



Assisted Living Staff Wave 3 Survey

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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]

Termination

[Delivered if AL0 = 5]

Right now, we are only surveying staff that currently work at [FACILITY NAME]. Since you no longer work at [AGENCY NAME], you are not eligible to participate.
Thank you for your time.

If you believe you reached this message in error, please contact us at [RTI - add contact phone] and [RTI - add email].

Please click "Submit" below.

AL0a-i LearnJob

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

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

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.

- a. RN
- b. LPN/LVN
- d. Certified Nursing Assistant
- e. Home Health Aide
- f. Personal Care Aide/Assistant
- g. Medication Aide
- h. Other (specify): _____
- i. None of the above

[VARIABLE CODING]

a [LicenseNowRN]	f [LicenseNowPCA]
b [LicenseNowLPN]	g [LicenseNowMA]
c [LicenseNowOther1]	h [LicenseNowOther2]
Not used in Wave2	
d [LicenseNowCNA]	i [LicenseNowNone]

AL2 Certificate

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

- 1. Yes [GO TO AL2a]
- 5. No [GO TO AL3]

AL2a_a-I 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. Doctoral degree
- l. Other (specify): _

[VARIABLE CODING] a. [WorkingTowardRN] e. [WorkingTowardPCA] i.[WorkingTowardBA]]
b. [WorkingTowardLPN] f.[WorkingTowardMedA] j.[WorkingTowardMA]
c. [WorkingTowardCNA]] g.[WorkingTowardOther1] k[WorkingTowardPHD]
d.[WorkingTowardHHA]] h.[WorkingTowardAD] l.[WorkingTowardOther2

AL2b_a-i PayTrain

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] |
| .[PayTrainGovLoan] | |

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
- 6. Associate degree or RN diploma
- 7. Bachelor's degree
- 8. Master's or doctoral degree
- 10. Other (specify): _____

AL301 TrainPrep

How well has your training prepared you to do each of the following? Consider both formal training and on-the-job training.

	Never been trained	Not well prepared	Somewhat prepared	Well prepared
a. Understand dementia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Respond to resident behaviors?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

c. Communicate with people with dementia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Work with families of people with dementia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Identify changes in residents' condition?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Provide end-of-life care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Care for residents of different cultures, values, or beliefs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Respect residents' rights?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Protect residents against injury?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Protect yourself against injury?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[VARIABLE CODING]

a.[TrainPrepUnderstand]	f.[TrainPrepProvide]
b.[TrainPrepRespond]	g.[TrainPrepCultures]
c.[TrainPrepComm]	h.[TrainPrepRespect]
d.[TrainPrepWork]	i.[TrainPrepResInjury]
e.[TrainPrepIdentify]	j.[TrainPrepSelfInjury]

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 well 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?

_____year(s) [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?

_____ month(s)

[INTEGER; RANGE 0-11]

AL8a JobsHave

How many jobs do you currently hold for pay?

_____ current jobs(s) 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?

For this survey, long-term care includes paid jobs providing ongoing personal care or support in nursing homes, assisted living or residential care facilities, or clients' homes.

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

AL9 JobHours

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

_____ hour(s) per week

[INTEGER; RANGE 0-168]

AL10a-I JobOther

[Display AL10 if AL8a > 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. Another assisted living community
- c. 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 (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]

AL10a MoreHours

In your job with [FACILITY 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

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?

_____year(s) [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?

_____month(s)

[INTEGER; RANGE 0-11]

AL12 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]

AL13 JobWeeksYear

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

_____ week(s) 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]

[VARIABLE CODING]

a.[JobShiftTypeD]

b.[JobShiftTypeE]

c.[JobShiftTypeN]

d.[JobShiftTypeW]
e.[JobShiftTypeIrregular]

AL15 JobSupervise

Do you supervise other staff in your job?

- 1. Yes [GO TO AL302]
- 5. No [GO TO AL16]

AL302 JobSupervisePrep

[If AL 15 = yes]

How prepared do you feel to handle supervisory responsibilities?

- a. Not well prepared
- b. A little prepared
- c. Moderately prepared
- d. Very prepared

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"/>

[VARIABLE CODING]

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

AL303 EmergencyPrep

How prepared do you feel this assisted living community is to support **people with dementia** during emergencies or disasters?

- a. Not well prepared
- b. A little prepared
- c. Moderately prepared

d. Very prepared

AL304 EmergencyExp

Have you experienced any large-scale emergencies such as tornadoes, hurricanes, floods, earthquakes, wildfires, or blizzards at your current job?

1. Yes [go to AL305]

5. No [skip to AL17]

AL305 EmergencyChallenge

[Display if AL304 = yes, otherwise skip]

What challenges, if any, have you encountered in supporting **people with dementia** during an emergency?

Select all that apply.

a. Challenges communicating with people with dementia	0
b. Not having enough staff	0
c. Limited access to medications or supplies	0
d. Challenges coordinating with families or caregivers	0
e. Other (please specify) _____	0
f..No challenges [DO NOT ALLOW WITH ANY OTHER OPTION]	0

[VARIABLE CODING]

a. [EmergencyChallengeCom]

b. [EmergencyChallengeStaff]

c. [EmergencyChallengeMeds]

d. [EmergencyChallengeFam]

e. EmergencyChallengeOther]

f. EmergencyChallengeNone]

AL17 ScheduleAdjust

[Display on the same screen with AL18]

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

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
-

AL20e StayPastHours

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

1. Never [GO TO AL20f]
 2. Rarely
 3. Sometimes
 4. Often
-

AL20e1 HowMany

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

____ hour(s) in the past month

[IF ANSWER IS GREATER THAN ZERO, GO TO AL20e2. IF ZERO, SKIP TO AL20f. DO NOT ALLOW TO SKIP WITHOUT AN ANSWER]

[INTEGER; RANGE 0-199]

AL20e2 WantExtra

Did you want to work that many extra hours?

1. Yes
 5. No
-

AL20f StayPastHoursPaid

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

1. Yes
 5. No
-

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
 6. Other
-

AL22a TransportMissWork

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

1. Yes
 5. No
-

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?

\$ _____ per hour

[INTEGER; RANGE 0-999]

AL24b PayPerWeek

[Display AL24b If AL23 = 2]

What is your weekly salary before taxes?

\$ _____ per week

[INTEGER; RANGE 0-99,999]

AL24c PayPerBiMonthly

[Display AL24c If AL23 = 3]

What is your twice-monthly salary before taxes?

\$ _____ twice-monthly

[INTEGER; RANGE 0-999,999]

AL24d PayPerMonth

[Display AL24d If AL23 = 4]

What is your monthly salary before taxes?

\$ _____ monthly

[INTEGER; RANGE 0-999,999]

AL24e TotalEarnings

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

\$____ total yearly earnings in all jobs

AL25a-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 CHOICES]

[VARIABLE CODING]

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

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]
- d. My employer does not offer vacation or sick time [Do not allow with other selections IF SELECTED, ASK AL27]

[VARIABLE CODING]

- a.[BenefitsPTO]
- b.[BenefitsSick]
- c.[BenefitsVaca]
- d. [BenefitsNone]

AL26a DaysPTO

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

_____ # day(s) per year

[INTEGER; RANGE 0-365]

AL26b DaysSick

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

_____ # day(s) per year

[INTEGER; RANGE 0-365]

AL26c DaysVaca

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

_____ # day(s) per year

[INTEGER; RANGE 0-365]

AL27 BenefitsOther

What other benefits does [FACILITY NAME] offer you?

Select all that apply.

h. Health insurance for employees [code as selected if AL25a HaveInsurance “Yes, from this job”]

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]

[VARIABLE CODING]

a.[BenefitsOtherFamily]

b.[BenefitsOtherDental]

c.[BenefitsOtherVision]

d.[BenefitsOtherTuition]

e.[BenefitsOtherPPL]

f.[BenefitsOtherRetirement]

g.[BenefitsOtherNone]

h.[BenefitsOtherHealth]

AL28 FamilyInsurance

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

1. Yes

5. No

-9. Not applicable.

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 ParentalLeave

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_1 Grieve1

To what extent do you have enough support in your job to grieve residents 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
-

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, all of the residents I care for have dementia.
- 2. Yes, some of the residents I care for have dementia.

5. No, none of the residents I care for have dementia.

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"/>
---	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

[VARIABLE CODING]

a.[PlwdRewarding]
b.[PlwdComfortable]
c.[PlwdRelaxed]

d.[PlwdCreative]
e.[PlwdEnjoy]
f.[PlwdLife]

AL38a-j PeopleWithDementia_1

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

[RANDOMIZE ALL EXCEPT LAST OPTION (J), 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 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"/>
j. I am able to recognize and report a change in a resident's condition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[VARIABLE CODING]

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

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"/>

k. There are quiet spaces, other than resident rooms, in which residents can relax or rest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. There are outdoor spaces that residents can access.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. There is adequate ventilation in all areas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Resident areas are free from odors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Comfortable sound levels are maintained in resident areas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Comfortable temperature levels are maintained in resident areas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[VARIABLE CODING] a.[EnvClutter] f.[EnvBathe] k. [EnvQuiet]
b.[EnvWander] g.[EnvClean] l. [EnvOutdoor]
c.[EnvWalking] h.[EnvBreaks] m. [EnvVent]
d.[EnvTransfer] i.[EnvSense] n. [EnvOdor]
e.[EnvToilet] j. [EnvEquip] o. [EnvSound]
p. [EnvTemp]

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	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	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 residents	o	o	o	o
l. Relationship with family members of residents	o	o	o	o
m. Your workload	o	o	o	o
n. Respect for your role	o	o	o	o
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
s. Safety of the residence or neighborhood where you work	o	o	o	o

[VARIABLE CODING]

- | | |
|----------------------|------------------------|
| a. [JobOverall] | j. [JobCareer] |
| b. [JobHours] | k. [JobResidents] |
| c. [JobWages] | l. [JobFamilies] |
| d. [JobBenefits] | m. [JobWorkload] |
| e. [JobWorkType] | n. [JobRespect] |
| f. [JobLearn] | o. [JobFlexibility] |
| g. [JobIndependence] | p. [JobEnvironment] |
| h. [JobSupervisor] | q. [JobSickTime] |
| i. [JobCoworkers] | s. [JobSafetyLocation] |

AL41a-h JobOpinion

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 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"/>
g. I am given all of the information I need to care for new residents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I am informed when there is a change in a resident's care plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[VARIABLE CODING]

a.[JobAttention]

b.[JobDuties]

c.[JobFamiliesAppr]

d.[JobObSuperAppr]

e.[JobEncouraged]

f.[JobParticipate]

g. [JobCareNew]

h. [JobInformed]

AL41b_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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I can count on my coworkers for support when I need it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I feel my job is secure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The work I do is meaningful to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The work I do serves a greater purpose.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. My organization is committed to employee health and well-being.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Supervisors use mistakes as learning opportunities, not criticism.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[VARIABLE CODING]

a.[JobOSuperSupport]

b.[JobOCosupport]

c.[JobOSecure]

d.[JobOMeaningful]

d.[JobOPurpose]

f.[JobOWellBeing]

g.[JobOMistakes]

AL42a-j JobExperienced

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[VARIABLE CODING]

a.[JobProbCoworkers]

f.[JobProbFamBehavior]

b.[JobProbSuper]

g.[JobProbInsult]

c.[JobProbResident]

h.[JobProbInappr]

d.[JobProbFamilies]

i.[JobProbPhysical]

e.[JobProbResBehavior]

j.[JobProbVerbal]

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_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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I feel discriminated against in my job because of my race or ethnic origin.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I feel discriminated against in my job because of my gender.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I feel discriminated against in my job because of my sexual orientation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I feel discriminated against in my job because of my religion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[VARIABLE CODING]

a.[JobDiscAge]

d.[JobDiscOrientation]

b.[JobDiscRace]

e.[JobDiscReligion]

c.[JobDiscGender]

AL44f 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 AL44g]

5 No [GO TO AL44i]

AL44g ReportBully

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

1 Yes [GO TO AL44h]

5 No [GO TO AL44i]

AL44h ManagementRespond

Did you feel management responded appropriately?

1 Yes

5 No

7 Unsure

AL44i WitnessBully

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

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

AL307 Cope

Consider how well the following statements describe your behavior and actions.

	Does not describe me at all	Does not describe me	Neutral	Describes me	Describes me very well
a. I look for creative ways to alter difficult situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Regardless of what happens to me, I believe I	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

can control my reaction to it.

c. I believe I can grow in positive ways by dealing with difficult situations.

d. I actively look for ways to replace the losses I encounter in life.

[VARIABLE CODING]

a.[CopeCreate]

d.[CopeReplace]

b.[CopeControl]

c.[CopeGrow]

AL45b 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

AL45d SafeWork

Overall, how safe do you think your workplace is?

1. Very unsafe
2. Somewhat unsafe
3. Somewhat safe
4. Very safe

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 [GO TO AL46d]
 - 5. No [GO TO AL47]
-

AL46d InjuryReport

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

- 1. Yes
 - 5. No
-

AL46e_a-h InjuryType

[Display AL46e if AL46a = Yes]

How were you injured?

Select all that apply.

- a. Slip/trip and fall
- b. Strain or overuse injury due to patient handling
- h. Strain or overuse injury **not** related to patient handling
- c. Faulty equipment in workplace
- d. Sharp or needle stick injury
- e. Exposure to harmful substances or chemicals
- f. Physical assault
- g. Other [SHOW LAST]

[VARIABLE CODING]

a.[InjuryTypeSlip]
b.InjuryTypeStrain
c.[InjuryTypeEquipment]
d.[InjuryTypeSharp]

e.[InjuryTypeChemical]
f.[InjuryTypeAssault]
g.[InjuryTypeOther]
h.[InjuryTypeOveruse]

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 [GO TO AL309]
2. 6 months – 1 year [GO TO AL48]
3. More than 1 year [GO TO AL308]
- 8.. Don't know/unsure [GO TO AL48]

AL308 JobStayOptions

[Display AL308 if AL47 = "More than 1 year"]

Which of the following best describes your professional goals in the next three years?

- a. Stay in your current job role
- b. Pursue a promotion with this employer
- c. Take a job with a different employer in long-term care
- d. Take a job outside of long-term care
- e. Stop working or retire

AL309 JobLeaveOptions

[Display AL309 if AL47 = "Less than 6 months"]

How important are each of the following factors as you consider leaving your job with [agency/facility name] in the next six months?

	Not at all important	Somewhat important	Important	Very important	Does not apply
a. Pay and benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Lack of training opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

c. Lack of opportunities for advancement	0	0	0	0	0
d. Lack of respect	0	0	0	0	0
e. Inconvenient hours	0	0	0	0	0
f. Working too many hours	0	0	0	0	0
g. Working too few hours	0	0	0	0	0
h. Heavy workload	0	0	0	0	0
i. Burnout	0	0	0	0	0
j. Physical demands of the job	0	0	0	0	0
k. Problems with manager/supervisor	0	0	0	0	0
l. Problems with co-workers	0	0	0	0	0
m. Problems with residents/clients	0	0	0	0	0
n. Childcare challenges					
o. Other family caregiving challenges	0	0	0	0	0
p. Job-related injury or illness	0	0	0	0	0
q. Non-job-related injury or illness	0	0	0	0	0
r. Wanted a shorter commute	0	0	0	0	0
s. Relocated to a different area	0	0	0	0	0

t. Wanted to go back to school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
--------------------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

u. Retirement

[VARIABLE CODING]

- | | |
|--------------------------|------------------------|
| a.[JobLeavePay] | l.[JobLeaveCoworkers] |
| b.[JobLeaveTraining] | m.[JobLeaveClients] |
| c.[JobLeaveAdvance] | n.[JobLeaveChildcare] |
| d.[JobLeaveRespect] | o.[JobLeaveCaregiving] |
| e.[JobLeaveBadHours] | p.[JobLeaveInjury] |
| f.[JobLeaveTooManyHours] | q.[JobLeaveNonJob] |
| g.[JobLeaveTooFewHours] | r.[JobLeaveCommute] |
| h.[JobLeaveHeavy] | s.[JobLeaveRelocated] |
| i.[JobLeaveBurnout] | t.[JobLeaveSchool] |
| j.[JobLeavePhysical] | u.[JobLeaveRetirement] |
| k.[JobLeaveManager] | |

Section 5: Demographics

The questions in this final section help us learn a little bit more about who is participating in the National Dementia Workforce Study (NDWS).

After this last section, we will confirm your address to send you the \$90 electronic gift card, in addition to \$10 included with your invitation letter, as a token of appreciation for your participation.

AL48 BirthYear

What is your birth year?

_____ year of birth

[INTEGER; 1925-20072008]

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

[VARIABLE CODING]

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

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 AL50a]

[AL50a RaceAsian]

- 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 (specify):_____

[VARIABLE CODING]

- | | |
|----------------|-----------------------|
| a.[RaceAA] | a.[RaceAsianFilipino] |
| b.[RaceNative] | b.[RaceAsianChinese] |
| c.[RaceAsian] | c.[RaceAsianSA] |
| d.[RaceNHPI] | d.[RaceAsianSEA] |
| e.[RaceMENA] | r.[RaceAsianOther] |
| f.[RaceEA] | |
| g.[RaceOther] | |

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 or bisexual (LGB+)
 - 9. Prefer not to answer
-

AL56 Sex

Do you think of yourself as:

1. Male
 2. Female
 - 9. Prefer not to answer
-

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 (specify): _____

[IF AL59 = 11, OPEN 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]	

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]

[VARIABLE CODING]

1.[HHChildren]
2.[HHAdults]

3.[HHAdults65]

AL62a MarriageStatus

Are you now ...

1. Married or living with a partner
3. Widowed
4. Separated or divorced
6. Never married

AL63 FamDisability

Do you provide care for any adult family members who need help because of a chronic condition or disability?

Do not include paid positions that you reported earlier in the survey.

1. Yes, on a daily basis [GO TO AL310]
2. Yes, several days per week [GO TO AL310]
3. Yes, several days per month [GO TO AL310]
5. No [GO TO AL22d]

AL310 FamDisabilityMiss

[If AL63 = yes]

During the past month, did you miss any time from work because of problems with care for this adult family member?

1. Yes
5. No

AL22d Childcare

Are you responsible for caring for any children at home?

1. Yes
 5. No [GO TO AL64]
-

AL22e ChildcareMissWork

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

1. Yes
 5. No
-

AL64 HealthOverall

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

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

AL65 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 participating in the National Dementia Workforce Study. We would like to contact you in the future for follow-up studies. Learning about how your experiences change over time will help provide a better understanding of the challenges and opportunities faced by the dementia care workforce.

[CONFIRM / COLLECT first & last name, address, email, phone information]