.	o	o	o	o	o	o	o
d. People with dementia can be creative.	o	o	o	o	o	o	o

e. It is possible to enjoy interacting with people with dementia.	o	o	o	o	o	o	o
f. People with dementia can enjoy life.	o	o	o	o	o	o	o

HC38a-j PeopleWithDementia_1

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

[CAN RANDOMIZE ALL EXCEPT LAST OPTION, WHICH SHOULD ALWAYS BE LAST OPTION]

	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.	o	o	o	o
b. I can change my work to match the changing needs of a client with dementia.	o	o	o	o
c. I can keep up a positive attitude towards clients with dementia.	o	o	o	o
d. I can keep up a positive attitude towards the relatives of clients with dementia.	o	o	o	o
e. I can keep myself motivated during a working day.	o	o	o	o
f. I can play an active role in my team.	o	o	o	o
g. I can protect the dignity of a client with dementia.	o	o	o	o

	Strongly disagree	Disagree	Agree	Strongly agree
h. I can deal with personal care, such as incontinence, in a client with dementia.	o	o	o	o
i. I can offer choice to a client with dementia (such as what to wear, or what to do).	o	o	o	o
j. I am able to recognize and report a change in a client's condition.	o	o	o	o

[VARIABLE CODING]   a.[PlwdPast]   f.[PlwdActive]
                                        b.[PlwdNeeds]   g.[PlwdDignity]
                                          c.[PlwdPositive]   h.[PlwdPersonalCare]
                                          d.[PlwdRelatives]   i.[PlwdChoice]
                                          e.[PlwdMotivated]   j.[PlwdRecognize]

HC39a-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).	o	o	o	o
b. Equipment or assistive devices are available when needed to help move, transfer, or lift clients.	o	o	o	o
c. Other staff are available when needed to help move, transfer, or lift clients.	o	o	o	o
d. The health and safety of workers is a high priority with management where I work.	o	o	o	o
e. The demands of my job interfere with my personal or family life.	o	o	o	o

[VARIABLE CODING]   a.[JobPPE]   d.[JobSafety]
                                          b.[JobEquipment]   e.[JobInterfere]

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	o	o	o	o
b. Schedule of hours	o	o	o	o
c. Salary or wages	o	o	o	o
d. Benefits	o	o	o	o
e. Type of work that you do	o	o	o	o
f. Opportunities to learn new skills	o	o	o	o
g. Independence at work	o	o	o	o
h. Working with your supervisor	o	o	o	o
i. Working with your coworkers	o	o	o	o
j. Opportunities for career advancement	o	o	o	o
k. Relationship with clients	o	o	o	o
l. Relationship with family members of clients	o	o	o	o
m. Your workload	o	o	o	o
n. Respect for your role	o	o	o	o

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
o. Work schedule flexibility	o	o	o	o
p. Work environment	o	o	o	o
q. Ability to take enough sick time	o	o	o	o
r. Physical work environments of residences in which I work most often	o	o	o	o
s. Safety of the residence or neighborhood where I deliver care most of the time	o	o	o	o

[VARIABLE CODING]

a.[JobOverall]
b.[JobHours]
c.[JobWages]
d.[JobBenefits]
e.[JobWorkType]
f.[JobLearn]
g.[JobIndependence]
h.[JobSupervisor]
i.[JobCoworkers]

j.[JobCareer]
k.[JobResidents]
l.[JobFamilies]
m.[JobWorkload]
n.[JobRespect]
o.[JobFlexibility]
p.[JobEnvironment]
q.[JobSickTime]

HC41a-f 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.	o	o	o	o
b. I have enough time to complete other duties that don't directly involve the clients.	o	o	o	o
c. Clients and/or families let me know when I am doing a good job.	o	o	o	o

d. My supervisor(s) lets me know when I am doing a good job.	o	o	o	o
e. I am encouraged to discuss the care and well-being of clients with their families	o	o	o	o
f. I participate as a member of a care team	o	o	o	o

HC41b_a-g JobOpinion1
[KEEP OPTIONS IN THIS ORDER]

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

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
a. I can count on my supervisor for support when I need it.	o	o	o	o
b. I can count on my coworkers for support when I need it.	o	o	o	o
c. I feel my job is secure.	o	o	o	o
d. The work I do is meaningful to me.	o	o	o	o
e. The work I do serves a greater purpose.	o	o	o	o
f. My organization is committed to employee health and well-being.	o	o	o	o

g. Supervisors use mistakes
as learning opportunities,   o   o   o   o
not criticism.

[VARIABLE CODING]

a.[JobOSuperSupport]   d.[JobOPurpose]
b.[JobOCoSupport]   f.[JobOWellBeing]
c.[JobOSecure]   g.[JobOMistakes]
d.[JobOMeaningful]

HC42b-j JobExperienced

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

	Never	Rarely	Sometimes	Often
a. Communication problems with co-workers	o	o	o	o
b. Communication problems with supervisor(s)	o	o	o	o
c. Communication problems with clients	o	o	o	o
d. Communication problems with clients' family members	o	o	o	o
e. Disrespectful behavior from clients	o	o	o	o
f. Disrespectful behavior from clients' family members	o	o	o	o
g. Racial, ethnic, religious, or other personal insults from clients	o	o	o	o
h. Inappropriate sexual behavior from clients	o	o	o	o
i. Hitting or other physical aggression from clients	o	o	o	o
j. Yelling or other verbal aggression from clients	o	o	o	o

[VARIABLE CODING]   a.[JobProbCoworkers]   f.[JobProbFamBehavior]
                         b[JobProbSuper]   g.[JobProbInsult]
                         c.[JobProbResident]   h.[JobProbInappr]
                         d[JobProbFamilies]   i.[JobProbPhysical]
                         e.[JobProbResBehavior]   j.[JobProbVerbal]

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_1a - e JobDiscriminate1

This next set of questions asks about different types of discrimination you may have experienced.

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

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
a. I feel discriminated against in my job because of my age.	o	o	o	o
b. I feel discriminated against in my job because of my race or ethnic origin.	o	o	o	o
c. I feel discriminated against in my job because of my gender.	o	o	o	o
d. I feel discriminated against in my job because of my sexual orientation.	o	o	o	o
e. I feel discriminated against in my job because of my religion.	o	o	o	o

[VARIABLE CODING]   a.[JobDiscAge]   d.[JobDiscOrientation]
                         b.[JobDiscRace]   e.[JobDiscReligion]
                         c.[JobDiscGender]

HC44f ConfBully

In the past 12 months, were you bullied, threatened, or harassed in any way by anyone while you were on the job?

1 Yes   [GOTO HC44g]
5 No   [GO TO HC44i]

HC44g ReportBully

Did you report this bullying, threat, or harassment to a manager or human resources?

1 Yes   [GO TO HC44h]
5 No   [GO TO HC44i]

HC44h ManagementRespond

 Did you feel management responded appropriately?

1 Yes
5 No
7 Unsure

HC44i WitnessBully

Have you witnessed any bullying, threatening or harassment on the job?

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

HC45b TimeToYourself

To what extent does your job leave you with enough time for your personal and family life?

1. Not at all
2. A little
3. Quite a bit

HC46a JobInjury

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

1. Yes
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 [GO TO HC46d]
5. No [GO TO HC47]

HC46d InjuryReport

Did you report your work-related injury/injuries to your supervisor/employer?

1. Yes
5. No

HC46e_a-g InjuryType
[Display HC46e if HC46a = Yes]

How were you injured?

Select all that apply.

    a. Slip and fall
    b. Sprain or overuse injury (such as from lifting a client)
    c. Faulty equipment in workplace
    d. Sharp or needle stick injury
    e. Exposure to harmful substances or chemicals
    f. Physical assault
    g. Other

[VARIABLE CODING]   a.[InjuryTypeSlip]   d.[InjuryTypeSharp]
                                 b.[InjuryTypeSprain]   e.[InjuryTypeChemical]
                                 c.[InjuryTypeEquipment]   f..[InjuryTypeAssault]
                                                       g [InjuryTypeOther]

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
-9. 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.

HC48 BirthYear

What is your birth year?

_____ Year of birth

[INTEGER; 1925- 2007]

HC49 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

[VARIABLE CODING]   a.[EthnicityNotHisp]
                                b.[EthnicityCA]
                                c.[EthnicitySA]
                                d.[EthnicityCar]
                                e.[EthnicityMex]
                                f.[EthnicityOtherHisp]

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]

       [HC50a RaceAsian]
    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

[VARIABLE CODING]   1.[RaceAA]   3a.[RaceAsianFilipino]
      2.[RaceNative]   3b.[RaceAsianChinese]
      3.[RaceAsian]   3c.[RaceAsianSA]
      4.[RaceNHPI]   3d.[RaceAsianSEA]
      5.[RaceMENA]   3e.[RaceAsianOther]
      6.[RaceEA]
      7.[RaceOther]

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]

[If HC51 = 1, dropdown opens with, "What state? Dropdown menu."]

[VARIABLE CODING]   [WhereBornState]   [WhereBornOutside]
      [WhereBornTerritory]

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
8. Don't know
-9. Prefer not to answer

[If HC55 = 5, open, "Please specify: _____"]

HC56 Sex

Do you think of yourself as:
1. Male
2. Female
-9. Prefer not to answer

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 = 1 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 (specify): _____

[IF HC59 = 11, open, "Please specify: _____]"

[VARIABLE CODING]   1.[LanguageSpanish]   8.[LanguageRussian]
                      2.[LanguageHindi]   9.[LanguageItalian]
                      3.[LanguageFrench]   10.[LanguageHebrew]
                      4.[LanguagePersian]   11.[LanguageOther]
                      5.[LanguageChinese]
                      6.[LanguageArabic]
                      7.[LanguageGerman]

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]

[VARIABLE CODING]   [HHChildren]   [HHAdults65]
                           [HHAdults]

HC62a MarriageStatus

Are you …

1. Married
2. Living with a partner
3. Widowed
4. Divorced
5. Separated
6. Never married

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

HC64 HealthOverall

Would you say that in general, your health is …?

1. Poor
2. Fair
3. Good
4. Very good
5. Excellent

HC65 HouseholdIncome

Which category best describes how much income your total household received last year? This is the before-tax income of all persons living in your household:

1. Less than $25,000
2. $25,000 - 49,999
3. $50,000 - $74,999
4. $75,000 - $99,999
5. $100,000 - $149,999
6. $150,000 – $199,999
7. $200,000 or more

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

Please provide an email address to receive the $100 token of appreciation. You can also provide your name if you wish, but you do not have to if you do not want to.

Email:* _____

First Name: _____

Last Name: _____

Please click "Next" below to submit your response.
[Programming instructions: Two options to click - "<"Save & Return Later" or "Submit>"]

Thank you for providing this information.

You will now be directed to the study site.

[Website directs to: https://www.ndws.org/]