APPENDIX D

2000 SURVEY OF EMPLOYEES

MATERIALS

Advance Letter

Dear Respondent:

I am writing to encourage your participation in a major study being conducted by the Department of Labor that will collect information on family and medical leave policies and benefits. You have been randomly selected for participation in this study. The results of this research will provide critical information on employees' perspectives on the costs and benefits of both formal and informal policies regarding family and medical leave. I strongly urge your support in this important study.
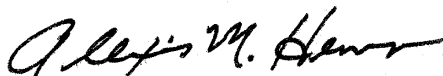
Data for this study are being collected for the Department of Labor by Westat, a private research firm in Rockville, Maryland. A Westat telephone interviewer will call you regarding your participation. Participation is voluntary, and Westat is required to protect the confidentiality of all information collected, including the identity of respondents. In addition, the data turned over by Westat to the Department will not contain any identifying information.

The interview will last about 10 minutes. If an interviewer calls at an inconvenient time, he or she will be glad to call back at a better time. We appreciate your assistance.

Surveys require clearance from the Office of Management and Budget (OMB) in accordance with the Paperwork Reduction Act of 1995. The OMB approval number is 1225-0078 and the expiration date is October 31, 2000. Without OMB approval, the Department of Labor could not conduct this survey.

Thank you in advance for your participation. If you should have any questions, comments, or data confidentiality concerns, please contact Martha Kudela, at Westat on 888-249-3878.

Sincerely,

Alexis M. Herman

WORKING TO IMPROVE THE LIVES OF AMERICA'S WORKING FAMILIES

2000 Survey of Employees

Screener Instrument

2000 SURVEY OF EMPLOYEES
SCREENER

SINTRO_1. Hello, my name is {INTERVIEWER} and I'm calling for a study that is being conducted for the U.S. Department of Labor.

RESIDENTIAL

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

BUSINESS

Is this phone number used for...

YES .... 1 (BUSINESS COL.)
NO 2 (S3A)
PROBABLE BUSINESS .... 3 (BUSINESS COL.)
ANSWERING MACHINE ...... AM (READMSG)
RETRY AUTODIALER .... RT (AUTODIALER)
NONWORKING, DISCONNECTED
  CHANGED............................NW
GO TO RESULT.......................GT

Home use 4 (S5)
Home and business use, or 5 (S5)
Business use only?................... 6 (THANK01)
GO TO RESULT..................GT

> **[HOME USE EXCLUDES PHONES IN DORMITORIES, NURSING HOMES, VACATION HOMES (UNLESS PRIMARY RESIDENCE), AND ANY LIVING QUARTERS WITH 10 OR MORE UNRELATED ROOMMATES. SEE KEY CONCEPTS SHEET]**

S3A. May I speak to a household member who is at least 18 years old?

AVAILABLE 1 (S4)
NOT AVAILABLE .... 2 (RESULTS)
THERE ARE NONE 3
GO TO RESULT............................... GT

> **[HOUSEHOLD (HH) MEMBERS INCLUDE PEOPLE WHO THINK OF THIS HH AS THEIR PRIMARY PLACE OF RESIDENCE. IT INCLUDES PERSONS WHO USUALLY STAY IN THE HH BUT ARE TEMPORARILY AWAY ON BUSINESS, VACATION, IN A HOSPITAL, OR LIVING AT SCHOOL IN A DORM, FRATERNITY, OR SORORITY.]**

S3OV   [IF RESPONDENT IS A CHILD, ASK FOR AN OLDER HOUSEHOLD MEMBER]

NO ONE LIVING IN HH IS 18 OR OLDER   1 (P20)
THERE ARE HH MEMBERS 18 OR OLDER   2
GO TO RESULT.. GT

S5. We are conducting this study for the U.S. Department of Labor to find out about people's use of and attitudes about workplace family and medical leave. Study results will be used to assess the impact of family and medical leave policies on employees. Your participation is voluntary and all information you provide will be kept confidential. If we should come to any question that you don't want to answer, just let me know and we'll go on to the next question.

I now have a few questions that, altogether, should take between 3 and 5 minutes to answer.

WU1. Does anyone in your household have more than one job?

YES..	1
NO	2
REFUSED	-7
DON'T KNOW	-8

WU2. Does anyone in your household ever take public transportation to work?

YES..	1
NO	2
REFUSED	-7
DON'T KNOW	-8

S6. We're interested in talking to someone in the household in more depth about workplace family and medical leave. In order to do that, I need to list all the first names of members of your household, their ages, and genders. Let's start with you. May I have your name?

FIRST NAME	AGE	SEX
1		
2		
3		
4		
5		
6		
7		
8		

S6VERF1 AND S6VERF2 OVERLAY ON BOTTOM OF S6 MATRIX

S6VERF1. [VERIFY THE NUMBER OF HOUSEHOLD MEMBERS LISTED ABOVE]

NUMBER OF HH MEMBERS IN MATRIX CORRECT 1
RETURN TO MATRIX .... 2 [RETURN TO MATRIX]
GO TO RESULT .... GT

ASK P30 FOR EVERY HH MEMBER WHERE AGE IS MISSING

P30   {Are you/Is this person} 18 years old or older?

YES... 1   [GO TO P31b]
NO 2
REFUSED .... -7
DON'T KNOW .... -8

ASK P31 FOR EVERY HH MEMBER WHERE AGE < 3 OR P30 = 2

P31.   What is {PERSON FROM MATRIX}'s month and year of birth?

MONTH |__|__| [HR: 00-12]
YEAR |__|__|__|__| [HR: 1997-2000]
REFUSED .... -7
DON'T KNOW .... -8

ASK P31b FOR EVERY HH MEMBER WHO IS 18 OR OLDER

P31b   {Have you/Has this person} been <u>employed at all</u> since January 1, 1999?

YES... 1
NO 2
REFUSED .... -7   [R IS INELIGIBLE]
DON'T KNOW .... -8

REPEAT P32 AND P33 FOR EVERYONE LISTED IN MATRIX WHO IS 18 YEARS OLD OR OLDER <u>AND</u> HAS BEEN EMPLOYED AT ALL SINCE JANUARY 1, 1999

P32. Since January 1, 1999, {have you/has this person} <u>taken leave</u> from work
- to care for a newborn, newly adopted, or new foster child;
- for reasons related to your or a family member's pregnancy; or
- for {your/their} own serious health condition or the serious health condition of {your/their} child, spouse, or parent? A serious health condition is one that lasted <u>more than 3 days</u> or required <u>an overnight hospital stay</u>.

YES..	1
NO	2
REFUSED	-7
DON'T KNOW	-8

P33. Since January 1, 1999, {have you/has this person} <u>needed to take leave from work but did not</u>
- to care for a newborn, newly adopted, or new foster child;
- for reasons related to your or a family member's pregnancy; or
- for {your/their} own serious health condition or the serious health condition of {your/their} child, spouse, or parent? [A serious health condition is one that lasted <u>more than 3 days</u> or required <u>an overnight hospital stay</u>.]

YES..	1
NO	2
REFUSED	-7
DON'T KNOW	-8

> **IF P32 = 1 AND P33 = 1, 2, -7, -8, PERSON IS LEAVE TAKER (FMLAFLG = 1).**
> **IF P32 = 2, -7, -8 AND P33 = 1, PERSON IS LEAVE NEEDER (FMLAFLG = 2).**
> **IF P32 = 2, -7, -8 AND P33 = 2, -7, -8, PERSON IS EMPLOYED ONLY (FMLAFLG = 3).**

> **SAMPLE EMPLOYED ONLY RESPONDENTS.**

S15AD. In addition to {THIS TELEPHONE NUMBER}, are there any other telephone numbers in your household?

YES..	1
NO	2 (BOX A)
NOT MY PHONE NUMBER	91

> **IF CODED "91" OVERLAY**
>
> **[What number have I reached?   (   )   -   ]**

S16.   {Is this/Are these} number(s) for...

Home use, ...   1
Business and home use or..................   2
Business use only?...........................   3

<div style="border:1px solid black">

BOX A

**IF RESPONDENT SELECTED FOR EXTENDED, CODE
RESULT = CS
AND SKIP TO NO CHOICE OR HHSELECT SCREEN**

IF NO RESPONDENT SELECTED, SKIP TO THANK02

</div>

TERMINATIONS:

READMSG [PLEASE READ THE FOLLOWING MESSAGE INTO THE ANSWERING MACHINE]

This is {INTERVIEWER} calling on behalf of the U.S. Department of Labor. We are conducting a survey to ask you about workplace family and medical leave. Results will be used by the U.S. Department of Labor and others in assessing the impact of family and medical leave policies on employees, so your opinions are important. Your phone number was randomly selected and your answers will be kept confidential. We will call back within the next day or two. Thank you.

P20.   Thank you very much, we are only interviewing in households with members who are 18 and over.

THANK 02 Thank you very much for the information. These are all the questions I have at this time.

2000 Survey of Employees

Questionnaire

2000 SURVEY OF EMPLOYEES QUESTIONNAIRE

INTRO2.   [Hello] May I speak to {SELECTED RESPONDENT}?

[I'm calling on behalf of the U.S. Department of Labor. We're conducting a study about workplace family and medical leave.]

SUBJECT SPEAKING/COMING TO PHONE 1

SUBJECT LIVES HERE - NEEDS APPOINTMENT 2   [SKIP TO RESULTS SCREEN]

SUBJECT KNOWN LIVES AT ANOTHER NUMBER 3

NEVER HEARD OF SUBJECT 4

TELEPHONE COMPANY RECORDING 5

ANSWERING MACHINE .... AM

GO TO RESULT CODES .... GT

RETRY AUTODIALER .... RT   [RETURN TO AUTODIALER]

NAME1.   We are conducting this study for the U.S. Department of Labor to find out about people's use of and attitudes about workplace family and medical leave. Results will be used to study the impact of family and medical leave policies on employees. Your participation is voluntary and all information you provide will be kept confidential. If we should come to any question that you don't want to answer, just let me know and we'll go on to the next question.

IF RESPONDENT WANTS STATEMENT, COMPLETE ADDRESS FORM

[PRESS ENTER TO CONTINUE]

> **PROGRAMMING NOTE:**
>   IF LEAVE TAKER (QP32 = 1), GO TO QA1a.
>   IF LEAVE NEEDER (QP32=2, -7, -8 AND QP33 = 1), GO TO SECTION B.
>   IF EMPLOYED ONLY (QP32 = 2 <u>AND</u> QP33 = 2), GO TO SECTION C.

A1a. I want to confirm with you that since January 1, 1999, you have taken leave from work:
- **for the care of a newborn, newly adopted or new foster child;**
- **for reasons related to your or a family member's pregnancy; or**
- **for yourself, your child, spouse, or parent because of a serious health condition. A serious health condition is one that lasted more than 3 days or required an overnight hospital stay.**

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

```
YES.................................................................  1        [GO TO QA1d]
NO...................................................................  2
REFUSED.......................................................  -7
DON'T KNOW ...............................................  -8
```

A1b. Since January 1, 1999, did you need but not take leave from work:
- **for the care of a new child;**
- **for reasons related to your or a family member's pregnancy; or**
- **for yourself, your child, spouse, or parent because of a serious health condition? [A serious health condition is one that lasted more than 3 days or required an overnight hospital stay.]**

```
YES.................................................................  1   [GO TO QB1b]
NO...................................................................  2   [GO TO QC0]
REFUSED.......................................................  -7  [R INELIGIBLE]
DON'T KNOW ...............................................  -8
```

A1d. Are you currently on this type of leave from work?

```
YES.................................................................  1
NO...................................................................  2
REFUSED.......................................................  -7
DON'T KNOW ...............................................  -8
```

A2. How many leaves of this type have you taken since January 1, 1999?

```
|__|__|                         [SR:  00-08]
                                [HR:  00-20]
REFUSED.......................................................  -7
DON'T KNOW ...............................................  -8
```

A2a. How about just since January 1, 2000, through today?

|__|__| [SR: 00-04]
                                     [HR: 00-10]
REFUSED... -7
DON'T KNOW .... -8

```
PROGRAMMING NOTE:
    IF QA3 = 1, 8-12, IMMEDIATELY ASK FOLLOW-UP QUESTION IN
        OVERLAY SCREEN.
```

```
PROGRAMMING NOTE:
    IF QA2 = 1, -7, -8, DISPLAY "leave" and "leave"
    IF QA2 = 2 OR MORE, DISPLAY "leaves" and "longest leave"
```

A3. Now I'm going to ask you some questions about the {leave/leaves} you have taken since January 1, 1999. What was the reason for the {leave/longest leave}?

OWN HEALTH CONDITION, EXCEPT
  MATERNITY-RELATED ILLNESS 1

[WOMEN ONLY] FOR MATERNITY-RELATED DISABILITY,
  OR OTHER PREGNANCY-RELATED AILMENT PRIOR
  TO DELIVERY 2

[WOMEN ONLY] FOR MATERNITY-RELATED DISABILITY
  AND TO CARE FOR A NEWBORN 3

[WOMEN ONLY] MISCARRIAGE....................................... 4

TO CARE FOR NEWBORN 5

TO CARE FOR NEWLY ADOPTED CHILD 6

TO CARE FOR NEWLY PLACED FOSTER CHILD 7

CHILD'S HEALTH CONDITION 8

SPOUSE'S HEALTH CONDITION 9

PARENT'S HEALTH CONDITION....................................... 10

OTHER RELATIVE'S HEALTH CONDITION 11

OTHER NON-RELATIVE'S HEALTH CONDITION.............. 12

REFUSED... -7

DON'T KNOW .... -8

A3a/1 OVERLAY. [SPECIFY R'S HEALTH CONDITION OR ASK] What health condition did you have?
        [RECORD RESPONSE VERBATIM; 90 CHARACTERS/2 LINES]

REFUSED... -7
DON'T KNOW .... -8

A3a/8 OVERLAY.   **[SPECIFY CHILD'S HEALTH CONDITION OR ASK]** What health condition did your child have? **[RECORD VERBATIM; 90 CHARACTERS/2 LINES]**

        REFUSED.. -7
        DON'T KNOW .... -8

A3a/9 OVERLAY.   **[SPECIFY SPOUSE'S HEALTH CONDITION OR ASK]** What health condition did your spouse have? **[RECORD VERBATIM; 90 CHARACTERS/2 LINES]**

        REFUSED.. -7
        DON'T KNOW .... -8

A3a/10 OVERLAY.   **[SPECIFY PARENT'S HEALTH CONDITION OR ASK]** What health condition did your parent have? **[RECORD VERBATIM; 90 CHARACTERS/2 LINES]**

        REFUSED.. -7
        DON'T KNOW .... -8

A3a/11 OVERLAY.   **[SPECIFY RELATION TO R OR ASK]** **What is that person's relationship to you?**

        GRANDCHILD 1
        GRANDPARENT 2
        SIBLING... 3
        OTHER (SPECIFY)__(35 CHAR)___ 91
        REFUSED.. -7
        DON'T KNOW .... -8

A3a/12 OVERLAY.   **[SPECIFY RELATION TO R OR ASK]** **What is that person's relationship to you?**

        DOMESTIC PARTNER....................................... 1
        OTHER (SPECIFY)__(35 CHAR)__ 91
        REFUSED.. -7
        DON'T KNOW .... -8

> **PROGRAMMING NOTE:**
>   IF QA3 = 1, 8-10 CONTINUE.
>   OTHERWISE, SKIP TO QA3d.

> **PROGRAMMING NOTE:**
>   IF QA3 = 1, DISPLAY "you"
>   IF QA3 = 8, DISPLAY "your child"
>   IF QA3 = 9, DISPLAY "your spouse"
>   IF QA3 = 10, DISPLAY "your parent"

A3b. Did {you/your child/your spouse/your parent} require a doctor's care?

YES.. 1
NO.. 2
REFUSED... -7 | [SKIP TO QA3d]
DON'T KNOW .... -8

A3c. {Were/Was} {you/your childyour spouse/your parent} in the hospital overnight?

YES.. 1
NO.. 2
REFUSED... -7
DON'T KNOW .... -8

> **PROGRAMMING NOTE:**
>   IF QA1d = 1, DISPLAY "so far"

A3d. Over how long a period of time did this leave last? [IF STILL ON THIS LEAVE, STATE "so far."]

|__|__|__| [HR: 00-999]
DAYS 1
WEEKS..................................... 2
MONTHS 3
REFUSED.................................. -7 | [GO TO QA3f]
DON'T KNOW .... -8

A3e. Were you off work that entire time?

YES.. 1 [SKIP TO NEXT PROGRAMMING NOTE]
NO.. 2
REFUSED... -7
DON'T KNOW .... -8

A3f. How much time were you actually away from work? [ENTRY SHOULD BE LESS THAN {ANSEWR FROM QA3d}. IF RESPONSE IS GREATER, PLEASE VERIFY.]

|__|__|__| [HR: 00-999]
DAYS 1
WEEKS..................................... 2
MONTHS 3
REFUSED.................................. -7
DON'T KNOW .... -8

> **PROGRAMMING NOTE:**
>   IF QA3 = 2, 3, OR 5, CONTINUE
>   OTHERWISE, SKIP TO NEXT PROGRAMMING NOTE.

A3g. How much time were you away from work after the birth of your child?

|__|__|__| [HR: 00-999]

DAYS 1
WEEKS 2
MONTHS 3
REFUSED .... -7
DON'T KNOW .... -8

> **PROGRAMMING NOTE:**
>   IF QA2 = 1, -7, -8 SKIP TO QA5b.
>   OTHERWISE CONTINUE.

> **PROGRAMMING NOTE:**
>   IF QA4 = 1, 8-12, IMMEDIATELY ASK FOLLOW-UP QUESTION IN
>   OVERLAY SCREEN.

> **PROGRAMMING NOTE:**
>   IF QA2 = 2, DISPLAY "leave"
>   IF QA2 = 3 OR MORE, DISPLAY "leaves"

A4.   Now I'm going to briefly ask you about your other leave{s}. What was the reason for the <u>second</u> longest leave you have taken since January 1, 1999?

OWN HEALTH CONDITION, EXCEPT
  MATERNITY-RELATED ILLNESS 1

[WOMEN ONLY] FOR MATERNITY-RELATED DISABILITY,
  OR OTHER PREGNANCY-RELATED AILMENT PRIOR
  TO DELIVERY 2

[WOMEN ONLY] FOR MATERNITY-RELATED DISABILITY
  AND TO CARE FOR A NEWBORN 3

[WOMEN ONLY] MISCARRIAGE.. 4

TO CARE FOR NEWBORN 5

TO CARE FOR NEWLY ADOPTED CHILD 6

TO CARE FOR NEWLY PLACED FOSTER CHILD 7

CHILD'S HEALTH CONDITION 8

SPOUSE'S HEALTH CONDITION 9

PARENT'S HEALTH CONDITION....................................... 10

OTHER RELATIVE'S HEALTH CONDITION 11

OTHER NON-RELATIVE'S HEALTH CONDITION.............. 12

REFUSED.. -7

DON'T KNOW.. -8

A4a/1 OVERLAY. [SPECIFY R'S HEALTH CONDITION OR ASK] What health condition did you have? [RECORD RESPONSE VERBATIM; 90 CHARACTERS/2 LINES]

    REFUSED.. -7
    DON'T KNOW .... -8

A4a/8 OVERLAY. [SPECIFY CHILD'S HEALTH CONDITION OR ASK] What health condition did your child have? [RECORD VERBATIM; 90 CHARACTERS/2 LINES]

    REFUSED.. -7
    DON'T KNOW .... -8

A4a/9 OVERLAY. [SPECIFY SPOUSE'S HEALTH CONDITION OR ASK] What health condition did your spouse have? [RECORD VERBATIM; 90 CHARACTERS/2 LINES]

    REFUSED.. -7
    DON'T KNOW .... -8

A4a/10 OVERLAY. [SPECIFY PARENT'S HEALTH CONDITION OR ASK] What health condition did your parent have? [RECORD VERBATIM; 90 CHARACTERS/2 LINES]

    REFUSED.. -7
    DON'T KNOW .... -8

A4a/11 OVERLAY. [SPECIFY RELATION TO R OR ASK] What is that person's relationship to you?

    GRANDCHILD 1
    GRANDPARENT 2
    SIBLING... 3
    OTHER (SPECIFY)__(35 CHAR)___ 91
    REFUSED.. -7
    DON'T KNOW .... -8

A4a/12 OVERLAY. [SPECIFY RELATION TO R OR ASK] What is that person's relationship to you?

    DOMESTIC PARTNER...................................... 1
    OTHER (SPECIFY)__(35 CHAR)__................... 91
    REFUSED.. -7
    DON'T KNOW .... -8

+---+
| PROGRAMMING NOTE: |
| IF QA4 = 1, 8-10 CONTINUE. |
| OTHERWISE, SKIP TO QA4d. |
+---+

+---+
| PROGRAMMING NOTE: |
| IF QA4 = 1, DISPLAY "you" |
| IF QA4 = 8, DISPLAY "your child" |
| IF QA4 = 9, DISPLAY "your spouse" |
| IF QA4 = 10, DISPLAY "your parent" |
+---+

A4b.   Did {you/your child/your spouse/your parent} require a doctor's care?

       YES... 1
       NO.. 2
       REFUSED.. -7 [SKIP TO QA4d]
       DON'T KNOW .... -8

A4c.   {Were/Was} {you/your child/your spouse/your parent} in the hospital overnight?

       YES... 1
       NO.. 2
       REFUSED.. -7
       DON'T KNOW .... -8

```
PROGRAMMING NOTE:
    IF QA1d = 1, DISPLAY "so far"
```

A4d.   Over how long a period of time did this leave last? [IF STILL ON THIS LEAVE, STATE "so far."]

       |__|__|__| [HR: 00-999]
       DAYS 1
       WEEKS.. 2
       MONTHS 3
       REFUSED.................................... -7 [GO TO QA4f]
       DON'T KNOW .... -8

A4e.   Were you off work that entire time?

       YES... 1 [SKIP TO NEXT PROGRAMMING NOTE]
       NO.. 2
       REFUSED.. -7
       DON'T KNOW .... -8

A4f.   How much time were you actually away from work?   [ANSWER SHOULD BE LESS THAN {ANSWER FROM QA4d}. IF GREATER, PLEASE VERIFY.]

       |__|__|__| [HR: 00-999]
       DAYS 1
       WEEKS.. 2
       MONTHS 3
       REFUSED.................................... -7
       DON'T KNOW .... -8

```
PROGRAMMING NOTE:
    IF QA4 = 2, 3, OR 5, CONTINUE
    OTHERWISE, SKIP TO NEXT PROGRAMMING NOTE.
```

A4g. How much time were you away from work after the birth of your child?

```
|__|__|__|              [HR: 00-999]
DAYS ........................................... 1
WEEKS ........................................ 2
MONTHS ..................................... 3
REFUSED..................................... 7
DON'T KNOW ............................. 8
REFUSED.................................... -7
DON'T KNOW ............................ -8
```

> **PROGRAMMING NOTE:**
> **IF QA2 = 3 OR MORE, CONTINUE.**
> **OTHERWISE, SKIP TO QA5b.**

> **PROGRAMMING NOTE:**
> **IF QA2 = 3, DISPLAY "was," "reason," "other," AND "leave"**
> **IF QA2 = 4 OR MORE, DISPLAY "were," "reasons," "other {NUMBER FROM QA2 MINUS 2}," AND "leaves"**

A5. You said before that you took {NUMBER FROM QA2} leaves since January 1, 1999. We just asked you about your two longest leaves. What {was/were} the reason{s} for the {other/other {NUMBER FROM QA2 MINUS 2}} leave{s} you took since January 1, 1999? [CODE UP TO 4 RESPONSES.]

```
OWN HEALTH CONDITION, EXCEPT
  MATERNITY-RELATED ILLNESS ..................................... 1

[WOMEN ONLY] FOR MATERNITY-RELATED DISABILITY,
  OR OTHER PREGNANCY-RELATED AILMENT PRIOR
  TO DELIVERY ................................................... 2

[WOMEN ONLY] FOR MATERNITY-RELATED DISABILITY
  AND TO CARE FOR A NEWBORN ................................. 3

[WOMEN ONLY] MISCARRIAGE........................................ 4

TO CARE FOR NEWBORN ............................................. 5

TO CARE FOR NEWLY ADOPTED CHILD ......................... 6

TO CARE FOR NEWLY PLACED FOSTER CHILD ............ 7

CHILD'S HEALTH CONDITION ........................................ 8

SPOUSE'S HEALTH CONDITION ..................................... 9

PARENT'S HEALTH CONDITION...................................... 10

OTHER RELATIVE'S HEALTH CONDITION ....................... 11

OTHER NON-RELATIVE'S HEALTH CONDITION.............. 12

REFUSED........................................................... -7

DON'T KNOW ....................................................... -8
```

A5b. Sometimes people alternate between work and leave. That is, they repeatedly take leave for a few hours or days at a time because of ongoing family or medical reasons. Have you taken this kind of leave since January 1, 1999?

YES.. 1
NO.. 2
REFUSED.. -7 [GO TO PROGRAMMING NOTE
DON'T KNOW... -8 BEFORE QA6]

A5c. Was this kind of leave less than half, about half, or more than half of all the time you spent on family or medical leave since January 1, 1999?

LESS THAN HALF.. 1
ABOUT HALF 2
MORE THAN HALF 3
REFUSED.. -7
DON'T KNOW... -8

> **PROGRAMMING NOTE:**
>   IF QA1d = 1, CONTINUE.
>   OTHERWISE, GO TO QA7.

A6. Is your current leave the longest leave you have taken since January 1, 1999?

YES.. 1
NO.. 2
REFUSED.. -7
DON'T KNOW... -8

A7. I'm going to read you some reasons why some people might be worried about taking family or medical leave. For each of these, please tell me if <u>you</u> were worried. Were you worried about taking family or medical leave…

	YES	NO	REFUSED	DON'T KNOW
a. Because you thought you might lose your job if you took leave?	1	2	-7	-8
b. Because you thought taking leave might hurt your job advancement?	1	2	-7	-8
c. Because you would lose your seniority?	1	2	-7	-8
d. Because you worried about not having enough money to pay bills	1	2	-7	-8
e. For some other reason? (SPECIFY) _____ (35 CHAR) _____	1	2	-7	-8

> **PROGRAMMING NOTE:**
>   IF QA2 = 1, -7, -8, SKIP TO PROGRAMMING NOTE BEFORE QA8a.

A8. Please think about the leave that lasted the longest when you answer the rest of the questions during this interview. Did you take the leave all at once or did you alternate between work and leave?

```
ALL AT ONCE ................................................  1   [GO TO QA9]
ALTERNATED ..................................................  2
BOTH ............................................................  3
REFUSED ....................................................... -7   [GO TO QA9]
DON'T KNOW .................................................. -8
```

> **PROGRAMMING NOTE:**
> IF QA5b = 2, -7, -8, SKIP TO QA9.

A8a. Did you take leave on a regular routine or as needed?

```
REGULAR ROUTINE .........................................  1
AS NEEDED ...................................................  2
REFUSED ....................................................... -7
DON'T KNOW .................................................. -8
```

A9. Did you lose any of your benefits during your leave or didn't you have any?

```
YES ...............................................................  1
NO .................................................................  2
DIDN'T HAVE ANY ...........................................  3   [GO TO QA10]
REFUSED ....................................................... -7
DON'T KNOW .................................................. -8
```

A9a. What benefits did you lose? [PROBE: Anything else?] [CODE ALL THAT APPLY.]

```
HEALTH INSURANCE .......................................  1
LIFE INSURANCE .............................................  2
DISABILITY INSURANCE ..................................  3
PENSION CONTRIBUTIONS ............................  4
OTHER (SPECIFY)__(35 CHAR)_____ ............ 91
REFUSED ....................................................... -7
DON'T KNOW .................................................. -8
```

> **PROGRAMMING NOTE:**
> FOR QA10, IF QA2 = 2 OR MORE, DISPLAY "longest"

A10.   Did you receive pay for any part of your {longest} leave?

       YES... 1
       NO.. 2
       REFUSED... -7   [GO TO QA11]
       DON'T KNOW .... -8

A10a.   Was the pay you received part of…

		YES	NO	REFUSED	DON'T KNOW
a.	Your sick leave?	1	2	-7	-8
b.	Your vacation leave?	1	2	-7	-8
c.	Personal leave?	1	2	-7	-8
d.	Parental leave?	1	2	-7	-8
e.	Temporary disability insurance?	1	2	-7	-8
f.	Some other benefit?	1	2	-7	-8

> **PROGRAMMING NOTE:**
> IF QA10a_f = 1, CONTINUE.
> OTHERWISE, GO TO QA10c.

A10b. OVERLAY   What benefit is that? [RECORD BENEFIT VERBATIM; 135 CHARACTERS/3 LINES]

       REFUSED... -7
       DON'T KNOW .... -8

> **PROGRAMMING NOTE:**
> FOR QA10c, IF QA2 = 2 OR MORE, DISPLAY "[your longest]"

A10c.   Did you receive your full pay for the entire time you were on {[your longest]} leave?

       YES... 1 [GO TO PROGRAMMING NOTE
                                                 BEFORE QA12]
       NO.. 2
       REFUSED... -7 [GO TO PROGRAMMING NOTE
                                                 BEFORE QA12]
       DON'T KNOW .... -8

A10d.   Did you receive at least some pay for each pay period that you were on {[your longest]} leave?

       YES... 1 [GO TO QA10f]
       NO.. 2
       REFUSED... -7
       DON'T KNOW .... -8

A10e. When you received this pay, was it for your full salary or only for part of your salary?

```
FULL ................................................................  1
PART ................................................................  2
REFUSED ..........................................................  -7
DON'T KNOW ....................................................  -8
```

> **PROGRAMMING NOTE:**
> FOR QA10f, IF QA2 = 2 OR MORE, DISPLAY "[your longest]"

A10f. Over the entire time you were on {[your longest]} leave, about how much of your usual pay did you receive in total? Would you say…

```
Less than half, ................................................  1
About half, or ...................................................  2
More than half? ................................................  3
REFUSED ..........................................................  -7
DON'T KNOW ....................................................  -8
```

A11. In order to cover lost wages or salary during the leave, did you…

	YES	NO	REFUSED	DON'T KNOW
a. Use savings that you had earmarked for this situation?	1	2	-7	-8
b. Use savings earmarked for something else?	1	2	-7	-8
c. Borrow money to cover lost wages?	1	2	-7	-8
d. Go on public assistance?	1	2	-7	-8
e. Limit extras?	1	2	-7	-8
f. Put off paying your bills?	1	2	-7	-8
g. Cut your leave time short?	1	2	7	-8
h. Do anything else? (SPECIFY)_____(35 CHAR)_____	1	2	-7	8

> **PROGRAMMING NOTE:**
> FOR QA11b, IF QA2 = 2 OR MORE, DISPLAY "[longest]"

A11b. How easy or difficult was it for you to make ends meet during your {[longest]} leave? Would you say…

```
Very easy, .......................................................................  1
Somewhat easy, .............................................................  2
Neither easy nor difficult, ..............................................  3
Somewhat difficult, or ....................................................  4
Very difficult? .................................................................  5
REFUSED ........................................................................  -7
DON'T KNOW ..................................................................  -8
```

A11c. **If you had received {some/additional} pay, would you have taken leave for a longer period of time?**

YES.. 1
NO.. 2
REFUSED... -7
DON'T KNOW .... -8

A12. **Would you say using family and medical leave had a positive effect or no effect at all on…**

	POSITIVE	NO EFFECT	REFUSED	DON'T KNOW
a. Your ability to care for family members?..................................	1	2	-7	-8
b. Your ability to select a satisfactory childcare provider?	1	2	-7	-8
c. Your ability to select a satisfactory caretaker for a sick family member?..	1	2	-7	-8
d. Your or your family member's physical health?	1	2	-7	-8
e. Your or your family member's emotional well-being?	1	2	-7	-8

A13. **Which effects did your family and medical leave have on your or your family member's physical health? Would you say…**

	YES	NO	REFUSED	DON'T KNOW
a. A quicker recovery time,..	1	2	-7	-8
b. It was easier to comply with doctor's instructions, ...	1	2	-7	-8
c. It delayed or avoided need to enter nursing home or other long-term care facility, or	1	2	-7	-8
d. Was there another effect (SPECIFY)?__(35 CHAR) _____	1	2	-7	-8

A14. Now I'm going to ask you some questions about how your work was covered while you were away on your leave. 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:

		YES	NO	REFUSED	DON'T KNOW
a.	Cover your work by assigning it to other employees?	1	2	-7	-8
b.	Hire a permanent employee?	1	2	-7	-8
c.	Hire an outside temporary worker?	1	2	-7	-8
d.	Leave your work for you when you returned?	1	2	-7	-8

> **PROGRAMMING NOTE: IF R SAYS YES TO MORE THAN ONE ITEM IN QA14, CONTINUE AND DISPLAY IN QA14a ONLY THOSE ITEMS FROM Q14 WHERE RESPONSE = 1.**
> **OTHERWISE, SKIP TO NEXT PROGRAMMING NOTE.**

A14a. Which method was used most often?

WORK ASSIGNED TO OTHER EMPLOYEES 1
PERMANENT EMPLOYEE HIRED 2
OUTSIDE TEMPORARY WORKER HIRED 3
EMPLOYER LEFT WORK FOR LEAVE WORK FOR YOUR RETURN 4
REFUSED .... -7
DON'T KNOW .... -8

> **PROGRAMMING NOTE: IF QA1d = 1, GO TO QA19.**
> **OTHERWISE CONTINUE**

A15. After your leave ended, did you go back to work for the same employer, a new employer, or did you not return to work at all?

SAME EMPLOYER... 1 [GO TO QA16]
NEW EMPLOYER.. 2 [GO TO QA16]
NOT RETURN TO WORK 3
REFUSED.. -7 [GO TOQA19]
DON'T KNOW... -8

A15a. Why didn't you return to work?

OBTAINED OTHER INCOME SOURCE
  (SELF-EMPLOYED) 1
HEALTH CONDITION CONTINUED
  (ILLNESS CONTINUES) 2
LAID OFF / FIRED / REPLACED .... 3 [GO TO QA19]
DIDN'T WANT TO RETURN TO WORK 4
COULDN'T FIND CHILD CARE... 5
Other (SPECIFY)__(35 CHAR)_____ 91
REFUSED... -7
DON'T KNOW.. -8

I'm going to read some reasons that people give for returning to work after taking leave.

A16.   Was a reason you returned to work because you no longer needed to be on leave?

YES.. 1
NO.. 2
REFUSED... -7
DON'T KNOW.. -8

> PROGRAMMING NOTE:
>   DO NOT ASK QA17f IF QA3 = 1, 2, 3, OR 4.
>   IF QA15 = 2, ASK QA17a-c AND QA17f ONLY.

A17.   Was a reason you returned to work because…

		YES	NO	REFUSED	DON'T KNOW
a.	You could not afford financially to take more time off?	1	2	-7	-8
b.	You just wanted to get back to work?	1	2	-7	-8
c.	You used up all the leave time you were allowed?	1	2	-7	-8
d.	You felt pressured by your boss or co-workers to return?	1	2	-7	-8
e.	You had too much work to do to stay away longer?	1	2	-7	-8
f.	Someone else took over care?	1	2	-7	-8

> PROGRAMMING NOTE: IF QA15 = 1, CONTINUE.
>   OTHERWISE, GO TO QA19.

A18.   After your leave, did you return to the same or an equal position, a higher position, or a lower position than you had before the leave?

SAME OR EQUAL POSITION... 1   [GO TO QA19]
HIGHER POSITION.. 2   [GO TO QA19]
LOWER POSITION 3
REFUSED.. -7   [GO TO QA19]
DON'T KNOW .... -8

A18a. Did you choose to take a lower position or did your employer ask you to take a lower position?

CHOSE LOWER POSITION.. 1
EMPLOYER ASKED... 2
REFUSED.. -7
DON'T KNOW .... -8

A19. Now I'm going to ask you some questions about your feelings regarding your leave. How easy or difficult was it to get your employer to let you take time off? Would you say it was…

Very easy, ... 1
Somewhat easy, ... 2
Neither easy nor difficult, ... 3
Somewhat difficult, or 4
Very difficult? 5
REFUSED... -7
DON'T KNOW .... -8

A20. How satisfied were you with the <u>amount</u> of time you took off? Would you say you were…

Very satisfied, ... 1
Somewhat satisfied,... 2
Neither satisfied nor dissatisfied, ... 3
Somewhat dissatisfied, or................................... 4
Very dissatisfied?... 5
REFUSED... -7
DON'T KNOW .... -8

A21. Since January 1, 1999, have you ever been denied leave to take care of family or medical problems?

YES.. 1
NO... 2 │ [GO TO QC1]
REFUSED... -7
DON'T KNOW .... -8

A22. Were you denied leave…

		YES	NO	REFUSED	DON'T KNOW
a.	Because your employer does not offer family or medical leave?......	1	2	-7	-8
b.	Because you hadn't worked for your employer long enough to be eligible for family or medical leave?	1	2	-7	-8
c.	Because you had worked too few hours in the previous year?.........	1	2	-7	-8
d.	Because you had no leave left?	1	2	-7	-8
e.	For other reasons? (SPECIFY)____(90 CHAR)_____	1	2	-7	-8

(GO TO QC1)

B1. **I want to confirm with you that since January 1, 1999 you wanted to take leave from work but did not for an event in your family such as:**
- **the arrival of a newborn, newly adopted or new foster child;**
- **reasons related to your or a family member's pregnancy; or**
- **the serious health condition of yourself, your child, spouse, or parent. A serious health condition is one that lasted more than 3 days or required an overnight hospital stay.**

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

```
YES..................................................................  1   [GO TO QB1b]
NO....................................................................  2
REFUSED........................................................  -7
DON'T KNOW ...............................................  -8
```

B1a. **Did you actually take leave since January 1, 1999 for any of the events I just described?**

```
YES..................................................................  1   [GO TO QA1d]
NO....................................................................  2   [GO TO QC0]
REFUSED........................................................  -7  [R INELIGIBLE; TERMINATE]
DON'T KNOW ...............................................  -8
```

B1b. **Was there an event like this since January 1, 2000?**

```
YES..................................................................  1
NO....................................................................  2
REFUSED........................................................  -7
DON'T KNOW ...............................................  -8
```

> **PROGRAMMING NOTE:**
>   **IF QB1b = 1, -7, -8, DISPLAY "Thinking of the times…"**

> **PROGRAMMING NOTE:**
>   **IF QB2 = 1, 8-12, IMMEDIATELY ASK FOLLOW-UP QUESTION IN OVERLAY SCREEN.**

B2. **{Thinking of the times you needed leave since January 1, 1999, what/What} were the reasons you needed to take leave from work? [CODE UP TO 4 RESPONSES]**

OWN HEALTH CONDITION, EXCEPT
   MATERNITY-RELATED ILLNESS 1

[WOMEN ONLY] FOR MATERNITY-RELATED DISABILITY,
   OR OTHER PREGNANCY-RELATED AILMENT PRIOR
   TO DELIVERY 2

[WOMEN ONLY] FOR MATERNITY-RELATED DISABILITY
   AND TO CARE FOR A NEWBORN 3

[WOMEN ONLY] MISCARRIAGE.. 4

TO CARE FOR NEWBORN 5

TO CARE FOR NEWLY ADOPTED CHILD 6

TO CARE FOR NEWLY PLACED FOSTER CHILD 7

CHILD'S HEALTH CONDITION 8

SPOUSE'S HEALTH CONDITION 9

PARENT'S HEALTH CONDITION....................................... 10

OTHER RELATIVE'S HEALTH CONDITION 11

OTHER NON-RELATIVE'S HEALTH CONDITION.............. 12

REFUSED.. -7   [SKIP TO QB3]

DON'T KNOW .... -8

B2a/1 OVERLAY.   **[SPECIFY R'S HEALTH CONDITION OR ASK] What health condition did you have? [RECORD RESPONSE VERBATIM; 90 CHARACTERS/2 LINES]**

REFUSED... -7
DON'T KNOW .... -8

B2a/8 OVERLAY.   **[SPECIFY CHILD'S HEALTH CONDITION OR ASK] What health condition did your child have? [RECORD VERBATIM; 90 CHARACTERS/2 LINES]**

REFUSED... -7
DON'T KNOW .... -8

B2a/9 OVERLAY.   **[SPECIFY SPOUSE'S HEALTH CONDITION OR ASK] What health condition did your spouse have? [RECORD VERBATIM; 90 CHARACTERS/2 LINES]**

REFUSED... -7
DON'T KNOW .... -8

B2a/10 OVERLAY.   **[SPECIFY PARENT'S HEALTH CONDITION OR ASK] What health condition did your parent have? [RECORD VERBATIM; 90 CHARACTERS/2 LINES]**

REFUSED... -7
DON'T KNOW .... -8

B2a/11 OVERLAY.   **[SPECIFY RELATION TO R OR ASK]** **What is that person's relationship to you?**

GRANDCHILD 1
GRANDPARENT 2
SIBLING... 3
OTHER (SPECIFY)__(35 CHAR)___ 91
REFUSED .... -7
DON'T KNOW .... -8

B2a/12 OVERLAY.   **[SPECIFY RELATION TO R OR ASK]** **What is that person's relationship to you?**

DOMESTIC PARTNER....................................... 1
OTHER (SPECIFY)__(35 CHAR)__.................. 91
REFUSED .... -7
DON'T KNOW .... -8

B2a.   **How many different times did you need leave but not take it, since January 1, 1999?**

|__|__| [HR: 00-99]
REFUSED .... -7
DON'T KNOW .... -8


```
PROGRAMMING NOTE:
   IF R GAVE ONLY ONE REASON IN QB2, SKIP TO PROGRAMMING
    NOTE BEFORE QB2d
   IF R GAVE 2 OR MORE REASONS IN QB2, CONTINUE AND DISPLAY
   AT QB2b ONLY THOSE REASONS GIVEN IN QB2.
```

B2b. **What was the most recent reason you needed to take leave from work? [CODE ONLY ONE]**

OWN HEALTH CONDITION, EXCEPT
  MATERNITY-RELATED ILLNESS 1

[WOMEN ONLY] FOR MATERNITY-RELATED DISABILITY,
  OR OTHER PREGNANCY-RELATED AILMENT PRIOR
  TO DELIVERY 2

[WOMEN ONLY] FOR MATERNITY-RELATED DISABILITY
  AND TO CARE FOR A NEWBORN 3

[WOMEN ONLY] MISCARRIAGE.. 4

TO CARE FOR NEWBORN 5

TO CARE FOR NEWLY ADOPTED CHILD 6

TO CARE FOR NEWLY PLACED FOSTER CHILD 7

CHILD'S HEALTH CONDITION 8

SPOUSE'S HEALTH CONDITION 9

PARENT'S HEALTH CONDITION.. 10

OTHER RELATIVE'S HEALTH CONDITION 11

OTHER NON-RELATIVE'S HEALTH CONDITION.............. 12

REFUSED... -7

DON'T KNOW .... -8

B2c. **How many different times did you need leave for the {first/second/third/fourth} reason you mentioned? [REASON FROM QB2]**

|__|__| [HR: 00-99]
REFUSED.. -7
DON'T KNOW .... -8

> **PROGRAMMING NOTE:**
>   FOR EACH RESPONSE IN QB2 THAT = 1, 8-10, ASK QB2d - QB2e.
>   OTHERWISE, SKIP TO NEXT PROGRAMMING NOTE.

> **PROGRAMMING NOTE:**
>   IF QB2 = 1, DISPLAY "you"
>   IF QB2 = 8, DISPLAY "your child"
>   IF QB2 = 9, DISPLAY "your spouse"
>   IF QB2 = 10, DISPLAY "your parent"

B2d. **Did {you/your child/your spouse/your parent} require a doctor's care?**

YES... 1
NO.. 2 [GO TO QB2c FOR THE NEXT REASON
REFUSED.. -7   OR SKIP TO QB3]
DON'T KNOW .... -8

B2e. {Were/Was} {you/your child/your spouse/your parent} in the hospital overnight?

YES.. 1
NO.. 2
REFUSED... -7
DON'T KNOW .... -8

> **PROGRAMMING NOTE:**
>   IF QB2a = 1, -7, -8, DISPLAY "a leave"
>   IF QB2a = 2 OR MORE, DISPLAY "the leaves you needed"

B3. I'm going to read some reasons people don't take leave from work. Please answer yes or no to all that apply. Was a reason you didn't take {a leave/the leaves you needed} because…

		YES	NO	REFUSED	DON'T KNOW
a.	You thought you might lose your job?	1	2	-7	-8
b.	You thought you might hurt your job advancement?	1	2	-7	-8
c.	You didn't want to lose your seniority?	1	2	-7	-8
d.	You weren't eligible because you only worked part-time?	1	2	-7	-8
e.	You hadn't worked for your employer long enough to be eligible?	1	2	-7	-8
f.	Your employer denied your request?	1	2	-7	-8
g.	You couldn't afford to?	1	2	-7	-8
h.	You wanted to save your leave time?	1	2	-7	-8
i.	Your work is too important? or	1	2	-7	-8
j.	Was there some other reason you didn't take leave (SPECIFY/35)	1	2	-7	-8

> **PROGRAMMING NOTE:**
>   IF QB3g = 1, CONTINUE.
>   OTHERWISE, SKIP TO QB4.

B3a. If you had received some or additional pay, would you have taken leave?

YES.. 1
NO.. 2
REFUSED... -7
DON'T KNOW .... -8

B4. Since you did not take leave, what did you do to take care of your situation? **[RECORD RESPONSE VERBATIM; 135 CHARACTERS/3 LINES]**

REFUSED... -7
DON'T KNOW .... -8

[GO TO QC1]

> **START AT QC0a IF R IS EMPLOYED ONLY AND <u>NOT</u>: A SCREENER R <u>AND</u> STARTING THE EXTENDED ON THE SAME DAY AS COMPLETING THE SCREENER.**

C0a.   I want to confirm with you that since January 1, 1999, you have <u>not</u> taken or needed to take a leave from work:
- for the care of a newborn, newly adopted or new foster child;
- for reasons related to your or a family member's pregnancy; or
- for yourself, your child, spouse, or parent because of a serious health condition. A serious health condition is one that lasted more than 3 days or required an overnight hospital stay.

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

```
YES ....................................................................... 1
NO   ....................................................................... 2    [GO TO QA1a]
REFUSED ............................................................. -7   [THANK AND TERMINATE]
DON'T KNOW ........................................................ -8
```

> **IFQA1B = 2 OR QB1A = 2, START AT QC0.**

C0.   **Have you been employed at all since January 1, 1999?**

```
YES ....................................................................... 1
NO   ....................................................................... 2
REFUSED ............................................................. -7    [R INELIGIBLE; TERMINATE]
DON'T KNOW ........................................................ -8
```

> **START AT QC1 WHEN RESPONDENT IS A LEAVE TAKER WHO COMPLETES SECTION A OR A LEAVE NEEDER WHO COMPLETES SECTION B.**

C1.   **Do you currently take care of a newborn, newly adopted or new foster child, or a relative with a serious health condition on a daily basis?**

```
YES ....................................................................... 1
NO   ....................................................................... 2
REFUSED ............................................................. -7    [GO TO QC1d]
DON'T KNOW ........................................................ -8
```

> **PROGRAMMING NOTE:**
> **IF QC1a = 7, 8, IMMEDIATELY ASK FOLLOW-UP QUESTION IN OVERLAY SCREEN.**

C1a. **Whom do you care for? [CODE UP TO 3 RESPONSES]**

NEWBORN 1
NEWLY ADOPTED 2
NEW FOSTER CHILD .... 3 [GO TO QC1d]
CHILD 4
SPOUSE 5
PARENT... 6
OTHER RELATIVE 7
OTHER NON-RELATIVE... 8
REFUSED.. -7 [GO TO QC1d]
DON'T KNOW .... -8 [GO TO QC1d]

C1a/7 OVERLAY. **[SPECIFY RELATION TO R OR ASK] What is that person's relationship to you?**

GRANDCHILD 1
GRANDPARENT 2
SIBLING 3
OTHER (SPECIFY)__(35 CHAR)____ 91
REFUSED .... -7
DON'T KNOW .... -8

C1a/8 OVERLAY. **[SPECIFY RELATION TO R OR ASK] What is that person's relationship to you?**

DOMESTIC PARTNER...................................... 1
OTHER (SPECIFY)__(35 CHAR)__.................. 91
REFUSED... -7
DON'T KNOW .... -8

C1d. **For the next question, please think about time you took off from work since January 1, 1999, because you were sick. What was the largest number of sick days in a row that you took off from work in this time period?**

|__|__|__| [HR: 00-999]
REFUSED... -7
DON'T KNOW .... -8

C1e. **Earlier we discussed whether you had taken leave from work for a family or medical reason since January 1, 1999. Now think about the period from 1995 through 1998. During that time, did you take leave from work:**
- **for the care of a newborn, newly adopted or new foster child;**
- **for reasons related to your or a family member's pregnancy; or**
- **for yourself, your child, spouse, or parent because of a serious health condition? A serious health condition is one that lasted more than 3 days or required an overnight hospital stay.**

YES 1
NO 2
REFUSED.. -7
DON'T KNOW .... -8

C2. Over the next 5 years, how likely do you think it is that you will need to take a leave from work for your own serious health condition, the serious health condition of your child, spouse, or parent, or for the arrival of a newborn, newly adopted, or new foster child. Would you say it was…

Very likely, ... 1
Somewhat likely, ... 2
Somewhat unlikely, or 3
Very unlikely? .... 4 [GO TO QC3]
REFUSED... -7
DON'T KNOW .... -8

> **PROGRAMMING NOTE:**
>   IF QC2a = 8, 9, IMMEDIATELY ASK FOLLOW-UP QUESTION IN
>   OVERLAY SCREEN.

C2a. Who do you think that person or persons will be? [CODE UP TO 4 RESPONSES]

YOURSELF 1
NEWBORN.. 2
NEWLY ADOPTED 3
NEW FOSTER CHILD.. 4 [GO TO QC3]
CHILD 5
SPOUSE 6
PARENT 7
OTHER RELATIVE... 8
OTHER NON-RELATIVE 9
REFUSED... -7 [GO TO QC3]
DON'T KNOW .... -8 [GO TO QC3]

C2a/8 OVERLAY.   [SPECIFY RELATION TO R OR ASK] What is that person's relationship to you?

GRANDCHILD... 1
GRANDPARENT 2
SIBLING.. 3
OTHER (SPECIFY)_____(35 CHAR)_____ 91
REFUSED.. -7
DON'T KNOW .... -8

C2a/9 OVERLAY.   [SPECIFY RELATION TO R OR ASK] What is that person's relationship to you?

DOMESTIC PARTNER...................................... 1
OTHER (SPECIFY)__(35 CHAR)__.................. 91
REFUSED... -7
DON'T KNOW... -8

C3. **Have you ever heard about the federal Family and Medical Leave Act?**

YES... 1
NO... 2 [GO TO QC8]
REFUSED.. -7
DON'T KNOW .... -8

C4. **How did you first learn about the federal Family and Medical Leave Act?**

MEDIA (TV, NEWSPAPERS, ETC.)................................. 1
CO-WORKERS.. 2
EMPLOYER GAVE OUT INFORMATION...................... 3
POSTERS... 4
INTERNET 5
FAMILY MEMBER 6
UNION GAVE OUT INFORMATION 7
OTHER (SPECIFY)_____(35 CHAR)_____................. 91
REFUSED.. -7
DON'T KNOW .... -8

> **PROGRAMMING NOTE:**
>   IF QA2 = 1, -7, -8, DISPLAY "took"
>   IF QA2 = 2 OR MORE, DISPLAY "took your longest"
>   IF QB2a = 1, -7, -8, DISPLAY "needed"
>   IF QB2a = 2 OR MORE, DISPLAY INTRO FILL AND "most recently needed"
>   IF QC0a = 1, DISPLAY "Do you think you are…"

C5. **{Please think about the most recent time you needed leave}. At the time you {took/took your longest/needed/most recently needed} leave, {do you think you were/Do you think you are} eligible to take advantage of the federal Family and Medical Leave Act?**

YES... 1
NO... 2
REFUSED.. -7 [GO TO QC7]
DON'T KNOW .... -8

> **PROGRAMMING NOTE:**
>   IF LEAVE TAKER (QA1a = 1), CONTINUE.
>   OTHERWISE SKIP TO QC7.

C6. **Was the leave you just told me about taken under the federal Family and Medical Leave Act?**

YES... 1
NO... 2 [GO TO QC8]
REFUSED.. -7
DON'T KNOW .... -8

C7. Prior to January 1, 1999, had you ever taken leave from a job under the federal Family and Medical Leave Act?

YES... 1
NO... 2
REFUSED.. -7
DON'T KNOW .... -8

C8. Are you currently employed?

YES... 1
NO... 2
REFUSED.. -7
DON'T KNOW .... -8

```
PROGRAMMING NOTE:
   IF QC3 = 1, CONTINUE.
   OTHERWISE, SKIP TO QC11.
```

```
IF R IS LEAVE-TAKER OR LEAVE NEEDER (QA1a = 1 OR QA1b = 1 OR QB1 = 1), READ:
Now I'm going to ask you some questions about your employment situation during the
time you {took your/took your longest/needed/most recently needed} leave.

   IF QA2 = 1, -7, -8, DISPLAY "took your"
   IF QA2 = 2 OR MORE, DISPLAY "took your longest"
   IF QB2a = 1, -7, -8, DISPLAY "needed"
   IF QB2a = 2 OR MORE, DISPLAY "most recently needed"

IF R IS EMPLOYED ONLY AND NOT CURRENTLY EMPLOYED (QC0a = 1 AND QC8 = 2, -7,
-8), READ:
For the next questions, think of the employer you worked for the longest in the period
from Jan. 1, 1999 to the present.
```

```
PROGRAMMING NOTE:
   IF EMPLOYED ONLY AND CURRENTLY EMPLOYED (QC0a = 1 AND QC8 = 1),
   DISPLAY "is"
   OTHERWISE, DISPLAY "was"
```

C9. At your place of employment, {is/was} there a notice posted that explains the federal Family and Medical Leave Act?

YES... 1
NO... 2
REFUSED.. -7
DON'T KNOW .... -8

```
PROGRAMMING NOTE:
   IF QC3 = 1, AND QA21 = 1, CONTINUE.
   OTHERWISE, SKIP TO QC11.
```

C10. You told me earlier that you had been denied leave. Were you denied leave because you reached the FMLA limit of 12 weeks?

YES... 1
NO.. 2
REFUSED.. -7
DON'T KNOW.. -8

> **PROGRAMMING NOTE:**
> RANDOMIZE READING OF a AND b AT QC11.
> IF HRAND01 = 1 (.00 - .49), ASK QC11a THEN QC11b.
> IF HRAND01 = 2 (.50 - .99), ASK QC11b THEN QC11a.

C11. Please tell me whether you agree or disagree with the following statements:

	AGREE	DISAGREE	REFUSED	DON'T KNOW
a. Every employee should be able to have up to 12 weeks of unpaid leave in a year from work for family and medical problems	1	2	-7	-8
b. Having to provide employees with up to 12 weeks of unpaid leave in a year for family and medical problems is an unfair burden to employees' co-workers	1	2	-7	-8

> **PROGRAMMING NOTE:**
> IF EMPLOYED ONLY AND CURRENTLY EMPLOYED (QC0a = 1 AND QC8 = 1),
> DISPLAY "work"
> OTHERWISE, DISPLAY "worked"

C11c. Since January 1, 1999, have any co-workers where you work{ed} taken leave for family or medical reasons?

YES... 1
NO.. 2
REFUSED.. -7
DON'T KNOW.. -8

> **PROGRAMMING NOTE:**
> IF QC11c = 1, CONTINUE.
> OTHERWISE, SKIP TO PROGRAMMING NOTE BEFORE QC12.

C11d. As a result of these co-workers taking leave, did you…

		YES	NO	REFUSED	DON'T KNOW
a.	Work more hours than you usually do?	1	2	-7	-8
b.	Work a shift that you do not normally work?	1	2	-7	-8
c.	Take on additional duties?	1	2	-7	-8

> **PROGRAMMING NOTE:**
> **IF R SAYS YES TO ONE OR MORE ITEMS IN QC11d, CONTINUE.**
> **OTHERWISE, SKIP TO NEXT PROGRAMMING NOTE.**

C11e. Would you say that your co-workers taking leave had a positive impact on you, a negative impact on you, or neither?

```
POSITIVE ........................................................................  1
NEGATIVE.......................................................................  2
NEITHER ........................................................................  3
REFUSED.......................................................................  -7
DON'T KNOW .................................................................  -8
```

> **PROGRAMMING NOTE:**
>
> **IN QC12, IF QA2 = 1, -7, -8, "was offered by your employer when you took leave."**
> **IF QA2 = 2 OR MORE, " was offered by your employer when you took your longest leave."**
> **IF QB2a = 1, -7, -8 "was offered by you employer when you needed leave."**
> **IF QB2a = 2 OR MORE, "was offered by your employer when you most recently needed leave."**
> **IF QC0a = 1 AND QC8 = 1, "is offered by your current employer."**
> **IF QC0a = 1 AND QC8 = 2, 7, 8, "was offered by the employer you worked for the longest since January 1, 1999."**

C12. I'm going to read a list of benefits that some employers offer to their employees. For each, please tell me if it {USE DISPLAY FROM PROGRAMMING NOTE}.

		YES	NO	DEPENDS ON CIRCUMSTANCES	REFUSED	DON'T KNOW
a.	Flextime	1	2	3	-7	-8
b.	Flexplace or telecommuting	1	2	3	-7	-8
c.	Job sharing	1	2	3	-7	-8
d.	Referral services for child care	1	2	3	-7	-8
e.	Vouchers for child care	1	2	3	-7	-8
f.	Onsite child care	1	2	3	-7	-8
g.	Referral services for elder care	1	2	3	-7	-8
h.	Adoption assistance	1	2	3	-7	-8
i.	Employee Assistance Program	1	2	3	-7	-8
j.	Paid parental leave	1	2	3	-7	-8
k.	Workplace provision for lactation	1	2	3	-7	-8

PROGRAMMING NOTE:

IF R ANSWERS YES TO THREE OR MORE ITEMS IN QC12, CONTINUE AND DISPLAY IN QC12a ONLY THOSE BENEFITS NAMED IN QC12.
OTHERWISE, SKIP TO QC13.

C12a. Of those offered, which two are the most important to you?

FLEXTIME	1
FLEXPLACE/TELECOMMUTING	2
JOB SHARING	3
REFERRAL SERVICES FOR CHILD CARE	4
VOUCHERS FOR CHILD CARE	5
ONSITE CHILD CARE	6
REFERRAL SERVICES FOR ELDER CARE	7
ADOPTION ASSISTANCE	8
EMPLOYEE ASSISTANCE PROGRAM	9
PAID PARENTAL LEAVE	10
WORKPLACE PROVISION FOR LACTATION	11
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE:
IF EMPLOYED ONLY AND CURRENTLY EMPLOYED (QC0a = 1 AND QC8 = 1),
DISPLAY "Does"
OTHERWISE, DISPLAY "Did"

C13.   {Does/Did} your employer allow you to take leave for the following reasons?

	YES	NO	DEPENDS	REFUSED	DON'T KNOW
a. To take part in children's school and early childhood educational activities?	1	2	3	-7	-8
b. To attend to routine family medical needs?	1	2	3	-7	-8
c. To help with elderly relatives' health care needs?	1	2	3	-7	-8

C13a.   Since January 1, 1999, have you taken this type of leave?

YES 1
NO 2
REFUSED .... -7
DON'T KNOW .... -8

C13b.   Have you needed to take this kind of leave?

YES 1
NO 2
REFUSED .... -7
DON'T KNOW .... -8

C14. **{Were/Are} you salaried on {that/this} job, paid by the hour, or what? [CODE ALL THAT APPLY]**

SALARIED 1
HOURLY 2
PIECEWORK/COMMISSION 3
OTHER/COMBINATION 4
REFUSED .... -7
DON'T KNOW .... -8

> **PROGRAMMING NOTE:**
> **IF EMPLOYED ONLY AND CURRENTLY EMPLOYED (QC0a = 1 AND QC8 = 1),**
> **DISPLAY "Are"**
> **OTHERWISE, DISPLAY "Were"**

C14a. **{Were/Are} you a contract worker?**

YES.. 1
NO.. 2
REFUSED .... -7
DON'T KNOW .... -8

> **PROGRAMMING NOTE:**
> **AT QC15, QC15a, AND QC15b, IF EMPLOYED ONLY AND CURRENTLY EMPLOYED**
> **(QC0a = 1 AND QC8 = 1), DISPLAY "are" AND "work"**
> **OTHERWISE, DISPLAY "were" AND "worked"**

C15. **At the place where you work{ed}, (for example the site – store, building) would you say there {were/are} 50 or more employees?**

YES.. 1 [GO TO QC16]
NO.. 2
REFUSED .... -7
DON'T KNOW .... -8

C15a. **Counting all of the sites in your organization, would you say there {were/are} 50 or more employees within 75 miles of where you work{ed}?**

YES.. 1 [GO TO QC16]
NO.. 2
REFUSED .... -7
DON'T KNOW .... -8

C15b. Counting all of the sites in your organization, would you say there {were/are} 25 or more employees within 75 miles of where you work{ed}?

YES.. 1
NO... 2
REFUSED.. -7
DON'T KNOW.. -8

```
PROGRAMMING NOTE:
    AT QC16 AND QC17, IF QC8 = 1, DISPLAY "Since" AND "have"
    OTHERWISE, DISPLAY "During the time…" AND "had"
    IF R IS LEAVE TAKER (QA1a = 1), ALSO DISPLAY "except for the leave you just told
      me about"
```

C16. {Since/During the time you were employed between} January 1, 1999 and the present, {have/had} you worked continuously for the same employer {except for the leave you just told me about}?

YES.. 1
NO... 2 [GO TO QC19]
REFUSED.. -7
DON'T KNOW.. -8

C17. ({Since/During the time you were employed between} January 1, 1999 and the present, {have/had} you always been a full-time employee {except for the leave you just told me about}?

YES.. 1 [GO TO SECTION D]
NO... 2
REFUSED.. -7
DON'T KNOW.. -8

C18. {Since/During the time you were employed between} January 1, 1999 and the present, how many hours per week did you work on average?

|__|__| [HR: 00 -99]
REFUSED... -7
DON'T KNOW.. -8

```
PROGRAMMING NOTE:
    IF QC8 = 1 AND QC16 = 1, SKIP TO QD1.
    OTHERWISE, CONTINUE.
```

```
PROGRAMMING NOTE:

    IN QC19, IF QC8 = 1 AND QC16 = 2, -7, -8 AND R IS LEAVE TAKER (QA1a = 1),
    DISPLAY: "Thinking back to when you took your {longest} leave,"
        IF QA2 = 2 OR MORE, DISPLAY "longest"

    IF QC8 = 1 AND QC16 = 2, 7, 8 AND R IS LEAVE NEEDER (QA1b = 1 OR QB1 = 1),
    DISPLAY:  "Thinking back to when you {most recently} needed leave,"
        IF QB2a = 2 OR MORE, DISPLAY "most recently"

    OTHERWISE, DISPLAY:  "During the time you were employed,"
```

C19. {DISPLAY FILL FROM PROGRAMMING NOTE}, for how many months from January 1, 1999 to the present did you work for that employer?

|__|__| [HR: 00-22]
REFUSED.. -7
DON'T KNOW .... -8

PROGRAMMING NOTE:

IF QC16 = 2, CONTINUE.
OTHERWISE, SKIP TO SECTION D.

C19a. On average, how many hours a week did you work for that employer?

|__|__| [HR: 00-99]
REFUSED.. -7
DON'T KNOW .... -8

D1.   **Are you currently…**

       Married;... 1
       Living with a partner;... 2
       Separated; 3
       Divorced;... 4
       Widowed; or 5
       Never married? 6
       REFUSED.. -7
       DON'T KNOW .... -8

D2.   **Are you Spanish, Hispanic or Latino?**

       YES.. 1
       NO.. 2
       REFUSED.. -7
       DON'T KNOW .... -8

D2b.   **Please tell me which of the following best describes your race. Would you say…**

       White,.. 1
       Black or African American, ... 2
       American Indian or Alaska Native,................................. 3
       Asian 4
       Native Hawaiian or Pacific Islander? 5
       SOMETHING ELSE (SPECIFY)__(35 CHAR)___ 91
       REFUSED.. -7
       DON'T KNOW .... -8

D3.   **How many of your own children under 18 years old do you have living with you?**

       |__|__| [HR: 00-20]
       REFUSED... -7
       DON'T KNOW .... -8

D4.   **What is the highest level of education you have completed?**

       LESS THAN HIGH SCHOOL.. 1
       SOME HIGH SCHOOL 2
       HIGH SCHOOL GRADUATE OR GED 3
       SOME COLLEGE 4
       COLLEGE GRADUATE 5
       GRADUATE SCHOOL.. 6
       REFUSED.. -7
       DON'T KNOW .... -8

PROGRAMMING NOTE:
   IF QCOa = 1 AND QC8 = 1, DISPLAY "Are" and "are"
   OTHERWISE, DISPLAY "Were" and "were"

D5. {Were/Are} you employed by government, by a private company, a non-profit organization or {were/are} you self-employed?

GOVERNMENT 1
PRIVATE FOR PROFIT.. 2
NON-PROFIT ORGANIZATION INCLUDING
TAX EXEMPT AND CHARITABLE ORGANIZATIONS... 3
SELF EMPLOYED.. 4   [GO TO QD6]
WORKING IN FAMILY BUSINESS 5
REFUSED... -7
DON'T KNOW.. -8

D5a. Would that be the federal, state or local government?

FEDERAL 1
STATE 2
LOCAL (COUNTY, CITY, TOWNSHIP).......................... 3
REFUSED.. -7
DON'T KNOW... -8

> **PROGRAMMING NOTE:**
>   IF QD1 = 1, DISPLAY "and your spouse's job"

D6. To get a picture of people's financial situation we need to know the general range of income of all people we interview. Now, thinking about your <u>total family</u> income before taxes from all sources including your job {and your spouse's job}, how much did you receive in 1999?

|__|__|__|__|__|__|__| [GO TO END]   [HR: 00- 9999999]

REFUSED.. -7
DON'T KNOW... -8

D6a. Was your family income $35,000 or more in 1999?

YES... 1
NO.. 2   [GO TO QD6f]
REFUSED....................................... -7   [GO TO END]
DON'T KNOW.................................. -8

D6b. Was it $40,000 or above?

YES... 1
NO.. 2
REFUSED....................................... -7   [GO TO END]
DON'T KNOW.................................. -8

D6c. Was it $50,000 or above?

YES... 1
NO.. 2
REFUSED....................................... -7   [GO TO END]
DON'T KNOW.................................. -8

D6d. **Was it $75,000 or above?**

YES.. 1
NO... 2
REFUSED..................................... -7 [GO TO END]
DON'T KNOW .... -8

D6e. **Was it $100,000 or above?**

YES.. 1 [GO TO END]
NO... 2
REFUSED..................................... -7
DON'T KNOW .... -8

D6f. **Was it $30,000 or above?**

YES.. 1 [GO TO END]
NO... 2
REFUSED..................................... -7 [GO TO END]
DON'T KNOW .... -8

D6g. **Was it $20,000 or above?**

YES.. 1 [GO TO END]
NO... 2
REFUSED..................................... -7 [GO TO END]
DON'T KNOW .... -8

D6h. **Was it $10,000 or above?**

YES.. 1 [GO TO END]
NO... 2
REFUSED..................................... -7 [GO TO END]
DON'T KNOW .... -8

D6j. **Was it $5,000 or above?**

YES.. 1 [GO TO END]
NO... 2
REFUSED..................................... -7
DON'T KNOW .... -8

THAT CONCLUDES THE INTERVIEW

THANK YOU VERY MUCH FOR YOUR PARTICIPATION