

2017 FAMILY AND MEDICAL LEAVE ACT (FMLA) SURVEY

EMPLOYEE EXTENDED INTERVIEW

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.
SECTIONS S AND T ARE INCLUDED IN THE SURVEY SCREENER INSTRUMENT.**

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

SECTION A - LEAVE TAKERS

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

[IF FRAME = 0 AND 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 (CALLBACK - SAME NUMBER)
[SCHEDULE CALLBACK]
- 3 ALTERNATE NUMBER PROVIDED (CALLBACK - NEW NUMBER)
[UPDATE NUMBER, GO TO UP3]
- 9 DK/REF (VOL) [GO TO THANK02]

[CATI: Ask UP3 if HANDOFF1 = 3]

UP3. Is that a landline or cell phone?

- 1 Landline [CATI: Flag CELL = 0]
- 2 Cell Phone [CATI: Flag CELL = 1]

INTRO3. [IF FRAME = 0 AND NEW RESPONDENT:] Hello, my name is [INTERVIEWER] and I'm calling on behalf of the U.S. Department of Labor. We are conducting a national study to find out about people's use of, and attitudes about, family and medical leave policies in the workplace. Study results will be used to assess the impact of family and medical leave policies on employees.

[IF INCENT=1, DISPLAY:]

If you qualify and then complete the survey, we will pay you \$15 as a token of our appreciation.

[ALL RESPONDENTS:] Your participation is voluntary and all information you provide will be kept private to the greatest extent possible under the law. We have many procedures in place to reduce the small potential risk of loss of privacy. If we should come to any question you don't understand or don't want to answer, I'll try to clarify or we can move on to the next question. The survey should take between 10 and 20 minutes to complete, depending on your answers.

A1. [IF NEW RESPONDENT:] Can you please confirm that in the last 12 months, that is, since [INSERT 12 MONTH PERIOD],

[IF FRAME = 0 AND SAME RESPONDENT:] I want to confirm with you that in the last 12 months, that is, since [INSERT 12 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; (IF NECESSARY: This includes both maternity AND paternity leave)
- for your own serious health condition or to care for someone else's serious health condition;
- for [IF GENDER UNKNOWN: your own/the adult's] or a family member's pregnancy-related reasons (IF NECESSARY: [IF QS8 >1 FOR SELECTED RESPONDENT: 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 FRAME = 1 AND 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 QA3] |
| 2 | NO | [GO TO QS11] |
| 8 | DK (VOL) | [GO TO QS11] |
| 9 | REF (VOL) | [GO TO QS11] |

[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]

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

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

[IF QS8=9 FOR SELECTED RESPONDENT:]

GUESSGENDER1.	1	MALE
	2	FEMALE
	9	DK

A4. We are interested in the number of times you took leave from work for different-reasons or conditions (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 12 MONTH PERIOD]?

[RANGE: 1-100]

DK (VOL) 888

REF (VOL) 999

[IF QA4=1, CONFIRM: "So, that's just one leave in the last 12 months?"]

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

[IF A4=2-100 DISPLAY: INTERVIEWER: BEFORE PROCEEDING, RECORD REASONS AND DATES FOR EACH LEAVE IN EVENT HISTORY CALENDAR]

[IF QA4>1, READ:] Let's begin by talking about the MOST RECENT time that you took leave from work since [INSERT 12 MONTH PERIOD].

A5. What was the main reason you took this leave from work? [SINGLE MENTION]

- 1 OWN ILLNESS, DISABILITY OR OTHER SERIOUS HEALTH CONDITION, EXCEPT PREGNANCY-RELATED HEALTH REASON [GO TO QA10]
- 2 FOR PREGNANCY-RELATED HEALTH REASON PRIOR TO DELIVERY [GO TO QA10]
- 3 FOR PREGNANCY-RELATED HEALTH REASONS **AND** TO CARE FOR A NEWBORN [GO TO QA13]
- 4 [IF (QS8=2) OR (GUESSGENDER1>1) FOR SELECTED RESPONDENT:] MISCARRIAGE [GO TO QA13]
- 5 TO CARE FOR NEWBORN [GO TO QA13]
- 6 TO CARE FOR NEWLY ADOPTED CHILD [GO TO QA13]
- 7 TO CARE FOR NEWLY PLACED FOSTER CHILD [GO TO QA13]
- 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 QA8]
- 16 DOMESTIC PARTNER'S HEALTH CONDITION [GO TO QA8]
- 17 TO ADDRESS ISSUES ARISING FROM THE DEPLOYMENT OF A MILITARY FAMILY MEMBER [GO TO QA11]

98 DK (VOL) [GO TO QA10]
99 REF (VOL) [GO TO QA10]

A6. [IF LOOP 1 (MOST RECENT LEAVE):] What is that person's relationship to you?

1 GRANDCHILD
2 GRANDPARENT
3 SIBLING
4 AUNT/UNCLE
5 OTHER (SPECIFY) _____
8 DK (VOL)
9 REF (VOL)

[GO TO QA8]

[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?

[RANGE: 1-100]
998 DK (VOL)
999 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;
3 An ongoing health condition that affects one's ability to work from time to time, such as diabetes, migraines, depression, or multiple sclerosis; or
4 To provide eldercare? Eldercare is care provided for individuals who are aged 65 years or older with age-related physical or mental impairments, not related to a serious health condition.
5 OTHER (SPECIFY): _____
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: 2009-2012]

9998 DK (VOL)

9999 REF (VOL)

[LOOP 2 (LONGEST LEAVE): DATE ENTERED MUST BE EARLIER THAN TO DATE FROM QA13 FOR LOOP 1]

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: 2009-2012]

9998 DK (VOL)

9999 REF (VOL)

[IF LOOP 1 (MOST RECENT) QA13 MONTH AND YEAR =QA17 MONTH AND YEAR GO TO QA19]

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

[IF LOOP 1 (MOST RECENT): 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.] [IF NECESSARY, INTERVIEWER CONFIRM DATES WITH RESPONDENT - END DATE CANNOT BE EARLIER THAN [INSERT 12 MONTH PERIOD]]

ENTER MONTH [RANGE: 1-12]

97 CURRENTLY ON LEAVE

98 DK (VOL)

99 REF (VOL)

ENTER YEAR [RANGE: 2009-2012]

9997 CURRENTLY ON LEAVE

9998 DK (VOL)

9999 REF (VOL)

[IF LOOP 1 (MOST RECENT) QA13 MONTH AND YEAR =QA17 MONTH AND YEAR GO TO QA19]

[DATE ENTERED MUST BE LATER THAN OR EQUAL TO DATES FROM QA13 AND QA16

LOOP 2 (LONGEST LEAVE): DATE ENTERED MUST BE EARLIER THAN OR EQUAL TO QA17'S DATE FROM LOOP 1 (MOST RECENT)]

[IF QA17=9997, DISPLAY "and you are currently on this leave"

IF QA17<9997, DISPLAY "and it ended [FILL QA17]"

IF QA17>9997, DISPLAY "and you are not able to tell us when it ended"

IF QA5=1, FILL "your own serious health condition"]

A18. To review: You've taken leave for [[FILL QA5]; IF QA5=DK/REF 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 it began"], [IF QA3 = 1 OR QA17 = 97/9997: "and you are currently on this leave" ELSE: "and it ended in [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 QA17=9997, 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 1-500]
- 2 _____ DAYS [RANGE 1-500]
- 3 _____ WEEKS [RANGE 1-100]
- 4 _____ MONTHS [RANGE 1-24]
- 9 DK/REF (VOL)

[IF FRAME = 0: ONLY IF ANYONE ELSE IN HH TOOK LEAVE BASED ON S11 OR
IF FRAME = 1, ASK A19b, ELSE SKIP TO LOGIC BEFORE A20]]:

A19b. [IF LOOP 1 (MOST RECENT LEAVE):] In the last-12 months, did anyone else in your household take leave for the same reason you mentioned? [INTERVIEWER ONLY IF NEEDED: the reason mentioned is [A5]]

- 1 YES
- 2 NO [SKIP TO LOGIC BEFORE A20]
- 8 DK (VOL) [SKIP TO LOGIC BEFORE A20]
- 9 REF (VOL) [SKIP TO LOGIC BEFORE A20]

[IF NECESSARY AND FRAME = 1: Household 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.]

A19c. [IF LOOP 1 (MOST RECENT LEAVE):] What is this person's relationship to you? [IF NECESSARY: you said that someone else in your household took leave for the same reason you mentioned, what is THAT person's relationship to you?]

- 1 Spouse
- 2 Unmarried partner
- 3 Parent
- 4 Child
- 5 Sibling
- 6 Aunt or Uncle
- 7 Son- or Daughter-in-law
- 8 Father- or Mother-in-law
- 9 Grandchild
- 10 Grandparent
- 11 Other (specify)
- 98 DK (VOL)
- 99 REF (VOL)

A19d. [IF LOOP 1 (MOST RECENT LEAVE):] Did you take leave during the same time period?

- 1 YES, ALL
- 2 YES, SOME
- 3 NO, NONE
- 8 DON'T KNOW (VOL)
- 9 REFUSED (VOL)

[IF A19d = 2, ASK A19e, ELSE SKIP TO LOGIC BEFORE A20]

A19e. [IF LOOP 1 (MOST RECENT LEAVE):] How much time did your leave overlap?

- 1 ____ HOURS [RANGE 1-500]
- 2 ____ DAYS [RANGE 1-500]
- 3 ____ WEEKS [RANGE 1-100]
- 4 ____ MONTHS [RANGE 1-24]
- 9 DK/REF (VOL)

[LOOP 1 (MOST RECENT): ASK QA20 IF QA4 = 2-100, ELSE GO TO QA23

LOOP 2 (LONGEST): → GO TO QA23]

A20. You told me that you have taken [FILL A4] leaves, and we've just talked about your MOST RECENT LEAVE. Was your LONGEST LEAVE in the past 12 months a different leave than your MOST RECENT leave?

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

[ASK IF A20 = 1]

A20a. Was your LONGEST LEAVE from work for 3 weeks or longer?

- 1 YES
- 2 NO
- 8 DON'T KNOW (VOL)
- 9 REFUSED (VOL)

[PROGRAMMING NOTE:

IF QA20a = 1 → LOOP BACK TO QA5 AND READ "Now let's talk about the LONGEST time that you took leave from work." FILL QA5 WITH "LONGEST". CREATE NEW VARIABLE NAMES FOR LONGEST LEAVE DATA; DO NOT OVERWRITE MOST RECENT LEAVE DATA]

MOST RECENT LEAVE - EXTENDED BATTERY

[IF QA20=1,8,9, DISPLAY: For each of the following questions, please think about your MOST RECENT leave.]

A23. I'm going to read you some possible situations you may or may not have experienced due to taking leave from work. Please tell me whether you experienced each.
[RANDOMIZE QA23a-e]

- a. Did you lose your job?
- b. Did you lose your seniority or potential for job advancement?
- c. Did you reveal information about your personal relationships or family relationships?
- d. Did you reveal personal information about your own health, or the health of your care recipient?
- e. Were you treated differently because of the reason you took leave?
- f. h. Did anything else happen? [SPECIFY]

[RESPONSE CATEGORIES:]

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

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]

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

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

[IF QA28 = 1, 8, 9 → GO TO QA30]

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)

A33. Did you pay out of your own pocket for your medical certification (for example, a co-pay or a portion of the cost)?

- 1 YES
- 2 NO
- 3 THERE WAS NO COST (VOL)
- 8 DK (VOL)
- 9 REF (VOL)

A35. Did your employer require medical RE-CERTIFICATION (IF NECESSARY: for yourself or the person you were caring for)? [IF NECESSARY: Medical RE-certification is documentation from a health care provider in support of continued or extended leave within a leave year 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]

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.

- 1 ____ HOURS [RANGE: 1-100]
- 2 ____ DAYS [RANGE: 1-100]
- 3 ____ WEEKS [RANGE: 1-50]
- 4 DID NOT TAKE EXTRA TIME OFF (VOL)
- 8 DK (VOL)
- 9 REF (VOL)

[INTERVIEWER: IF MOE 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: 1-100]
- 2 ___ DAYS [RANGE: 1-500]
- 3 ___ WEEKS [RANGE: 1-100]
- 4 ___ MONTHS [RANGE 1-24]
- 5 DID NOT PROVIDE NOTICE BEFORE LEAVE (VOL)
- 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.]

A43. You said you were on leave for [FILL: "ANSWER FROM A19", IF A19 = 9, FILL "a period of time"]. Did you receive pay while you were on leave? [IF NECESSARY: Pay may include vacation hours, sick time, short-term disability, or other.]

- 1 YES [GO TO A43b]
- 2 NO
- 8 DON'T KNOW (VOL) [GO TO A43b]
- 9 REFUSED (VOL) [GO TO A43b]

A43a. Just to confirm, you took [FILL: "ANSWER FROM A19 of", IF A19 = 9, FILL "a"] leave from work and you did NOT receive any pay from your main job at that time. [IF NECESSARY: Pay may include vacation hours, sick time, short-term disability, or other.]

- 1 YES [GO TO A44]
- 2 NO [RETURN TO A43B]
- 8 DON'T KNOW (VOL) [GO TO A44]
- 9 REFUSED (VOL) [GO TO A44]

A43b. Of your [FILL: "ANSWER FROM A19 of", IF A19 = 9, NO FILL] leave, for how many did you receive ANY pay from any source?

- _____ DAYS
- _____ WEEKS
- _____ MONTHS
- 7 ZERO [GO TO A44]
- 8 DON'T KNOW (VOL)
- 9 REFUSED (VOL)

[PROGRAMMING NOTE - ANSWER TO A43b CANNOT BE MORE THAN ANSWER TO A19, UNLESS A19 = 9].

A43c. During your paid days on leave, did you receive full pay or partial pay or some full pay and some partial pay?

- 1 FULL [GO TO A43d]
- 2 PARTIAL [GO TO A43f]
- 3 SOME FULL AND SOME PARTIAL [GO TO A43d]
- 4 NO PAY [GO TO A44]
- 8 DON'T KNOW (VOL) [GO TO A44]
- 9 REFUSED (VOL) [GO TO A44]

A43d. Of the [FILL: "ANSWER FROM A19", IF A19 = 9, "leave"], for how many did you receive full pay?

- _____ DAYS
- _____ WEEKS
- _____ MONTHS
- 8 DON'T KNOW (VOL)
- 9 REFUSED (VOL)

[PROGRAMMING NOTE - ANSWER TO A43d CANNOT BE MORE THAN ANSWER TO A19, UNLESS A19 = 9].

IF A43C = 1, SKIP TO A43H, ELSE CONTINUE TO A43F.

A43f. Of the [FILL: "ANSWER FROM A19", IF A19 = 9 "the time"] for how many did you receive partial pay?

- _____ DAYS
- _____ WEEKS
- _____ MONTHS
- 8 DON'T KNOW (VOL)
- 9 REFUSED (VOL)

A43g. You just told me you received partial pay for [FILL FROM A43f] while you were on leave. How much of your regular pay did you receive? [IF NECESSARY: Your best estimate is fine.]

- SPECIFY: _____
- 8 DON'T KNOW (VOL)
 - 9 REFUSED (VOL)

A43h. Now I'd like to ask you about the sources or types of your pay while you were on leave. Please tell me if you received pay from any of the following while you were on leave:

- a. Vacation pay
- b. Sick pay
- c. Flex time pay
- d. Temporary disability
- e. State-paid family leave
- f. Paid time off

- 1 YES
- 2 NO
- 8 DON'T KNOW (VOL)
- 9 REFUSED (VOL)

[FOR EACH RESPONSE IN A43h ANSWERED YES, ASK A43i. REPEAT FOR EACH ITEM ANSWERED YES IN A43h. IF ALL in A43h > 1 SKIP TO A44]

A43i. For how many [FILL: "ANSWER FROM A19", IF A19 = 9 FILL: "long"] did you receive [A43h ITEM]?

- _____ DAYS
- _____ WEEKS
- _____ MONTHS
- 8 DON'T KNOW (VOL)
- 9 REFUSED (VOL)

[ASK QA44 IF QA19 >= (30 DAYS OR 4 WEEKS OR ONE MONTH), ELSE SKIP TO QA52]
 [FOR QA44: IF A3=1, REPLACE "your" 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)

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. Request that you complete some (or all) of your work while you were on leave using alternative work arrangements, such as telecommuting?
- f. Cover your work in some other way? (SPECIFY): _____

[RESPONSE CATEGORIES:]

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

PROGRAMMING NOTE:
 IF QA43 = 1 AND QA43b = A19 AND QA43c = 1 AND QA43D = A19, SKIP TO PROGRAMMING NOTE AFTER Q55.
 OTHERWISE:
 IF QA43 = 2, 8, 9, DISPLAY "some."
 IF QA43=2, 8, 9, DISPLAY "additional."

A53. In order to cover lost wages or salary during your leave, did you...

- 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 Much more difficult than before the leave,
- 2 Somewhat more difficult than before the leave,
- 3 The same as before the leave,
- 4 Somewhat easier than before the leave, or
- 5 Much easier than before the leave?
- 8 DK (VOL)
- 9 REF (VOL)

PROGRAMMING NOTE:

IF QA43 OR QA43c = 2, 8, 9, ASK QA55.
 IF QA43 = 2, 8, 9, DISPLAY "some."
 IF QA43=2, 8, 9, DISPLAY "additional."
 IF QA43 = 1 AND QA43c = 1, SKIP TO PROGRAMMING NOTE AFTER Q58.

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: IF QA17 = 9997 FOR MOST RECENT LEAVE, 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 QA62] |
| 3 | DID NOT RETURN TO WORK | [GO TO QB1] |
| 8 | DK (VOL) | [GO TO QB1] |
| 9 | REF (VOL) | [GO TO QB1] |

[IF QA5=5-17 → 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]
 [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] [INTERVIEWER: CODE "NOT APPLICABLE" AS NO (2)]

- a. You wanted to get back to work?
- b. You used up all the leave time you were allowed?
- c. You felt pressured by your boss or co-workers to return?
- d. You had too much work to do to stay away longer?
- e. [IF QA5 = 3, 5-16] Someone else took over your care-giving responsibilities?
- f. You no longer needed to be on leave?
- g. [IF QA5 = 1-4] Your doctor told you that you were ready to return to work?
- h. [IF QA5 = 3, 5-16] Your care recipient's doctor told you that it was safe for you to return to work?
- i. [IF QA23B≠1:] 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 AND FMLAFLG_DUAL=0 FOR SELECTED RESPONDENT, BEGIN AT SECTION B]

SECTION B - LEAVE NEEDERS

[IF RESPONDENT IS LEAVE NEEDER ONLY (FMLAFLG=2) → GO TO PROGRAMMING NOTE BEFORE HANDOFF2]

[IF RESPONDENT IS LEAVE TAKER OR DUAL TAKER/NEEDER (FMLAFLG=1 OR FMLAFLG_DUAL=1) → GO TO B1:]

B1. We've just talked about the leave[s] taken in the last 12 months. Now I'd like to ask you if, IN THE LAST 12 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; (IF NECESSARY: This includes both maternity AND paternity leave)
- for your own serious health condition or to care for someone else's serious health condition;
- for pregnancy-related reasons (IF NECESSARY: [IF QS8 >1 FOR SELECTED RESPONDENT: 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 QB4]
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[IF B1 = 2, 8, 9 → GO TO QE0]

[IF RESPONDENT IS LEAVE NEEDER ONLY (FMLAFLG=2) AND ALREADY ON THE PHONE → GO TO INTRO4]

[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 (CALLBACK – SAME NUMBER) | [SCHEDULE CALLBACK] |
| 3 | ALTERNATE NUMBER PROVIDED (CALLBACK – NEW NUMBER) | [UPDATE NUMBER, GO TO UP4] |
| 9 | DK/REF (VOL) | [GO TO THANK02] |

[CATI: Ask UP2 if HANDOFF2 = 3]

UP4. Is that a landline or cell phone?

- | | |
|---|----------------------------------|
| 1 | Landline [CATI: Flag CELL = 0] |
| 2 | Cell Phone [CATI: Flag CELL = 1] |

INTRO4. [IF FRAME = 0 AND NEW RESPONDENT:] Hello, my name is [INTERVIEWER] and I'm calling on behalf of the U.S. Department of Labor. We are conducting a national study to find out about people's use of, and attitudes about, family and medical leave policies in the workplace. Study results will be used to assess the impact of family and medical leave policies on employees.

[IF INCENT=1, DISPLAY:]

If you qualify and then complete the survey, we will pay you \$15 as a token of our appreciation.

[ALL RESPONDENTS:] Your participation is voluntary and all information you provide will be kept private to the greatest extent possible under the law. We have many procedures in place to reduce the small potential risk of loss of privacy. If we should come to any question you don't understand or don't want to answer, I'll try to clarify or we can move on to the next question. The survey should take about 15 to 25 minutes to complete, depending on your answers.

B2. [IF LEAVE NEEDER ONLY:] I want to confirm with you that in the last 12 months, that is, since [INSERT 12 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; (IF NECESSARY: This includes both maternity AND paternity leave)
- for your own serious health condition or to care for someone else's serious health condition;
- for pregnancy-related reasons (IF NECESSARY: [IF QS8 >1 FOR SELECTED RESPONDENT: 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 YES AND IF NEW RESPONDENT: 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 QS11] |
| 8 | DK (VOL) | [GO TO QS11] |
| 9 | REF (VOL) | [GO TO QS11] |

[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]

B4. How many different times did you need leave but not take it, since [INSERT 12 MONTH PERIOD]?

[RANGE: 1-100]

DK (VOL) 888

REF (VOL) 999

[IF B4=2-100 DISPLAY: INTERVIEWER: BEFORE PROCEEDING, RECORD REASONS AND DATES FOR EACH LEAVE IN EVENT HISTORY CALENDAR]

[IF QS8=9 FOR RESPONDENT WHO IS LEAVE-NEEDER ONLY:]

GUESSGENDER2.	1	MALE
	2	FEMALE
	9	DK

[IF B4=1, DISPLAY "reason"

IF QB4 = 2-100, 888, 999 DISPLAY "most recent"

B6. Thinking of the most recent time you needed leave since [INSERT 12 MONTH PERIOD], what was the main reason for which you needed to take leave from work? [SINGLE MENTION]

- | | |
|---|---|
| 1 | OWN ILLNESS, DISABILITY OR OTHER SERIOUS HEALTH CONDITION, EXCEPT PREGNANCY-RELATED ILLNESS [GO TO QB11] |
| 2 | [IF (QS8=2) OR (ANY GUESSGENDER1-2>1) FOR SELECTED RESPONDENT:] FOR PREGNANCY-RELATED HEALTH REASON PRIOR TO DELIVERY [GO TO QB11] |
| 3 | [IF (QS8=2) OR (ANY GUESSGENDER1-2>1) FOR SELECTED RESPONDENT:] FOR PREGNANCY-RELATED HEALTH REASON AND TO CARE FOR A NEWBORN [GO TO QB15] |

- | | | |
|----|---|--------------|
| 4 | [IF (QS8=2) OR (ANY GUESSGENDER1-2>1) FOR SELECTED RESPONDENT:] MISCARRIAGE | [GO TO QB15] |
| 5 | TO CARE FOR NEWBORN | [GO TO QB15] |
| 6 | TO CARE FOR NEWLY ADOPTED CHILD | [GO TO QB15] |
| 7 | TO CARE FOR A NEWLY PLACED FOSTER CHILD | [GO TO QB15] |
| 8 | TO BOND WITH A NEWBORN | [GO TO QB15] |
| 9 | TO BOND WITH A NEWLY ADOPTED CHILD | [GO TO QB15] |
| 10 | TO BOND WITH A NEWLY PLACED FOSTER CHILD | [GO TO QB15] |
| 11 | CHILD'S HEALTH CONDITION | [GO TO QB9] |
| 12 | SPOUSE'S HEALTH CONDITION | [GO TO QB9] |
| 13 | PARENT'S HEALTH CONDITION | [GO TO QB9] |
| 14 | OTHER RELATIVE'S HEALTH CONDITION | [GO TO QB7] |
| 15 | OTHER NON-RELATIVE'S HEALTH CONDITION | [GO TO QB9] |
| 16 | DOMESTIC PARTNER'S HEALTH CONDITION | [GO TO QB9] |
| 17 | TO ADDRESS ISSUES ARISING FROM THE DEPLOYMENT OF A MILITARY FAMILY MEMBER | [GO TO QB7] |
| 98 | DK (VOL) | [GO TO QB11] |
| 99 | REF (VOL) | [GO TO QB11] |

B7. What is that person's relationship to you?

- | | |
|---|-----------------------|
| 1 | GRANDCHILD |
| 2 | GRANDPARENT |
| 3 | SIBLING |
| 4 | AUNT/UNCLE |
| 5 | OTHER (SPECIFY) _____ |
| 8 | DK (VOL) |
| 9 | REF (VOL) |

[GO TO QB9]

[IF QB6 =10-16, READ:]

You said that you've needed to take leave to care for your [FILL PERSON FROM QB6/QB7, 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?

- | | |
|-------|----------------|
| _____ | [RANGE: 1-100] |
| 998 | DK (VOL) |
| 999 | REF (VOL) |

[ASK QB11 IF QB6 = 1-2, 10-16, 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;
- 3 An ongoing health condition that affects one's ability to work from time to time, such as diabetes, migraines, depression, or Multiple Sclerosis; or
- 4 To provide eldercare? Eldercare is care provided for individuals who are aged 65 years or older with age-related physical or mental impairments, not related to a serious health condition.
- 5 OTHER (SPECIFY): _____
- 8 DK (VOL)
- 9 REF (VOL)

B15. What was the reason or reasons you didn't take the MOST RECENT leave you needed?

(INTERVIEWER: DO NOT READ LIST, CODE RESPONSES FROM THE FOLLOWING LIST, CHECK ALL THAT APPLY, PROBE WITH "ANYTHING ELSE?" UNTIL THE RESPONDENT IS DONE ANSWERING)

[CATI: ALLOW MULTI-PUNCH ANSWER]

1. You thought you might LOSE your JOB?
2. You thought you would LOSE your SENIORITY or potential for job ADVANCEMENT?
3. You were INELIGIBLE?
4. Your employer DENIED your request?
5. You COULDN'T AFFORD to take an unpaid leave?
6. You wanted to SAVE YOUR LEAVE TIME?
7. Your WORK IS TOO IMPORTANT?
8. You made alternative work arrangements such as flex time, telecommuting/working offsite?
9. You were WORRIED ABOUT REVEALING PERSONAL INFORMATION about your family or personal relationships?
10. You were worried about revealing personal information about your own health or the health of your care recipient?
11. You thought you would be TREATED DIFFERENTLY because of the reason you needed to take leave?
12. You thought that the person you wanted to take leave to care for was NOT CONSIDERED A COVERED FAMILY MEMBER?
13. You thought that the HEALTH CONDITION DID NOT QUALIFY?
14. Your employer's process for taking leave was TOO COMPLICATED?
15. You were UNABLE TO MEET your employer's NOTICE REQUIREMENT for taking leave?
16. You were UNAWARE of the availability of leave?
17. Some other reason? (SPECIFY) _____

[PROGRAMMING NOTE:

IF QB15 = 3 AND NOT 4, ASK QB16-QB17 AND ASK QB20

IF QB15 = 4 AND NOT 3, SKIP QB16-QB17 AND ASK QB20

IF QB15 = 3 AND QB15 = 4, SKIP TO QB20

OTHERWISE, SKIP TO QB20]

B16. Were you ineligible because you only worked part-time at your main job?

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

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

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

[IF QB6 = 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 QB = 1-4, 11-17

READ QB20b IF QB6 = 1-4, 11-17

READ QB20c IF QB6 = 5-15

READ QB20d IF QB6 = 5-15

READ QB20e IF QB6 = 3, 5, 6, or 11

READ QB20f IF QB9 = 60 - 100

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 eldercare?
- 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 QE0]

[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 INTRO5.
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 (CALLBACK - SAME NUMBER) [SCHEDULE CALLBACK]
- 3 ALTERNATE NUMBER PROVIDED (CALLBACK - NEW NUMBER)
[UPDATE NUMBER, GO TO UP5]
- 9 DK/REF (VOL) [GO TO THANK02]

[CATI: Ask UP1 if HANDOFF3 = 3]

UP5. Is that a landline or cell phone?

- 1 Landline [CATI: Flag CELL = 0]
- 2 Cell Phone [CATI: Flag CELL = 1]

[IF NEW RESPONDENT:]

INTRO5. [IF NEW RESPONDENT:] Hello, my name is [INTERVIEWER] and I'm calling on behalf of the U.S. Department of Labor. We are conducting a national study to find out about people's use of, and attitudes about, family and medical leave policies in the workplace. Study results will be used to assess the impact of family and medical leave policies on employees.

[IF INCENT=1, DISPLAY:]

If you qualify and then complete the survey, we will pay you \$15 as a token of our appreciation.

[ALL RESPONDENTS:] Your participation is voluntary and all information you provide will be kept private to the greatest extent possible under the law. We have many procedures in place to reduce the small potential risk of loss of privacy. If we should come to any question you don't understand or don't want to answer, I'll try to clarify or we can move on to the next question. The survey should take about 15 to 25 minutes to complete, depending on your answers.

C1. I want to confirm with you that in the last 12 months, that is, since [INSERT 12 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; (IF NECESSARY: This includes both maternity AND paternity leave)
- for your own serious health condition or to care for someone else's serious health condition;
- for pregnancy-related reasons (IF NECESSARY: [IF QS8 >1 FOR SELECTED RESPONDENT: 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 YES AND 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 | [GO TO QE1] |
| 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]

[IF QS8=9 FOR SELECTED RESPONDENT:]

- | | | |
|---------------|---|--------|
| GUESSGENDER3. | 1 | MALE |
| | 2 | FEMALE |
| | 9 | DK |

SECTION E - EMPLOYMENT (ALL RESPONDENTS)

E0. First, I'd like to ask a few questions about your employment [fill date of start of 12-month reference period].

If S9b=1: GO TO E0c

If S9b=2: GO TO E0a

If S9b=3: GO TO E2

E0a. In what month and year did you start that job you were working at in [INSERT 12 MONTHS ago]?

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December
88. DON'T KNOW (VOL)
99. REFUSED (VOL)

YEAR:

[RANGE: 1980 - CURRENT YEAR]

8. DON'T KNOW (VOL)
9. REFUSED (VOL)

E0b. At that point, namely [enter start of 12-month period], how many hours per week did you work on average at that job?

[RANGE: 0 - 80]

88. DON'T KNOW (VOL)
99. REFUSED (VOL)

[IF S9B = 2, SKIP TO E1]

E0c. In [INSERT 12 MONTHS AGO] how many employers were paying you?

[RANGE: 1 - 5]

- 8. DON'T KNOW (VOL)
- 9. REFUSED (VOL)

EOf. In what month and year did you start working at your main job? By "main" job we mean the one in which you worked the most hours. If you worked the same number of hours at two jobs, then the one you worked at for the longest.

- 1. January
- 2. February
- 3. March
- 4. April
- 5. May
- 6. June
- 7. July
- 8. August
- 9. September
- 10. October
- 11. November
- 12. December
- 88. DON'T KNOW (VOL)
- 99. REFUSED (VOL)

YEAR:

[RANGE: 1980 - CURRENT YEAR]

- 8. DON'T KNOW (VOL)
- 9. REFUSED (VOL)

E0g. At that point, namely [enter start of 12-month period], how many hours per week did you work on average at "main" job?

[RANGE: 0 - 80]

- 88. DON'T KNOW (VOL)
- 99. REFUSED (VOL)

E0i. In what month and year did you start working at [FILL RESPONSE FROM E0h]?

[If necessary and E0c>2: We have just been asking about the main job you held in [enter start of 12 month period], meaning the one where you worked the most hours, or for the longest period of time. Of the OTHER jobs you held in [enter start of 12 month period], now we want to ask about the job in which you worked the next most hours per week.]

- 1. January

- 2. February
- 3. March
- 4. April
- 5. May
- 6. June
- 7. July
- 8. August
- 9. September
- 10. October
- 11. November
- 12. December
- 88. DON'T KNOW (VOL)
- 99. REFUSED (VOL)

YEAR:

[RANGE: 1980 - CURRENT YEAR]

- 8. DON'T KNOW (VOL)
- 9. REFUSED (VOL)

E0j. At that point, namely [enter start of 12-month period], how many hours per week did you work on average at your second job?

[RANGE: 0 - 80]

- 88. DON'T KNOW (VOL)
- 99. REFUSED (VOL)

[IF MORE THAN TWO PAID JOBS - E0c => 3- ASK E0k, ELSE SKIP TO E1]

E0k. Finally, at that point, how many hours per week did you work on average at all of your jobs (total)?

[RANGE: 0 - 80]

- 88. DON'T KNOW (VOL)
- 99. REFUSED (VOL)

E1a. At the place where you worked in [enter start of 12-month period] [IF S9b = 1: "in your main job"] -- for example the site, store, or building -- would you say there were 50 or more employees?

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

[IF E1a=1, DISPLAY RESPONSES 6-99 ONLY]

E1b. Please think now of all of your [IF S9b = 2 “organization’s” ELSE “main job’s] work sites within 75 miles. How many people were employed at your organization across all of the work sites within that 75 mile range, including the site where you were working in [enter start of 12-month period]?

[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)

E1c. [If S9b=1] At the place where you worked in [enter start of 12-month period] in your SECOND job, would you say there were 50 or more employees?

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

[IF E1c=1, DISPLAY RESPONSES 6-99 ONLY]

E1d. [If S9b=1] Please think now of all of your SECOND job’s work sites within 75 miles. How many people were employed at your organization across all of the work sites within that 75 mile range, including the site where you were working at [enter start of 12-month period]?

[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)

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, GO TO QE5]

E3. How have you learned about the federal Family and Medical Leave Act?
[SELECT ALL THAT APPLY; DO NOT READ LIST, BUT PROBE IF NECESSARY]

- 1 MEDIA (TV, NEWSPAPERS, INTERNET, ETC.)
- 2 CO-WORKERS
- 3 EMPLOYER OR HUMAN RESOURCE OFFICE GAVE OUT INFORMATION
- 4 POSTERS
- 5 FAMILY MEMBER
- 6 FRIEND OR NEIGHBOR
- 7 UNION GAVE OUT INFORMATION
- 8 OTHER (SPECIFY) _____
- 98 DK (VOL)
- 99 REF (VOL)

E4a. To the best of your knowledge, are employees who are covered by the federal FMLA law entitled to take leave for the following reasons?

[PROGRAMMER: RANDOMLY SELECT 4 ITEMS FROM THE LIST BELOW, ONE AND ONLY ONE OF WHICH MUST BE EITHER {G, H, I} AND ONE AND ONLY ONE OF WHICH MUST BE EITHER D OR E].

- a. For the care of a newborn?
- b. For an employee's own serious health condition?
- c. For the care of a child with a serious health condition?
- d. For the care of a spouse with a serious health condition?
- e. For the care of a same-sex spouse with a serious health condition?
- f. For the care of a parent with a serious health condition?
- g. For the care of a grandparent with a serious health condition?
- h. For the care of a grandchild with a serious health condition?
- i. For the care of a sibling with a serious health condition?
- j. To provide eldercare for a parent or spouse? Eldercare is care provided for individuals aged 65 years or older with age-related physical or mental impairments, not related to a serious health condition.
- k. For the care of an adopted child or foster child?
- l. For the care of a military service member, or for reasons related to the deployment of a military service member?

[RESPONSE CATEGORIES:]

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

E5. Are you currently employed?

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

[IF QE5 > 1, GO TO QD1]

Now I'm going to read you some questions about your current main job. [IF NECESSARY: If you have more than one job, by "main" job I mean the one where you usually work the most hours. If you work the same number of hours at more than one job, then I mean the job where you have worked the longest. Throughout the rest of this section, we will ask you questions about your current main job.]

[IF E2 = 1, ASK E6, ELSE SKIP TO E8]

E6. To the best of your knowledge, are you entitled to leave under the federal FMLA on your main job?

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

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

E8. I'm going to read you a list of reasons why you might have to miss work. For each please tell me whether or not you can take *paid* leave from your current main job for

- a. Your own illness or medical care?
- b. The illness or medical care of another family member?
- c. Routine childcare, other than for illness (IF NECESSARY: snow days, school institute dates, or events at school)?
- d. Eldercare? Eldercare is care provided for individuals who are age 65 years or older with age-related physical or mental impairments, not related to a serious medical condition.
- e. Errands or personal reasons?

[RESPONSE CATEGORIES:]

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

E9. Are you salaried on this job, paid by the hour, or paid 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)

E15. What kind of business or industry is this? [IF NEEDED: What do they make or do where you work; for example, hospital, newspaper publishing, mail order house, auto engine manufacturing, bank. Please think about your main job.]

- SPECIFY: _____
- 8 DK (VOL)
 - 9 REF (VOL)

E16. What kind of work do you do; that is, what is your occupation? For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant. Please think about your main job. [IF NEEDED: What is your job title?]

- SPECIFY: _____
- 8 DK (VOL)
 - 9 REF (VOL)

E17. What is the zip code for the location where you work on your main job?

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

SECTION D - DEMOGRAPHICS

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

D1. [IF FRAME = 0 (LANDLINE), AND RESPONDENT SELECTED FOR INTERVIEW IS NOT SCREENER RESPONDENT, AND IF S8b=DK/REF]:

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
- 6 ASSOCIATE'S DEGREE
- 7 BACHELOR'S DEGREE
- 8 GRADUATE SCHOOL
- 88 DK (VOL)
- 99 REF (VOL)

PROGRAMMING NOTE:

IF QE1 = 1, DISPLAY "Are"; OTHERWISE, DISPLAY "Were"

D3. [Were/Are] you represented by a labor union?

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

D3a. For your (IF E5 = 1, FILL "your current main job", ELSE if E5 = 2 and S9b≠3, FILL "the main job you held in [ENTER START OF 12-MONTH PERIOD], what (IF E1 = 2, FILL "was" , ELSE, FILL, "is") is the easiest way for you to report (your) total earnings before taxes or other deductions:

- 1 Hourly,
- 2 Weekly,
- 3 Bi-weekly,
- 4 Twice-monthly,
- 5 Monthly
- 6 Annually, or
- 7 Some other basis (SPECIFY) _____
- 8 DK (VOL)
- 9 REF (VOL)

D3b. In your (IF E0 = 2, FILL "job" ELSE FILL: "main job"), what (IF E1 = 2, FILL "was" , ELSE, FILL, "is") your regular [FILL, IF D3A = 1, "hourly", if D3A = 2, "weekly", if D3A = 3, "bi-weekly", if D3A = 4, "twice monthly", if D3A = 5, "monthly", or if D3A = 6, "annual"] rate of pay, including tips and commissions before taxes?

\$ _____.
[RANGE 0.01 - 999,999.99]
8 DK (VOL)
9 REF (VOL)

[IF D3a = 8 OR 9 AND D3b IS NOT DK (8) OR REF (9) ASK D3c, ELSE SKIP TO D4.]

D3c. (IF E1 = 2, FILL "Was", ELSE, FILL, "Is") that:

- 1 Hourly,
- 2 Weekly,
- 3 Bi-weekly,
- 4 Twice-monthly,
- 5 Monthly
- 6 Annually, or
- 7 Some other basis (SPECIFY) _____
- 8 DK (VOL)
- 9 REF (VOL)

D4. What is 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.

RECORD AMOUNT [RANGE 0 TO 9,999,999] INTERVIEWER CONFIRM.

[READ CATEGORIES ONLY IF NECESSARY]

[IF D4 = 0 TO 9,999,999 SKIP TO D5, ELSE READ D4a]

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: [READ LIST]

- 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... [READ LIST]

- 1 Married,
- 2 Living with a partner,
- 3 Separated,
- 4 Divorced,
- 5 Widowed, or

- 6 Never married?
- 8 DK (VOL)
- 9 REF (VOL)

[IF QD10=1, 3-9 → GO TO QD11]

[FOR QD11]:

IF QD10 = 1, DISPLAY "Is your spouse"

IF QD10 = 2-6, DISPLAY "Do you have a partner"

IF QD10 = 8-9, DISPLAY "Do you have a spouse or partner"]

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

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

[CATI: Ask END1 only if INCENT=1]

END1. Those are all the questions we have for you at this time.

Can I please have your name and address so I can send you your check?

- 1 YES [GO TO QEND2]
- 2 NO [GO TO QZIP]

[CATI: Ask ZIP if END1=2 OR if INCENT=0]

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

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

[GO TO QEND3]

[CATI: Ask END2 only if INCENT=1 and END1=1]

END2. ENTER:

NAME [ASK FOR SPELLING IF UNSURE]

ADDRESS

CITY/STATE/ZIP

[RE-READ ALL TO CONFIRM]

END3. Thank you very much for your time. If you have any questions or would like further information about this study, you can call XXXX XXXX at (1-XXX-XXX-XXXX) during normal business hours.

[FOR INTERVIEWER USE ONLY:]

LANGUAGE OF INTERVIEW:

1. ENGLISH
2. SPANISH

[FOR PROGRAMMER USE ONLY:]

CLASSIFICATION:

1. LEAVE TAKER ONLY (A1 = 1 and (B1 NE 1 or B2 NE 1))
2. LEAVE NEEDEER ONLY (A1 NE 1 and (B1 = 1 OR B2 = 1))
3. EMPLOYED ONLY (C1 = 1)
4. DUAL TAKER/NEEDEER (A1 = 1 and (B1 = 1 or B2 = 1))

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays an Office of Management and Budget (OMB) control number. The time required to complete this collection of information is estimated to average 14 minutes, including the time to review instructions, gather the data needed and complete and review the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Christina Yancey at 202-693-5910 or Yancey.Christina.L@DOL.gov and reference the OMB Control Number 1290-XXXX.