**OMB No. 1290-XXXX**

 **EXP. Date: xx/xx/2020**

**2017 FAMILY AND MEDICAL LEAVE ACT (FMLA) SURVEY**

**EMPLOYEE SURVEY SCREENER**

**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 A, B, C, D, AND E ARE INCLUDED IN THE EXTENDED INTERVIEW INSTRUMENT.**

I. SCREENER (Sections S &T)

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

**RDD INTRODUCTION**

**Landline FRAME=0 Cellphone FRAME=1**

[CATI: If FRAME=0, start interview at INTRO1. If FRAME=1, start at INTRO2]

INTRO1. 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 employees’ use of, and attitudes about, family and medical leave policies in their workplace.

[PROGRAMMER: START SCREENER TIME STAMP HERE]

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]

[IF NECESSARY: 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.]

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

1 AVAILABLE [REPEAT INTRO1]

2 NOT AVAILABLE (CALLBACK – SAME NUMBER)

[SCHEDULE CALLBACK]

3 ALTERNATE NUMBER PROVIDED (CALLBACK – NEW NUMBER)

[UPDATE NUMBER, GO TO UP1]

 4 THERE ARE NONE [GO TO THANK01]

8 DK (VOL) [GO TO THANK01] [SOFT REFUSAL]

 9 REF (VOL) [GO TO THANK01] [SOFT REFUSAL]

[CATI: Ask UP1 if S2 = 3]

UP1. Is that a landline or cell phone?

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

**CELL PHONE INTRODUCTION**

[CATI: Only ask INTRO2 if FRAME=1]

INTRO2. 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 employees’ use of, and attitudes about, family and medical leave policies in their workplace.

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 – SAME NUMBER)

[SCHEDULE CALLBACK]

3 ALTERNATE NUMBER PROVIDED (CALLBACK – NEW NUMBER) [UPDATE NUMBER, GO TO UP2]

 8 DK (VOL) [GO TO THANK02] [SOFT REFUSAL]

 9 REF (VOL) [GO TO THANK02] [SOFT REFUSAL]

[CATI: Ask UP2 if INTRO2 = 3]

UP2. Is that a landline or cell phone?

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

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]

[CATI: Ask all S4]

S4. Results from this study will be used to assess the impact of family and medical leave policies on employees.

[IF FRAME=1, DISPLAY:]

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

[IF FRAME=0 DISPLAY:]To determine if your household qualifies for the survey, I need to get some information about the members of your household who are age 18 or over. These questions will take less than three minutes to complete.

[IF FRAME=1 GO TO S7]

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.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  **S6** **(A1-X)** | **S7 (A1-X)** | **S8 (A1-X)** | **S8b (A1-X)** | **S9 (A1-X)** | **S9b (A1-X)** | **S10 (A1-X)** | **S11 (A1-x)** | **S12** **(A1-x)** | **LEAVE DESIGNATION** |
| What is [your/theA2-X]’s first name or initials? | What is [your/A2-X]’s age? | [IF NECESSARY: I know this may sound awkward, but I have to ask:]Are you 1. male or 2. female? | What is the highest level of education [you have / has A2X] completed? | [Have you / has A2-X] worked for pay or profit at any time in the last 12 months? | In [INSERT 12 MONTHS AGO], did you have more than one job, including part-time, evening, or weekend work? That is, were you being paid by more than one employer?[IF NO, ASK “Did you have just one job in [INSERT 12 MONTHS AGO] or were you not working at that time?”] | 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? [IF S9b=1: Please think about your main job.]  | **TAKEN LEAVE IN LAST 12 MONTHS** | **NEEDED BUT DID NOT TAKE LEAVE IN LAST 12 MONTHS** | **FMLAFLG\_A1-X****IF [QS11=1 AND QS12>1], FMLAFLG=1.****IF [QS12=1], FMLAFLG=2.****IF [QS11=2 AND QS12=2]** **OR [QS11=2 AND QS12>1]** **OR [QS11>1 AND QS12=2],****FMLAFLG=3.****IF [QS11>2 AND QS12>2], CODE INELIGIBLE.** |
| Your  |  | MALE (1)FEMALE (2)DK (8)REF (9) | LESS THAN HIGH SCHOOL (1) SOME HIGH SCHOOL (2) HIGH SCHOOL GRADUATE (3) GED (4) SOME COLLEGE (5) ASSOCIATE’S DEGREE (6) BACHELOR’S DEGREE (7) GRADUATE SCHOOL (8)DK (88) REF (99) | YES (1) NO (2) | YES (1) SEE INTERVIEWER INSTRUCTIONS ON PAGE 6NO (2)NO, DID NOT HAVE A JOB (3) | GOV (1) PRV (2) NON (3) SELF (4)  | YES (1) NO (2) | YES (1) NO (2) |   |
| IF FRAME=1 ASK ONLY FOR RESPONDENT |
| 2nd adult’s |  | See “Your” for response options | See “Your” for response options | See “Your” for response options | See “Your” for response options | See “Your” for response options | See “Your” for response options | See “Your” for response options | See “Your” for response options |
| 3rd adult’s |  |  |  |  |  |  |  |  |  |
| 4th adult’s |  |  |  |  |  |  |  |  |  |
| 5th adult’s |  |  |  |  |  |  |  |  |  |
| 6th adult’s |  |  |  |  |  |  |  |  |  |
| 7th adult’s |  |  |  |  |  |  |  |  |  |
| 8th adult’s |  |  |  |  |  |  |  |  |  |
| 9th adult’s |  |  |  |  |  |  |  |  |  |
| 10th adult’s |  |  |  |  |  |  |  |  |  |
| 11th adult’s |  |  |  |  |  |  |  |  |  |

[IF S9b = 1] You said that you had more than one job. Throughout the rest of the survey, we will ask you questions about your “main” job. By “main” job I mean the one where you usually worked the most hours. Or, if you worked the same hours at more than one job, then I mean the job where you had worked the longest.”

DID RESPONDENT WORK TWO JOBS EQUAL HOURS AND EQUAL LENGTH?

1 YES GO TO S9B\_A

 2 NO SKIP TO S10

INTERVIEWER READ: Please give me names of both jobs and the computer will select one for the purposes of the survey.

S9b\_A \_\_\_\_\_\_

S9b\_B\_\_\_\_\_\_

[CATI, select one job from S9b\_A and S9b\_B and display name:

INTERVIEWER READ: For the purposes of the survey, the computer has selected [fill selected job] as your “main” job.

[IF QS6 = DK/REF FOR 2ND-11TH ADULT, REFER TO BY “second adult/third adult/etc” AND AGE/GENDER (QS7/QS8)]

[QS7: RANGE 18-97; DK/REF (99)]

[QS8: MALE (1) FEMALE (2) DK/REF (9)]

[IF QS9 = 1, ASK QS10. IF QS9>1, LOOP BACK TO QS6 FOR NEXT ADULT HH MEMBER]

[IF QS10 = 4, CODE INELIGIBLE AND LOOP BACK TO QS6 FOR NEXT ADULT HH MEMBER]

S11. In the LAST 12 MONTHS, that is, since [INSERT 12 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; (IF NECESSARY: This includes both maternity AND paternity leave)
* for [your own/[FILL A1-X FROM QS6]’s] 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 reason; or
* to care for a military service member, or for reasons related to the deployment of a military service member?

 [IF FRAME=0 : READ FOR FIRST LOOP 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 12 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; (IF NECESSARY: This includes both maternity AND paternity leave)
* for [your own/[FILL A1-X FROM QS6]’s] 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 reason
* 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)

[IF FRAME=1 GO TO S14]

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)]

 [IF FRAME=0, 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)

[PROGRAMMER: END SCREENER TIME STAMP HERE]

**TERMINATIONS:**

READMSG. [READ THE FOLLOWING MESSAGE VOICEMAIL]

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 private.

If FRAME=CELL [If you complete the survey, we will pay you $15 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 individuals who are 18 and over.

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

THANK03. Thank you very much, but your household does not qualify for the study. These are all the questions I have at this time.

**FRAME = 0: RESPONDENT SELECTION INSTRUCTIONS – FOR PROGRAMMING USE ONLY**

1) IF S5=1, HHFLG=FMLAFLG\_A1.

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

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

4) IF ALL [FMLAFLG\_A1 THRU FMLAFLG\_AX=3], HHFLG=3.

SELECT 20% OF THESE HHFLG= 3 RESPONDENTS ONLY TO BE SUBSAMPLED.

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

6) IF [FMLAFLG\_A1 TO FMLAFLG\_AX=2] AND [FMLAFLG\_A1 TO FMLAFLG\_AX=3], ASSIGN HHFLG=2 WITH 90%, HHFLG=3 WITH 10% PROB (NOT ELIGIBLE FOR 20% SUBSAMPLE).

7) IF [FMLAFLG\_A1 TO FMLAFLG\_AX=1] AND [FMLAFLG\_A1 TO FMLAFLG\_AX=3], ASSIGN HHFLG=1 WITH 90%, HHFLG=3 WITH 10% PROB (NOT ELIGIBLE FOR 20% SUBSAMPLE).

8) 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 (NOT ELIGIBLE FOR 20% SUBSAMPLE).

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

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

11) IF FMLAFLG=3 AND RESPONDENT HAS NOT BEEN SUBSAMPLED, THANK03 AND END.

12) IF [S11=1] AND [S12=1] FOR SELECTED RESPONDENT, THEN FMLAFLG\_DUAL=1, ELSE FMLAFLG\_DUAL=0.

13) IF [QS9=2] FOR ALL [A1 THRU AX], THANK03 AND END (SCREEN OUT).

IF [QS9>2] FOR ALL [A1 THRU AX], THANK AND END. CODE SOFT REFUSAL.

IF [QS11>2 AND QS12>2] FOR ALL [A1 THRU AX], THANK AND END. CODE SOFT REFUSAL.

14) 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:

QUALFIED LEAVE TAKER (HHFLG = 1)

QUALFIED LEAVE NEEDER (HHFLG = 2)

QUALIFIED SUBSAMPLED EMPLOYED ONLY (HHFLG = 3)

**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 T1 IF FRAME=0]

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 FRAME=1]

T2. [IF FRAME=1: 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)

[IF FRAME=0: 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 FRAME=1]

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 FRAME=0 OR T4=2]

T5. [IF FRAME=0: 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]

 9 DK/REF (VOL)

[IF FRAME=0: ASK IF T1=1 OR T3=1-6

IF FRAME=1: ASK IF T4=2]

T6. Of all the telephone calls that you [IF FRAME=0 AND 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)

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 2 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.