Assisted Living Staff
Wave 2 Survey

Note: Masked and Removed Variables

Decisions about each variable are reflected in the Table of Contents.

[R] - variable removed for disclosure protection
[M] - variable masked (collapsed or recoded) for disclosure protection
[Partial R] - not all responses/variables are removed for disclosure protection, but some

Table of Contents

Disclosure Protections

Protecting participant privacy is critical from both a compliance and ethics perspective. It must also be balanced with ensuring data utility for research. In accordance with best practices, we offer several layers of privacy protections for the de-identified, NDWS public use files.

First, we removed all direct identifiers under the HIPAA safe harbor method (e.g., date of birth) or variables for which we were concerned that participant identity could be considered readily ascertainable under the Human Subjects Research Regulations (e.g., geographic area).

Second, we classified indirect identifiers—i.e., a variable or collection of variables that could be used in combination to identify a unique individual. For example, indirect identifiers that were continuous (e.g., degree year) were converted into categorical versions, while categorical variables with multiple options were collapsed in some cases (e.g., race).

We also applied complementary cell suppression of indirect identifiers to satisfy k-anonymity, where individual cells of indirect identifiers are replaced with missing values until the k-anonymity condition is met. A k value determines the minimum group size of indirect identifiers (i.e., the number of individuals with the same non-missing indirect identifiers) in response to any query—in other words, using the indirect identifiers available in the survey, a k value reflects the number of unique respondents who share a specific combination of identifiers (e.g., a psychiatrist who earned their degree in 2002 and practices in a rural setting). Ideally, the function of the algorithm is to identify the minimum number of cells which must be suppressed to satisfy k-anonymity. We adopted k=3—meaning no fewer than 3 respondents could share a particular combination of indirect identifiers—as an appropriate balance between data privacy and utility given that we removed the variables we deemed to carry potential risk (e.g., to financial standing, employability, or reputation) and the complete, unredacted surveys are also available to researchers in a secure enclave that affords additional privacy protections. For each survey, the NDWS team identified high-priority variables among the indirect identifiers that were prioritized for inclusion by the algorithm. To maximize PUF utility for researchers, our general approach was to exclude indirect identifiers that required more than 20% of variable suppression.

Third, we removed all variables alone or in conjunction which we believed posed a potential risk to the participants' financial standing, employability, or reputation as required for exempt research under 45 CFR § § 46.104(d)(2).

Together, these procedures provide multiple, complementary layers of protection that align with federal and state standards while preserving the analytic value of the NDWS public use files. By combining the removal of identifiable data, high-risk variables, categorical recoding, suppression of small groups, and application of a secure enclave for full data access, we believe we have appropriately protected participant privacy. At the same time, these measures were designed to

also ensure data utility such that the NDWS remains a robust and reliable resource for advancing research.

Masked and Removed Variables

Decisions about each variable are reflected in the table of contents.

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Coding Information for Masked Variables

Masked variables are recoded as follows:

Original variable(s)	Coding	Masked variable
YearsLTCWork	Created aggregate variable with the following discreet categories: <= 1 years or other into “<=1” > 1 years into ">1"	pTimeLTCWork
JobsHave	Created aggregate variable with the following discreet categories: = 1 job into “1” More than 1 job into ">1"	AL8a_JobsHave
JobHours	Created aggregate variable with the following discreet categories: < 40 into "<40" = 40 into "40" > 40 into ">40"	AL9_JobHours
JobsHoursWeek	Created aggregate variable with the following discreet categories: < 40 into "<40" = 40 into "40" > 40 into ">40"	AL12_JobHoursWeek

JobYears	Created aggregate variable with the following discreet categories: <= 1 years or other into “<=1” > 1 years into ">1"	AL11a_JobDuration
JobWeeksYear	Created aggregate variable with the following discreet categories: < 40 into "<40", >=40 into ">=40"	AL13_JobWeeksYear
BirthYear	Created aggregate variable with the following discreet categories: < 1980 into "<1980", < 1990 into "1980-1989", < 2000 into "1990-1999", > = 2000 into ">=2000"	AL48_BirthYear
Sex	Created aggregate variable with the following discreet categories: Female into "Female", All others into "Male/Other	AL56_Sex
WhereBorn	Created aggregate variable with the following discreet categories: US or Territory into “US”, Other into “NonUS”	AL51_WhereBorn
Race	Created aggregate variable with the following discreet categories: If RaceAA selected into "Black", If RaceEA selected into "White", All others into “Other"	AL50_Race
Ethnicity	Created aggregate variable with the following discreet categories:	AL49_Ethnicity

	If Not Hispanic into “NotHisp”, All others into “Hisp”	
LanguageOther	Created aggregate variable with the following discreet categories: If “No” into “No”, All others “Yes/Other”	AL59_Language
HHAdults	Created aggregate variable with the following discreet categories: <= 0 into "0", > 0 into "1".	AL62_AgeHHAdults
HHChildren	Created aggregate variable with the following discreet categories: <= 0 into "0", > 0 into "1".	AL62_AgeHHChildren
HHAdults65	Created aggregate variable with the following discreet categories: <= 0 into "0", > 0 into "1".	AL62_AgeHHAdults65
PayPerHour PayPerWeek PayPerBiMonthly PayPerMonth	Created aggregate variable with the following discreet categories: First, standardize pay per hour from reports of per hour, weekly, bi-monthly pay. Then categorize as Missing into "NA", < 11 into "< $11/Hr", >= 11 and < 16 into "$11/hr - $15/hr", >= 16 and < 20 into "$16/hr - $20/hr".	AL24_PayPerHourCat

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]

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] b.[LearnJobFair] f.[LearnJobRecruitment]] g.[LearnJobInternal]

c.[LearnJobOnline]
d.[LearnJobWebsite]
e.[LearnJobSocial]
h. [LearnJobTraining]
i.[LearnJobOther]

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): _____ [R]
i. None of the above

[VARIABLE CODING]
a [LicenseNowRN]
b [LicenseNowLPN]
d [LicenseNowCNA]
e [LicenseNowHHA]
f [LicenseNowPCA]
g [LicenseNowMA]
h [LicenseNowOther2]
i [LicenseNowNone]

AL1_2 LicenseEver

Please select any state licenses, certifications, or registrations that you have ever **held in the past,** 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 (specify): _____ [R]

[VARIABLE CODING]
a [LicenseEverRN]
b [LicenseEverLPN]
d [LicenseEverCNA]
e [LicenseEverHHA]
f [LicenseEverPCA]
g [LicenseEverMA]
h [LicenseEverOther2]

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-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): _

a. [WorkingTowardRN]
b. [WorkingTowardLPN]
c. [WorkingTowardCNA]]
e. [WorkingTowardPCA]
f.[WorkingTowardMedA]
g.[WorkingTowardOther1]
i.[WorkingTowardBA]]
j.[WorkingTowardMA]
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]
b.[PayTrainEmployer]
c.[PayTrainMyself]
d.[PayTrainFamily]
e.[PayTrainGovLoan]
f.[PayTrainOtherLoan]
g.[PayTrainScholarship]
h.[PayTrainUnion]
i.[PayTrainApprentice]

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
5. Diploma from a hospital-based RN program
6. Associate degree
7. Bachelor's degree
8. Master's degree
10. Doctoral degree
11. Other (specify)_____ [R]

AL4 TrainFormal

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

	Yes	No
a. Understanding dementia?	o	o
b. Responding to resident 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 residents' condition?	o	o
f. Providing end-of-life care?	o	o
g. Caring for residents of different cultures, values, or beliefs?	o	o
h. Respecting residents' rights?	o	o
i. Protecting residents 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]
j.[TrainFormalSelfInjury]

AL5 TrainInformal

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

	Yes	No
a. Understanding dementia?	o	o
b. Responding to resident 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 residents' condition?	o	o
f. Providing end-of-life care?	o	o
g. Caring for residents of different cultures, values, or beliefs?	o	o
h. Respecting residents' rights?	o	o
i. Protecting residents against injury?	o	o
j. Protecting yourself against injury?	o	o

[VARIABLE CODING]

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

Section 2: Employment Status

AL6 TrainPrepare [R]

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

AL7a YearsLTCWork [[R]

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 [R]

[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 [R]

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 [R]

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]

AL9 JobHours [R]

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-l_JobOther [Partial R]

[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 [R]

b. Another assisted living community [R]
c. Home care agency [R]
d. Privately employed to provide home care [R]
e. Another type of health care employer [R]
g. Office job
h. Retail
i. Customer service
j. Childcare
k. Food service
l. Manufacturing
f. Other (specify): _____

[VARIABLE CODING]

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

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 [R]

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 [M]

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
5. No

AL16 JobAdmin

Do you administer any of the following to your residents?

	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]

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 AL21]
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

[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
4. Walking or bicycle
5. Taxi, van, or rideshare service
6. Other

AL22a TransportMissWork

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

1. Yes [GO TO AL22b]
5. No [GO TO AL22d]

AL22b TransportMissShift [R]

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

____missed shift(s) in the past month

[INTEGER; RANGE 0-99]

AL22c TransportBeLate [R]

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

____time(s) late to work in the past month

[INTEGER; RANGE 0-99]

AL22d Childcare [R]

Are you responsible for caring for any children at home?

1. Yes [GO TO AL22e]
5. No [GO TO AL23]

AL22e ChildcareMissWork [R]

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

1. Yes [GO TO AL22f]

5. No [GO TO AL23]

AL22f ChildcareMissShift [R]

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

____missed shift(s) in the past month

[INTEGER; RANGE 0-99]

AL22g ChildcareBeLate [R]

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

____time(s) late to work in the past month

[INTEGER; RANGE 0-99]

AL23 PayType

How are you paid?

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

AL24a PayPerHour [R]

[Display AL24a If AL23 = 1]

What is your hourly wage before taxes?

$_____per hour

[INTEGER; RANGE 0-999]

AL24b PayPerWeek [R]

[Display AL24b If AL23 = 2]

What is your weekly salary before taxes?

$_____per week

[INTEGER; RANGE 0-99,999]

AL24c PayPerBiMonthly [R]

[Display AL24c If AL23 = 3]

What is your twice-monthly salary before taxes?

$_____twice-monthly

[INTEGER; RANGE 0-999,999]

AL24d PayPerMonth [R]

[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.[HaveInsuranceMedicaire]
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.

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]

AL28 FamilyInsurance

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

1. Yes
5. No

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 [R]

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 [Partial R]

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 [R]	o	o	o	o	o	o	o
b. I am comfortable touching people with dementia [R]	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 [R]	o	o	o	o	o	o	o

[VARIABLE CODING]

a.[PlwdRewarding]
b.[PlwdComfortable]
c.[PlwdRelaxed]
d.[PlwdCreative]
e.[PlwdEnjoy]
f.[PlwdLife]

AL38a-j PeopleWithDementia_1 [Partial R]

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.	o	o	o	o
b. I can change my work to match the changing needs of a resident with dementia.	o	o	o	o
c. I can keep up a positive attitude towards residents with dementia. [R]	o	o	o	o

d. I can keep up a positive attitude towards the relatives of residents with dementia. [R]	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 resident with dementia. [R]	o	o	o	o
h. I can deal with personal care, such as incontinence, in a resident with dementia. [R]	o	o	o	o
i. I can offer choice to a resident with dementia (such as what to wear, or what to do). [R]	o	o	o	o
j. I am able to recognize and report a change in a resident's condition.	o	o	o	o

[VARIABLE CODING]

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

AL39a-e Resources [R]

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 residents.	o	o	o	o
c. Other staff are available when needed to help move, transfer, or lift residents.	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]
b.[JobEquipment]
c.[JobHelp]
d.[JobSafety]
e.[JobInterfere]

Section 4: Worker Outcomes

AL40 JobSatisfaction [Partial R]

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	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 [R]	o	o	o	o
i. Working with your coworkers [R]	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 [R]	o	o	o	o
o. Work schedule flexibility [R]	o	o	o	o
p. Work environment [R]	o	o	o	o
q. Ability to take enough sick time [R]	o	o	o	o

[VARIABLE CODING]

a. [JobOverall]
b. [JobscheduleHours]
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]
px. [JobEnvironment]
q. [JobSickTime]

AL41a-f JobOpinion [Partial R]

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. [R]	o	o	o	o
b. I have enough time to complete other duties that don't directly involve the residents. [R]	o	o	o	o
c. Residents 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 residents with their families	o	o	o	o
f. I participate as a member of a care team	o	o	o	o

[VARIABLE CODING]

a.[JobAttention]
b.[JobDuties]
c,[JobFamiliesAppr]
d.[JobbSuperAppr]
e.[JobbEncouraged]
f.[JobParticipate]

AL41b_a-g JobOpinion1 [R]

[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, not criticism.	o	o	o	o

[VARIABLE CODING]

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

AL42a-j JobExperienced [Partial R]

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 [R]	o	o	o	o
b. Communication problems with supervisor(s) [R]	o	o	o	o
c. Communication problems with residents	o	o	o	o
d. Communication problems with residents' family members	o	o	o	o
e. Disrespectful behavior from residents	o	o	o	o
f. Disrespectful behavior from residents' family members	o	o	o	o
g. Racial, ethnic, religious, or other personal insults from residents [R]	o	o	o	o

h. Inappropriate sexual behavior from residents [R]	o	o	o	o
i. Hitting or other physical aggression from residents [R]	o	o	o	o
j. Yelling or other verbal aggression from residents [R]	o	o	o	o

[VARIABLE CODING]

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

AL43 JobRecommend [R]

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 [R]

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] b.[JobDiscRace] c.[JobDiscGender] d.[JobDiscOrientation] e.[JobDiscReligion]

AL44f ConfBully [R]

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 [R]

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 [R]

Did you feel management responded appropriately?

1 Yes
5 No
7 Unsure

AL44i WitnessBully [R]

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

1 Yes
5 No

AL45 JobBurnedOut [R]

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

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

AL45c SafeWork [R]

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-g InjuryType

[Display AL46e if AL46a = Yes]

How were you injured?

Select all that apply.

a. Slip and fall
b. Sprain or overuse injury (such as from lifting a resident)
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]
b.[InjuryTypeSprain]
c.[InjuryTypeEquipment]
d.[InjuryTypeSharp]
e.[InjuryTypeChemical]
f..[InjuryTypeAssault]
g [InjuryTypeOther]

AL47 JobRetention [R]

How long do you think you will continue to work at [FACILITY 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.

AL48 BirthYear: [R]

What is your birth year?

_____year of birth

[INTEGER; 1925-2007]

AL49 Ethnicity [R]

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 [R]

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 NH50a]

[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]
b.[RaceNative]
c.[RaceAsian]
d.[RaceNHPI]
e.[RaceMENA]
f.[RaceEA]
g.[RaceOther]

a.[RaceAsianFilipino]
b.[RaceAsianChinese]
c.[RaceAsianSA]
d.[RaceAsianSEA]
r.[RaceAsianOther]

AL51 WhereBorn [M]

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 [R]

[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 [R]

[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 [R]

[Display AL53b if AL53a = 2 (by naturalization)]

In what year did you become a naturalized citizen?

_____ [ALLOW 4 DIGITS]

AL54 Worry [R]

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 [R]

Do you think of yourself as:

1. Straight or heterosexual
2. Lesbian or gay
3. Bisexual

4. Queer, pansexual, and/or questioning
5. Something else; please specify _____
8. Don't know
-9. Prefer not to answer

[IF AL55=5, OPEN SPECIFY]

AL56 Sex [R]

Do you think of yourself as:

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

AL57 Service [R]

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 [R]

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 [R]

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

AL61 Disability [R]

Do you identify as a person with a disability?

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

AL62 AgeHHPeople [R]

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
2. Living with a partner

3. Widowed
4. Divorced
5. Separated
6. Never married

AL63 FamDisability [R]

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

AL64 HealthOverall

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

1 Poor
2 Fair
3 Good
4 Very good
5 Excellent

AL65 HouseholdIncome [R]

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.