



Home Care Staff Wave 3 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]

Right now, we are only surveying staff that currently work at [AGENCY 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 [DLH- add contact phone] and [DLH - add email].

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 **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

[Dropdown = H] Other (specify): _____

i. None of the above

[VARIABLE CODING]

a.[LicenseNowRN]

f.[LicenseNowPCA]

b.[LicenseNowLPN]

g.[LicenseNowMA]

~~e.[LicenseNowOther1]~~

h/[LicenseNowOther2]

Not used in Wave2

d.[LicenseNowCNA]

i.[LicenseNowNone]

e.[LicenseNowHHA]

[If "Other" selected with no open-ended response, consistency check message will pop up that says:

The following fields were left blank:

Other license (Specify): - You did not provide an answer for this question. You may leave this question unanswered by clicking 'Save' or click 'Cancel' to enter your answer and click 'Next'.]

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-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 or
- 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] |

HC2b_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] |

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

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

301 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 client 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 clients' 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 clients of different cultures, values, or beliefs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Respect clients' rights?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

i. Protect clients 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.[TrainPrepEndOfLife]
	b.[TrainPrepRespond]	g.[TrainPrepCulture]
	c.[TrainPrepComm]	h.[TrainPrepRights]
	d.[TrainPrepFam]	i.[TrainPrepResInjury]
	e.[TrainPrepCondition]	j.[TrainPrepSelfInjury]

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 well 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 0-11]

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?

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]

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-I 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

I. 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

[Display HC11b if HC11a = Less than one year]

How many months have you worked with this employer?

_____month(s)

[INTEGER; RANGE 0-99]

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 JobWeeksYear

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

_____ week(s) per year

[INTEGER; RANGE 0-52]

HC14 JobShiftType

What shifts do you normally work in this job?

Select all that apply.

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

[VARIABLE CODING]

- a.[JobShiftTypeD]
 - b.[JobShiftTypeE]
 - c.[JobShiftTypeN]
 - d.[JobShiftTypeW]
 - e.[JobShiftTypeIrregular]
-

HC15 JobSupervise

Do you supervise other staff in your job?

- 1. Yes [go to HC302]
- 5. No [go to HC16]

HC302 JobSupervisePrep

[If HC15 = yes]

How prepared do you feel to handle supervisory responsibilities?

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

HC16 JobAdmin

Do you administer any of the following to your clients:

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

[VARIABLE CODING]

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

HC303 EmergPrep

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

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

HC304 EmergExp

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

- 1. Yes [go to HC305]

5. No [go to HC17]

HC305 EmergChallenge

[Display if HC304 = yes, otherwise skip]

What challenges, if any, have you faced¹⁷
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] f. EmergencyChallengeNone]
 b. [EmergencyChallengeStaff]
 c. [EmergencyChallengeMeds]
 d. [EmergencyChallengeFam]
 e. EmergencyChallengeOther]

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?

HC20 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

[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 **between** clients?

1. Yes
 5. No
-

HC20e StayPastHours

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

1. Never [GO TO 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

[IF ANSWER IS GREATER THAN ZERO, GO TO HC20e2. IF ZERO, SKIP TO HC20f. DO NOT ALLOW TO SKIP WITHOUT AN ANSWER]

[INTEGER; RANGE 0-199]

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 first client?

1. Drove yourself
 2. Got a ride from others
 3. Public transportation
 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
 5. No
-

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
- i. Yes, from a source not listed above
- j. 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.[HaveInsuranceMedicare]
- g.[HaveInsuranceVA]
- h.[HaveInsuranceACA]
- i. [HaveInsuranceOther]
- j.[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]
- d. [BenefitsNone]

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.

h. Health insurance for employees [code as selected if HC25a HaveInsurance “Yes, from this job”]

- 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 Family Insurance

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

- 1. Yes
 - 5. No
 - 9 Not applicable
-

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 Parental Leave

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.	<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.

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"/>
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e. It is possible to enjoy interacting with people with dementia.

f. People with dementia can enjoy life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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[VARIABLE CODING]

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

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

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.

b. I can change my work to match the changing needs of a client with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
--	-----------------------	-----------------------	-----------------------	-----------------------

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 clients.	<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 clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The health and safety of workers is a high priority with management where I work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The demands of my job interfere with my personal or family life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[VARIABLE CODING]

a.[JobPPE]

b.[JobEquipment]

c.[JobHelp]

d.[JobSafety]

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Schedule of hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Salary or wages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Type of work that you do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Opportunities to learn new skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

g. Independence at work	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
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 you work most often	o	o	o	o
s. Safety of the residence or neighborhood where you deliver care most of the time	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] | |

HC41a-hJobOpinion

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

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
a. I have enough time to give individual attention to clients who need assistance with dressing, bathing, transferring, or using the toilet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I have enough time to complete other duties that don't directly involve the clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Clients and/or families let me know when I am doing a good job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My supervisor(s) lets me know when I am doing a good job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I am encouraged to discuss the care and well-being of clients with their families.	<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 clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I am informed when there is a change in a client's care plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[VARIABLE CODING]

a.[JobAttention]
 b.[JobDuties]
 c.[JobFamiliesAppr]
 d.[JobSuperAppr]
 e.[JobEncouraged]

f.[JobParticipate]
 g.[JobNewClients]
 H. [JobCarePlan]

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.	<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]

HC42 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	<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 clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Communication problems with clients' family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Disrespectful behavior from clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Disrespectful behavior from clients' family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Racial, ethnic, religious, or other personal insults from clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Inappropriate sexual behavior from clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Hitting or other physical aggression from clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Yelling or other verbal aggression from clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[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.	<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]

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

HC307 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.

b. Regardless of what happens to me, I believe I 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]

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/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]

d.[InjuryTypeSharp]

b.[InjuryTypeStrain]

e.[InjuryTypeChemical]

h.[InjuryTypeOveruse]

f.[InjuryTypeAssault]

c.[InjuryTypeEquipment]

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 [GO TO HC309]
- 2. 6 months – 1 year [GO TO HC48]
- 3. More than 1 year [GO TO HC308]
- 9. Don't know/unsure [GO TO HC48]

HC308 JobStayOptions

[Display HC308 if HC47 = "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

HC309 JobLeaveOptions

[Display HC 309 if HC47 = "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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Lack of respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Inconvenient hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 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	0	0	0	0	0
u. Retirement	0	0	0	0	0

[VARIABLE CODING]

a.[JobLeavePay]	l.[JobLeaveCoworkers]
b.[JobLeaveTraining]	m.[JobLeaveClients]
c.[JobLeaveAdvance]	n.[JobLeaveChildcare]
d.[JobLeaveRespect]	o.[JobLeaveCaregiving]
e.[JobLeaveInconvenient]	p.[JobLeaveInjury]
f.[JobLeaveMany]	q.[JobLeaveNonJob]
g.[JobLeaveFew]	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 [\$\$] electronic gift card, in addition to [\$] included with your invitation letter, as a token of appreciation for your participation.

HC48 BirthYear

What is your birth year?

_____ Year of birth

[INTEGER; 1925- 2008]

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

[If HC50 = 7, open “Other (specify): _____”]

[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] | |

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

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]
[HHAdults]

[HHAdults65]

HC62a MarriageStatus

Are you ...

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

HC63 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 HC310]
2. Yes, several days per week [GO TO HC310]
3. Yes, several days per month [GO TO HC310]
4. No [GO TO HC22d]

HC310 FamDisabilityMiss

[Display if HC63 = 1, 2, OR 3]

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
-

HC22d Childcare

Are you responsible for caring for any children at home?

1. Yes [GO TO HC22e]
 5. No [GO TO HC64]]
-

HC22e ChildcareMissWork

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

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 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]

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.

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/>]