

**2011 FAMILY AND MEDICAL LEAVE SURVEY**  
**EMPLOYEE SURVEY**

**NOTE:**  
**RESPONSE OPTIONS IN ALL CAPS ARE NOT READ ALOUD BY THE INTERVIEWER.**  
**TEXT IN ALL CAPS IS A PROGRAMMER NOTE OR INTERVIEWER INSTRUCTION.**  
**TEXT IN BRACKETS IS TO BE FILLED IN PROGRAMMATICALLY OR DETERMINED BY INTERVIEWER.**

## I. SCREENER (Sections S &T)

1. Screen for employment, etc.
2. Leave Designation
3. Telephone Usage (T1-6)

### **RDD INTRODUCTION**

INTRO1. Hello, my name is [INTERVIEWER] and I'm calling for a study that is being conducted for the U.S. Department of Labor. We are conducting this study to find out about employees' use of, and attitudes about, family and medical leave policies in their workplace. Study results will be used to assess the impact of family and medical leave policies on employees. If you complete the survey, we will pay you \$10 as a token of our appreciation.

S1. Are you a member of this household and at least 18 years old?

- |   |           |            |
|---|-----------|------------|
| 1 | YES       | [GO TO S4] |
| 2 | NO        | [GO TO S2] |
| 8 | DK (VOL)  | [GO TO S2] |
| 9 | REF (VOL) | [GO TO S2] |

S2. May I speak to a household member who is at least 18 years old?

- |   |                |                                |
|---|----------------|--------------------------------|
| 1 | AVAILABLE      | [REPEAT INTRO1]                |
| 2 | NOT AVAILABLE  | [SCHEDULE CALLBACK]            |
| 3 | THERE ARE NONE | [GO TO THANK01]                |
| 8 | DK (VOL)       | [GO TO THANK01] [SOFT REFUSAL] |
| 9 | REF (VOL)      | [GO TO THANK01] [SOFT REFUSAL] |

[IF NECESSARY: Household (HH) members include people who think of this household as their primary place of residence. It includes persons who usually stay in the household but are temporarily away, such as in the military, on business, on vacation, in a hospital, or living at school in a dorm, fraternity, or sorority.]

## **CELL PHONE INTRODUCTION**

INTRO2. Hello, my name is [INTERVIEWER] and I'm calling for a study that is being conducted for the U.S. Department of Labor. We are conducting this study to find out about employees' use of, and attitudes about, family and medical leave policies in their workplace. Study results will be used to assess the impact of family and medical leave policies on employees. If you complete the survey, we will pay you \$10 as a token of our appreciation.

If you are now driving a car or doing any activity requiring your full attention, I need to call you back later.

	1	AVAILABLE/NOT DRIVING	[GO TO S3]
	2	NOT AVAILABLE/CURRENTLY DRIVING CALLBACK]	[SCHEDULE
REFUSAL]	8	DK (VOL)	[GO TO THANK02] [SOFT
REFUSAL]	9	REF (VOL)	[GO TO THANK02] [SOFT

S3. Are you at least 18 years old?

	1	YES	[GO TO S4]
	2	NO	[GO TO THANK01]
	8	DK (VOL)	[GO TO THANK01] [SOFT REFUSAL]
	9	REF (VOL)	[GO TO THANK01] [SOFT REFUSAL]

S4. Your participation is voluntary and all information you provide will be kept confidential to the greatest extent possible under the law. There are many procedures in place to reduce the potential minimal risk of loss of confidentiality. If we should come to any question that you don't understand or don't want to answer, just let me know and I will try to help you, or we can go on to the next question. The survey should take about 15 to 25 minutes to complete, depending on your answers.

We're interested in talking to someone in the household in more depth about family and medical leave policies provided in their workplace. In order to do that, I need to get some information about the members of your household who are age 18 or over.

S5. How many adults age 18 or over live in your household? \_\_\_\_\_  
[RANGE 1-11, 99 DK/REF SOFT REFUSAL]  
Let's start with you.

<b>S6 (A1-X)</b>	<b>S7 (A1-X)</b>	<b>S8 (A1-X)</b>	<b>S9 (A1-X)</b>	<b>S10 (A1-X)</b>	<b>S11 (A1-x)</b>	<b>S12 (A1-x)</b>	<b>LEAVE DESIGNATI ON</b>
What is [your/the A2-X]'s first name or initials?	What is [your/A2-X]'s age?	What is [your/A2-X]'s gender?	[Have you / has A2-X] worked for pay or profit in the last 12 months?	In the last 12 months, [have you / has A2-X] worked for the government, a private company, a non-profit organization, or [have you / has A2-X] been self-employed?	<b>TAKEN LEAVE IN LAST 18 MONTHS</b>	<b>NEEDED BUT DID NOT TAKE LEAVE IN LAST 18 MONTHS</b>	<b>FMLAFLG_ A1-X</b>  <b>[LEAVE NEEDER TRUMPS LEAVE TAKER IF R IS BOTH]</b>
Your			YES (1) NO (2)	GOV (1) PRV (2) NON (3) SELF (4)	YES (1) NO (2)	YES (1) NO (2)	
2 <sup>nd</sup> adult's			YES (1) NO (2)	GOV (1) PRV (2) NON (3) SELF (4)	YES (1) NO (2)	YES (1) NO (2)	
3 <sup>rd</sup> adult's			YES (1) NO (2)	GOV (1) PRV (2) NON (3) SELF (4)	YES (1) NO (2)	YES (1) NO (2)	
4 <sup>th</sup> adult's			YES (1) NO (2)	GOV (1) PRV (2) NON (3) SELF (4)	YES (1) NO (2)	YES (1) NO (2)	
5 <sup>th</sup> adult's			YES (1) NO (2)	GOV (1) PRV (2) NON (3) SELF (4)	YES (1) NO (2)	YES (1) NO (2)	
6 <sup>th</sup> adult's			YES (1) NO (2)	GOV (1) PRV (2) NON (3) SELF (4)	YES (1) NO (2)	YES (1) NO (2)	
7 <sup>th</sup> adult's			YES (1) NO (2)	GOV (1) PRV (2) NON (3) SELF (4)	YES (1) NO (2)	YES (1) NO (2)	
8 <sup>th</sup> adult's			YES (1) NO (2)	GOV (1) PRV (2) NON (3) SELF (4)	YES (1) NO (2)	YES (1) NO (2)	
9 <sup>th</sup> adult's			YES (1) NO (2)	GOV (1) PRV (2) NON (3) SELF (4)	YES (1) NO (2)	YES (1) NO (2)	
10 <sup>th</sup> adult's			YES (1) NO (2)	GOV (1) PRV (2) NON (3) SELF (4)	YES (1) NO (2)	YES (1) NO (2)	
11 <sup>th</sup> adult's			YES (1) NO (2)	GOV (1) PRV (2) NON (3) SELF (4)	YES (1) NO (2)	YES (1) NO (2)	

[IF S6 = DK/REF FOR 2<sup>ND</sup>-11<sup>TH</sup> ADULT, REFER TO BY AGE/GENDER]  
[S6: MALE (1) FEMALE (2) DK/REF (99)]  
[S7: RANGE 18-97; DK/REF (99)]

[IF QS9 = 1, ASK S10]  
[IF QS10 = 4, CODE INELIGIBLE AND LOOP BACK  
TO QS6]

S11. In the last **eighteen** months, that is, since [INSERT 18 MONTH PERIOD] [have you/has [FILL A1-X FROM QS6]] taken leave from work for ANY of the following reasons:

- to care for a newborn, newly adopted or new foster child;
- for [your own/[FILL A1-X FROM QS6]'s] serious health condition or to care for someone else's serious health condition;
- for pregnancy-related reasons (IF NECESSARY: your own or a family member's); or
- to care for a military service member, or for reasons related to the deployment of a military service member?

[READ FOR A1 ONLY; READ IF NECESSARY FOR ALL OTHER HH MEMBERS (A2-X): A serious health condition, for purposes of this survey, means a condition that lasted more than 3 days and required treatment by a health care provider, a condition that required an overnight hospital stay, or a long-lasting condition for which one must see a health care provider at least twice a year for treatment. It may also include a condition that makes one permanently unable to work or perform other daily functions, or that requires treatments to keep from becoming incapacitated.]

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

S12. In the LAST 18 MONTHS [have you/has [FILL A1-X FROM QS6]] NEEDED to take leave from work but DID NOT, for ANY of the reasons I just listed? [INTERVIEWER: IF NECESSARY, REFER TO JOB AID ON LEAVE DEFINITION]

[IF NECESSARY: I can read the reasons again if you'd like:

- to care for a newborn, newly adopted or new foster child;
- for [your own/[FILL A1-X FROM QS6]'s] serious health condition or to care for someone else's serious health condition;
- for pregnancy-related reasons (IF NECESSARY: your own or a family member's); or
- to care for a military service member, or for reasons related to the deployment of a military service member?]

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[CATI: LOOP BACK TO QS6 -S12 FOR NEXT HH MEMBER]

S13. Just to confirm, there [is/are] a total of [FILL QS5] adult household member(s.) Is that correct?

- 1 NUMBER OF HH MEMBERS IN MATRIX CORRECT
- 2 NUMBER OF HH MEMBERS IS INCORRECT → [RETURN TO MATRIX (QS5)]

[ASK QS14 FOR EVERY HH MEMBER WHERE AGE IS MISSING (QS7 = 99)]

S14. [Are you/Is [FILL A1-X FROM QS6]] 18 years old or older?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

### **TERMINATIONS:**

READMSG. [READ THE FOLLOWING MESSAGE INTO THE ANSWERING MACHINE:]

This is [INTERVIEWER] calling for a study that is being conducted for the U.S. Department of Labor. We are conducting this study to ask you about family and medical leave policies provided in your workplace. Study results will be used to assess the impact of family and medical leave policies on employees, so your opinions are important. Your phone number was randomly selected and your answers will be kept confidential. If you complete the survey, we will pay you \$10 as a token of our appreciation. We will call back within the next day or two. Thank you.

THANK01. Thank you very much, but we are only interviewing in households with members who are 18 and over.

THANK02. Thank you very much for the information. These are all the questions I have at this time.

## RESPONDENT SELECTION INSTRUCTIONS - FOR PROGRAMMING USE

IF S5=1, HHFLG=FMLAFLG\_A1.

IF [FMLAFLG\_A1 TO FMLAFLG\_AX=2] AND [FMLAFLG\_A1 TO FMLAFLG\_AX=1], ASSIGN HHFLG=2 WITH 90%, HHFLG=1 WITH 10% PROB.

IF [FMLAFLG\_A1 TO FMLAFLG\_AX=2] AND [FMLAFLG\_A1 TO FMLAFLG\_AX=3], ASSIGN HHFLG=2 WITH 90%, HHFLG=3 WITH 10% PROB.

IF [FMLAFLG\_A1 TO FMLAFLG\_AX=1] AND [FMLAFLG\_A1 TO FMLAFLG\_AX=3], ASSIGN HHFLG=1 WITH 90%, HHFLG=3 WITH 10% PROB.

IF [FMLAFLG\_A1 TO FMLAFLG\_AX=1] AND [FMLAFLG\_A1 TO FMLAFLG\_AX=2] AND [FMLAFLG\_A1 TO FMLAFLG\_AX=3], ASSIGN HHFLG=1 WITH 10%, HHFLG=2 WITH 80%, AND HHFLG=3 WITH 10% PROB.

IF ALL [FMLAFLG\_A1 THRU FMLAFLG\_AX=1], HHFLG=1.

IF ALL [FMLAFLG\_A1 THRU FMLAFLG\_AX=2], HHFLG=2.

IF ALL [FMLAFLG\_A1 THRU FMLAFLG\_AX=3], HHFLG=3.  
SELECT 20% OF HHFLG= 3 RESPONDENTS TO BE SUBSAMPLED.

IF RESPONDENT IS A LEAVE TAKER OR LEAVE NEEDER, [FMLAFLG=1 OR 2] CONTINUE TO SECTION T.

IF FMLAFLG=3 AND HAS BEEN SUBSAMPLED FOR EXTENDED INTERVIEW, CONTINUE TO SECTION T.

IF FMLAFLG=3 AND RESPONDENT HAS NOT BEEN SUBSAMPLED, THANK AND END.

IF [[S9>1] AND [S11>1] AND [S12>1]] FOR ALL [A1 THRU AX], THANK AND END. CODE SOFT REFUSAL.

IF MORE THAN 1 HH MEMBER HAS THE SAME FMLAFLG, AND THAT FMLAFLG = HHFLG, THEN RANDOMLY SELECT ONE RESPONDENT  
CATI: CREATE 3 QUALIFIED LEVELS BASED ON:

**ONLY**

## SECTION T - TELEPHONE USAGE

Before we begin, we just have a few quick questions about telephone use in your household. These items will be used for statistical purposes to make sure that all households in the country are represented in this study.

[ASK IF LANDLINE SAMPLE]

T1. Now thinking about your telephone use, do you have a working cell phone?

- 1 YES, HAVE CELL PHONE
- 2 NO, DO NOT HAVE CELL PHONE
- 9 DK/REF (VOL)

[ASK IF T1=1 OR CELL SAMPLE]

T2. [IF CELL SAMPLE: Including this one,] How many working cell phones do YOU personally have?

- (1-6) RECORD NUMBER [ENTER 6 IF 6 OR GREATER]
- 9 DK/REF (VOL)

[ASK IF QS5 > 1 (2+ ADULT HOUSEHOLD)]

T3. Thinking about the other adults in your household, how many working cell phones in total do THEY have?

- (0-6) RECORD NUMBER [ENTER 6 IF 6 OR GREATER]
- 9 DK/REF (VOL)

[ASK IF CELL PHONE SAMPLE]

T4. Is a cell phone your ONLY phone, or do you also have a regular landline telephone at home?

- 1 CELL PHONE IS ONLY PHONE
- 2 HAVE LANDLINE TELEPHONE AT HOME
- 9 DK/REF (VOL)

[ASK IF LANDLINE SAMPLE OR T4=2]

T5. [IF LANDLINE SAMPLE: Including this number,] How many different residential phone NUMBERS do you have coming into your household, not including lines dedicated to a fax machine, modem, or used strictly for business purposes? Do not include cellular phones.

- (1-6) RECORD NUMBER [ENTER 6 IF 6 OR GREATER]

[ASK IF HH HAS BOTH A CELL AND A LANDLINE (T1=1 OR T3=1-6 OR T4=2)]

T6. Of all the telephone calls that you [IF QS5 > 1 (2+ ADULT HOUSEHOLD): or your family] receive, are:

- 1 All or almost all calls received on cell phones,
- 2 Some received on cell phones and some on regular phones, or
- 3 Very few or none on cell phones?
- 9 DK/REF (VOL)

**[IF FMLAFLG=1 FOR SELECTED RESPONDENT, CONTINUE TO SECTION A]**

**SECTION A - LEAVE TAKERS**

**[IF SELECTED RESPONDENT IS PERSON ON THE PHONE, SKIP TO A1]**

**[IF SELECTED RESPONDENT IS NOT PERSON ON THE PHONE:]**

HANDOFF1.[FILL QS6 AX] has been selected as the respondent for this survey. May I please speak to [FILL QS6 AX] for the rest of the interview?

- |   |                      |                     |
|---|----------------------|---------------------|
| 1 | YES/PHONE HANDED OFF | [GO TO INTRO3]      |
| 2 | NOT AVAILABLE        | [SCHEDULE CALLBACK] |
| 9 | DK/REF (VOL)         | [GO TO THANK02]     |

[IF NEW RESPONDENT:]

INTRO3. Hello, my name is [INTERVIEWER] and I'm calling for a study that is being conducted for the U.S. Department of Labor. We are conducting this study to find out about employees' use of, and attitudes about, family and medical leave policies in their workplace. Study results will be used to assess the impact of family and medical leave policies on employees. Your participation is voluntary and all information you provide will be kept confidential. If we should come to any question you don't understand or don't want to answer, just let me know and I'll try to clarify or we can move on to the next question. If you complete the survey, we will pay you \$10 as a token of our appreciation.

A1. [IF NEW RESPONDENT:] Can you please confirm that in the last 18 months, that is, since [INSERT 18 MONTH PERIOD],

[IF SAME RESPONDENT:] I want to confirm with you that in the last 18 months, that is, since [INSERT 18 MONTH PERIOD],

you have taken leave from work for ANY of the following reasons:

- to care for a newborn, newly adopted or new foster child;
- for your own serious health condition or to care for someone else's serious health condition;
- for pregnancy-related reasons (IF NECESSARY: your own or a family member's); or
- to care for a military service member, or for reasons related to the deployment of a military service member?

[IF NEW RESPONDENT; ELSE, AS NECESSARY:] A serious health condition, for purposes of this survey, means a condition that lasted more than 3 days and required treatment by a health care provider, a condition that required an overnight hospital stay, or a long-lasting condition for which one must see a health care provider at least twice a year for treatment. It may also include a condition that makes one permanently unable to work or perform other daily functions, or that requires treatments to keep from becoming incapacitated.

Is this correct? [Have you taken leave from work for one or more of these reasons?]

- 1 YES [GO TO QA2]
- 2 NO [GO TO QB2]
- 8 DK (VOL) [GO TO QS5]
- 9 REF (VOL) [GO TO QS5]

[IF R ANSWERS DK/REF TO QA1, RE-SCREEN TO CONFIRM LEAVE STATUS. IF THE SAME R COMES BACK TO QA1 AND ANSWERS DK/REF A SECOND TIME, GO TO SECTION C]

A2. Was there an event like this IN THE LAST YEAR [12 MONTHS, INSERT DATE]?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

A3. Are you currently on this type of leave from work?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

A4. We are interested in the number of times you took leave from work for A SINGLE reason or condition (yours, or that of the person you cared for), and this is regardless of whether you took time off all at once or in separate blocks of time. So, for how many TOTAL reasons or conditions did you take leave from work since [INSERT 18 MONTH PERIOD]?

[RANGE: 1-100]  
DK (VOL) 888

REF (VOL) 999

[IF QA4=1, CONFIRM: "So, that's just one leave in the last 18 months?"]

[IF QA4=2-100, CONFIRM: "So, that's [FILL] leave occasions for [FILL] separate reasons?"]

[IF QA4>1, READ:] Let's begin by talking about the LONGEST time that you took leave from work since [INSERT 18 MONTH PERIOD].

A5. What was the main reason you took this type of leave from work [IF QA4>1, READ: on your [longest/most recent] leave]? [SINGLE MENTION]

- 1 OWN ILLNESS, DISABILITY OR OTHER SERIOUS HEALTH CONDITION, EXCEPT MATERNITY-RELATED ILLNESS [GO TO QA10]
- 2 [WOMEN ONLY] FOR MATERNITY-RELATED DISABILITY, OR OTHER PREGNANCY-RELATED AILMENT PRIOR TO DELIVERY [GO TO QA10]
- 3 [WOMEN ONLY] FOR MATERNITY-RELATED DISABILITY **AND** TO CARE FOR A NEWBORN [GO TO QA11]
- 4 [WOMEN ONLY] MISCARRIAGE [GO TO QA11]
- 5 TO CARE FOR NEWBORN [GO TO QA11]
- 6 TO CARE FOR NEWLY ADOPTED CHILD [GO TO QA11]
- 7 TO CARE FOR NEWLY PLACED FOSTER CHILD [GO TO QA11]
- 8 TO BOND WITH NEWBORN [GO TO QA13]
- 9 TO BOND WITH NEWLY ADOPTED CHILD [GO TO QA13]
- 10 TO BOND WITH NEWLY PLACED FOSTER CHILD [GO TO QA13]
- 11 CHILD'S HEALTH CONDITION [GO TO QA8]
- 12 SPOUSE'S HEALTH CONDITION [GO TO QA8]
- 13 PARENT'S HEALTH CONDITION [GO TO QA8]
- 14 OTHER RELATIVE'S HEALTH CONDITION [GO TO QA6]
- 15 OTHER NON-RELATIVE'S HEALTH CONDITION [GO TO QA7]
- 16 DOMESTIC PARTNER'S HEALTH CONDITION [GO TO QA8]
- 98 DK (VOL) [GO TO QA10]
- 99 REF (VOL) [GO TO QA10]

A6. [SPECIFY RELATION TO R OR ASK:] What is that person's relationship to you?

- 1 GRANDCHILD
- 2 GRANDPARENT
- 3 SIBLING
- 4 AUNT OR UNCLE
- 5 OTHER (SPECIFY) \_\_\_\_\_
- 8 DK (VOL)
- 9 REF (VOL)

[GO TO QA8]

A7. [SPECIFY RELATION TO R OR ASK:] What is that person's relationship to you?

- 1 PARENT-IN-LAW
- 2 A CHILD THAT IS NOT YOUR BIOLOGICAL CHILD
- 3 OTHER (SPECIFY) \_\_\_\_\_
- 8 DK (VOL)
- 9 REF (VOL)

[IF QA5 = 11-16, READ:]

You said that you've taken leave to care for your [FILL PERSON FROM QA5/QA6/QA7, AS APPROPRIATE]. Throughout the rest of the survey, we will refer to this person as your "care recipient."

A8. What was the age of your care recipient? [DO NOT READ LIST]

- 1 0-1 YEARS
- 2 2-17 YEARS
- 3 18-40 YEARS
- 4 41-59 YEARS
- 5 60-69 YEARS
- 6 70-79 YEARS
- 7 80-89 YEARS
- 8 90 OR OLDER
- 98 DK (VOL)
- 99 REF (VOL)

[IF QA8>2 → ASK QA9, ELSE SKIP TO PROGRAMMING NOTE BEFORE QA10]

A9. Was this leave taken in order to care for a military service member for a service-related serious illness or injury? [IF NECESSARY: This includes both current active duty members as well as reserve members.]

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[ASK QA10 IF QA5 = 1-2, 11-16, 98, 99]

A10. What was the nature of the health condition for which you took this leave? Was it:  
[READ LIST]

- 1 A one-time health matter, such as appendicitis or injury;
- 2 The **treatment** of an injury or illness that now requires routine scheduled care, such as chemotherapy or physical therapy; or
- 3 An ongoing health condition that affects one's ability to work from time to time, such as diabetes, migraines, depression, or Multiple Sclerosis?
- 4 OTHER (SPECIFY): \_\_\_\_\_
- 8 DK (VOL)
- 9 REF (VOL)

[IF QA5 = 3, 5-7, READ:]

You said that you've taken leave to care for your [FILL PERSON FROM QA5]. Throughout the rest of the survey, we will refer to this person as your "care recipient."

[IF QA3=1, REPLACE "Did" WITH "[Do/Does]"]

IF QA5=1, 2, 4, 98, 99: READ "you"

IF QA5=3: READ "your newborn"

ELSE, READ "your care recipient"]

A11. Did [you/your newborn/your care recipient] require a doctor's care while on this leave?

- 1 YES [ASK QA12]
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[IF QA11>1, SKIP TO A13]

[IF QA5=1, 2, 4, 98, 99: READ "you"

IF QA5=3: READ "your newborn"

ELSE, READ "your care recipient"]

A12. [Were/Was] [you/your newborn/your care recipient] in the hospital overnight at any time during this leave?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)



A13. For this leave, in what month and year did you start taking time off?

ENTER MONTH [RANGE: 1-12]  
98 DK (VOL)  
99 REF (VOL)  
ENTER YEAR [RANGE: 2009-2011]  
9998 DK (VOL)  
9999 REF (VOL)

A14. Did you take this time off continuously, (that is, all in a row without returning to work) or did you take leave on separate occasions?

1 ONE CONTINUOUS BLOCK OF TIME  
2 SEPARATE OCCASIONS [GO TO QA15]  
8 DK (VOL)  
9 REF (VOL)

[IF QA14 = 1, 8, 9 → GO TO QA17]

A15. How many separate blocks of time did you take off from work during this leave? [IF NECESSARY: Please think about special events, holidays, or seasons to help you remember.]

[RANGE: 2-100]  
888 DK (VOL)  
999 REF (VOL)

A16. In what month and year did the last block of time for this leave begin? [IF NECESSARY: Please think about special events, holidays, or seasons to help you remember.]

ENTER MONTH [RANGE: 1-12]  
98 DK (VOL)  
99 REF (VOL)  
ENTER YEAR [RANGE: 2009-2011]  
9998 DK (VOL)  
9999 REF (VOL)

[DATE ENTERED MUST BE LATER THAN OR EQUAL TO DATE FROM QA13. IF NECESSARY, INTERVIEWER CONFIRM DATES WITH RESPONDENT]

[ASK QA17 IF QA3 > 1, ELSE SKIP TO QA18]

A17. And in what month and year did this leave end? [IF NECESSARY: Please think about special events, holidays, or seasons to help you remember.]

ENTER MONTH [RANGE: 1-12]

98 DK (VOL)

99 REF (VOL)

ENTER YEAR [RANGE: 2009-2011]

9998 DK (VOL)

9999 REF (VOL)

[DATE ENTERED MUST BE LATER THAN OR EQUAL TO DATES FROM QA13 AND QA16. IF NECESSARY, INTERVIEWER CONFIRM DATES WITH RESPONDENT]

[IF QA3=1, DISPLAY "and you are currently on this leave"

IF QA3>1, DISPLAY "and it ended [FILL QA17]"

A18. To review: **You've taken leave [for FILL QA10 UNLESS QA10=DK/REF IN WHICH CASE DISPLAY "and you are not able to tell us the reason"], [and you began taking leave in QA13 MONTH QA13 YEAR - IF MONTH OR YEAR IS DK/REF LEAVE OUT, IF BOTH ARE MISSING DISPLAY "and you are not able to tell us when you began"], [and you are currently on this leave/and it ended QA17 MONTH QA17 YEAR - IF MONTH OR YEAR IS DK/REF LEAVE OUT, IF BOTH ARE MISSING DISPLAY "and you are not able to tell us when it ended"]**. Is that correct?

1 YES

2 NO [REVIEW AND CORRECT IF NECESSARY]

8 DK (VOL)

9 REF (VOL)

[IF QA3=1, DISPLAY "so far"

IF QA14=2, DISPLAY "including all blocks of time"]

A19. Great, so how much time in TOTAL did you take off from work [so far] for the reason you mentioned [including all blocks of time]?

1 \_\_\_\_\_ HOURS [RANGE: 0 - 24]

2 \_\_\_\_\_ DAYS [RANGE 0 - 180]

3 \_\_\_\_\_ WEEKS [RANGE 1-30]

4 \_\_\_\_\_ MONTHS [RANGE 1-6]

9 DK/REF

[ASK QA20 IF QA4 = 2-100, ELSE GO TO QA21]

[IF R HAS GONE THROUGH LOOP TWICE (QA20 = 2) → GO TO QA21]

A20. You told me that you have taken [FILL A4] leaves, and we've just talked about your LONGEST LEAVE. Was your MOST RECENT leave for that same reason?

- 1 YES
- 2 NO [GO TO NEXT PROGRAMMING NOTE]
- 8 DK (VOL)
- 9 REF (VOL)

[PROGRAMMING NOTE:

IF QA20 = 2 → LOOP BACK TO QA5 AND READ "Now let's talk about the MOST RECENT time that you took leave from work."

FILL QA5 WITH "MOST RECENT"

CREATE NEW VARIABLE NAMES FOR MOST RECENT LEAVE DATA; DO NOT OVERWRITE LONGEST LEAVE DATA]

**MOST RECENT LEAVE - EXTENDED BATTERY**

[IF QA20=2, DISPLAY: For each of the following questions, please think about your MOST RECENT leave.]

A21. How did your employer designate or categorize the leave you just told me about? That is, what type of leave did your employer assign to your time off? [DO NOT READ LIST]

- 1 VACATION LEAVE
- 2 SICK LEAVE
- 3 FAMILY AND MEDICAL LEAVE
- 4 OTHER (SPECIFY): \_\_\_\_\_
- 8 DK (VOL)
- 9 REF (VOL)

[IF QA5 = 8-10, READ:]

**[QA5/QA6/QA7 - FROM 1<sup>ST</sup> ITERATION IF QA20 = 1,8,9...FROM 2<sup>ND</sup> ITERATION IF QA20= 2]**

You said that you've taken leave to care for your [FILL PERSON FROM QA5/QA6/QA7, AS APPROPRIATE]. Throughout the rest of the survey, we will refer to this person as your "care recipient."

A22. I'm going to read you some reasons why some people might be concerned about taking leave from work. For each of these, please tell me if you were concerned. Were you concerned ... [RANDOMIZE QA22a-f]

- a. Because you thought you might lose your job if you took leave?
- b. Because you thought you would lose your seniority or potential for job advancement?
- c. That you couldn't afford to take an unpaid leave?
- d. About revealing personal information about yourself, your care recipient, or family relationships?
- e. Because you thought you would be treated differently because of the reason you took leave?
- f. About maintaining or affording your health insurance coverage?
- g. For some other reason? (SPECIFY)\_\_\_\_\_

[RESPONSE CATEGORIES:]

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[IF ALL ITEMS IN QA22a-g>1, GO TO QA24]

A23. Regardless of whether or not you were concerned about any of the reasons I just mentioned, as a result of taking leave:  
[RANDOMIZE IN SAME ORDER AS QA22]

- a. ....Did you lose your job?
- b. Did you lose your seniority or potential for job advancement?
- c. ....Were you unable to afford an unpaid leave?
- d. Did you reveal personal information about yourself, your care recipient, or family relationships?
- e. Were you treated differently because of the reason you took leave?
- f. Were you able to maintain or pay for health insurance?
- g. Did you [FILL SPECIFY FROM QA22g]?

[RESPONSE CATEGORIES:]

- 1 YES
- 2 NO
- 3 DOES NOT APPLY (VOL)
- 8 DK (VOL)
- 9 REF (VOL)

A24. How easy or difficult was it to get your employer to let you take time off for this leave? Would you say it was...

- 1 Very easy,
- 2 Somewhat easy,
- 3 Neither easy nor difficult,
- 4 Somewhat difficult, or
- 5 Very difficult?
- 8 DK (VOL)
- 9 REF (VOL)

[IF QA14 = 2 FOR MRL, ASK QA25, ELSE SKIP TO NEXT PROGRAMMING NOTE]

A25. If your leave involved taking time off work multiple times for short periods, how important was this degree of flexibility to you and your family? Would you say...

- 1 Very important,
- 2 Important,
- 3 Somewhat important, or
- 4 Not important?

- 8 DK (VOL)
- 9 REF (VOL)

[ASK QA26 IF QA10=1, 2, 3, 4. ELSE SKIP TO QA42]

The following questions concern your employer's conditions for taking leave.

A26. Did your employer require medical certification for this leave (IF NECESSARY: for yourself or the person you were caring for)?

[IF NECESSARY: By medical certification, we mean documentation from a health care provider to substantiate the medical need for you to take time away from work for this reason or health condition.]

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[IF QA26=2, 8, 9 → GO TO QA42]

A27. Did you obtain medical certification for this leave?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[IF QA27 = 2, 8, 9 → GO TO QA42]

A28. Was your medical certification accepted on the first submission for this leave?

- 1 YES [GO TO QA30]
- 2 NO [GO TO QA29]
- 8 DK (VOL)
- 9 REF (VOL)

[IF QA28 = 1, 8, 9 → GO TO QA30]

A29. Why wasn't your medical certification accepted on the first submission?

[DO NOT READ. SELECT ALL THAT APPLY]

- 1 INSUFFICIENT INFORMATION
- 2 PHYSICIAN WAS NOT ACCEPTED
- 3 CONDITION WAS NOT ACCEPTED
- 4 SUBMISSION NOT CONSIDERED TIMELY
- 5 OTHER (SPECIFY) \_\_\_\_\_
- 8 DK (VOL)
- 9 REF (VOL)

A30. Did your employer require multiple doctor visits - that is, a second or third opinion - to obtain your INITIAL medical certification?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[IF QA30>1, GO TO QA32]

[ASK QA31 IF QA30 = 1]

A31. How many physicians in TOTAL did you consult?

[RANGE: 2-5]

- 8 DK (VOL)
- 9 REF (VOL)

A32. Did your insurance cover the cost of your medical certification?

- 1 YES [GO TO QA35]
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

A33. Did you pay out of your own pocket for your medical certification?

- 1 YES [GO TO QA34]
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[IF QA33 > 1, SKIP TO QA35]

A34. How much did you, personally, pay for your medical certification?  
[RANGE: 0-\$10,000, DK = 88888, REF = 99999]

A35. Did your employer require you to obtain medical RE-CERTIFICATION?  
[IF NECESSARY: Medical RE-certification is documentation from a health care provider in support of continued or extended leave for the reason or health condition for which the leave was taken.]

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[IF QA35 = 2, 8, 9 → GO TO QA41]

A36. Did your employer require multiple doctor visits – that is, a second or third opinion – to obtain your medical RE-certification?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[IF QA36>1, GO TO QA38]

[ASK QA37 IF QA36 = 1]

A37. How many physicians in TOTAL did you consult?

- [RANGE: 2-5]
- 8 DK (VOL)
  - 9 REF (VOL)

A38. Did your insurance cover the cost of your medical RE-certification?

- 1 YES [GO TO QA41]
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

A39. Did you pay out of your own pocket for your medical RE-certification?

- 1 YES [GO TO QA40]
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[IF QA39 > 1, SKIP TO QA41]

A40. How much did you, personally, pay for your medical RE-certification?  
[RANGE: 0-\$10,000, DK = 88888, REF = 99999]

A41. How much time did you need to take off from work in order to obtain medical certification [IF QA35=1, READ: and re-certification]? This does not include the time you needed for the reason or condition itself.

RANGES:

- 1 \_\_\_\_ HOURS [RANGE: 1-8]
- 2 \_\_\_\_ DAYS [RANGE: 1-7]
- 3 DID NOT TAKE EXTRA TIME OFF (VOL)
- 8 DK (VOL)
- 9 REF (VOL)

[INTERVIEWER: IF MORE THAN 2 DAYS, CONFIRM THAT RESPONDENT CORRECTLY UNDERSTOOD THE QUESTION]

[IF QA14=1, 8, 9, DISPLAY "leave"]

[IF QA14=2, DISPLAY "most recent block of time off from work"]

A42. How long before you took your [leave/most recent block of time off from work] did you provide notice to your employer?

- 1 \_\_\_\_ HOURS [RANGE: 0 - 24]
- 2 \_\_\_\_ DAYS [RANGE: 0 - 180]
- 3 \_\_\_\_ WEEKS [RANGE: 0 - 52]
- 4 DID NOT PROVIDE NOTICE BEFORE LEAVE (VOL)
- 8 DK (VOL)
- 9 REF (VOL)

A43. Did you satisfy your employer's standard rules about taking leave?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

## **WHILE YOU WERE ON LEAVE**

Now I have some questions about the time you were away from work. [IF QA20=2, DISPLAY: Please continue thinking about your MOST RECENT leave.]

[ASK QA44 IF QA19 >= (30 DAYS OR 4 WEEKS OR ONE MONTH)]

[FOR QA44-A45 AND QA49-A50: IF A3=1, REPLACE "your most recent" WITH "this"]

A44. On your leave, did you keep your health insurance, lose part or all of your health insurance, or did you not have this benefit at the time you took leave?

- 1 KEPT ALL
- 2 LOST PART
- 3 LOST ALL
- 4 DID NOT HAVE THIS BENEFIT
- 8 DK (VOL)
- 9 REF (VOL)

A45. Did you receive pay for any part of your leave?

- 1 YES [GO TO QA46]
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[IF QA45 = 2, 8, 9 → GO TO QA52]

A46. Was some of the pay you received part of...

- a. Paid time off, or PTO, which provides a "pool" of hours that an employee can draw from to take time off from work. It can include vacation, sick time, and such.
- b. [SKIP IF ITEM A = 1] Your sick days or sick leave?
- c. [SKIP IF ITEM A = 1] Your vacation days or vacation leave?
- d. Personal leave?
- e. Parental leave?
- f. Maternity or paternity leave?

[RESPONSE CATEGORIES:]

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)



[IF ANY ITEM IN QA46=1 → GO TO QA47, ELSE GO TO QA48]

A47. Was receiving some of the pay as part of [FILL ITEMS FROM QA46 THAT EQUAL 1] your choice, did your employer require it, or both?

[DISPLAY ITEMS FROM QA46 THAT EQUAL 1:]

- a. Paid time off, or PTO
- b. Your sick days or sick leave
- c. Your vacation days or vacation leave
- d. Personal leave
- e. Parental leave
- f. Maternity or paternity leave

[RESPONSE CATEGORIES:]

- 1 EMPLOYEE'S CHOICE
- 2 REQUIRED BY EMPLOYER
- 3 BOTH
- 8 DK (VOL)
- 9 REF (VOL)

A48. Was some of the pay you received part of...

- a. Temporary disability insurance?
- b. State-paid family leave?
- c. State-paid disability leave?
- d. Some other benefit I haven't already mentioned? (SPECIFY)

\_\_\_\_\_

[RESPONSE CATEGORIES:]

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

A49. When you received pay during your leave, was it the same amount as your regular pay or only part of your pay?

- 1 SAME AMOUNT AS REGULAR PAY
- 2 PART OF PAY [GO TO QA50]
- 8 DK (VOL)
- 9 REF (VOL)

[IF QA49 = 1, 8, 9 → GO TO QA51]

A50. Over the entire time you were on leave, about how much of your *regular* pay did you receive in total? Would you say... [READ LIST]

- 1 One quarter or less,
- 2 More than one-quarter but less than half,
- 3 About half,
- 4 More than half but less than three-quarters, or
- 5 Three quarters or more?
- 8 DK (VOL)
- 9 REF (VOL)

A51. Did your employer require you to take paid leave first, before taking any unpaid leave?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

A52. Now I'm going to ask you some questions about how your work was covered while you were away on leave. [IF NECESSARY: By cover your work, we mean what your employer did while you were away on leave to make sure that the work you usually did was completed.] Did your employer... [RANDOMIZE ITEMS a-d]

- a. Cover your work by assigning it to other employees?
- b. Hire a permanent employee to cover your work?
- c. Hire a temporary employee to cover your work?
- d. Let your work go undone until you returned?
- e. Cover your work in some other way? (SPECIFY): \_\_\_\_\_

[RESPONSE CATEGORIES:]

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[IF QA49=1, SKIP TO PROGRAMMING NOTE BEFORE QA56]

A53. In order to cover lost wages or salary during your leave, did you...  
[RANDOMIZE ITEMS a-g]

- a. Use savings that you had earmarked for this situation?
- b. Use savings earmarked for something else?
- c. Borrow money?
- d. Go on public assistance?
- e. Limit spending?
- f. Put off paying your bills?
- g. Cut your leave time short?
- h. Do anything else? (SPECIFY)\_\_\_\_\_

[RESPONSE CATEGORIES:]

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

A54. How easy or difficult was it for you to make ends meet during your leave? Would you say...

- 1 Very easy,
- 2 Somewhat easy,
- 3 Neither easy nor difficult,
- 4 Somewhat difficult, or
- 5 Very difficult?
- 8 DK (VOL)
- 9 REF (VOL)

PROGRAMMING NOTE:

IF QA45 OR QA49 = 2, 8, 9, ASK QA55.

IF QA45 = 2, 8, 9, DISPLAY "some."

IF QA49=2, 8, 9, DISPLAY "additional."

IF QA45 = 1 OR QA49 = 1, SKIP TO NEXT  
PROGRAMMING NOTE.

A55. If you had received [some/additional] pay, would you have taken leave for a longer period of time?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

PROGRAMMING NOTE:

ASK QA56a IF QA5 = 3, 5-7, 11-16

ASK QA56b IF QA5 = 3, 5-11

ASK QA56c IF QA5 = 11-16

ASK QA56d IF QA5 = 1 - 16

ASK QA56e IF QA5 = 1 - 16

IF QA5 = 98, 99 → SKIP TO PROGRAMMING NOTE  
BEFORE QA58

FOR ITEMS d AND e:

IF QA5=1, 2, 4, 98, 99: READ "your"

IF QA5=3: READ "your newborn's"

ELSE, READ "your care recipient's"

A56. Would you say taking leave [A3 = 1 has] had a positive effect, negative effect, or no effect at all on... [RANDOMIZE]

- a. Your ability to care for family members or other persons in your care?
- b. Your ability to select a satisfactory childcare provider?
- c. Your ability to select a satisfactory caretaker for a sick family member or other person in your care?
- d. [Your/your newborn's/your care recipient's] physical health?
- e. [Your/your newborn's/your care recipient's] emotional well-being?

[RESPONSE CATEGORIES:]

- 1 POSITIVE EFFECT
- 2 NEGATIVE EFFECT
- 3 NO EFFECT
- 8 DK (VOL)
- 9 REF (VOL)

PROGRAMMING NOTE:

IF QA56d = 1, ASK QA57.

IF QA56d = 2, ASK QA58.

OTHERWISE, SKIP TO NEXT PROGRAMMING  
NOTE.

A57. You told me that your leave [has] had a positive effect on [your/your care recipient's] physical health. What effects did your leave have on [your/your care recipient's] physical health? Did your leave...  
[RANDOMIZE ITEMS a-d]

- a. Decrease the recovery time?

- b. Make it easier to comply with doctor's instructions?
- c. [READ IF QA8=5-8:] Delay or eliminate the need to enter a nursing home or other long-term care facility?
- d. Delay or eliminate the need for home health assistance?
- e. Have any other effect? (SPECIFY): \_\_\_\_\_

[RESPONSE CATEGORIES:]

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[SKIP TO NEXT PROGRAMMING NOTE]

A58. You told me that your leave [has] had a negative effect on [your/your care recipient's] physical health. What effects did your leave have on [your/your care recipient's] physical health? Did your leave... [RANDOMIZE ITEMS a-d]

- a. Increase the recovery time?
- b. Make it more difficult to comply with doctor's instructions?
- c. [READ IF QA8=5-8:] Create or accelerate the need to enter a nursing home or other long-term care facility?
- d. Create or accelerate the need for home health assistance?
- e. Have any other effect? (SPECIFY): \_\_\_\_\_

[RESPONSE CATEGORIES:]

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

PROGRAMMING NOTE: IF QA3 = 1, GO TO QB1.  
OTHERWISE CONTINUE

**WHEN LEAVE WAS OVER**

[IF QA20=2, DISPLAY: "most recent"]

The next few questions are about returning to work after your [most recent] leave.

A59. After your leave ended, did you go back to work: for the same employer, for a new employer, or did you not return to work at all?

- |   |                        |              |
|---|------------------------|--------------|
| 1 | SAME EMPLOYER          | [GO TO QA60] |
| 2 | NEW EMPLOYER           | [GO TO QA61] |
| 3 | DID NOT RETURN TO WORK | [GO TO QA61] |
| 8 | DK (VOL)               | [GO TO QB1]  |
| 9 | REF (VOL)              | [GO TO QB1]  |

[IF QA5=5-16 → GO TO QA62]

A60. Did your employer require you to obtain fitness for duty certification before you returned to work?

- |   |           |
|---|-----------|
| 1 | YES       |
| 2 | NO        |
| 8 | DK (VOL)  |
| 9 | REF (VOL) |

[GO TO QA62]

A61. Why didn't you return to work [IF QA59=2, ADD: "at the same employer"]?

[MULTIPLE RECORD]

- |    |  |
|----|--|
| 1  | OBTAINED OTHER INCOME SOURCE (SELF-EMPLOYED)   |
| 2  | HEALTH CONDITION CONTINUED (ILLNESS CONTINUES) |
| 3  | LAID OFF/FIRED/REPLACED                        |
| 4  | DID NOT WANT TO RETURN TO WORK                 |
| 5  | COULD NOT FIND CHILDCARE                       |
| 6  | COULD NOT FIND ELDERCARE                       |
| 7  | FOUND BETTER JOB                               |
| 8  | DID NOT PASS FITNESS FOR DUTY CERTIFICATION    |
| 9  | CHANGE IN SCHEDULE OR JOB RESPONSIBILITIES     |
| 10 | OTHER (SPECIFY): _____                         |
| 98 | DK (VOL)                                       |
| 99 | REF (VOL)                                      |

[IF QA59 = 3, GO TO QB1]

A62. I'm going to read some reasons that people give for returning to work after taking leave. Did you return to work because... [RANDOMIZE]

- a. You could not afford financially to take more time off?
- b. You wanted to get back to work?
- c. You used up all the leave time you were allowed?
- d. You felt pressured by your boss or co-workers to return?
- e. You had too much work to do to stay away longer?
- f. [IF QA5 = 3, 5-16] Someone else took over your care-giving responsibilities?
- g. You no longer needed to be on leave?
- h. [IF QA5 = 1-4] Your doctor told you that you were ready to return to work?
- i. [IF QA5 = 3, 5-16] Your care recipient's doctor told you that it was safe for you to return to work?
- j. You did not want to lose your seniority or potential for job advancement?

[RESPONSE CATEGORIES:]

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

PROGRAMMING NOTE: IF QA59 = 1, CONTINUE. OTHERWISE, GO TO SECTION B.
--

A63. After your leave, did you return to a position that was the same, similar, better, or worse than the one you had before your leave?

- 1 SAME POSITION [GO TO QB1]
- 2 SIMILAR POSITION
- 3 BETTER POSITION
- 4 WORSE POSITION
- 8 DK (VOL) [GO TO QB1]
- 9 REF (VOL) [GO TO QB1]

A64. Did you choose to take a different position or did your employer ask you to take or assign you to a different position?

- 1 CHOSE DIFFERENT POSITION
- 2 EMPLOYER ASKED
- 3 ASSIGNED TO DIFFERENT POSITION
- 8 DK (VOL)

9 REF (VOL)

**[IF FMLAFLG=2 FOR SELECTED RESPONDENT, BEGIN AT SECTION B]**

**SECTION B - LEAVE NEEDERS**

**[IF RESPONDENT IS LEAVE TAKER (FMLAFLG=1) → GO TO B1:]**

B1. We've just talked about the leave[s] taken in the last 18 months. Now I'd like to ask you if, **IN THE LAST 18 MONTHS**, was there a time when you NEEDED to take leave from work but DID NOT, for ANY of the following reasons:

- to care for a newborn, newly adopted or new foster child;
- for your own serious health condition or to care for someone else's serious health condition;
- for pregnancy-related reasons (IF NECESSARY: your own or a family member's); or
- to care for a military service member, or for reasons related to the deployment of a military service member?

[IF NECESSARY: A serious health condition, for purposes of this survey, means a condition that lasted more than 3 days and required treatment by a health care provider, a condition that required an overnight hospital stay, or a long-lasting condition for which one must see a health care provider at least twice a year for treatment. It may also include a condition that makes one permanently unable to work or perform other daily functions, or that requires treatments to keep from becoming incapacitated.]

[IF NECESSARY: Have you needed but not taken leave from work for one or more of these reasons?]

- 1 YES [GO TO QB3]
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[IF B1 = 2, 8, 9 → GO TO QE1]

**[IF RESPONDENT IS LEAVE NEEDER (FMLAFLG=2) AND ALREADY ON THE PHONE → GO TO B2]**

**[IF SELECTED RESPONDENT IS NOT PERSON ON THE PHONE:]**

HANDOFF2. [FILL QS6 AX] has been selected as the respondent for this survey. May I please speak to [FILL QS6 AX] for the rest of the interview?

- 1 YES/PHONE HANDED OFF [GO TO INTRO4]

2 NOT AVAILABLE  
9 DK/REF (VOL)

[SCHEDULE CALLBACK]  
[GO TO THANK02]

INTRO4. Hello, my name is [INTERVIEWER] and I'm calling for a study that is being conducted for the U.S. Department of Labor. We are conducting this study to find out about employees' use of, and attitudes about, family and medical leave policies in their workplace. Study results will be used to assess the impact of family and medical leave policies on employees. Your participation is voluntary and all information you provide will be kept confidential. If we should come to any question you don't understand or don't want to answer, just let me know and I'll try to clarify or we can move on to the next question. If you complete the survey, we will pay you \$10 as a token of our appreciation.

B2. [IF LEAVE NEEDER ONLY:] I want to confirm with you that in the last 18 months, that is, since [INSERT 18 MONTH PERIOD]:

You NEEDED to take leave from work but DID NOT, for ANY of the following reasons:

- to care for a newborn, newly adopted or new foster child;
- for your own serious health condition or to care for someone else's serious health condition;
- for pregnancy-related reasons (IF NECESSARY: your own or a family member's); or
- to care for a military service member, or for reasons related to the deployment of a military service member?

A serious health condition, for purposes of this survey, means a condition that lasted more than 3 days and required treatment by a health care provider, a condition that required an overnight hospital stay, or a long-lasting condition for which one must see a health care provider at least twice a year for treatment. It may also include a condition that makes one permanently unable to work or perform other daily functions, or that requires treatments to keep from becoming incapacitated.

Is that correct? [Have you needed but not taken leave from work for one or more of these reasons?]

- 1 YES [ASK QB3]
- 2 NO [GO TO QS5]
- 8 DK (VOL) [GO TO QS5]
- 9 REF (VOL) [GO TO QS5]

[IF QB2>1, RE-SCREEN TO CONFIRM LEAVE STATUS. IF THE SAME R COMES BACK TO QB2 AND ANSWERS (2, 8, 9) A SECOND TIME, GO TO SECTION C]



B3. Was there an event like this IN THE LAST YEAR [12 MONTHS, INSERT DATE]?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

B4. How many different times did you need leave but not take it, since [INSERT 18 MONTH PERIOD]?

- [RANGE: 1-100]
- DK (VOL) 888
- REF (VOL) 999

[IF QB3 = 2, 8, 9 → SKIP TO QB6  
IF QB3 = 1 AND QB4 = 1 → SKIP TO QB6]

B5. How many different times did you need leave but not take it, IN THE LAST YEAR [12 MONTHS, INSERT DATE]?

- [RANGE: 1-100]
- DK (VOL) 888
- REF (VOL) 999

[NUMBER ENTERED MUST BE LESS THAN OR EQUAL TO QB4. IF NECESSARY, INTERVIEWER CONFIRM WITH RESPONDENT]

[IF QB4 = 1, DISPLAY "reason"  
IF QB4 = 2-100, 888, 999 DISPLAY "reasons" AND "most recent" FOR THE FIRST LOOP  
IF ON SECOND OR THIRD LOOP, BASED ON WHETHER B4-B14=1-100, DISPLAY "second reason" FOR SECOND LOOP AND "third reason" FOR THIRD LOOP.]

B6. Thinking of the [second/third] reason[s] you needed leave since [INSERT 18 MONTH PERIOD], what was the [most recent] reason for which you needed to take leave from work? [SINGLE MENTION]

- 1 OWN ILLNESS, DISABILITY OR OTHER SERIOUS HEALTH CONDITION, EXCEPT MATERNITY-RELATED ILLNESS [GO TO QB11]
- 2 [WOMEN ONLY] FOR MATERNITY-RELATED DISABILITY, OR OTHER PREGNANCY-RELATED AILMENT PRIOR TO DELIVERY [GO TO QB11]
- 3 [WOMEN ONLY] FOR MATERNITY-RELATED DISABILITY

- |    |  |        |
|----|--|--------|
|    | <b>AND</b> TO CARE FOR A NEWBORN<br>TO QB12]       | [GO    |
| 4  | [WOMEN ONLY] MISCARRIAGE<br>TO QB12]               | [GO    |
| 5  | TO CARE FOR NEWBORN<br>TO QB12]                    | [GO    |
| 6  | TO CARE FOR NEWLY ADOPTED CHILD<br>TO QB12]        | [GO    |
| 7  | TO CARE FOR NEWLY PLACED FOSTER CHILD<br>TO QB12]  | [GO    |
| 8  | TO BOND WITH NEWBORN<br>TO QB14]                   | [GO    |
| 9  | TO BOND WITH NEWLY ADOPTED CHILD<br>TO QB14]       | [GO    |
| 10 | TO BOND WITH NEWLY PLACED FOSTER CHILD<br>TO QB14] | [GO    |
| 11 | CHILD'S HEALTH CONDITION<br>QB9]                   | [GO TO |
| 12 | SPOUSE'S HEALTH CONDITION<br>TO QB9]               | [GO    |
| 13 | PARENT'S HEALTH CONDITION<br>TO QB9]               | [GO    |
| 14 | OTHER RELATIVE'S HEALTH CONDITION<br>TO QB7]       | [GO    |
| 15 | OTHER NON-RELATIVE'S HEALTH CONDITION<br>TO QB8]   | [GO    |
| 16 | DOMESTIC PARTNER'S HEALTH CONDITION<br>TO QB9]     | [GO    |
| 98 | DK (VOL)<br>QB11]                                  | [GO TO |
| 99 | REF (VOL)<br>QB11]                                 | [GO TO |

B7. [SPECIFY RELATION TO R OR ASK:] What is that person's relationship to you?

- 1 GRANDCHILD
- 2 GRANDPARENT
- 3 SIBLING
- 4 AUNT OR UNCLE
- 5 OTHER (SPECIFY) \_\_\_\_\_
- 8 DK (VOL)
- 9 REF (VOL)

[GO TO QB9]

B8. [SPECIFY RELATION TO R OR ASK:] What is that person's relationship to you?

- 1 PARENT-IN-LAW
- 2 A CHILD THAT IS NOT YOUR BIOLOGICAL CHILD
- 3 OTHER (SPECIFY) \_\_\_\_\_
- 8 DK (VOL)
- 9 REF (VOL)

[IF QB6 = 11-16, READ:]

You said that you've needed to take leave to care for your [FILL PERSON FROM QB6/QB7/QB8, AS APPROPRIATE]. Throughout the rest of the survey, we will refer to this person as your "care recipient."

B9. What was the age of your care recipient? [DO NOT READ LIST]

- 1 0-1 YEARS
- 2 2-17 YEARS
- 3 18-40 YEARS
- 4 41-59 YEARS
- 5 60-69 YEARS
- 6 70-79 YEARS
- 7 80-89 YEARS
- 8 90 OR OLDER
- 98 DK (VOL)
- 99 REF (VOL)

[IF QB9>2 → ASK QB10, ELSE SKIP TO PROGRAMMING NOTE BEFORE QB11]

B10. Was this leave needed in order to care for a military service member for a service-related serious illness or injury? [IF NECESSARY: This includes both current active duty members as well as reserve members.]

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[ASK QB11 IF QB6 = 1-2, 11-16, 98, 99]

B11. What was the nature of the health condition for which you needed to take this leave? Was it:  
[READ LIST]

- 1 A one-time health matter, such as appendicitis or injury;
- 2 The **treatment** of an injury or illness that now requires routine scheduled care, such as chemotherapy or physical therapy; or
- 3 An ongoing health condition that affects one's ability to work from time to time, such as diabetes, migraines, depression, or Multiple Sclerosis?
- 4 OTHER (SPECIFY): \_\_\_\_\_
- 8 DK (VOL)
- 9 REF (VOL)

[IF QB6 = 3, 5-7, READ:]

You said that you've needed to take leave to care for your [FILL PERSON FROM QB6]. Throughout the rest of the survey, we will refer to this person as your "care recipient."

[IF QB6=1, 2, 4, 98, 99: READ "you"

IF QB6=3: READ "your newborn"

ELSE, READ "your care recipient"]

B12. Did the condition for which [you/your newborn/your care recipient] needed to take leave require a doctor's care?

1 YES [ASK QB13]

2 NO

8 DK (VOL)

9 REF (VOL)

[IF QB12>1, SKIP TO B14]

[IF QB6=1, 2, 4, 98, 99: READ "you"

IF QB6=3: READ "your newborn"

ELSE, READ "your care recipient"]

B13. [Were/Was] [you/your newborn/your care recipient] in the hospital overnight at any time during the time that [you/your newborn/your care recipient] needed this leave?

1 YES

2 NO

8 DK (VOL)

9 REF (VOL)

[IF B4=1, SKIP TO B15]

B14. How many different times, since [INSERT 18 MONTH PERIOD], did you need leave for the REASON OR CONDITION you mentioned? [DISPLAY REASON FROM QB6]

[RANGE: 1-100]

DK (VOL) 888

REF (VOL) 999

[IF FIRST LOOP B4-B14=1-100, CREATE SECOND LOOP TO B6-B14.

THEN IF SECOND LOOP B4-B14\_1-B14\_2=1-100, CREATE THIRD LOOP TO B6-B14. I.E., COLLECT DATA FOR REMAINING LEAVE-NEEDING REASON(S), MAXIMUM 2 ADDITIONAL LOOPS (3 REASONS TOTAL).]

B15. I'm going to read some reasons why people who need leave from work don't take it. Please answer yes or no to all that apply. Was a reason you didn't take the MOST RECENT leave you needed because...  
[RANDOMIZE QB15a-n]

- a. You thought you might lose your job?
- b. You thought you would lose your seniority or potential for job advancement?
- c. You were ineligible?
- d. Your employer denied your request?
- e. You couldn't afford to take an unpaid leave?
- f. You wanted to save your leave time?
- g. Your work is too important?
- h. You were worried about revealing personal information about yourself, your care recipient, or family relationships?
- i. You thought you would be treated differently because of the reason you needed to take leave?
- j. [IF QB6 (LOOP 1) = 5-16]: You thought that the person you wanted to take leave to care for was not considered a covered family member?
- k. You thought that the health condition did not qualify?
- l. Your employer's process for taking leave was too complicated?
- m. You were unable to meet your employer's notice requirement for taking leave?
- n. You were unaware of the availability of leave?
- o. Or any other reason I haven't already mentioned?  
(SPECIFY) \_\_\_\_\_

[RESPONSE CATEGORIES:]

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[PROGRAMMING NOTE:

IF QB15c = 1 AND QB15d > 1, ASK QB16-QB17 THEN SKIP TO QB20

IF QB15d = 1 AND QB15c > 1, SKIP QB16-QB17 AND ASK QB18-QB19

IF BOTH QB15c = 1 AND QB15d = 1, SKIP QB16-QB17 AND ASK QB18-QB19

OTHERWISE, SKIP TO QB20]

B16. Were you ineligible because you only worked part-time?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

B17. Were you ineligible because you hadn't worked long enough for your employer?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

B18. When was the last time you were denied leave?

- 1 In the last month,
- 2 In the last year, or
- 3 In the last 18 months?
- 8 DK (VOL)
- 9 REF (VOL)

B19. Were you denied leave... [RANDOMIZE ITEMS a-h]

- a. Because your employer does not offer family or medical leave?
- b. Because you hadn't worked for your employer long enough to be eligible for family or medical leave?
- c. Because you had worked too few hours in the previous year?
- e. Because you used up all the leave time you were allowed?
- f. Because you did not submit notification that was sufficient for your employer's requirements?
- g. Because the medical certification you submitted was deemed insufficient?
- h. Because the person you wanted to care for was not eligible for care under the FMLA?
- i. For any other reasons? (SPECIFY)\_\_\_\_\_

[RESPONSE CATEGORIES:]

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[IF QB6 (LOOP 1) = 1, 2, 4, 98, 99: READ "your"  
ELSE, READ "your care recipient's care-giving"]

B20. Since you did not take leave from work for this reason or condition, what did you do in order to meet [your / your care recipient's care-giving] needs? [READ LIST]

[PROGRAMMING NOTES:

READ QB20a IF QB6 (LOOP 1) = 1-4, 11-16

READ QB20b IF QB6 (LOOP 1) = 1-4, 11-16

READ QB20c IF QB6 (LOOP 1) = 5-16

READ QB20d IF QB6 (LOOP 1) = 5-16

READ QB20e IF QB6 (LOOP 1) = 3, 5-11

READ QB20f IF QB9 (LOOP 1) = 5-8

READ QB20g FOR ALL RESPONDENTS]

- a. Did [you/your care recipient] forego (IF NECESSARY: do without) medical treatment?
- b. Did [you/your care recipient] delay medical treatment?
- c. Did someone else in your family take leave?
- d. Did someone else take over your care-giving duties?
- e. Did you pay someone to provide childcare?
- f. Did you pay someone to provide elder care?
- g. Did you do something else I haven't already mentioned?  
(SPECIFY): \_\_\_\_\_

[RESPONSE CATEGORIES:]

- |   |           |
|---|-----------|
| 1 | YES       |
| 2 | NO        |
| 8 | DK (VOL)  |
| 9 | REF (VOL) |

[ALL RESPONDENTS SKIP TO QE1]

**[IF FMLAFLG=3 FOR SELECTED RESPONDENT AND SUBSAMPLED, BEGIN AT SECTION C]**

**SECTION C - EMPLOYED ONLY**

**IF (R=SCREENER R) AND INTERVIEW IS TAKING PLACE ON SAME DAY AS SCREENING, START AT QC1.  
IF (R ~ =SCREENER R), START AT HANDOFF3.**

**[IF SELECTED RESPONDENT IS NOT PERSON ON THE PHONE:]**

HANDOFF3.[FILL QS6 AX] has been selected as the respondent for this survey. May I please speak to [FILL QS6 AX] for the rest of the interview?

- |   |                      |                     |
|---|----------------------|---------------------|
| 1 | YES/PHONE HANDED OFF | [GO TO QC1]         |
| 2 | NOT AVAILABLE        | [SCHEDULE CALLBACK] |
| 9 | DK/REF (VOL)         | [GO TO THANK02]     |

**[IF NEW RESPONDENT:]**

INTRO5. Hello, my name is [INTERVIEWER] and I'm calling for a study that is being conducted for the U.S. Department of Labor. We are conducting this study to find out about employees' use of, and attitudes about, family and medical leave policies in their workplace. Study results will be used to assess the impact of family and medical leave policies on employees. Your participation is voluntary and all information you provide will be kept confidential. If we should come to any question you don't understand or don't want to answer, just let me know and I'll try to clarify or we can move on to the next question. If you complete the survey, we will pay you \$10 as a token of our appreciation.

C1. I want to confirm with you that in the last 18 months, that is, since [INSERT 18 MONTH PERIOD], you have NOT taken or needed to take leave from work, for ANY of the following reasons:

- to care for a newborn, newly adopted or new foster child;
- for your own serious health condition or to care for someone else's serious health condition;
- for pregnancy-related reasons (IF NECESSARY: your own or a family member's); or
- to care for a military service member, or for reasons related to the deployment of a military service member?

[IF NEW RESPONDENT; ELSE IF NECESSARY:] A serious health condition, for purposes of this survey, means a condition that lasted more than 3 days and required treatment by a health care provider, a condition that required an overnight hospital stay, or a long-lasting condition for which one must see a health care provider at least twice a year for treatment. It may also include a condition that makes one permanently unable to work or perform other daily functions, or that requires treatments to keep from becoming incapacitated.

Is this correct? [You have not needed or taken leave from work for any of these reasons?]

- 1 YES [ASK QC2]
- 2 NO [GO TO QS5]
- 8 DK (VOL) [GO TO QS5]
- 9 REF (VOL) [GO TO QS5]

[IF QC1>1, RE-SCREEN TO CONFIRM LEAVE STATUS. IF THE SAME R COMES BACK TO QC1 AND ANSWERS (2, 8, 9) A SECOND TIME, CODE AS SOFT REFUSAL]

C2. Previously you said you have worked for pay or profit in the last 12 months, that is, since [INSERT 12 MONTH PERIOD]. Did you also work for pay or profit in the 6 months prior to that, that is, between [INSERT 18 MONTH PERIOD] and [INSERT 12 MONTH PERIOD]?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[GO TO QE1]

**SECTION E - EMPLOYMENT (ALL RESPONDENTS)**

E1. Are you currently employed?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

E2. Have you ever heard of the federal Family and Medical Leave Act?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[IF QE2 > 1 AND QE1 = 1, GO TO QE5  
IF QE2 > 1 AND QE1 > 1, GO TO QD1  
IF QE2 > 1 AND QC2 = 2, GO TO QD1]

E3. How have you learned about the federal Family and Medical Leave Act?  
[SELECT ALL THAT APPLY]

- 1 MEDIA (TV, NEWSPAPERS, INTERNET, ETC.)
- 2 CO-WORKERS
- 3 EMPLOYER OR HUMAN RESOURCE OFFICE GAVE OUT INFORMATION
- 4 POSTERS [IF NOT SELECTED AND QE1=1, GO TO QE4]
- 5 FAMILY MEMBER
- 6 FRIEND OR NEIGHBOR
- 7 UNION GAVE OUT INFORMATION
- 8 OTHER (SPECIFY) \_\_\_\_\_
- 98 DK (VOL)
- 99 REF (VOL)

[IF QE1 = 2, 8, 9 → GO TO QD1]

E4. At your place of employment, is there a notice posted that explains the federal Family and Medical Leave Act?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

Now I'm going to read you some questions about your current employment situation.

E5. Since [INSERT 18 MONTH PERIOD], have any co-workers where you work taken leave for family or medical reasons?

- 1 YES [ASK QE6]
- 2 NO [GO TO E7]
- 8 DK (VOL) [GO TO E7]
- 9 REF (VOL) [GO TO E7]

E6. As a result of these co-workers taking leave, did you... [SELECT ALL THAT APPLY]

- 1 Work more hours than you usually do?
- 2 Work a shift that you do not normally work?
- 3 Take on additional duties?
- 4 Take on different job responsibilities?
- 8 DK (VOL)
- 9 REF (VOL)

E7. I'm going to read a list of benefits that some employers offer to their employees. Are you eligible to receive any of these benefits? [RANDOMIZE]

- a. Flextime [IF NECESSARY: a flexible work schedule which allows you to choose when you work, as long as you meet your total expected work hours]
- b. Flexplace or telecommuting [IF NECESSARY: an option which allows you to work away from the regular office site for a specified number of hours]
- c. Job sharing [IF NECESSARY: a work arrangement in which two people share one position in a company, with each working a part of the week]
- d. Paid family leave [IF NECESSARY: this includes maternity leave, paternity leave, and paid adoption leave]
- e. Paid vacation
- f. Paid sick time
- g. Paid time off [IF NECESSARY: Paid time off or PTO provides a "pool" of hours that an employee can draw from to take time off from work. It can include vacation, sick time, and such.]
- h. [READ IF QS8=FEMALE FOR SELECTED RESPONDENT:] Break time for mothers to express milk for the purposes of nursing a child [IF NECESSARY: a reasonable amount of break time provided for an employee any time she needs to express breast milk to nurse her child]

[RESPONSE CATEGORIES:]

- 1 YES
- 2 NO/BENEFIT NOT OFFERED BY EMPLOYER
- 3 DEPENDS ON CIRCUMSTANCES
- 8 DK (VOL)
- 9 REF (VOL)

E8. Does your employer have an attendance policy that includes penalties for absences?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

E9. Are you salaried on this job, paid by the hour, or some other way?  
[CODE ALL THAT APPLY]

- 1 SALARIED
- 2 HOURLY
- 3 PIECEWORK/COMMISSION
- 4 OTHER/COMBINATION
- 8 DK (VOL)
- 9 REF (VOL)

E10. Are you a contract worker?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

E11. At the place where you work, (for example the site - store, building) would you say there are 50 or more employees?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

E12. Please think now of all of your organization's work sites within 75 miles. How many people are employed at your organization across all of the work sites within that 75 mile range, including this site?

[IF DK, READ: "Would you say it is..."]

- 1 1-9
- 2 10-19
- 3 20-29
- 4 30-39
- 5 40-49
- 6 50-99
- 7 100-249
- 8 250-499
- 9 500 OR MORE
- 98 DK (VOL)
- 99 REF (VOL)

PROGRAMMING NOTE:

IF R IS LEAVE TAKER (QA1 = 1), ALSO  
DISPLAY "except for the leave you just told  
me about"

E13. Between [INSERT 12 MONTH PERIOD] and the present, have you worked continuously for the same employer [except for the leave you just told me about]?

- 1 YES
- 2 NO [GO TO QD1]
- 8 DK (VOL)
- 9 REF (VOL)

E14. Between [INSERT 12 MONTH PERIOD] and the present, were you always a full-time employee [except for the leave you just told me about]?

- 1 YES [GO TO QD1]
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

E15. Between [INSERT 12 MONTH PERIOD] and the present, how many hours per week have you worked on average?

- [RANGE: 0-80]
- DK (VOL) 888
- REF (VOL) 999

[GO TO QD1]

**SECTION D - DEMOGRAPHICS**

And finally, just a few questions for statistical purposes only.

D1. What is the highest level of education you have completed?

- 1 LESS THAN HIGH SCHOOL
- 2 SOME HIGH SCHOOL
- 3 HIGH SCHOOL GRADUATE
- 4 GED
- 5 SOME COLLEGE/ASSOCIATE'S DEGREE
- 6 COLLEGE GRADUATE
- 7 GRADUATE SCHOOL
- 8 DK (VOL)
- 9 REF (VOL)

[ASK IF QS10 = 1 FOR QS6 AX]

D2. Earlier [you/someone in your household] said that you had been employed by the government. Would that be the federal, state or local government?

- 1 FEDERAL
- 2 STATE
- 3 LOCAL (COUNTY, CITY, TOWNSHIP)
- 8 DK (VOL)
- 9 REF (VOL)

**PROGRAMMING NOTE:**

IF QE1 = 1, DISPLAY "Are" and "are"  
OTHERWISE, DISPLAY "Were" and "were"

D3. [Were/Are] you a member of a labor union?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

D4. Which category represents the total combined income of all members of your FAMILY during the past 12 months? This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income received by members of your family who are 15 years of age or older.

D4a. Was your family income \$35,000 or above?

- 1 YES
- 2 NO [GO TO QD4f]
- 8 DK [GO TO QD5]
- 9 REF [GO TO QD5]

D4b. Was it \$40,000 or above?

- 1 YES
- 2 NO [GO TO QD5]
- 8 DK [GO TO QD5]
- 9 REF [GO TO QD5]

D4c. Was it \$50,000 or above?

- 1 YES
- 2 NO [GO TO QD5]
- 8 DK [GO TO QD5]
- 9 REF [GO TO QD5]

D4d. Was it \$75,000 or above?

- 1 YES
- 2 NO [GO TO QD5]
- 8 DK [GO TO QD5]
- 9 REF [GO TO QD5]

D4e. Was it \$100,000 or above?

- 1 YES [GO TO QD5]
- 2 NO [GO TO QD5]
- 8 DK [GO TO QD5]
- 9 REF [GO TO QD5]

D4f. Was it \$30,000 or above?

- 1 YES [GO TO QD5]
- 2 NO
- 8 DK [GO TO QD5]
- 9 REF [GO TO QD5]

D4g. Was it \$20,000 or above?

- 1 YES [GO TO QD5]
- 2 NO
- 8 DK [GO TO QD5]
- 9 REF [GO TO QD5]

D4h. Was it \$10,000 or above?

- 1 YES [GO TO QD5]
- 2 NO
- 8 DK [GO TO QD5]
- 9 REF [GO TO QD5]

D4j. Was it \$5,000 or above?

- 1 YES [GO TO QD5]
- 2 NO [GO TO QD5]
- 8 DK [GO TO QD5]
- 9 REF [GO TO QD5]

D5. Do you consider yourself to be Hispanic or Latino? [IF NECESSARY: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.]

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

D6. What race do you consider yourself to be? Please select one or more of the following.

[READ LIST]

- 1 American Indian or Alaska Native,
- 2 Asian,
- 3 Native Hawaiian or Pacific Islander,
- 4 Black or African American, or
- 5 White?
- 6 SOME OTHER RACE (VOL) \_\_\_\_\_
- 8 DK (VOL)
- 9 REF (VOL)

D7. How many children under 18 years old are in your care?

[ENTER RANGE 0-7; 7 = 7 OR MORE]

- 8 DK (VOL)
- 9 REF (VOL)

D8. How many people over age 65 are in your care?

[ENTER RANGE 0-7; 7 = 7 OR MORE]

- 8 DK (VOL)
- 9 REF (VOL)

D9. Do you consider yourself to be:

- 1 Heterosexual or straight;
- 2 Gay or lesbian; or
- 3 Bisexual?
- 4 SOMETHING ELSE (VOL)
- 8 DK (VOL)
- 9 REF (VOL)

D10. Are you currently...

- 1 Married, [GO TO QD11]
- 2 Living with a partner, [GO TO QD12]
- 3 Separated,
- 4 Divorced,
- 5 Widowed, or
- 6 Never married?
- 8 DK (VOL)
- 9 REF (VOL)

[FOR QD11-QD12:

IF QD10 = 1, DISPLAY "spouse"

IF QD10 = 2-6, DISPLAY "partner"

IF QD10 = 8-9, DISPLAY "spouse or partner"]

D11. Do you have a [spouse/partner/spouse or partner] living outside of the household?

- 1 YES [GO TO D12]
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[IF QD11 = 2, 8, 9 → GO TO QD13]

D12. What is the age of your [spouse/partner/spouse or partner]?

ENTER AGE [RANGE 18-100]  
888 DK (VOL)  
999 REF (VOL)

D13. So that we can group households geographically, may I have your zip code?

RANGE: 00000-99999  
999998 DK (VOL)  
999999 REF (VOL)

END1. Those are all the questions we have for you at this time. Thank you very much for your time. If you have any questions or would like further information about this study, you can call [INSERT NAME AND NUMBER].

END2. [IF CELL PHONE:] Can I please have your name and address so I can send you your check?

1 YES [GO TO END3]  
2 NO [GO TO QXX CLASSIFICATION]

END3. ENTER:  
NAME [ASK FOR SPELLING IF UNSURE]  
ADDRESS  
CITY/STATE/ZIP  
[RE-READ ALL TO CONFIRM]

[FOR INTERVIEWER USE ONLY:]  
LANGUAGE OF INTERVIEW:  
1. ENGLISH  
2. SPANISH

[FOR PROGRAMMER USE ONLY:]  
CLASSIFICATION:  
1. LEAVE TAKER (A1 = 1)  
2. LEAVE NEEDER (B1 = 1 OR B2 = 1)  
3. EMPLOYED ONLY (C2 = 1)