|  |
| --- |
| **Outbound** |
| [US DOL EBSA CE3 2019 Q2](https://qbank.gallup.com/QBank5/SurveyBuilder.aspx?QNAIREID=14958&METHID=5&LANGID=1) | Export Date: 12/2/19 |
| **US Department of Labor** |  |
| Project #  | Translations: YES | Verbatims: YES |
|  |  |
| Practice: Customer | QBank Id: 14958 | Field Date: February, 2019 | Quota:  |
|  |  |
| Eldo Project: | Study Code: | Group ID: |
| DOL EBSA QRT 1 2019 |  |  |
|  |  |
| PA:  | CS: CAMILLE LLOYD |
|  | CS: DAWN ROYAL |
| DESIGNER:  | PROGRAMMER:  |

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**CASEID**

*QID:36526* I.D.#

 CASEID(1-6)

**FVALIFON**

*QID:1528* \*\*AREA CODE AND TELEPHONE NUMBER:

 FVALIFON(1161-1179)

**CINTTIME**

*QID:963* \*\*INTERVIEW TIME:

 CINTTIME(1716-1721)

**SA**

*QID:134507* DATE OF INTERVIEW:

 SA(1931-1938)

**SB**

*QID:134508* INQUIRY RECORD NUMBER (CONTROL\_ID):

 ***(Programmer:* Code from fone file*)***

 SB(60-74)

**SC**

*QID:134509* BENEFIT ADVISOR NUMBER/ID (STAFF):

 ***(Programmer:* Code from fone file*)***

 SC(195-204)

**SD**

*QID:134510* DATE CLOSED (CLOSING\_DATE):

 ***(Programmer:* Code from fone file*)***

 SD(245-264)

**SE**

*QID:45204* INQUIRER FIRST NAME (FIRST\_NAME):

 ***(Programmer:* Code from fone file*)***

 SE(75-109)

**SF**

*QID:3213* INQUIRER LAST NAME (LAST\_NAME):

 ***(Programmer:* Code from fone file*)***

 SF(110-154)

**SK**

*QID:47255* INQUIRER ZIP CODE (ZIP\_CODE):

 ***(Programmer:* Code from fone file*)***

 SK(175-184)

**SL**

*QID:134511* CLOSURE ANALYSIS (CLOSURE\_ANALYSIS):

 ***(Programmer:* Code from fone file*)***

 ***(Programmer:* Allow 5 entries*)***

|  |  |
| --- | --- |
| 01 | Benefit Claim – Assistance (BCA) |
| 02 | Recovery (BVR) |
| 03 | Referral for Enforcement (BVE) |
| 04 | Secondary Lead (BVESL) |
| 05 | Referral as Abandoned Plan (BVADV) |
| 06 | Not Valid (BN) |

 **# of Responses:** 5

 SL(401-402)

 SL\_1(516-517)

 SL\_2(518-519)

 SL\_3(520-521)

 SL\_4(522-523)

 SL\_5(524-525)

**SM**

*QID:134512* SUBJECT ENTRY CODE (SUBJECT):

 ***(Programmer:* Code from fone file*)***

 ***(Programmer:* Allow 5 entries*)***

|  |  |
| --- | --- |
| 001 | NBI: Not Benefits Issue |
| 002 | NCP: Not Covered Pension |
| 003 | NCW: Not Covered Welfare |
| 004 | NTI: Not Title I Issue |
| 005 | PRE: Pre-ERISA |
| 006 | UNK: Unknown |
| 007 | GER: General EBSA Request |
| 008 | RD: Reporting & Disclosure |
| 009 | PDD: Disclosure Requirements |
| 010 | PDR: Reporting Requirements |
| 011 | JSQDRO: Joint & Survivor, QDRO |
| 012 | PJS: Joint and Survivor |
| 013 | PQD: Qualified Domestic Relations Order |
| 014 | PF: Fiduciary |
| 015 | PFB: Bankruptcy |
| 016 | PFC: Participant Contributions |
| 017 | PFE: Employer Contributions |
| 018 | PFN: Abandoned Plan |
| 019 | PFA: Administrative Fees |
| 020 | PFF: Fund Investment Fees |
| 021 | PFI: Investment of Funds |
| 022 | PFD: Default Investments |
| 023 | PFT: Prohibited Transaction |
| 024 | PGA: Plan General Administration |
| 025 | PB: Pension Benefits |
| 026 | PBE: Benefit Eligibility |
| 027 | PBD: Benefit Distributions |
| 028 | PBC: Pension Benefits, Can't Locate Plan |
| 029 | PBS: Pension Benefits, Social Security Notice |
| 030 | WRD: Reporting & Disclosure |
| 031 | WDD: Disclosure Requirements |
| 032 | WDR: Reporting Requirements |
| 033 | WF: Fiduciary |
| 034 | WFA: Administrative Fees |
| 035 | WFB: Bankruptcy |
| 036 | WFI: Paid Premiums/Insurance Cancelled |
| 037 | WFS: Self-Insured, No Funds |
| 038 | WGA: Plan General Administration |
| 039 | WWB: Welfare Benefits |
| 040 | WBE: Benefit Eligibility/Participating |
| 041 | WBP: Benefit Payments |
| 042 | WRC: Retiree Health |
| 043 | WCOBRA: COBRA |
| 044 | WCE: COBRA Eligibility |
| 045 | WCU: COBRA Under 20 Employees |
| 046 | WCN: COBRA Notices |
| 047 | WCD: COBRA Duration Coverage |
| 048 | WCP: COBRA Premiums |
| 049 | WCS: COBRA Successor Plans/Employer |
| 050 | WCI: COBRA Conversion to Individual Coverage |
| 051 | COBRA\_CPA: COBRA Premium Assistance |
| 052 | WCX: General ARRA Assistance |
| 053 | WCC: COBRA Subsidy Denial |
| 054 | WHIPAA: HIPAA |
| 055 | WHP: HIPAA Pre-Existing Conditions |
| 056 | WHC: HIPAA Certificates of Creditable Coverage |
| 057 | WHS: HIPAA Special Enrollment Rights |
| 058 | WHD: HIPAA Discrimination/Health Status |
| 059 | WHG: HIPAA Group to Individual Policy |
| 060 | WHM: Mental Health Parity |
| 061 | WHN: Newborns' & Mothers' Act |
| 062 | WHW: Women’s Health & Cancer Rights Act |
| 063 | WRA: Health Reform Assistance |
| 064 | OTH: Other |

 **# of Responses:** 5

 SM\_1(501-503)

 SM\_2(504-506)

 SM\_3(507-509)

 SM\_4(510-512)

 SM\_5(513-515)

**SN**

*QID:134513* REGION:

 ***(Programmer:* Code from fone file*)***

|  |  |
| --- | --- |
| 01 | Atlanta and Miami (40 and 42) |
| 02 | Boston (31) |
| 03 | Chicago (50) |
| 04 | Cincinnati (43) |
| 05 | Dallas (63) |
| 06 | Kansas City (60) |
| 07 | Los Angeles (72) |
| 08 | New York (30) |
| 09 | Philadelphia and Washington DC (20 and 22) |
| 10 | San Francisco and Seattle (70 and 71) |
| 11 | National Office/OPA/DTAI (88) |

 SN(403-404)

**SQ**

*QID:512331* OFFICE:

 ***(Programmer:* Code from fone file*)***

|  |  |
| --- | --- |
| 01 | Atlanta (40) |
| 02 | Boston (31) |
| 03 | Chicago (50) |
| 04 | Cincinnati (43) |
| 05 | Dallas (63) |
| 06 | Kansas City (60) |
| 07 | Los Angeles (72) |
| 08  | Miami (42) |
| 09  | New York (30) |
| 10 | Philadelphia (20) |
| 11  | San Francisco (70) |
| 12  | Seattle (71) |
| 13 | Washington DC (22) |

 SQ(427-428)

**SO**

*QID:134979* METHOD OF INQUIRY (CORRESPONDENCE\_TYPE):

 ***(Programmer:* Code from fone file*)***

|  |  |
| --- | --- |
| 01 | Telephone (T) |
| 02 | Routine Mail (M) |
| 03 | Web site (W) |

 SO(405-406)

**SP**

*QID:153217* INITIAL DATE OF INQUIRY (INQUIRY START DATE):

 ***(Programmer:* Code from fone file*)***

 SP(300-309)

**SR**

*QID:134923* FORM

 ***(Programmer:* Randomly assign each respondent*)***

|  |  |
| --- | --- |
| 1 | Form 1 |
| 2 | Form 2 |

 SR(2002)

**SS**

*QID:13xxx* LEFT MESSAGE

 ***(Programmer:* Code from fone file*)***

|  |  |
| --- | --- |
| 1 | Waiting |
|  |  |

 SS(xxxxx)

 ***(Interviewer:* ASK TO SPEAK TO INQUIRER NAME FROM FONE FILE:*)***

**INTRO1**

*QID:120821* Hello, this is \_\_\_\_\_\_\_\_\_\_, from The Gallup Poll. We are calling on behalf of the Employee Benefits Security Administration or EBSA **(say: E-B-S-A)** of the U.S. Department of Labor. Our records indicate that you recently contacted EBSA concerning a retirement, health, disability, or other employee benefits issue. We are conducting a very short poll about your interaction with this agency. It should take less than five minutes.

By law, I must inform you that the Paperwork Reduction Act requires Federal agencies to obtain Office of Management and Budget authorization before conducting any information collection, and persons are not required to respond to an information collection that is not currently approved. The Office of Management and Budget has authorized this survey for use through February 2019 under control number XXXXXXX
I want to assure you that Gallup and EBSA will protect your privacy. Your voluntary cooperation is requested to make the results of this study complete and accurate. Gallup will not share your individual responses with EBSA and your data will only be used in aggregate with responses of others like you.

|  |  |
| --- | --- |
| 1 | Respondent available - **(Continue)** |
| 4 | No such person - **(Thank and Terminate)** |
| 7 | Respondent not available - **(Set time to call back)** |
| 8 | (Soft Refusal) |
| 9 | (Hard Refusal) - **(Thank and Terminate)** |

 INTRO1(2001)

 ***(Programmer:* All interviews are recorded. The recording begins when the respondent answers the phone. This statement is read after the "Continue" response is entered after the Introduction and before the first question.*)***

**FRECCONS**

*QID:98881* This interview will be recorded for internal quality assurance.

|  |  |
| --- | --- |
| 1 | (Continue) |
| 2 | (Refused) - **(Thank and Terminate)** |

 FRECCONS(1984)

**S1**

*QID:134516* Do you recall communicating with the Employee Benefits Security Administration or EBSA? This probably would have occurred within the past few weeks. **(If necessary, read:)** Again, this agency is part of the Department of Labor and provides assistance to employees and beneficiaries regarding employee retirement, health, disability, and other employee benefit plans. EBSA oversees laws such as ERISA (say ur-RIS-uh), the Affordable Care Act, COBRA **(say: CO-bruh)** and HIPAA **(say: HIP-uh)**.

|  |  |
| --- | --- |
| 1 | Yes |
| 2 | No |
| 3 | (DK) |
| 4 | (Refused) |

 S1(2011)

*QID:135095* ***Skip:* (If code 1 in S1, Continue;
Otherwise, Thank and Terminate)**

 ***(Interviewer:* READ:*)***

*QID:564262* Throughout the remainder of the survey, we will refer to the Employee Benefits Security Administration as EBSA.

**CE1***HC - DB,CE - DB*

*QID:21495* Taking into account all the information, products, and services you receive from them, how satisfied are you with EBSA overall? Please use a five-point scale, where 5 means you are extremely satisfied and 1 means you are not at all satisfied. You may use any of the numbers 1, 2, 3, 4, or 5 for your rating.

|  |  |
| --- | --- |
| 1 | Not at all satisfied |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 | Extremely satisfied |
| 7 | (Not applicable) |
| 8 | **(**DK) |
| 9 | (Refused) |

 CE1(2101)

**CE3***HC - DB,CE - DB*

*QID:21497* If a friend or a colleague had a similar need for information or assistance, how likely would you be to recommend EBSA? Please use a five-point scale, where 5 means extremely likely and 1 means not at all likely. You may use any of the numbers 1, 2, 3, 4, or 5.

|  |  |
| --- | --- |
| 1 | Not at all likely |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 | Extremely likely |
| 7 | (Not applicable) |
| 8 | (DK) |
| 9 | (Refused) |

 CE3(2103)

 ***(Interviewer:* READ:*)***

*QID:589137* Now, I am going to read a number of statements. Using a five-point scale, where 5 means you strongly agree and 1 means you strongly disagree, please tell me how much you agree or disagree with each statement as it applies to EBSA. You may use any of the numbers 1, 2, 3, 4, or 5 for your rating. How about **(read CE5-CE10, as appropriate)**:

**CE5***HC - DB,CE - DB*

*QID:21500* EBSA always delivers on what they promise.

|  |  |
| --- | --- |
| 1 | Strongly disagree |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 | Strongly agree |
| 7 | (Not applicable) |
| 8 | (DK) |
| 9 | (Refused) |

 CE5(2112)

**CE6A***HC - DB,CE - DB*

*QID:21501* EBSA always treats me fairly.

|  |  |
| --- | --- |
| 1 | Strongly disagree |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 | Strongly agree |
| 7 | (Not applicable) |
| 8 | (DK) |
| 9 | (Refused) |

 CE6A(2113)

**CE8**

*QID:572144* I am proud to have used EBSA's services.

|  |  |
| --- | --- |
| 1 | Strongly disagree |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 | Strongly agree |
| 7 | (Not applicable) |
| 8 | (DK) |
| 9 | (Refused) |

 CE8(2104)

**CE9A***HC - DB,CE - DB*

*QID:21504* EBSA always treats me with respect.

|  |  |
| --- | --- |
| 1 | Strongly disagree |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 | Strongly agree |
| 7 | (Not applicable) |
| 8 | (DK) |
| 9 | (Refused) |

 CE9A(2115)

**CE10**

*QID:572146* EBSA is the perfect federal agency for people with needs like mine.

|  |  |
| --- | --- |
| 1 | Strongly disagree |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 | Strongly agree |
| 7 | (Not applicable) |
| 8 | (DK) |
| 9 | (Refused) |

 CE10(2105)

**Q1**

*QID:134520* Again using a five-point scale, where 5 means you strongly agree and 1 means you strongly disagree, please tell me how much you agree or disagree with each statement as it applies to EBSA. How about \_\_\_\_\_\_\_\_\_\_:

 ***(Interviewer:* read and rotate Q1A-Q1J, then read Q1K*)***

|  |  |
| --- | --- |
| 1 | Strongly disagree |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 | Strongly agree |
| 7 | (Not applicable) |
| 8 | (DK) |
| 9 | (Refused) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Q1A** |  |  | *QID:134521* | EBSA treats me like a valued customer. | Q1A(2121) |
| **Q1B** |  |  | *QID:134522* | EBSA is willing to work with me to make sure my needs are met. | Q1B(2122) |
| **Q1C** |  |  | *QID:134523* | EBSA acts in a timely fashion. | Q1C(2123) |
| **Q1D** |  |  | *QID:134524* | EBSA does what it says it will do. | Q1D(2124) |
| **Q1E** |  |  | *QID:134525* | HOLD | Q1E(2125) |
| **Q1F** |  |  | *QID:134526* | EBSA is easy to reach. | Q1F(2126) |
| **Q1G** |  |  | *QID:134527* | The information I receive from EBSA is clear and easy to understand. | Q1G(2127) |
| **Q1H** |  |  | *QID:134528* | EBSA does its best to help me out. | Q1H(2128) |
| **Q1I** |  |  | *QID:564264* | EBSA thoroughly answers all of my questions. | Q1I(2129) |
| **Q1J** |  |  | *QID:564265* | EBSA is proactive in addressing my question or issue. | Q1J(2130) |
| **Q1K** |  |  | *QID:564266* | If you had a need to work with EBSA again in the future, you would want to interact with this same benefits advisor. | Q1K(2131) |

*QID:564268* ***Skip:* (If code 1-4 in Q1K, Continue;
Otherwise, Skip to Q14A)**

**Q13**

*QID:564269* What could have the benefits advisor [**(If necessary, read:)** the person you talked with on the phone] have done differently to make you want to interact with them again if you needed help from EBSA?

 ***(Interviewer:*** Open ended and code***)***

|  |  |
| --- | --- |
| 01 | Other (list) |
| 02 | (DK) |
| 03 | (Refused) |
| 04 | HOLD |
| 05 | HOLD |

  **List Other:**Y

 Q13(2201-2202)

 Q13\_T(8005)

**Q14A**

*QID:564270* Were you referred to another person, agency, or company for you to follow up with to resolve your issue or question?

|  |  |
| --- | --- |
| 1 | Yes |
| 2 | No |
| 7 | (Not applicable) |
| 8 | (DK) |
| 9 | (Refused) |

 Q14A(2205)

*QID:572153* ***Skip:* (If code 2, 7, 8, or 9 in Q14A, Skip to Note before Q2;
Otherwise, Continue)**

**Q14B**

*QID:564272* Please tell me whether or not each of the following happened during your referral.

 ***(Interviewer:* Read Q14BA-Q14BD*)***

|  |  |
| --- | --- |
| 1 | Yes |
| 2 | No |
| 7 | (Not applicable) |
| 8 | (DK) |
| 9 | (Refused) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Q14BA** |  |  | *QID:564273* | The referral phone number was a working number. | Q14BA(2211) |
| **Q14BB** |  |  | *QID:564276* | The EBSA representative made the call with you on the line. | Q14BB(2212) |
| **Q14BC** |  |  | *QID:564274* | The referral was to the right agency, organization, or person. | Q14BC(2213) |
| **Q14BD** |  |  | *QID:564275* | The referral resulted in an answer to your question or a resolution to your issue. | Q14BD(2214) |

*QID:572147* ***Skip:* (If code 2 in SR, Skip to Q3;
Otherwise, Continue)**

**Q2**

*QID:135100* After your interaction with EBSA, did you feel **(read 3-1)**?

|  |  |
| --- | --- |
| 3 | Much more knowledgeable about your benefits rights |
| 2 | Somewhat more knowledgeable about your benefits rights, or |
| 1 | Not any more knowledgeable about your benefits rights |
| 7 | (Not applicable) |
| 8 | (DK) |
| 9 | (Refused) |

 ***(Skip:* All in Q2, Skip to Note before Q8*)***

 Q2(2141)

**Q3**

*QID:134530* Please rate your level of agreement with each of the following statements using a five-point scale, where 5 means you strongly agree and 1 means you strongly disagree. You may use any of the numbers 1, 2, 3, 4, or 5 for your rating. How about \_\_\_\_\_\_\_\_\_\_:

 ***(Interviewer:* read Q3A-Q3B*)***

|  |  |
| --- | --- |
| 1 | Strongly disagree |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 | Strongly agree |
| 7 | (Not applicable) |
| 8 | (DK) |
| 9 | (Refused) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Q3A** |  |  | *QID:134531* | As a result of the interaction I had with EBSA, I feel better informed to protect my benefits in the future. | Q3A(2151) |
| **Q3B** |  |  | *QID:134532* | As a result of the interaction I had with EBSA, I feel my benefits are more secure. | Q3B(2152) |

*QID:213175* ***Skip:* (If code 02 OR 03 in SO, Skip to Q8A;
Otherwise, Continue)**

**Q8**

*QID:134983* When you first contacted EBSA, did you speak with a benefits advisor right away, or did you leave a message to have someone return your call?

|  |  |
| --- | --- |
| 1 | Spoke with a benefits advisor right away |
| 2 | Left a message |
| 3 | (Left a message and no one called me back—I called again) |
| 8 | (DK) |
| 9 | (Refused) |

**Q8A**

*QID:134988* When you first contacted EBSA, how long did it take them to respond?

 ***(Interviewer:*** Open ended and code***)***

|  |  |
| --- | --- |
| 1 | Responded the same day |
| 2 | Responded within one day |
| 3 | Responded within two days |
| 4 | Responded within three or more days |
| 7 | (Have not yet responded) |
| 8 | (DK) |
| 9 | (Refused)   |

 Q8A(2187)

**Q8B** At any during a telephone conversation with EBSA, did you experience: **(read A-E)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Yes | No | (DK) | (Refused)  |
| A | [xxxxxx] | unprofessional noises in the background (for example a dog barking or child talking) | 1 | 2 | 8 | 9 |
| B |  | Static on the line that came from EBSA’s end | 1 | 2 | 8 | 9 |
| C |  | Difficulty being heard by the benefits advisor | 1 | 2 | 8 | 9 |
| D |  | Difficulty hearing the benefits advisor | 1 | 2 | 8 | 9 |
| E |  | Other unprofessional experience | 1 | 2 | 8 | 9 |

**Q15**

*QID:564281* Did you access the EBSA website at any point in your inquiry process?

|  |  |
| --- | --- |
| 1 | Yes |
| 2 | No |
| 8 | (DK) |
| 9 | (Refused) |

 Q15(2221)

*QID:572155* ***Skip:* (If code 2, 8, or 9 in Q15, Skip to Note before Q9;
Otherwise, Continue)**

**Q15A**

*QID:564283* Did you access the website **(read 1-2)**?

|  |  |
| --- | --- |
| 1 | Before you called EBSA, or |
| 2 | During the time EBSA was handling your inquiry |
| 8 | (DK) |
| 9 | (Refused) |

 Q15A(2223)

*QID:564284* ***Skip:* (If code 2, 8, or 9 in Q15A, Skip to Q15C;
Otherwise, Continue)**

**Q15B**

*QID:564285* Did you use the website **(read 1-4)**?

|  |  |
| --- | --- |
| 1 | To look for a phone number |
| 2 | To try to answer your question |
| 3 | To submit an inquiry, or |
| 4 | For some other reason |
| 8 | (DK) |
| 9 | (Refused) |

 Q15B(2225)

**Q15C**

*QID:564286* Using a scale from one-to-five, with 1 being not at all helpful and 5 being very helpful, how helpful was the EBSA website?

|  |  |
| --- | --- |
| 1 | Not at all helpful |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 | Very helpful |
| 7 | (Not applicable) |
| 8 | (DK) |
| 9 | (Refused) |

 Q15C(2227)

*QID:572149* ***Skip:* (If code 2 in SR, Skip to Q10;
Otherwise, Continue)**

**Q9**

*QID:134594* In the future, would you prefer to contact EBSA **(read and rotate 1-5)**?

|  |  |
| --- | --- |
| 1 | By phone |
| 2 | By email |
| 3 | By submitting an online form |
| 4 | Through live chat on the Internet |
| 5 | Through the mail |
| 6 | (Other) |
| 7 | (No preference) |
| 8 | (DK) |
| 9 | (Refused) |

 Q9(2189)

**Q10**

*QID:134989* Was EBSA able to assist you with your questions, problem, or recovering the benefit?

|  |  |
| --- | --- |
| 1 | Yes |
| 2 | No |
| 3 | (Still working on it/Not yet resolved) |
| 4 | (DK) |
| 5 | (Refused) |

 Q10(2191)

*QID:564287* ***Skip:* (If code 2 in Q10, Continue;
Otherwise, Skip to D1)**

**Q11**

*QID:134605* Why was EBSA not able to assist you with your question or problem?

 ***(Interviewer:* Read 06-10, then read 01*)***

|  |  |
| --- | --- |
| 01 | Or some other reason (list) |
| 02 | (DK) |
| 03 | (Refused) |
| 04 | (No reason given) |
| 05 | HOLD |
| 06 | There were limitations because of the law |
| 07 | There were limitations because of the plan rules |
| 08 | The company has terminated the plan |
| 09 | The company went bankrupt |
| 10 | The EBSA representative did not understand your question or problem |

  **List Other:**Y

 Q11(2193-2194)

 Q11\_T(8002)

*QID:68754* **DEMOGRAPHICS BEGIN HERE:**

**D1**

*QID:30962* GENDER:

 ***(Interviewer:* Code only; Do NOT ask*)***

|  |  |
| --- | --- |
| 1 | Male |
| 2 | Female |

 D1(2301)

 D3(2547)

 ***(Interviewer:* THANK RESPONDENT BY SAYING:*)***

*QID:229796* Again, this is \_\_\_\_\_, with Gallup. I would like to thank you on behalf of EBSA and Gallup for your time. Our mission is to "help people be heard" and your opinions are important to Gallup in accomplishing this.

**FINTVID**

*QID:98976* INTERVIEWER I.D. #:

 FINTVID(1571-1574)

 **Questionnaire Workflow**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **User** | **Status** | **Comments** |
| 11/20 | Adam/James  | Updated to OEA Edits 11.20.19 Track Changes | Added tracking comments |
| 12/2 | Dawn | Updated to V2 | Updated with James and Adam tracked comments, and Mark feedback |
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