

OMB No. 1290-XXXX  
EXP. Date:  
xx/xx/20XX20

**2017 FAMILY AND MEDICAL LEAVE EMPLOYEE SURVEY  
Nonresponse Follow-up (NRFU) 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.**

NRFU = 1 Non-contact Sample  
NRFU = 2 Non-cooperative Sample

Non-contact sample = NRFU respondent who did not previously complete interview screener.  
Non-cooperative sample = NRFU respondents who previously completed the screener, but not the extended interview.

FRAME = 0 Landline Sample  
FRAME = 1 Cellphone Sample

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

INTRO1. [IF NRFU = 1:] "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 NRFU = 2:] "Hello, my name is [INTERVIEWER] and I'm calling on behalf of the U.S. Department of Labor. This is not a sales call. We are conducting a national study to find out about employees' use of, and attitudes about, family and medical leave policies in their workplace. May I please speak with [NAME]?"

IF NRFU = 1, DISPLAY ONLY RESPONSE OPTION 1

- |   |   |                                |
|---|---|--------------------------------|
| 1 | IF NRFU = 1 DISPLAY "CONTINUE"                    | [CONTINUE TO S1]               |
|   | IF NRFU = 2 DISPLAY "AVAILABLE"                   | [CONTINUE TO TEXT BEFORE T1]   |
| 2 | NOT AVAILABLE (CALLBACK - SAME NUMBER)            | [SCHEDULE CALLBACK]            |
| 3 | ALTERNATE NUMBER PROVIDED (CALLBACK - NEW NUMBER) | [UPDATE NUMBER, GO TO UP1]     |
| 8 | DK (VOL)  | [GO TO THANK02] [SOFT REFUSAL] |
| 9 | REF (VOL)   | [GO TO THANK02] [SOFT REFUSAL] |

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

[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.]

- |   |           |            |
|---|-----------|------------|
| 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 (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 INTRO1 = 3 or S2 = 3]

UP1. Is that a landline or cell phone?

- 1 Landline
- 2 Cell Phone

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 NRFU = 2, READ "May I please speak with [NAME]?" ]

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 [IF NRFU = 1, GO TO S3, ELSE SKIP TO TEXT BEFORE T1]
- 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]

UP2. Is that a landline or cell phone?

- 1 Landline
- 2 Cell Phone

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

[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 about two minutes to complete.

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 first name or initials?	What is your 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 completed?	Have you 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?	In the last 12 months, have you worked for the government, a private company, a non-profit organization, or have you been self-employed? [IF NECESSARY: Please think about your most recent/main job.] (See note on main job)	<b>TAKEN LEAVE IN LAST 12 MONTHS</b>	<b>NEEDED BUT DID NOT TAKE LEAVE IN LAST 12 MONTHS</b>	<b>FMLAFLG A1</b> 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) NO (2)	GOV (1) PRV (2) NON (3) SELF (4) TWO MAIN JOBS (5)	YES (1) NO (2)	YES (1) NO (2)	

INTERVIEWER NOTE: "By Main job I mean the one where you work the most hours or have worked the longest."

IF RESPONDENT WORKS TWO JOBS EQUALLY, SELECT 5: TWO MAIN JOBS

IF S10 = 5, DISPLAY:

Please give me names of both jobs and I will select one for the purposes of the survey.

S10\_A \_\_\_\_\_

S10\_B \_\_\_\_\_

[CATI, randomly select one job from S10A and S10B and display name:

Interviewer, read: for the purposes of the survey, we have selected [FILL WITH SELECTED JOB].

[QS7: RANGE 18-97; DK/REF (99)]  
[QS8: MALE (1) FEMALE (2) DK/REF (9)]  
[IF QS9 = 1, ASK QS10, ELSE THANK02]  
[IF QS10 = 4, CODE INELIGIBLE, TO THANK02]

S11. In the LAST 12 MONTHS, that is, since [INSERT 12 MONTH PERIOD] have you 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 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?

[READ 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.]

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

S11\_0. Have you taken leave for any of these reasons in the previous 6 months, that is during the 6 months between [INSERT 18 MONTH PERIOD] and [INSERT 12 MONTH PERIOD]?

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

S11a. We've just asked about leave for a serious health condition. During the last 12 months, did you take leave from work for any other conditions or reasons?

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

[ASK IF S11a = 1, ELSE GO TO S12.]

S11b. What reason?

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

S12. In the LAST 12 MONTHS have you 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 serious health condition or to care for someone else's serious health condition;
- for [IF GENDER UNKNOWN: your own 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?]

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

S12a. Did you need to take leave for any other condition or reason but did not?

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

[ASK IF S12a = 1, ELSE GO TO S13.]

S12b. What reason?

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

S14. Are you 18 years old or older?

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

**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 you qualify and then complete the survey, we will pay you \$40 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.

## RESPONDENT SELECTION INSTRUCTIONS - FOR PROGRAMMING USE ONLY

- 1) IF FMLAFLG\_A1=3.  
SELECT 20% OF RESPONDENTS ONLY TO BE SUBSAMPLED.
- 2) IF RESPONDENT IS A LEAVE TAKER OR LEAVE NEEDEE [FMLAFLG=1 OR 2],  
CONTINUE TO SECTION T.
- 3) IF FMLAFLG=3 AND HAS BEEN SUBSAMPLED FOR EXTENDED INTERVIEW, CONTINUE  
TO SECTION T.
- 4) IF FMLAFLG=3 AND RESPONDENT HAS NOT BEEN SUBSAMPLED, THANK03 AND END.
- 5) IF [S11=1] AND [S12=1] FOR SELECTED RESPONDENT, THEN FMLAFLG\_DUAL=1,  
ELSE FMLAFLG\_DUAL=0.
- 6) IF QS9=2, THANK03 AND END (SCREEN OUT).  
IF QS9>2, THANK AND END. CODE SOFT REFUSAL.  
IF QS11>2 AND QS12>2, THANK AND END. CODE SOFT REFUSAL.

CATI: CREATE 3 QUALIFIED LEVELS BASED ON:  
QUALIFIED LEAVE TAKER (FMLAFLG = 1)  
QUALIFIED LEAVE NEEDEE (FMLAFLG = 2)  
QUALIFIED SUBSAMPLED EMPLOYED ONLY (FMLAFLG = 3)

**ASK T SECTION TO ALL RESPONDENTS**

**SECTION T - TELEPHONE USAGE (ASK TO ALL RESPONDENTS)**

[ALL RESPONDENTS:] We estimate this survey will take less than 10 minutes to complete, depending on your answers. If you qualify and then complete the survey, we will pay you \$40 as a token of our appreciation. 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.

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 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 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)

**IF LEAVE TAKER, CONTINUE TO SECTION A BELOW  
IF NEEDER, SKIP TO SECTION B, PAGE 14  
IF EMPLOYED ONLY SKIP TO SECTION C, PAGE 17**

## SECTION A - LEAVE TAKERS

A1. 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 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?

[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 QA4] |
| 2 | NO        | [GO TO QB2] |
| 8 | DK (VOL)  | [GO TO QB2] |
| 9 | REF (VOL) | [GO TO QB2] |

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 A4=1, CONFIRM: "So, that's just one leave in the last 12 months?"]

[IF A4=2-100, CONFIRM: "So, that's [FILL] or more leave occasions for [FILL] different reasons?"]

[IF A4>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,<br>EXCEPT PREGNANCY-RELATED HEALTH REASON | [GO TO A10] |
| 2  | FOR PREGNANCY-RELATED HEALTH REASON PRIOR TO DELIVERY  | [GO TO A10] |
| 3  | FOR PREGNANCY-RELATED HEALTH REASONS <b>AND</b> TO CARE FOR A<br>NEWBORN                             | [GO TO A14] |
| 4  | [IF (QS8=2) ] MISCARRIAGE  | [GO TO A14] |
| 5  | TO CARE FOR NEWBORN  | [GO TO A14] |
| 6  | TO CARE FOR NEWLY ADOPTED CHILD  | [GO TO A14] |
| 7  | TO CARE FOR NEWLY PLACED FOSTER CHILD  | [GO TO A14] |
| 8  | TO BOND WITH NEWBORN   | [GO TO A14] |
| 9  | TO BOND WITH NEWLY ADOPTED CHILD   | [GO TO A14] |
| 10 | TO BOND WITH NEWLY PLACED FOSTER CHILD   | [GO TO A14] |
| 11 | CHILD'S HEALTH CONDITION   | [GO TO A8]  |
| 12 | SPOUSE'S HEALTH CONDITION  | [GO TO A8]  |
| 13 | PARENT'S HEALTH CONDITION  | [GO TO A8]  |
| 14 | OTHER RELATIVE'S HEALTH CONDITION  | [GO TO A8]  |
| 15 | OTHER NON-RELATIVE'S HEALTH CONDITION  | [GO TO A8]  |
| 16 | DOMESTIC PARTNER'S HEALTH CONDITION  | [GO TO A8]  |
| 17 | TO ADDRESS ISSUES ARISING FROM THE DEPLOYMENT OF A MILITARY<br>MEMBER                                | [GO TO A14] |
| 98 | DK (VOL)   | [GO TO A10] |
| 99 | REF (VOL)  | [GO TO A10] |

A8. You said that you've taken leave to care for your [FILL PERSON FROM QA5, AS APPROPRIATE]. We will refer to this person as your "care recipient."

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)

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 [GO TO A59]
- 2 SEPARATE OCCASIONS [GO TO A59]
- 8 DK (VOL) [GO TO A59]
- 9 REF (VOL) [GO TO A59]

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 E0a]
- 2 NEW EMPLOYER [GO TO E0a]
- 3 DID NOT RETURN TO WORK [GO TO E0a]
- 8 DK (VOL) [GO TO E0a]
- 9 REF (VOL) [GO TO E0a]

[IF LEAVE NEEDED OR A1=2/8/9, BEGIN AT SECTION B]

**SECTION B - LEAVE NEEDERS**

B2. 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: 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.

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

- |   |           |            |
|---|-----------|------------|
| 1 | YES       | [ASK QB4]  |
| 2 | NO        | [GO TO C1] |
| 8 | DK (VOL)  | [GO TO C1] |
| 9 | REF (VOL) | [GO TO C1] |

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

B6. Thinking of the [IF B4=1, DISPLAY “reason”, IF B4 = 2-100, 888, 999 DISPLAY “most recent reason”] you needed leave since [INSERT 12 MONTH PERIOD], what was the [IF B4=1, DISPLAY “reason”, IF B4 = 2-100, 888, 999 DISPLAY “most recent 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 B11]
- 2 [IF (QS8=2):] FOR PREGNANCY-RELATED DISABILITY, OR OTHER PREGNANCY-RELATED AILMENT PRIOR TO DELIVERY [GO TO B11]
- 3 [IF (QS8=2):] FOR PREGNANCY-RELATED DISABILITY **AND** TO CARE FOR A NEWBORN [GO TO E0a]
- 4 [IF (QS8=2):] MISCARRIAGE [GO TO E0a]
- 5 TO CARE FOR NEWBORN [GO TO E0a]
- 6 TO CARE FOR NEWLY ADOPTED OR NEWLY PLACED FOSTER CHILD [GO TO E0a]
- 7 TO BOND WITH NEWBORN [GO TO E0a]
- 8 TO BOND WITH NEWLY ADOPTED CHILD [GO TO E0a]
- 9 TO BOND WITH NEWLY PLACED FOSTER CHILD [GO TO E0a]
- 10 CHILD’S HEALTH CONDITION [GO TO B9]
- 11 SPOUSE’S HEALTH CONDITION [GO TO B9]
- 12 PARENT’S HEALTH CONDITION [GO TO B9]
- 13 OTHER RELATIVE’S HEALTH CONDITION [GO TO B9]
- 14 OTHER NON-RELATIVE’S HEALTH CONDITION [GO TO B911]
- 15 DOMESTIC PARTNER’S HEALTH CONDITION [GO TO B9]
- 16 FOR THE CARE OF A RELATIVE WITH A HEALTH CONDITION OR INJURY RELATED TO MILITARY SERVICE OR FOR THE DEPLOYMENT OF A MILITARY FAMILY MEMBER [GO TO B9]
- 98 DK (VOL) [GO TO B11]
- 99 REF (VOL) [GO TO B11]

B9. [IF NECESSARY:] You said that you’ve needed to take leave to care for your [FILL PERSON FROM QA5, AS APPROPRIATE]. We will refer to this person as your “care recipient.”

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

- \_\_\_\_\_ [RANGE: 1-100]
- 998 DK (VOL)
  - 999 REF (VOL)

[ASK B11 IF B6 = 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)

**GO TO E0a**

[IF EMPLOYED ONLY OR B2=2/8/9, BEGIN AT SECTION C]

SECTION C - EMPLOYED ONLY

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: 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.

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

- |   |           |              |
|---|-----------|--------------|
| 1 | YES       | [GO TO QE0a] |
| 2 | NO        | [GO TO QE0a] |
| 8 | DK (VOL)  | [GO TO QE0a] |
| 9 | REF (VOL) | [GO TO QE0a] |

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

E0a. First, I'd like to ask a few questions about your main job in [fill date of start of 12-month reference period]. 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)

[IF NECESSARY:] If you had more than one 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 the job where you had worked the longest."

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)

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

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

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 for

[RANDOMIZE]

- 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
- 4 RESPONDENT NOT CURRENTLY EMPLOYED [SKIP TO D1]
- 8 DK (VOL)
- 9 REF (VOL)

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

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

[IF E11=1, DISPLAY RESPONSES 6-99 ONLY]

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)

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)

**ASK D SECTION TO ALL RESPONDENTS**

**SECTION D - DEMOGRAPHICS (ALL RESPONDENTS)**

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

D1. [IF NRFU = 2 FRAME = 0 (LANDLINE) & 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)

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

[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 D4f]
- 8 DK [GO TO D5]
- 9 REF [GO TO D5]

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

- 1 YES
- 2 NO [GO TO D5]
- 8 DK [GO TO D5]
- 9 REF [GO TO D5]

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

- 1 YES
- 2 NO [GO TO D5]
- 8 DK [GO TO D5]
- 9 REF [GO TO D5]

D4d. Was it \$75,000 or above?  
1 YES  
2 NO [GO TO D5]  
8 DK [GO TO D5]  
9 REF [GO TO D5]

D4e. Was it \$100,000 or above?  
1 YES [GO TO D5]  
2 NO [GO TO D5]  
8 DK [GO TO D5]  
9 REF [GO TO D5]

D4f. Was it \$30,000 or above?  
1 YES [GO TO D5]  
2 NO  
8 DK [GO TO D5]  
9 REF [GO TO D5]

D4g. Was it \$20,000 or above?  
1 YES [GO TO D5]  
2 NO  
8 DK [GO TO D5]  
9 REF [GO TO D5]

D4h. Was it \$10,000 or above?  
1 YES [GO TO D5]  
2 NO  
8 DK [GO TO D5]  
9 REF [GO TO D5]

D4j. Was it \$5,000 or above?  
1 YES [GO TO D5]  
2 NO [GO TO D5]  
8 DK [GO TO D5]  
9 REF [GO TO D5]

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)

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)

[Ask to all]

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 END2]
- 2 NO [GO TO ZIP]

[Ask ZIP if END1=2]

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 END3]

[Ask END2 only if END1=1]

END2. ENTER:

NAME :

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

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