Wave 3 Survey for Independent Home Care Workers

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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 to learn about the workforce that provides care to persons with dementia, including people who provide home care services. The survey will take about 25 minutes, and your answers will provide important information about home care.

Your responses are confidential and will never be shared with anyone, including 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.

If a client hired you, that client is your employer for the purposes of this survey.

HC0 StillWork

Are you currently working in one or more home care jobs?

Select all that apply.

1. Yes, I am currently working in home care through an agency (a licensed home care agency where you interviewed for a job, collected your paycheck, etc.) [GO TO HC0aAgencyInfo].
2. Yes, I am currently working in home care directly hired by clients or their families (including referrals through services such as Care.com, etc.). [GO TO HC0b ClientAge]
5. No, I am not currently working in home care. [GO TO HC0c EverWorked]

[IF ‘1’ IS SELECTED THEN ALWAYS DISPLAY HC0a AGENCYINFO]

HC0a AgencyInfo

What is the name and the zip code of the agency you're working at?

Name _____
Zip Code _____

-9. Prefer not to answer

HC0b ClientAge

Have you cared for a client aged 65 or older in the past year?

1. Yes, I am currently caring for at least one client aged 65 or older [GO TO HC0a LearnJob]
2. Yes, I have cared for a client aged 65 or older in the past year, but not currently [GO TO HC0a LearnJob]
5. No [GO TO HC0f ClientAgeEverWorked]

HC0c EverWorked

Have you ever worked in a home care job?

1. Yes [GO TO HC0d EverWorkedJob]
5. No [TERMINATE IF HC0c = 5]

Termination

[Delivered if HC0c EverWorked = 5, or HC0f ClientAgeEverWorked = 5]

At this point in the study, we are looking for feedback from current or former home care workers. who have worked with clients aged 65 years or older.

We appreciate your interest in our study.

Thank you for your time.

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

Please click “Submit” below.

HC0d EverWorkedJob

When you worked in a home care job what type of job was it?

Select all that apply.

1. I worked in home care through an agency (a licensed home care agency where you interviewed for a job, collected your paycheck, etc.).

2. I worked in home care directly hired by clients or their families (including referrals through services such as Care.com, etc.).

[GO TO HC0e DateSep]

HC0e DateSep

When did you last work in a home care job?

_____month
_____year

[GO TO HC0f ClientAgeEverWorked]

HC0f ClientAgeEverWorked

Have you ever cared for a client aged 65 or older?

1. Yes [GO TO HC0g DateSepEverOver65]
5. No [TERMINATE]

HC0g DateSepEverOver65

When did you last work in a home care job with someone over 65?

_____month
_____year

[GO TO HC1 LicenseHeld]

HC0a-i LearnJob

How did you first learn about your current “primary” home care job? By “primary,” we mean the home care job where you work the most hours.

Select all that apply.

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

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

Section 1: Education Training and Experience

HC1 LicenseHeld

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

1. Yes [GO TO HC1_1LicenseNow]
5. No [GO TO HC1_3 TrainFormal]

HC1_1 LicenseNow

[DISPLAY IF HC1 LicenseHeld = 1 Yes]

Please select the state licenses, certifications, or registrations that you **currently hold:**

Select all that apply.

a. RN
b. LPN/LVN
c. Certified Nursing Assistant
d. Home Health Aide

e. Personal Care Aide/Assistant
f. Medication Aide
g. Other (specify): _____
[Dropdown = G] Other certification or registration (specify): _____
h. None of the above

[VARIABLE CODING]	a.[LicenseNowRN]	f.[LicenseNowMA]
	b.[LicenseNowLPN]	g.[LicenseNowOther]
	c. [LicenseNowCNA]	
	d.[LicenseNowHHA]	
	e.[LicenseNowPCA]	

[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_3c-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 WorkingTowards]
5. No [IF CURRENTLY WORKING, GO TO HC3 Education]

HC2a WorkingTowards

What license, certification, or degree are you working towards?

Select all that apply.

License or Certification
a. RN

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

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

[VARIABLE CODING]

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

HC2b 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]

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
7. Bachelor's degree
8. Master's or doctoral degree
10. Other (specify):_____

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

[IF HC0b=1 (currently w/ over 65) OR IF HC0b=2 (past year over 65) GO TO HC301TrainPrep]
[IF HC0b= 5 (currently working with under 65) AND HC0f=1 (ever worked over 65) GO TO 48 BirthYear]
[IF HC0=5 (not working) GO TO HC6_1b WhyLeave]

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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?	o	o	o	o
b. Respond to client behaviors?	o	o	o	o
c. Communicate with people with dementia?	o	o	o	o
d. Work with families of people with dementia?	o	o	o	o
e. Identify changes in clients' condition?	o	o	o	o
f. Provide end-of-life care?	o	o	o	o
g. Care for clients of different cultures, values, or beliefs?	o	o	o	o

h. Respect clients' rights?	o	o	o	o
i. Protect clients against injury?	o	o	o	o
j. Protect yourself against injury?	o	o	o	o

[VARIABLE CODING]

a.[TrainPrepUnderstand]
b.[TrainPrepRespond]
c.[TrainPreplComm]
d.[TrainPreplFam]
e.[TrainPrepCondition]
f.[TrainPrepEndOfLife]
g.[TrainPreplCulture]
h.[TrainPrepRights]
i.[TrainPrepResInjury]
j.[TrainPrepSelfInjury]

[IF HC0b = 1 (currently w/ over 65) GO TO HC6 TrainPrepare]
[IF HCOb = 2 (past year over 65) GO TO HC8aJobsHave]

Section 2: Employment Status

HC6 TrainPrepare

[ASK IF HC0b ClientAge = 1 (Yes, Have ever cared for a client aged 65 or older)]

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

HC6_1b_a-l WhyLeave

[ASK IF HC0c EverWorked = 1, 'Yes' (Not Currently, But Ever Worked In Home Care]

How important were each of the following factors in your decision to stop working in home care?

	Not at all important	Somewhat important	Important	Very important	Does not apply
a. Pay and benefits	o	o	o	o	o

b. Lack of training opportunities	o	o	o	o	o
c. Lack of opportunities for advancement	o	o	o	o	o
d. Lack of respect	o	o	o	o	o
e. Inconvenient hours	o	o	o	o	o
f. Working too many hours	o	o	o	o	o
g. Working too few hours	o	o	o	o	o
h. Heavy workload	o	o	o	o	o
i. Burnout	o	o	o	o	o
j. Physical demands of the job	o	o	o	o	o
k. Problems with manager/supervisor [DISPLAY IF HC0d = 1 (AGENCY)]	o	o	o	o	o
l. Problems with co-workers [DISPLAY IF HC0d = 1 (AGENCY)]	o	o	o	o	o
m. Problems with clients	o	o	o	o	o
n. Childcare challenges					
o. Other family caregiving challenges	o	o	o	o	o
p. Job-related injury or illness	o	o	o	o	o
q. Non-job-related injury or illness	o	o	o	o	o
r. Wanted a shorter commute	o	o	o	o	o

s. Relocated to a different area	o	o	o	o	o
t. Wanted to go back to school	o	o	o	o	o
u. Retirement	o	o	o	o	o

[IF EVER WORKED WITH OVER 65, CONTINUE TO HC6_1c]

HC6_1c JobPay

Do you currently have a job for pay?

1.Yes [GO TO HC8a JobsHave]
5. No [GO TO HC6_1d]

HC6_1d WorkLook

Are you currently looking for work?

1.Yes [GO TO HC6_1e HowLong]
5.No [GO TO HC48 BirthYear]

HC6_1e HowLong

About how long have you been searching?

1. Less than 1 week
2. 1-4 weeks
3. More than a month

6_1h LookLTC

Are you looking for a job in long-term care? For this survey, long-term care (LTC) includes paid jobs providing ongoing personal care or support in nursing homes, assisted living or residential care facilities, or clients' homes.

1. Yes [GO TO HC48 BirthYear]
5. No [GO TO HC48 BirthYear]

HC8a JobsHave

How many jobs do you currently hold for pay, in any field of work?

_____ current job(s) for pay [INTEGER; RANGE 1-10]

[IF HC8a JobsHave= 1 (one job only), GO TO HC9 JobHours]

HC8b JobsHaveLTC

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

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

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 HC9]

HC7b MonthsLTCWork

[Display if HC7a YearsLTCWork = Less than one year]

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

_____month(s)

[INTEGER; RANGE 0-999]

HC9 JobHours

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

_____hour(s) per week

[INTEGER; RANGE 0-168]

HC10 JobOther

[ASK IF HC8a JobsHave > 1 (more than one job)]

What type of employer(s) do you have for your job(s)?

Select all that apply.

c. Home care or /home health agency [DO NOT DISPLAY IF NOT CURRENTLY WORKING HC]
d. Privately employed to provide home care [DO NOT DISPLAY IF NOT CURRENTLY WORKING HC]
e. Another type of health care employer [DO NOT DISPLAY IF NOT CURRENTLY WORKING HC]
a. Nursing home
b. Assisted living community
f. Office job
g. Retail
h. Customer service
i. Childcare
j. Food service
k. Manufacturing
l. Other (specify):_____
[Dropdown = L] Other (specify): _____

[IF HC0b ClientAge =2 (last year with >65) GO TO HC48BirthYear]
[IF HC0 StillWork = 5 (not currently working in home care) GO TO HC48BirthYear]

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

HC10b HCJobType

The rest of the questions in this survey are related to your primary home care job – the home care job where you work the most hours. This could be a job with an agency that involves many clients, or it could be a job with a single client.

What is your employment arrangement for your **primary** home care job?

1. I work through a home care or home health agency [go to HC10c HCJobAgencyPay]

2. I am hired directly by my client (or their family) [skip to HC19a JobSingleClient]

[DON'T DISPLAY IF ONLY ONE CHOICE WAS CHOSEN IN HC0 STILL WORK, AUTOCODE WITH STILLWORK]

HC10c HCJobAgencyPay

[[ASK IF HC10b ClientAge=1]

How are you paid for your work with the agency?

1. My paycheck comes directly from the agency
2. I am paid directly by my clients (or their families)
3. Unsure

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 JobNrClients]

HC19b JobLiveWith

[ASK IF HC19a JobSingleClient =1, (single client)]

Did you live with your client?

1. Yes
5. No

HC19c JobNrClients

[ASK IF HC19a JobSingleClient=2]

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

_____ number of clients [INTEGER; RANGE 0-50]

[GO TO HC20 JobSameClient IF HC19c JobNrClients >=2; GO TO HC11a JobYears if HC19c JobNrClients <2]

HC20 JobSameClient

[[ASK IF HC19a JobSingleClient =2]

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

[ASK IF HC19a JobSingleClient=2 (multiple clients)]

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

[ASK IF HC19a JobSingleClient =2 (multiple clients)]

Does your employer support the cost of transportation between clients?

1. Yes
5. No [GO TO HC20d TravelTimePaid]

HC20c TravelExpenseType

[ASK IF HC20b_1 TravelExpense =1 (Yes)]

What support do they provide?

Select all that apply.

1. Reimburse mileage or expenses
2. Reimburse public transportation fares
3. Provide a car
4. Other (describe): _____

[IF HC20c = 4; OPEN SPECIFY]

[VARIABLE CODING]

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

HC20d TravelTimePaid

[ASK IF HC19a JobSingleClient=2 (multiple clients)]

Are you paid for your travel time between clients?

1. Yes
5. No

HC11a JobYears

How long have you worked with this primary home care employer?

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

1. Less than one year

[INTEGER; RANGE 0-99]

HC11b JobMonths

[Display HC11b if HC11a JobYears = Less than one year]

How many months have you worked with this employer?

_____month(s)

[INTEGER; RANGE 0-999]

HC12 JobHoursWeek

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

_____ hour(s) per week

[INTEGER; RANGE 0-168]

HC13 JobWeeksYear

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

_____ week(s) per year

[INTEGER; RANGE 0-52]

HC10a MoreHours

In your primary home care job 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

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 JobSupervisePrep]

5. No [GO TO HC16 JobAdmin]

HC302 JobSupervisePrep

[If HC15 JobSupervise = yes]

How prepared do you feel to handle supervisory responsibilities?

1. Not at all prepared
2. A little prepared
3. Moderately prepared
4. Very prepared

HC16 JobAdmin

Do you administer any of the following to your client(s):

	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]

HC303 EmergPrep

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

A. Not at all prepared
b. A little prepared
c. Moderately prepared
d. Very prepared

HC304EmergencyExp

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 EmergencyExp]
5. No [GO TO HC17 ScheduleAdjust]

HC305 EmergencyChallenge

[Display if HC304 EmergencyPrep = 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	o
b. Not having enough staff	o
c. Limited access to medications or supplies	o
d. Challenges coordinating with families or caregivers	o
e. Other (please specify)_____	o
f. No challenges [DO NOT ALLOW WITH ANY OTHER OPTION]	o

[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.

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

HC20e StayPastHours

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

1. Never [GO TO HC20f StayPastHoursPaid]
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

[INTEGER; RANGE 0-199]

[IF HC20e1 = 0, GO TO HC20f StayPastHoursPaid]

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

[[ASK IF HC10b HCJobType =1 or HC19b JobLiveWith =5]

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

HC20g_1 InteractClientsLiveIn

[ASK IF HC19b JobLiveWith=1 (Yes)]

Do you spend unpaid time supporting your client?

1. Yes
5. No

HC20h HelpManageClients

[ASK IF HC10b HCJobType=1(work through a home care or home health agency)]

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 JobLiveWith = No or HC19a=2 (multiple clients), 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 JobLiveWith = No or HC19a=2 (multiple clients), 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

HC23a PayType2

Does your primary employer take taxes out of your paycheck?

1. Yes
5. No

HC24a PayPerHour

[ASK IF HC23 PayType = 1 (hourly wage)]

What is your hourly wage before taxes? [display “before taxes” only if HC23a=1]

$_____ per hour

[INTEGER; RANGE 0-999]

HC24b PayPerWeek

[ASK IF HC23 PayType = 2 (weekly salary)]

What is your weekly salary before taxes? [display “before taxes” only if HC23a=1]

$_____per week

[INTEGER; RANGE 0-99,999]

HC24c PayPerBiMonthly

[ASK IF HC23 PayType = 3 (twice-monthly salary)]

What is your twice-monthly salary before taxes? [display “before taxes” only if HC23a=1]

$_____twice-monthly

[INTEGER; RANGE 0-999,999]

HC24d PayPerMonth

[ASK IF HC23 PayType = 4 (monthly salary)]

What is your monthly salary before taxes? [display “before taxes” only if HC23a=1]
$_____monthly

[INTEGER; RANGE 0-999,999]

HC24e TotalEarnings

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

____total yearly earnings in all jobs

HC25a-j HaveInsurance

Do you currently have health insurance?

Select all that apply.

a. Yes, from this job
b. Yes, from another job
c. Yes, from spouse's or partner's job
d. Yes, from parent or parent's job
e. Yes, Medicaid
f. Yes, Medicare
g. Yes, Veterans Affairs (VA)
h. Yes, from the Affordable Care Act/Exchange
j. Yes, from a source not listed above
i. No, I do not have health insurance [Do not allow with other answers]

[VARIABLE CODING]

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

HC26 Benefits

What benefits are you currently offered by your primary home care employer?

Select all that apply.

a. Paid time off (PTO) that combines sick and vacation [IF SELECTED, ASK HC26a DaysPTO]
b. Paid sick time that is separate from vacation time [IF SELECTED, ASK HC26b DaysSick]
c. Paid vacation time that is separate from sick time [IF SELECTED, ASK HC26c DaysVaca]
d. My employer does not offer vacation or sick time [Do not allow with other selections. IF SELECTED ASK HC27 BenefitsOther.]

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]

HC27 BenefitsOther

What other benefits does your primary home care employer currently offer?

Select all that apply.

a. Health insurance for employees' families [IF SELECTED, ASK HC28 FamilyInsurance]
b. Dental insurance [IF SELECTED, ASK HC29 Dental]
c. Vision insurance [IF SELECTED, ASK HC30 Vision]
d. Tuition reimbursement or education scholarship [IF SELECTED, ASK HC31 Tuition]
e. Paid parental leave [IF SELECTED, ASK HC32 ParentalLeave]
f. Retirement benefits (401K, 403B, pension, other) [IF SELECTED, ASK HC33 Retirement]
g. None of the above [Do not allow with other selections, Go to HC34 Grieve]

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

HC28 FamilyInsurance

Is your family currently enrolled in health insurance from your primary home care employer?

1. Yes
5. No
-9 Not applicable

HC29 Dental

Are you currently enrolled in dental insurance from your primary home care employer?

1. Yes
5. No

HC30 Vision

Are you currently enrolled in vision insurance from your primary home care employer?

1. Yes
5. No

HC31 Tuition

Have you ever received tuition reimbursement or an education scholarship from your primary home care employer?

1. Yes
5. No

HC32 ParentalLeave

Have you ever received paid parental leave from your primary home care employer?

1. Yes
5. No

HC33 Retirement

Are you currently enrolled in retirement benefits from your primary home care employer?

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 your primary home care employer.

Do you provide direct care to people with dementia?

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

Section 3: Dementia Care Knowledge, Attitudes and Practices

HC37a-f PeopleWithDementia

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

	Strongly disagree	Disagree	Somewhat disagree	Neutral	Somewhat agree	Agree	Strongly agree
a. It is rewarding to work with people who have dementia	o	o	o	o	o	o	o
b. I am comfortable touching people with dementia	o	o	o	o	o	o	o

c. I feel relaxed around people with dementia	o	o	o	o	o	o	o
d. People with dementia can be creative	o	o	o	o	o	o	o
e. It is possible to enjoy interacting with people with dementia	o	o	o	o	o	o	o
f. People with dementia can enjoy life	o	o	o	o	o	o	o

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

d. I can keep up a positive attitude towards the relatives of clients with dementia.	o	o	o	o
e. I can keep myself motivated during a working day.	o	o	o	o
f.I can play an active role in my team. [Display if 10b =1]	o	o	o	o
g. I can protect the dignity of a client with dementia.	o	o	o	o
h. I can deal with personal care, such as incontinence, in a client with dementia.	o	o	o	o
i. I can offer choice to a client with dementia (such as what to wear, or what to do).	o	o	o	o
j. I am able to recognize and report a change in a client's condition.	o	o	o	o

[VARIABLE CODING]

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

HC39a-e Resources

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

	Strongly disagree	Disagree	Agree	Strongly agree
a. I have appropriate personal protective equipment (PPE).	o	o	o	o
b. Equipment or assistive devices are available when needed to help move, transfer, or lift clients.	o	o	o	o

c. Other people are available when needed to help move, transfer, or lift clients.	o	o	o	o
d. The health and safety of workers is a high priority with my employer.	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

HC40 JobSatisfaction

Thinking about your job with your primary home care employer, 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 [Display only if 10b JobType=1]	o	o	o	o

i. Working with your coworkers [Display only if 10b JobType =1]	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 I work most often	o	o	o	o
s. Safety of the residence or neighborhood where I deliver care most of the time	o	o	o	o

[VARIABLE CODING]

a. [JobOverall]
b. [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]
p. [JobEnvironment]
q. [JobSickTime]
s. [JobSafetyLocation]

HC41a-hJobOpinion

Thinking about your job with your primary home care employer, how much do you agree or disagree with each of the following?

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
a. I have enough time to give individual attention to clients who need assistance with dressing, bathing, transferring, or using the toilet.	o	o	o	o
b. I have enough time to complete other duties that don't directly involve the clients.	o	o	o	o
c. Clients and/or families let me know when I am doing a good job.	o	o	o	o
d. My supervisor(s) lets me know when I am doing a good job.	o	o	o	o
e. I am encouraged to discuss the care and well-being of clients with their families	o	o	o	O
f. I participate as a member of a care team [Display if 10b JobType =1]	o	o	o	o
g. I am given all of the information I need to care for new clients	o	o	o	o
h. I am informed when there is a change in a client's care plan	o	o	o	o

[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 with your current primary home care employer, 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 employer for support when I need it.	o	o	o	o
b. I can count on my coworkers for support when I need it.[Display only if 10b JobType =1]	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
c. I feel my job is secure.	o	o	o	o
g Supervisors use mistakes as learning opportunities, not criticism. [Display only if 10b JobType =1]	o	o	o	o
f. My organization is committed to employee health and well-being. [Display only if 10b JobType =1]	o	o	o	o

[VARIABLE CODING]

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

HC42a-j JobExperienced

In your job with your primary home care employer ,over the past year, how often have you experienced the following:

	Never	Rarely	Sometimes	Often
a. Communication problems with co-worker(s) [Display only if 10b JobType =1]	o	o	o	o
b. Communication problems with supervisor(s) [Display only if 10b JobType =1]	o	o	o	o
c. Communication problems with clients	o	o	o	o
d. Communication problems with clients' family members	o	o	o	o
e. Disrespectful behavior from clients	o	o	o	o
f. Disrespectful behavior from clients' family members	o	o	o	o
g. Racial, ethnic, religious, or other personal insults from clients	o	o	o	o
h. Inappropriate sexual behavior from clients	o	o	o	o
i. Hitting or other physical aggression from clients	o	o	o	o
j. Yelling or other verbal aggression from clients	o	o	o	o

[VARIABLE CODING]

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

HC43 JobRecommend

Would you recommend your primary home care employer to your family and friends?

1. Definitely no
2. Maybe no

3. Maybe yes
4. Definitely yes

HC44_1a-e JobDiscriminate1

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

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

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

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

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 [GO TO HC44g ReportBully]
5. No [GO TO HC44i WitnessBully]

HC44g ReportBully

[Display only if 10b JobType =1 (work through a home care or home health agency)]]

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

1. Yes [GO TO 44h ManagementRespond}
5. No [GO TO 44i WitnessBully]

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.	o	o	o	o	o
b. Regardless of what happens to me, I believe I can control my reaction to it.	o	o	o	o	o
c. I believe I can grow in positive ways by dealing with difficult situations	o	o	o	o	o
d. I actively look for ways to replace the losses I encounter in life.	o	o	o	o	o

[VARIABLE CODING] a.[CopeCreate] b.[CopeControl] c.[CopeGrow] d.[CopeReplace]

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 JobRetention]

HC46b JobInjuryAid

[ASK IF HC46a JobInjury = 1, '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

[ASK IF HC46a JobInjury = 1,'Yes']

Was any injury with your **current** primary home care job?

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

HC46d InjuryReport

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

1. Yes
5. No

HC46e_a-h InjuryType

[ASK IF HC46a JobInjuy = 1, '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 (note: show here after b)
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 with your current primary home care employer?

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

HC308 JobStayOptions

[ASK IF HC47JobRetention = 3, "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 = 1, '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	o	o	o	o	o
b. Lack of training opportunities	o	o	o	o	o
c. Lack of opportunities for advancement	o	o	o	o	o
d. Lack of respect	o	o	o	o	o
e. Inconvenient hours	o	o	o	o	o
f. Working too many hours	o	o	o	o	o

g. Working too few hours	o	o	o	o	o
h. Heavy workload	o	o	o	o	o
i. Burnout	o	o	o	o	o
j. Physical demands of the job	o	o	o	o	o
k. Problems with manager/supervisor	o	o	o	o	o
l. Problems with co-workers	o	o	o	o	o
m. Problems with residents/clients	o	o	o	o	o
n. Childcare challenges					
o. Other family caregiving challenges	o	o	o	o	o
p. Job-related injury or illness	o	o	o	o	o
q. Non-job-related injury or illness	o	o	o	o	o
r. Wanted a shorter commute	o	o	o	o	o
s. Relocated to a different area	o	o	o	o	o
t. Wanted to go back to school	o	o	o	o	o
u. Retirement	o	o	o	o	o

[VARIABLE CODING]

a.[JobLeavePay]
b.[JobLeaveTraining]
c.[JobLeaveAdvance]
d.[JobLeaveRespect]
e.[JobLeaveInconvenient]
l.[JobLeaveCoworkers]
m.[JobLeaveClients]
n.[JobLeaveChildcare]
o.[JobLeaveCaregiving]
p.[JobLeaveInjury]

f.[JobLeaveMany]
g.[JobLeaveFew]
h.[JobLeaveHeavy]
i.[JobLeaveBurnout]
j.[JobLeavePhysical]
k.[JobLeaveManager]
q.[JobLeaveNonJob]
r.[JobLeaveCommute]
s.[JobLeaveRelocated]
t.[JobLeaveSchool]
u.[JobLeaveRetirement]

Section 5: Demographics

The questions in this final section help us learn a little bit more about who is participating in NDWS.

After this last section, we will confirm your address to send you the [$xx] as a token of appreciation for your participation.

HC48 BirthYear

What is your birth year?

_____ year of birth

[INTEGER; 1925-2008]

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.

a. African-American, Black, African
b. American Indian, Native American, Alaskan Native
c. Asian [If selected, branch out to options below NH50a 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]	1.[RaceAA]	3a.[RaceAsianFilipino]
	2.[RaceNative]	3b.[RaceAsianChinese]
	3.[RaceAsian]	3c.[RaceAsianSA]
	4.[RaceNHPI]	3d.[RaceAsianSEA]
	5.[RaceMENA]	3e.[RaceAsianOther]
	6.[RaceEA]	
	7.[RaceOther]	

HC51 WhereBorn

Where were you born?

1. In a U.S. state or D.C (drop-down state list) [GO TO HC54 Worry]
2. In a U.S. territory (drop-down territory list) [GO TO HC54 Worry]
3. Outside the United States (Specify country) _____ [GO TO HC52 LiveUS]

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

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

HC52 LiveUS

[ASK IF HC51 WhereBorn = 3 (outside the US)]

What year did you come to live in the United States?

If you came to live in the United States more than once, enter the most recent year.

_____ year

[ALLOW 4 DIGITS]

HC53a Citizenship

[ASK IF HC51 WhereBorn = 3 (outside the US)]

Are you a citizen of the United States?

1. Yes, born abroad to U.S. citizen parent(s)
2. Yes, U.S. citizen by naturalization [ASK HC53b CitizenYear]
3. No, not a U.S. citizen
9. Prefer not to answer

HC53b CitizenYear

[ASK IF HC53a Citizenship = 2 (by naturalization)]

In what year did you become a naturalized citizen?

_____

[ALLOW 4 DIGITS]

HC54 Worry

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

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

HC55 Orientation

Do you think of yourself as:

1. Straight or heterosexual
2. Lesbian 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 Language]
5. No [GO TO HC61 Disability]

HC59 Language

[ASK IF HC58 LanguageOther = 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 Language = 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]

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 [display IF HC19b LiveWith = 1; “or your client”], 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
2. Widowed
3. Separated or divorced
4. 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
2. Yes, several days per week
3. Yes, several days per month
4. No

HC310 FamDisabilityMiss

[Display if HC63 FamDisability = 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

[SKIP If HC0 =5 (not working)]
During the past month, did you miss any time from work because of problems with childcare?

1. Yes
5. No

HC64HealthOverall

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]