



Employee and Worksite Perspectives of the Family and Medical Leave Act:

Methodology Report Appendices for the 2018 Surveys

July 2020



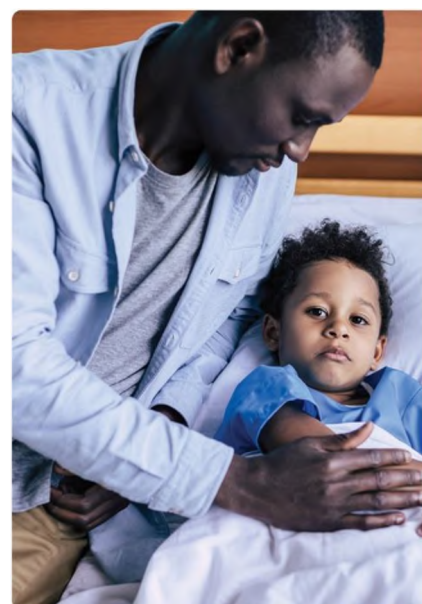
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Appendix A. Employee Survey Materials

A.1 *Employee Survey Questionnaires (CATI/WEB)*

**2018 FAMILY AND MEDICAL LEAVE ACT (FMLA) SURVEY
(CATI Version)**

EMPLOYEE SURVEY SCREENER

NOTE:

RESPONSE OPTIONS IN ALL CAPS ARE NOT READ ALOUD BY THE INTERVIEWER.

TEXT IN ALL CAPS IS A PROGRAMMER NOTE OR INTERVIEWER INSTRUCTION. TEXT IN BRACKETS IS TO BE FILLED IN PROGRAMMATICALLY OR DETERMINED BY INTERVIEWER.

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

I. SCREENER (Sections S &T)

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

RDD INTRODUCTION**Landline FRAME=0 Cellphone FRAME=1**

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

INTRO1. Hello, my name is [INTERVIEWER] and I'm calling on behalf of the U.S. Department of Labor. We are conducting a national study to find out about employees' use of, and attitudes about, family and medical leave policies in their workplace.

[PROGRAMMER: START SCREENER TIME STAMP HERE]

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

- 1 YES [GO TO S4]
- 2 NO [GO TO S2]
- 8 DK (VOL)[GO TO S2]
- 9 REF (VOL) [GO TO S2]

[IF NECESSARY: Household members include people who think of this household as their primary place of residence. It includes persons who usually stay in the household but are temporarily away, such as in the military, on business, on vacation, in a hospital, or living at school in a dorm, fraternity, or sorority.]

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

- 1 AVAILABLE [REPEAT INTRO1]
- 2 NOT AVAILABLE (CALLBACK – SAME NUMBER)
SCHEDULE CALLBACK]
- 3 ALTERNATE NUMBER PROVIDED (CALLBACK –
NEW NUMBER)
[UPDATE NUMBER, GO TO UP1]
- 4 THERE ARE NONE [GO TO THANK01]
- 8 DK (VOL) [GO TO THANK01] [SOFT REFUSAL]
- 9 REF (VOL) [GO TO THANK01] [SOFT REFUSAL]

[CATI: Ask UP1 if S2 = 3]

UP1. Is that a landline or cell phone?

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

CELL PHONE INTRODUCTION

[CATI: Only ask INTRO2 if FRAME=1]

INTRO2. Hello, my name is [INTERVIEWER] and I'm calling on behalf of the U.S. Department of Labor. We are conducting a national study to find out about employees' use of, and attitudes about, family and medical leave policies in their workplace.

If you are now driving a car or doing any activity requiring your full attention, I need to call you back later.

- 1 AVAILABLE/NOT DRIVING [GO TO S3]
- 2 NOT AVAILABLE/CURRENTLY DRIVING
(CALLBACK – SAME NUMBER)
[SCHEDULE CALLBACK]
- 3 ALTERNATE NUMBER PROVIDED (CALLBACK –
NEW NUMBER) [UPDATE NUMBER, GO TO UP2]
- 8 DK (VOL) [GO TO THANK02] [SOFT
REFUSAL]
- 9 REF (VOL) [GO TO THANK02] [SOFT
REFUSAL]

[CATI: Ask UP2 if INTRO2 = 3]

UP2. Is that a landline or cell phone?

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

S3. Are you at least 18 years old?

- 1 YES [GO TO S4]
- 2 NO [GO TO THANK01]
- 8 DK (VOL) [GO TO THANK01] [SOFT REFUSAL]
- 9 REF (VOL) [GO TO THANK01] [SOFT REFUSAL]

[CATI: Ask all S4]

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

[IF FRAME=1, DISPLAY:]

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

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

[IF FRAME=1 GO TO S7]

- S5. How many adults age 18 or over live in your household? _____

[RANGE 1-11, 99 DK/REF SOFT REFUSAL]

Let's start with you.

APPENDIX A. EMPLOYEE SURVEY MATERIALS

S6 (A1 X)	S7 (A1 X)	S8 (A1 X)	S8b (A1 X)	S9 (A1 X)	S9b (A1 X)	S10 (A1 X)	S11 (A1 x)	S12 (A1 x)	LEAVE DESIGNATION
What is [your/theA2 -X]'s first name or initials?	What is [your/A2 -X]'s age?	[IF NECESSARY: I know this may sound awkward, but I have to ask:] Are you 1. male or 2. female?	What is the highest level of education [you have / has A2X] completed?	[Have you / has A2-X] worked for pay or profit at any time in the last 12 months?	In [INSERT 12 MONTHS AGO], did you have more than one job, including part- time, evening, or weekend work? That is, were you being paid by more than one employer?[IF NO, ASK "Did you have just one job in [INSERT 12 MONTHS AGO] or were you not working at that time?"]	In the last 12 months, [have you / has A2-X] worked for the government, a private company, a non-profit organization, or [have you / has A2-X] been self-employed? [IF S9b=1: Please think about your main job.]	TAKEN LEAVE IN LAST 12 MONTHS	NEEDED BUT DID NOT TAKE LEAVE IN LAST 12 MONTHS	FMLAFLG_A1-X IF [QS11=1 AND QS12>1], FMLAFLG=1. IF [QS12=1], FMLAFLG=2. IF [QS11=2 AND QS12=2] OR [QS11=2 AND QS12>1] OR [QS11>1 AND QS12=2], FMLAFLG=3. IF [QS11>2 AND QS12>2], CODE INELIGIBLE.
Your		MALE (1) FEMALE (2) DK (8) REF (9)	LESS THAN HIGH SCHOOL (1) SOME HIGH SCHOOL (2) HIGH SCHOOL GRADUATE (3) GED (4) SOME COLLEGE (5) ASSOCIATE'S DEGREE (6) BACHELOR'S DEGREE (7) GRADUATE SCHOOL (8) DK (88) REF (99)	YES (1) NO (2)	YES (1) SEE INTERVIEWER INSTRUCTIONS ON PAGE 6 NO (2) NO, DID NOT HAVE A JOB (3)	GOV (1) PRV (2) NON (3) SELF (4)	YES (1) NO (2)	YES (1) NO (2)	
IF FRAME=1 ASK ONLY FOR RESPONDENT									
2nd adult's		See "Your" for response options	See "Your" for response options	See "Your" for response options	See "Your" for response options	See "Your" for response options	See "Your" for response options	See "Your" for response options	See "Your" for response options
3rd adult's									
4th adult's									
5th adult's									
6th adult's									
7th adult's									
8th adult's									
9th adult's									
10th adult's									
11th adult's									

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

DID RESPONDENT WORK TWO JOBS EQUAL HOURS AND EQUAL LENGTH?

- 1 YES GO TO S9B_A
- 2 NOSKIP TO S10

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

S9b_A _____

S9b_B _____

[CATI, select one job from S9b_A and S9b_B and display name:

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

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

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

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

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

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

S11. In the LAST 12 MONTHS, that is, since [INSERT 12 MONTH PERIOD] [have you/has [FILL A1-X FROM QS6]] taken leave from work for ANY of the following reasons:

- to care for a newborn, newly adopted or new foster child; (IF NECESSARY: This includes both maternity AND paternity leave)
- for [your own/[FILL A1-X FROM QS6]]’s serious health condition or to care for someone else’s serious health condition;
- for [IF GENDER UNKNOWN: your own/the adult’s] or a family member’s pregnancy-related reason; or
- to care for a military service member, or for reasons related to the deployment of a military service member?

[IF FRAME=0 : READ FOR FIRST LOOP ONLY; READ IF NECESSARY FOR ALL OTHER HH MEMBERS (A2-X): A serious health condition, for purposes of this survey, means a condition that lasted more than 3 days and required treatment by a health care provider, a condition that required an overnight hospital stay, or a long-lasting condition for which one must see a health care provider at least twice a

year for treatment. It may also include a condition that makes one permanently unable to work or perform other daily functions, or that requires treatments to keep from becoming incapacitated.]

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

S12. In the LAST 12 MONTHS [have you/has [FILL A1-X FROM QS6]] NEEDED to take leave from work but DID NOT, for ANY of the reasons I just listed?
[INTERVIEWER: IF NECESSARY, REFER TO JOB AID ON LEAVE DEFINITION]

[IF NECESSARY: I can read the reasons again if you'd like:

- to care for a newborn, newly adopted or new foster child; (IF NECESSARY: This includes both maternity AND paternity leave)
- for [your own/[FILL A1-X FROM QS6]]'s] serious health condition or to care for someone else's serious health condition;
- for [IF GENDER UNKNOWN: your own/the adult's] or a family member's pregnancy-related reason
- to care for a military service member, or for reasons related to the deployment of a military service member?]

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

[IF FRAME=1 GO TO S14]

S13. Just to confirm, there [is/are] a total of [FILL QS5] adult household member(s). Is that correct?

- 1 NUMBER OF HH MEMBERS IN MATRIX CORRECT
- 2 NUMBER OF HH MEMBERS IS INCORRECT → [RETURN TO MATRIX (QS5)]

[IF FRAME=0, ASK QS14 FOR EVERY HH MEMBER WHERE AGE IS MISSING (QS7 = 99)]

S14. [Are you/Is [FILL A1-X FROM QS6]] 18 years old or older?

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

[PROGRAMMER: END SCREENER TIME STAMP HERE]

TERMINATIONS:

READMSG. [READ THE FOLLOWING MESSAGE VOICEMAIL]

This is [INTERVIEWER] calling for a study that is being conducted for the U.S. Department of Labor. We are conducting this study to ask you about family and medical leave policies provided in your workplace. Study results will be used to assess the impact of family and medical leave policies on employees, so your opinions are important. Your phone number was randomly selected and your answers will be kept private.

If FRAME=CELL [If you complete the survey, we will pay you \$15 as a token of our appreciation.] We will call back within the next day or two. Thank you.

THANK01. Thank you very much, but we are only interviewing individuals who are 18 and over.

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

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

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

- 1) IF S5=1, HHFLG=FMLAFLG_A1.
 - 2) IF ALL [FMLAFLG_A1 THRU FMLAFLG_AX=1], HHFLG=1.
 - 3) IF ALL [FMLAFLG_A1 THRU FMLAFLG_AX=2], HHFLG=2.
 - 4) IF ALL [FMLAFLG_A1 THRU FMLAFLG_AX=3], HHFLG=3.
SELECT 20% OF THESE HHFLG= 3 RESPONDENTS ONLY TO BE SUBSAMPLED.
 - 5) IF [FMLAFLG_A1 TO FMLAFLG_AX=2] AND [FMLAFLG_A1 TO FMLAFLG_AX=1],
ASSIGN HHFLG=2 WITH 90%, HHFLG=1 WITH 10% PROB.
 - 6) IF [FMLAFLG_A1 TO FMLAFLG_AX=2] AND [FMLAFLG_A1 TO FMLAFLG_AX=3],
ASSIGN HHFLG=2 WITH 90%, HHFLG=3 WITH 10% PROB (NOT ELIGIBLE FOR 20%
SUBSAMPLE).
 - 7) IF [FMLAFLG_A1 TO FMLAFLG_AX=1] AND [FMLAFLG_A1 TO FMLAFLG_AX=3],
ASSIGN HHFLG=1 WITH 90%, HHFLG=3 WITH 10% PROB (NOT ELIGIBLE FOR 20%
SUBSAMPLE).
 - 8) IF [FMLAFLG_A1 TO FMLAFLG_AX=1] AND [FMLAFLG_A1 TO FMLAFLG_AX=2] AND
[FMLAFLG_A1 TO FMLAFLG_AX=3], ASSIGN HHFLG=1 WITH 10%, HHFLG=2 WITH 80%,
AND HHFLG=3 WITH 10% PROB (NOT ELIGIBLE FOR 20% SUBSAMPLE).
 - 9) IF RESPONDENT IS A LEAVE TAKER OR LEAVE NEEDER [FMLAFLG=1 OR 2],
CONTINUE TO SECTION T.
 - 10) IF FMLAFLG=3 AND HAS BEEN SUBSAMPLED FOR EXTENDED INTERVIEW,
CONTINUE TO SECTION T.
 - 11) IF FMLAFLG=3 AND RESPONDENT HAS NOT BEEN SUBSAMPLED, THANK03 AND
END.
 - 12) IF [S11=1] AND [S12=1] FOR SELECTED RESPONDENT, THEN FMLAFLG_DUAL=1,
ELSE FMLAFLG_DUAL=0.
 - 13) IF [QS9=2] FOR ALL [A1 THRU AX], THANK03 AND END (SCREEN OUT).
IF [QS9>2] FOR ALL [A1 THRU AX], THANK AND END. CODE SOFT REFUSAL.
IF [QS11>2 AND QS12>2] FOR ALL [A1 THRU AX], THANK AND END. CODE SOFT
REFUSAL.
 - 14) IF MORE THAN 1 HH MEMBER HAS THE SAME FMLAFLG, AND THAT FMLAFLG =
HHFLG, THEN RANDOMLY SELECT ONE RESPONDENT
- CATI: CREATE 3 QUALIFIED LEVELS BASED ON:
 QUALFIED LEAVE TAKER (HHFLG = 1)
 QUALFIED LEAVE NEEDER (HHFLG = 2)
 QUALIFIED SUBSAMPLED EMPLOYED ONLY (HHFLG = 3)

SECTION T – TELEPHONE USAGE

Before we begin, we just have a few quick questions about telephone use in your household. These items will be used for statistical purposes to make sure that all households in the country are represented in this study.

[ASK T1 IF FRAME=0]

T1. Now thinking about your telephone use, do you have a working cell phone?

- 1 YES, HAVE CELL PHONE
- 2 NO, DO NOT HAVE CELL PHONE
- 9 DK/REF (VOL)

[ASK IF T1=1 OR FRAME=1]

T2. [IF FRAME=1: Including this one,] How many working cell phones do YOU personally have?

- (1-6) RECORD NUMBER [ENTER 6 IF 6 OR GREATER]
- 9 DK/REF (VOL)

[IF FRAME=0: ASK IF QS5 > 1 (2+ ADULT HOUSEHOLD)]

T3. Thinking about the other adults in your household, how many working cell phones in total do THEY have?

- (0-6) RECORD NUMBER [ENTER 6 IF 6 OR GREATER]
- 9 DK/REF (VOL)

[ASK IF FRAME=1]

T4. Is a cell phone your ONLY phone, or do you also have a regular landline telephone at home?

- 1 CELL PHONE IS ONLY PHONE
- 2 HAVE LANDLINE TELEPHONE AT HOME
- 9 DK/REF (VOL)

[ASK IF FRAME=0 OR T4=2]

T5. [IF FRAME=0: Including this number,] How many different residential phone NUMBERS do you have coming into your household, not including lines dedicated to a fax machine, modem, or used strictly for business purposes? Do not include cellular phones.

- (1-6) RECORD NUMBER [ENTER 6 IF 6 OR GREATER]
- 9 DK/REF (VOL)

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

IF FRAME=1: ASK IF T4=2]

T6. Of all the telephone calls that you [IF FRAME=0 AND QS5 > 1 (2+ ADULT HOUSEHOLD): or your family] receive, are:

- 1 All or almost all calls received on cell phones,
- 2 Some received on cell phones and some on regular phones, or
- 3 Very few or none] on cell phones?
- 9 DK/REF (VOL)

2018 FAMILY AND MEDICAL LEAVE ACT (FMLA) SURVEY
EMPLOYEE EXTENDED INTERVIEW

NOTE:

RESPONSE OPTIONS IN ALL CAPS ARE NOT READ ALOUD BY THE INTERVIEWER.

TEXT IN ALL CAPS IS A PROGRAMMER NOTE OR INTERVIEWER INSTRUCTION. TEXT IN BRACKETS IS TO BE FILLED IN PROGRAMMATICALLY OR DETERMINED BY INTERVIEWER.

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

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

SECTION A – LEAVE TAKERS

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

[IF FRAME = 0 AND SELECTED RESPONDENT IS NOT PERSON ON THE PHONE:]

HANDOFF1. [FILL QS6 AX] has been selected as the respondent for this survey. May I please speak to [FILL QS6 AX] for the rest of the interview?

- 1 YES/PHONE HANDED OFF [GO TO INTRO3]
- 2 NOT AVAILABLE (CALLBACK – SAME NUMBER)
[SCHEDULE CALLBACK]
- 3 ALTERNATE NUMBER PROVIDED (CALLBACK – NEW NUMBER)
[UPDATE NUMBER, GO TO UP3]
- 9 DK/REF (VOL)
[GO TO THANK02]

[CATI: Ask UP3 if HANDOFF1 = 3]

UP3. Is that a landline or cell phone?

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

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

[IF INCENT=1, DISPLAY:]

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

[ALL RESPONDENTS:] Your participation is voluntary and all information you provide will be kept private to the greatest extent possible under the law. We have many procedures in

place to reduce the small potential risk of loss of privacy. If we should come to any question you don't understand or don't want to answer, I'll try to clarify or we can move on to the next question. The survey should take between 10 and 20 minutes to complete, depending on your answers.

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

[IF FRAME = 0 AND SAME RESPONDENT:] I want to confirm with you that in the last 12 months, that is, since [INSERT 12 MONTH PERIOD], you have taken leave from work for ANY of the following reasons:

- to care for a newborn, newly adopted or new foster child; (IF NECESSARY: This includes both maternity AND paternity leave)
- for your own serious health condition or to care for someone else's serious health condition;
- for [IF GENDER UNKNOWN: your own/the adult's] or a family member's pregnancy-related reasons (IF NECESSARY: [IF QS8 >1 FOR SELECTED RESPONDENT: your own or] a family member's); or
- to care for a military service member, or for reasons related to the deployment of a military service member?

[IF FRAME = 1 AND NEW RESPONDENT; ELSE, AS NECESSARY:] A serious health condition, for purposes of this survey, means a condition that lasted more than 3 days and required treatment by a health care provider, a condition that required an overnight hospital stay, or a long-lasting condition for which one must see a health care provider at least twice a year for treatment. It may also include a condition that makes one permanently unable to work or perform other daily functions, or that requires treatments to keep from becoming incapacitated.

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

- 1 YES [GO TO QA3]
- 2 NO [GO TO QS11]
- 8 DK (VOL) [GO TO QS11]
- 9 REF (VOL) [GO TO QS11]

[IF R ANSWERS DK/REF TO QA1, RE-SCREEN TO CONFIRM LEAVE STATUS. IF THE SAME R COMES BACK TO QA1 AND ANSWERS DK/REF A SECOND TIME, GO TO SECTION C]

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

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

[IF QS8=9 FOR SELECTED RESPONDENT:]

GUESSGENDER1

- 1. MALE
- 2 FEMALE
- 9 DK

A4. We are interested in the number of times you took leave from work for different-reasons or conditions (yours, or that of the person you cared for), and this is regardless of whether you took time off all at once or in separate blocks of time. So, for how many TOTAL reasons or conditions did you take leave from work since [INSERT 12 MONTH PERIOD]?

[RANGE: 1-100]

DK (VOL) 888

REF (VOL) 999

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

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

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

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

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

- 1 OWN ILLNESS, DISABILITY OR OTHER SERIOUS HEALTH CONDITION, EXCEPT PREGNANCY-RELATED HEALTH REASON
[GO TO QA10]
- 2 FOR PREGNANCY-RELATED HEALTH REASON PRIOR TO DELIVERY
[GO TO QA10]
- 3. FOR PREGNANCY-RELATED HEALTH REASONS AND TO CARE FOR A NEWBORN
[GO TO QA13]4.

4. [IF (QS8=2) OR (GUESSGENDER1>1) FOR SELECTED
RESPONDENT:] MISCARRIAGE
[GO TO QA13]
- 5 TO CARE FOR NEWBORN
[GO TO QA13]
- 6 TO CARE FOR NEWLY ADOPTED CHILD
[GO TO QA13]
- 7 TO CARE FOR NEWLY PLACED FOSTER CHILD
[GO TO QA13]
- 8 TO BOND WITH NEWBORN
[GO TO QA13]
- 9 TO BOND WITH NEWLY ADOPTED CHILD
[GO TO QA13]
- 10 TO BOND WITH NEWLY PLACED FOSTER CHILD
[GO TO QA13]
- 11 CHILD'S HEALTH CONDITION
[GO TO QA8]
- 12 SPOUSE'S HEALTH CONDITION
[GO TO QA8]
- 13 PARENT'S HEALTH CONDITION
[GO TO QA8]
- 14 OTHER RELATIVE'S HEALTH CONDITION
[GO TO QA6]
- 15 OTHER NON-RELATIVE'S HEALTH CONDITION
[GO TO QA8]
- 16 DOMESTIC PARTNER'S HEALTH CONDITION
[GO TO QA8]
- 17 TO ADDRESS ISSUES ARISING FROM THE
DEPLOYMENT OF A MILITARY FMAILY MEMBER
[GO TO QA11]
- 98 DK (VOL) [GO TO QA10]
- 99 REF (VOL) [GO TO QA10]

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

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

[GO TO QA8]

[IF QA5 = 11-16, READ:]

You said that you've taken leave to care for your [FILL PERSON FROM QA5/QA6/~~QA7~~, AS APPROPRIATE]. Throughout the rest of the survey, we will refer to this person as your "care recipient."

A8. What was the age of your care recipient?

[RANGE: 1-100]

998 DK (VOL)

999 REF (VOL)

[ASK QA10 IF QA5 = 1-2, 11-16, 98, 99]

A10. What was the nature of the health condition for which you took this leave? Was it:

[READ LIST]

- 1 A one-time health matter, such as appendicitis or injury;
- 2 The **treatment** of an injury or illness that now requires routine scheduled care, such as chemotherapy or physical therapy;
- 3 An ongoing health condition that affects one's ability to work from time to time, such as diabetes, migraines, depression, or multiple sclerosis; or
- 4 To provide eldercare? Eldercare is care provided for individuals who are aged 65 years or older with age-related physical or mental impairments, not related to a serious health condition.
- 5 OTHER (SPECIFY): _____
- 8 DK (VOL)
- 9 REF (VOL)

A13. For this leave, in what month and year did you start taking time off?

ENTER MONTH [RANGE: 1-12]

98 DK (VOL)

99 REF (VOL)

ENTER YEAR [RANGE: 2009-2012]

9998 DK (VOL)

9999 REF (VOL)

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

A14. Did you take this time off continuously -- that is, all in a row without returning to work-- or did you take leave on separate occasions?

- 1 ONE CONTINUOUS BLOCK OF TIME
- 2 SEPARATE OCCASIONS
[GO TO QA15]
- 8 DK (VOL)
- 9 REF (VOL)

[IF QA14 = 1, 8, 9 → GO TO QA17]

- A15. How many separate blocks of time did you take off from work during this leave? [IF NECESSARY: Please think about special events, holidays, or seasons to help you remember.]

[RANGE: 2-100]
888 DK (VOL)
999 REF (VOL)

- A16. In what month and year did the last block of time for this leave begin? [IF NECESSARY: Please think about special events, holidays, or seasons to help you remember.]

ENTER MONTH [RANGE: 1-12]
98 DK (VOL)
99 REF (VOL)

ENTER YEAR [RANGE: 2009-2012]
9998 DK (VOL)
9999 REF (VOL)

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

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

- [IF LOOP 1 (MOST RECENT): ASK QA17 IF QA3 > 1, ELSE SKIP TO QA18]

- A17. And in what month and year did this leave end? [IF NECESSARY: Please think about special events, holidays, or seasons to help you remember.] [IF NECESSARY, INTERVIEWER CONFIRM DATES WITH RESPONDENT – END DATE CANNOT BE EARLIER THAN [INSERT 12 MONTH PERIOD]]

ENTER MONTH [RANGE: 1-12]
 97 CURRENTLY ON LEAVE
 98 DK (VOL)
 99 REF (VOL)
 ENTER YEAR [RANGE: 2009-2012]
 9997 CURRENTLY ON LEAVE
 9998 DK (VOL)
 9999 REF (VOL)

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

[DATE ENTERED MUST BE LATER THAN OR EQUAL TO DATES FROM QA13 AND QA16
 LOOP 2 (LONGEST LEAVE): DATE ENTERED MUST BE EARLIER THAN OR EQUAL TO QA17'S DATE FROM LOOP 1 (MOST RECENT)]

[IF QA17=9997, DISPLAY “and you are currently on this leave”
 IF QA17<9997, DISPLAY “and it ended [FILL QA17]”
 IF QA17>9997, DISPLAY “and you are not able to tell us when it ended”
 IF QA5=1, FILL “your own serious health condition”]

- A18. To review: You've taken leave for [[FILL QA5]; IF QA5=DK/REF DISPLAY "and you are not able to tell us the reason"], [and you began taking leave in [QA13 MONTH QA13 YEAR - IF MONTH OR YEAR IS DK/REF LEAVE OUT, IF BOTH ARE MISSING DISPLAY "and you are not able to tell us when it began"], [IF QA3 = 1 OR QA17 = 97/9997: “and you are currently on this leave” ELSE: “and it ended in [QA17 MONTH QA17 YEAR] - IF MONTH OR YEAR IS DK/REF LEAVE OUT, IF BOTH ARE MISSING DISPLAY "and you are not able to tell us when it ended"]. Is that correct?

1 YES
 2 NO [REVIEW AND CORRECT IF NECESSARY]
 8 DK (VOL)
 9 REF (VOL)

[IF QA17=9997, DISPLAY “so far”
IF QA14=2, DISPLAY “including all blocks of time”]

A19. Great, so how much time in TOTAL did you take off from work [so far] for the reason you mentioned [including all blocks of time]?

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

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

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

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

[IF NECESSARY AND FRAME = 1: Household members include people who think of this household as their primary place of residence. It includes persons who usually stay in the household but are temporarily away, such as in the military, on business, on vacation, in a hospital, or living at school in a dorm, fraternity, or sorority.]

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

- 1 Spouse
- 2 Unmarried partner
- 3 Parent
- 4 Child
- 5 Sibling
- 6 Aunt or Uncle
- 7 Son- or Daughter-in-law
- 8 Father- or Mother-in-law
- 9 Grandchild

- 10 Grandparent
- 11 Other (specify)
- 98 DK (VOL)
- 99 REF (VOL)

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

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

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

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

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

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

LOOP 2 (LONGEST): → GO TO QA23]

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

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

[ASK IF A20 = 1]

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

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

[PROGRAMMING NOTE:

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

MOST RECENT LEAVE – EXTENDED BATTERY

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

A23. I’m going to read you some possible situations you may or may not have experienced due to taking leave from work. Please tell me whether you experienced each.

[RANDOMIZE QA23a-e]

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

[RESPONSE CATEGORIES:]

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

The following questions concern your employer’s conditions for taking leave.

A26. Did your employer require medical certification for this leave (IF NECESSARY: for yourself or the person you were caring for)? [IF NECESSARY: By medical certification, we mean documentation from a health care provider to substantiate the medical need for you to take time away from work for this reason or health condition.]

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

[IF QA26=2, 8, 9 → GO TO QA42]

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

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

[IF QA28 = 1, 8, 9 → GO TO QA30]

A30. Did your employer require multiple doctor visits – that is, a second or third opinion – to obtain your INITIAL medical certification?

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

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

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

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

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

[IF QA35 = 2, 8, 9 → GO TO QA41]

A41. How much time did you need to take off from work in order to obtain medical certification [IF QA35=1, READ: and re-certification]? This does not include the time you needed for the reason or condition itself.

- 1 ____HOURS [RANGE 1-100]
- 2 ____DAYS [RANGE 1-100]
- 3 ____WEEKS [RANGE 1-150]
- 4 ____DID NOT TAKE EXTRA TIME OFF (VOL)
- 8 ____DK (VOL)
- 9 ____REF (VOL)

[INTERVIEWER: WE ARE LOOKING FOR THE TIME THEY WERE PHYSICALLY GOING TO THE DOCTOR TO GET THE CERTIFICATION (AND IF RELEVANT, THE RE-CERTIFICATION). THIS DOES NOT INCLUDE THE TIME THEY SPENT AT HOME WAITING FOR THE RESULTS/PAPERWORK/ETC.]

[INTERVIEWER: IF MORE THAN 2 DAYS, CONFIRM THAT RESPONDENT CORRECTLY UNDERSTOOD THE QUESTION]

[IF QA14=1, 8, 9, DISPLAY “leave”

IF QA14=2, DISPLAY “most recent block of time off from work”]

A42. How long before you took your [leave/most recent block of time off from work] did you provide notice to your employer?

- 1 ____HOURS [RANGE: 1-100]
- 2 ____DAYS [RANGE: 1-500]
- 3 ____WEEKS [RANGE: 1-100]
- 4 ____MONTHS [RANGE 1-24]
- 5 ____DID NOT PROVIDE NOTICE BEFORE LEAVE (VOL)
- 8 ____DK (VOL)
- 9 ____REF (VOL)

WHILE YOU WERE ON LEAVE

Now I have some questions about the time you were away from work. [IF QA20=2, DISPLAY: Please continue thinking about your MOST RECENT leave.]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

_____ % [RANGE 1-99]
 998 DON'T KNOW (VOL)
 999 REFUSED (VOL)

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

- a. Vacation pay
 - b. Sick pay
 - c. Flex time pay
 - d. Temporary disability
 - e. State-paid family leave
 - f. Paid time off
- 1 YES
 2 NO
 8 DON'T KNOW (VOL)
 9 REFUSED (VOL)

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

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

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

[ASK QA44 IF QA19 >= (160 HOURS OR 30 DAYS OR 4 WEEKS OR ONE MONTH), ELSE SKIP TO QA52]

[FOR QA44: IF A3=1, REPLACE “your” WITH “this”]

A44. On your leave, did you keep your health insurance, lose part or all of your health insurance, or did you not have this benefit at the time you took leave?

- 1 KEPT ALL
- 2 LOST PART
- 3 LOST ALL
- 4 DID NOT HAVE THIS BENEFIT
- 8 DK (VOL)
- 9 REF (VOL)

A52. Now I'm going to ask you some questions about how your work was covered while you were away on leave. [IF NECESSARY: By cover your work, we mean what your employer did while you were away on leave to make sure that the work you usually did was completed.] Did your employer... [RANDOMIZE ITEMS a-d]

- a. Cover your work by assigning it to other employees?
- b. Hire a permanent employee to cover your work?
- c. Hire a temporary employee to cover your work?
- d. Let your work go undone until you returned?
- e. Request that you complete some (or all) of your work while you were on leave using alternative work arrangements, such as telecommuting?
- f. Cover your work in some other way?
(SPECIFY): _____

[RESPONSE CATEGORIES:]

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

PROGRAMMING NOTE:

IF QA43 = 1 AND QA43b = A19 AND QA43c = 1 AND
QA43D = A19, SKIP TO PROGRAMMING NOTE
AFTER Q55.

OTHERWISE:

IF QA43 = 2, 8, 9, DISPLAY “some.”

IF QA43=2, 8, 9, DISPLAY “additional.”

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

- a. Use savings that you had earmarked for this situation?
- b. Use savings earmarked for something else?
- c. Borrow money?
- d. Go on public assistance?
- e. Limit spending?
- f. Put off paying your bills?
- g. Cut your leave time short?
- h. Do anything else? (SPECIFY)_____

[RESPONSE CATEGORIES:]

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

A54. How easy or difficult was it for you to make ends meet during your leave? Would you say...

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

PROGRAMMING NOTE:

IF QA43 OR QA43c = 2, 8, 9, ASK QA55.

IF QA43 = 2, 8, 9, DISPLAY “some.”

IF QA43=2, 8, 9, DISPLAY “additional.”

IF QA43 = 1 AND QA43c = 1, SKIP TO PROGRAMMING NOTE
AFTER Q58.

A55. If you had received [some/additional] pay, would you have taken leave for a longer period of time?

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

PROGRAMMING NOTE: IF QA17 = 9997 FOR MOST
RECENT LEAVE, GO TO QB1.
OTHERWISE CONTINUE

WHEN LEAVE WAS OVER

[IF QA20=2, DISPLAY: “most recent”]

The next few questions are about returning to work after your [most recent] leave.

A59. After your leave ended, did you go back to work: for the same employer, for a new employer, or did you not return to work at all?

- | | |
|--------------------------|--------------|
| 1 SAME EMPLOYER | [GO TO QA60] |
| 2 NEW EMPLOYER | [GO TO QA62] |
| 3 DID NOT RETURN TO WORK | [GO TO QB1] |
| 8 DK (VOL) | [GO TO QB1] |
| 9 REF (VOL) | [GO TO QB1] |

[IF QA5=5-17 → GO TO QA62]

A60. Did your employer require you to obtain fitness for duty certification before you returned to work?

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

[GO TO QA62]

[IF QA59 = 3, GO TO QB1]

A62. I'm going to read some reasons that people give for returning to work after taking leave. Did you return to work because... [RANDOMIZE]
[INTERVIEWER: CODE "NOT APPLICABLE" AS NO (2)]

- a. You wanted to get back to work?
- b. You used up all the leave time you were allowed?
- c. You felt pressured by your boss or co-workers to return?
- d. You had too much work to do to stay away longer?
- e. [IF QA5 = 3, 5-16] Someone else took over your care-giving responsibilities?
- f. You no longer needed to be on leave?
- g. [IF QA5 = 1-4] Your doctor told you that you were ready to return to work?
- h. [IF QA5 = 3, 5-16] Your care recipient's doctor told you that it was safe for you to return to work?
- i. [IF QA23B≠1:] You did not want to lose your seniority or potential for job advancement?

[RESPONSE CATEGORIES:]

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

PROGRAMMING NOTE: IF QA59 = 1, CONTINUE.
OTHERWISE, GO TO SECTION B.

A63. After your leave, did you return to a position that was the same, similar, better, or worse than the one you had before your leave?

- 1 SAME POSITION [GO TO QB1]
- 2 SIMILAR POSITION
- 3 BETTER POSITION
- 4 WORSE POSITION
- 8 DK (VOL) [GO TO QB1]
- 9 REF (VOL) [GO TO QB1]

A64. Did you choose to take a different position or did your employer ask you to take or assign you to a different position?

- 1 CHOSE DIFFERENT POSITION
- 2 EMPLOYER ASKED
- 3 ASSIGNED TO DIFFERENT POSITION
- 8 DK (VOL)
- 9 REF (VOL)

[IF FMLAFLG=2 AND FMLAFLG_DUAL=0 FOR SELECTED RESPONDENT, BEGIN AT SECTION B]

SECTION B – LEAVE NEEDERS

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

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

B1. We've just talked about the leave[s] taken in the last 12 months. Now I'd like to ask you if, IN THE LAST 12 MONTHS, was there a time when you NEEDED to take leave from work but DID NOT, for ANY of the following reasons:

- to care for a newborn, newly adopted or new foster child; (IF NECESSARY: This includes both maternity AND paternity leave)
- for your own serious health condition or to care for someone else's serious health condition;
- for pregnancy-related reasons (IF NECESSARY: [IF QS8>1 FOR SELECTED RESPONDENT: your own or] a family member's); or
- to care for a military service member, or for reasons related to the deployment of a military service member?

[IF NECESSARY: A serious health condition, for purposes of this survey, means a condition that lasted more than 3 days and required treatment by a health care provider, a condition that required an overnight hospital stay, or a long-lasting condition for which one must see a health care provider at least twice a year for treatment. It may also include a condition that makes one permanently unable to work or perform other daily functions, or that requires treatments to keep from becoming incapacitated.]

[IF NECESSARY: Have you needed but not taken leave from work for one or more of these reasons?]

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

[IF B1 = 2, 8, 9 → GO TO QE0]

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

[IF SELECTED RESPONDENT IS NOT PERSON ON THE PHONE:]

HANDOFF2. [FILL QS6 AX] has been selected as the respondent for this
survey. May I please speak to [FILL QS6 AX] for the rest of the
interview?

- 1 YES/PHONE HANDED OFF [GO TO INTRO4]
- 2 NOT AVAILABLE (CALLBACK – SAME NUMBER)
[SCHEDULE CALLBACK]
- 3 ALTERNATE NUMBER PROVIDED (CALLBACK – NEW NUMBER)
[UPDATE NUMBER, GO TO UP4]
- 9 DK/REF (VOL) [GO TO THANK02]

[CATI: Ask UP2 if HANDOFF2 = 3]

UP4. Is that a landline or cell phone?

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

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

[IF INCENT=1, DISPLAY:]

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

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

According to the Paperwork Reduction Act of 1995, no persons are
required to respond to a collection of information unless such collection
displays an Office of Management and Budget (OMB) control number.
The valid OMB control number for this information collection is 1290-
0015 and it expires on 2/28/2021. Send comments regarding the burden
estimate or any other aspect of this collection of information, including
suggestions for reducing this burden to, Christina Yancey at 202-693-

5910 or Yancey.Christina.L@DOL.gov and reference the OMB Control Number 1290-0015.

- B2. [IF LEAVE NEEDER ONLY:] I want to confirm with you that in the last 12 months, that is, since [INSERT 12 MONTH PERIOD]:

You NEEDED to take leave from work but DID NOT, for ANY of the following reasons:

- to care for a newborn, newly adopted or new foster child; (IF NECESSARY: This includes both maternity AND paternity leave)
- for your own serious health condition or to care for someone else's serious health condition;
- for pregnancy-related reasons (IF NECESSARY: [IF QS8>1 FOR SELECTED RESPONDENT: your own or] a family member's); or
- to care for a military service member, or for reasons related to the deployment of a military service member?

[IF YES AND IF NEW RESPONDENT: A serious health condition, for purposes of this survey, means a condition that lasted more than 3 days and required treatment by a health care provider, a condition that required an overnight hospital stay, or a long-lasting condition for which one must see a health care provider at least twice a year for treatment. It may also include a condition that makes one permanently unable to work or perform other daily functions, or that requires treatments to keep from becoming incapacitated.]

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

- 1 YES [ASK QB3]
- 2 NO [GO TO QS11]
- 8 DK (VOL) [GO TO QS11]
- 9 REF (VOL) [GO TO QS11]

[IF QB2>1, RE-SCREEN TO CONFIRM LEAVE STATUS. IF THE SAME R COMES BACK TO QB2 AND ANSWERS (2, 8, 9) A SECOND TIME, GO TO SECTION C]

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

[RANGE: 1-100]

DK (VOL) 888

REF (VOL) 999

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

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

GUESSGENDER2. 1 MALE
2 FEMALE
9 DK

[IF B4=1, DISPLAY “reason”

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

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

- 1 OWN ILLNESS, DISABILITY OR OTHER
SERIOUS HEALTH CONDITION, EXCEPT PREGNANCY-
RELATED ILLNESS [GO TO QB11]
- 2 [IF (QS8=2) OR (ANY GUESSGENDER1-2>1)
FOR SELECTED RESPONDENT:] FOR
PREGNANCY-RELATED HEALTH REASON
PRIOR TO DELIVERY [GO TO QB11]
- 3 [IF (QS8=2) OR (ANY GUESSGENDER1-2>1)
FOR SELECTED RESPONDENT:] FOR
PREGNANCY-RELATED HEALTH REASON
AND TO CARE FOR A NEWBORN [GO TO QB15]
- 4 [IF (QS8=2) OR (ANY GUESSGENDER1-2>1)
FOR SELECTED RESPONDENT:] MISCARRIAGE
[GO TO QB15]
- 5 TO CARE FOR NEWBORN [GO TO QB15]
- 6 TO CARE FOR NEWLY ADOPTED
CHILD [GO TO QB15]
- 7 TO CARE FOR A NEWLY PLACED FOSTER CHILD
[GO TO QB15]
- 8 TO BOND WITH A NEWBORN [GO TO QB15]
- 9 TO BOND WITH A NEWLY ADOPTED
CHILD [GO TO QB15]
- 10 TO BOND WITH A NEWLY PLACED
FOSTER CHILD [GO TO QB15]
- 11 CHILD’S HEALTH CONDITION [GO TO QB9]
- 12 SPOUSE’S HEALTH CONDITION [GO TO QB9]

- | | | |
|----|---|--------------|
| 13 | PARENT'S HEALTH CONDITION | [GO TO QB9] |
| 14 | OTHER RELATIVE'S HEALTH
CONDITION | [GO TO QB7] |
| 15 | OTHER NON-RELATIVE'S HEALTH
CONDITION | [GO TO QB9] |
| 16 | DOMESTIC PARTNER'S HEALTH
CONDITION | [GO TO QB9] |
| 17 | TO ADDRESS ISSUES ARISING FROM THE DEPLOYMENT
OF A MILITARY FAMILY
MEMBER | [GO TO QB7] |
| 98 | DK (VOL) | [GO TO QB11] |
| 99 | REF (VOL) | [GO TO QB11] |

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

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

[GO TO QB9]

[IF QB6 =10-16, READ:]

You said that you've needed to take leave to care for your [FILL PERSON FROM QB6/QB7, AS APPROPRIATE]. Throughout the rest of the survey, we will refer to this person as your "care recipient."

B9. What was the age of your care recipient?

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

[ASK QB11 IF QB6 = 1-2, 10-16, 98, 99]

B11. What was the nature of the health condition for which you needed to take this leave? Was it: [READ LIST]

- 1 A one-time health matter, such as appendicitis or injury;
- 2 The **treatment** of an injury or illness that now requires routine scheduled care, such as chemotherapy or physical therapy;
- 3 An ongoing health condition that affects one's ability to work from time to time, such as diabetes, migraines, depression, or Multiple Sclerosis; or

- 4 To provide eldercare? Eldercare is care provided for individuals who are aged 65 years or older with age-related physical or mental impairments, not related to a serious health condition.
- 5 OTHER (SPECIFY): _____
- 8 DK (VOL)
- 9 REF (VOL)

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

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

[CATI: ALLOW MULTI-PUNCH ANSWER]

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

[PROGRAMMING NOTE:

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

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

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

OTHERWISE, SKIP TO QB20]

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

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

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

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

[IF QB6 = 1, 2, 4, 98, 99: READ "your"

ELSE, READ "your care recipient's care-giving"]

B20. Since you did not take leave from work for this reason or condition, what did you do in order to meet [your / your care recipient's care-giving] needs? [READ LIST]

[PROGRAMMING NOTES:

READ QB20a IF QB = 1-4, 11-17

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

READ QB20c IF QB6 = 5-15

READ QB20d IF QB6 = 5-15

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

READ QB20f IF QB9 = 60 – 100

READ QB20g FOR ALL RESPONDENTS]

- a. Did [you/your care recipient] forego (IF NECESSARY: do without) medical treatment?
- b. Did [you/your care recipient] delay medical treatment?
- c. Did someone else in your family take leave?
- d. Did someone else take over your care-giving duties?
- e. Did you pay someone to provide childcare?
- f. Did you pay someone to provide eldercare?
- g. Did you do something else I haven't already mentioned? (SPECIFY): _____

[RESPONSE CATEGORIES:]

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

[ALL RESPONDENTS SKIP TO QE0]

[IF FMLAFLG=3 FOR SELECTED RESPONDENT AND SUBSAMPLED, BEGIN AT SECTION C]

SECTION C – EMPLOYED ONLY

**IF (R=SCREENER R) AND INTERVIEW IS
TAKING PLACE ON SAME DAY AS SCREENING,
START AT INTRO5.
IF (R ~SCREENER R), START AT
HANDOFF3.**

[IF SELECTED RESPONDENT IS NOT PERSON ON THE PHONE:]

HANDOFF3. [FILL QS6 AX] has been selected as the respondent for this survey. May I please speak to [FILL QS6 AX] for the rest of the interview?

- 1 YES/PHONE HANDED OFF [GO TO QC1]
- 2 NOT AVAILABLE (CALLBACK – SAME NUMBER)
[SCHEDULE CALLBACK]
- 3 ALTERNATE NUMBER PROVIDED(CALLBACK – NEW NUMBER)
[UPDATE NUMBER, GO TO UP5]
- 9 DK/REF (VOL) [GO TO THANK02]

[CATI: Ask UP1 if HANDOFF3 = 3]

UP5. Is that a landline or cell phone?

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

[IF NEW RESPONDENT:]

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

[IF INCENT=1, DISPLAY:]

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

[ALL RESPONDENTS:] Your participation is voluntary and all information you provide will be kept private to the greatest extent possible under the law. We have many procedures in place to reduce the small potential risk of loss of privacy. If we should come to any question you don't understand or don't want to answer, I'll try to

clarify or we can move on to the next question. The survey should take about 15 to 25 minutes to complete, depending on your answers.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays an Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 1290-0015 and it expires on 2/28/2021. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to, Christina Yancey at 202-693-5910 or Yancey.Christina.L@DOL.gov and reference the OMB Control Number 1290-0015.

C1. I want to confirm with you that in the last 12 months, that is, since [INSERT 12 MONTH PERIOD], you have NOT taken or needed to take leave from work, for ANY of the following reasons:

- to care for a newborn, newly adopted or new foster child; (IF NECESSARY: This includes both maternity AND paternity leave)
- for your own serious health condition or to care for someone else's serious health condition;
- for pregnancy-related reasons (IF NECESSARY: [IF QS8 > 1 FOR SELECTED RESPONDENT: your own or] a family member's); or
- to care for a military service member, or for reasons related to the deployment of a military service member?

[IF YES AND IF NEW RESPONDENT; ELSE IF NECESSARY:] A serious health condition, for purposes of this survey, means a condition that lasted more than 3 days and required treatment by a health care provider, a condition that required an overnight hospital stay, or a long-lasting condition for which one must see a health care provider at least twice a year for treatment. It may also include a condition that makes one permanently unable to work or perform other daily functions, or that requires treatments to keep from becoming incapacitated.

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

- | | | |
|---|-----------|-------------|
| 1 | YES | [GO TO QE1] |
| 2 | NO | [GO TO QS5] |
| 8 | DK (VOL) | [GO TO QS5] |
| 9 | REF (VOL) | [GO TO QS5] |

[IF QC1>1, RE-SCREEN TO CONFIRM LEAVE STATUS. IF THE SAME R COMES BACK TO QC1 AND ANSWERS (2, 8, 9) A SECOND TIME, CODE AS SOFT REFUSAL]

[IF QS8=9 FOR SELECTED RESPONDENT:]

GUESSGENDER3. 1 MALE
 2 FEMALE
 9 DK

SECTION E – EMPLOYMENT (ALL RESPONDENTS)

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

If S9b=1: GO TO E0c

If S9b=2: GO TO E0a

If S9b=3: GO TO E2

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

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

YEAR:

[RANGE: 1980 – CURRENT YEAR]

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

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

[RANGE: 0 – 80]

88. DON'T KNOW (VOL)

99. REFUSED (VOL)

[IF S9B = 2, SKIP TO E1]

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

[RANGE: 1 – 5]

8. DON'T KNOW (VOL)

9. REFUSED (VOL)

[IF E0c = 1, ASK E0c2]

E0c2. Earlier, you said that you had more than one job in [INSERT 12 MONTHS AGO], but that differs from what you said in the last question. To confirm, 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?

1 YES

2 NO

8 DK (VOL)

9 REF (VOL)

[IF E0c2 = 2, recode S9b=2 and skip to E1]

Still thinking about your “main” job that you had in [INSERT 12 MONTHS AGO]...

E0f. In what month and year did you start working at your main job? By “main” job we mean the one in which you worked the most hours. If you worked the same number of hours at two jobs, then the one you worked at for the longest.

1. January

2. February

3. March

4. April

5. May

6. June

7. July
8. August
9. September
10. October
11. November
12. December
88. DON'T KNOW (VOL)
99. REFUSED (VOL)

YEAR:

[RANGE: 1980 – CURRENT YEAR]

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

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

[RANGE: 0 – 80]

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

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

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

13. January
14. February
15. March
16. April
17. May
18. June
19. July
20. August
21. September
22. October
23. November
24. December
88. DON'T KNOW (VOL)
99. REFUSED (VOL)

YEAR:

[RANGE: 1980 – CURRENT YEAR]

8. DON'T KNOW (VOL)

9. REFUSED (VOL)

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

[RANGE: 0 – 80]

88. DON'T KNOW (VOL)

99. REFUSED (VOL)

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

E0k. Finally, at that point, how many hours per week did you work on average at ALL OF YOUR JOBS in total?

[RANGE: 0 – 80]

88. DON'T KNOW (VOL)

99. REFUSED (VOL)

[IF E0k = 0-80, ASK E0k2. IF EITHER E0g or E0j are DK/REF, SKIP E0k2.]

E0k2. So to confirm, at that point, namely [INSERT 12 MONTHS AGO], in an average week you worked [FILL FROM E0g] hrs in your main job [IF E0j=0-80, READ: , [FILL FROM E0j] hrs in your 2nd job, and [FILL FROM E0k] hrs across ALL of your jobs combined]?

1 YES

2 NO

8 DK (VOL)

9 REF (VOL)

[IF E0k2 = 2, Read “It looks like I need to re-confirm the answers to a few questions” and ASK E0k3-E0k5.]

E0k3. At that point, namely [INSERT 12 MONTHS AGO], how many hours per week did you work on average at your “main” job?

[RANGE: 0 – 80]

88. DON'T KNOW (VOL)

99. REFUSED (VOL)

E0k4. At that point, namely [INSERT 12 MONTHS AGO], how many hours per week did you work on average at your second job?

[RANGE: 0 – 80]

88. DON'T KNOW (VOL)

99. REFUSED (VOL)

E0k5. At that point, namely [INSERT 12 MONTHS AGO], how many hours per week did you work on average at ALL OF YOUR JOBS in total?

[RANGE: 0 – 80]

88. DON'T KNOW (VOL)

99. REFUSED (VOL)

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

1 YES

2 NO

8 DK (VOL)

9 REF (VOL)

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

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

[IF DK, READ: “Would you say it is...”]

1 1-9

2 10-19

3 20-29

4 30-39

5 40-49

6 50-99

7 100-249

8 250-499

9 500 OR MORE

98 DK (VOL)

99 REF (VOL)

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

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

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

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

[IF DK, READ: "Would you say it is..."]

- 1 1-9
- 2 10-19
- 3 20-29
- 4 30-39
- 5 40-49
- 6 50-99
- 7 100-249
- 8 250-499
- 9 500 OR MORE
- 98 DK (VOL)
- 99 REF (VOL)

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

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

[IF QE2 > 1, GO TO QE5]

E3. How have you learned about the federal Family and Medical Leave Act?

[SELECT ALL THAT APPLY; DO NOT READ LIST, BUT PROBE IF NECESSARY]

- 1 Media (TV, newspapers, INTERNET, etc.)
- 2 Co-workers
- 3 Employer OR HUMAN RESOURCE OFFICE gave out information
- 4 POSTERS
- 5 Family member

- 6 FRIEND OR NEIGHBOR
- 7 Union gave out information
- 8 OTHER (SPECIFY) _____
- 98 DK (VOL)
- 99 REF (VOL)

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

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

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

[RESPONSE CATEGORIES:]

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

E5. Are you currently employed?

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

[IF QE5 > 1, GO TO QD1]

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

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

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

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

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

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

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

[RESPONSE CATEGORIES:]

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

E9. Are you salaried on this job, paid by the hour, or paid some other way?
[CODE ALL THAT APPLY]

- 1 SALARIED
- 2 HOURLY
- 3 PIECEWORK/COMMISSION
- 4 OTHER/COMBINATION
- 8 DK (VOL)
- 9 REF (VOL)

Please keep thinking about your current “main” job.

E10. Are you a contract worker?

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

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

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

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

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

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

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

SECTION D – DEMOGRAPHICS

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

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

What is the highest level of education you have completed?

- 1 Less than high school
- 2 Some high school
- 3 High school graduate
- 4 GED
- 5 Some college
- 6 ASSOCIATE'S DEGREE
- 7 BACHELOR'S DEGREE
- 8 Graduate school
- 88 DK (VOL)
- 99 REF (VOL)

PROGRAMMING NOTE:

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

Please keep thinking about your current "main" job.

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

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

- D3a. For your (IF E5 = 1, FILL "your current main job", ELSE if E5 = 2 and S9b≠3, FILL "the main job you held in [ENTER START OF 12-MONTH PERIOD], what (IF E1 = 2, FILL "was", ELSE, FILL, "is") is the easiest way for you to report (your) total earnings before taxes or other deductions: [INTERVIEWER - READ ALL] [INTERVIEWER – If respondent says "other", read "For example, is it easiest for you to report your hourly wage, or your weekly or annual income?"]

- 1 Hourly,
- 2 Weekly,
- 3 Bi-weekly,
- 4 Twice-monthly,

- 5 Monthly
- 6 Annually, or
- 7 Some other basis (SPECIFY) _____
- 8 DK (VOL)
- 9 REF (VOL)

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

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

[IF D3a = 8 OR 9 AND D3b IS NOT DK (8) OR REF (9) ASK D3c, ELSE SKIP TO D3d.]

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

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

[IF D3a AND D3c = 8 OR 9 SKIP D3d.]

D3d. So to confirm, you earn \$[FILL FROM D3b] per
 [D3a=hour/week/every 2 weeks/...IF D3a = 8 OR 9 use hour/week/etc.
 from D3c] in your main job?

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

D4. What is the total combined income of all members of your FAMILY during the past 12 months? This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income received by members of your family who are 15 years of age or older. Please remember to include your own income in the combined total. RECORD AMOUNT _____ [RANGE 0 TO 9,999,999] INTERVIEWER CONFIRM.
[READ CATEGORIES ONLY IF NECESSARY]
[IF D4 = 0 TO 9,999,999 SKIP TO D5, ELSE READ D4a]

D4a. Was your family income \$35,000 or above?

- 1 YES
- 2 NO[GO TO QD4f]
- 8 DK [GO TO QD5]
- 9 REF [GO TO QD5]

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

- 1 YES
- 2 NO[GO TO QD5]
- 8 DK [GO TO QD5]
- 9 REF [GO TO QD5]

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

- 1 YES
- 2 NO[GO TO QD5]
- 8 DK [GO TO QD5]
- 9 REF [GO TO QD5]

D4d. Was it \$75,000 or above?

- 1 YES
- 2 NO[GO TO QD5]
- 8 DK [GO TO QD5]
- 9 REF [GO TO QD5]

D4e. Was it \$100,000 or above?

- 1 YES
- 2 NO[GO TO QD5]
- 8 DK [GO TO QD5]
- 9 REF [GO TO QD5]

D4f. Was it \$30,000 or above?

- 1 YES
- 2 NO[GO TO QD5]
- 8 DK [GO TO QD5]
- 9 REF [GO TO QD5]

D4g. Was it \$20,000 or above?

- 1 YES
- 2 NO[GO TO QD5]
- 8 DK [GO TO QD5]
- 9 REF [GO TO QD5]

D4h. Was it \$10,000 or above?

- 1 YES
- 2 NO[GO TO QD5]
- 8 DK [GO TO QD5]
- 9 REF [GO TO QD5]

D4j. Was it \$5,000 or above?

- 1 YES
- 2 NO[GO TO QD5]
- 8 DK [GO TO QD5]
- 9 REF [GO TO QD5]

D5. Do you consider yourself to be Hispanic or Latino? [IF NECESSARY:
A person of Cuban, Mexican, Puerto Rican, South or Central
American, or other Spanish culture or origin, regardless of race.]

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

D6. What race do you consider yourself to be? Please select one or more of
the following.

[READ LIST]

- 1 American Indian or Alaska Native,
- 2 Asian,
- 3 Native Hawaiian or Pacific Islander,
- 4 Black or African American, or
- 5 White?
- 6 SOME OTHER RACE (VOL) _____
- 8 DK (VOL)
- 9 REF (VOL)

D7. How many children under 18 years old are in your care?

[ENTER RANGE 0-7; 7 = 7 OR MORE]

8 DK (VOL)

9 REF (VOL)

D8. How many people over age 65 are in your care?

[ENTER RANGE 0-7; 7 = 7 OR MORE]

8 DK (VOL)

9 REF (VOL)

D9. Do you consider yourself to be: [READ LIST]

1 Heterosexual or straight

2 Gay or lesbian, or

3 Bisexual?

4 SOMETHING ELSE (VOL)

8 DK (VOL)

9 REF (VOL)

D10. Are you currently [READ LIST]

1 Married,

2 Living with a partner,

3 Separated,

4 Divorced,

5 Widowed, or

6 Never married?

8 DK (VOL)

9 REF (VOL)

[IF QD10=1, 3-9 → GO TO QD11]

[FOR QD11]:

IF QD10 = 1, DISPLAY “Is your spouse”

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

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

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

1 YES

2 NO

8 DK (VOL)

9 REF (VOL)

[CATI: Ask END1 only if INCENT=1]

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

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

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

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

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

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

[GO TO QEND3]

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

END2. ENTER:

NAME [ASK FOR SPELLING IF UNSURE]
 ADDRESS
 CITY/STATE/ZIP
 [RE-READ ALL TO CONFIRM]

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

[FOR INTERVIEWER USE ONLY:]

LANGUAGE OF INTERVIEW:

- 1. ENGLISH
- 2. SPANISH

[FOR PROGRAMMER USE ONLY:]

CLASSIFICATION:

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

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

Study Information

Project Title: Family and Medical Leave Act Survey (Web Version)

Sample Variables

- KP standard demographics
- XFMLA

Quota Description

Standard Question Type Descriptions

Standard question types include:

- *S = Single Select: Allows respondents to select one answer in a list of options.*
- *M = Multi-select: Allows respondents to select multiple answers from a list of options.*
- *DD = Dropdown Menu: Allows respondents to select one answer from a drop-down menu of options.*
- *Grid (including options for banked or accordion grids)*
- *S (Optional: Banked/Accordion) Grid: Allows respondents to select one answer in a 2-dimensional grid layout.*
- *M (Optional: Banked/Accordion) Grid: Allows respondents to select multiple answers in a 2-dimensional grid layout.*
- *N = Number: Allows respondents to enter a numeric response in an open-ended answer field (specify valid range or number of digits, e.g., up to three digits for age, five numbers for zip code)*
- *T = Text: Allows respondents to enter a text response in an open-ended answer field (specify size as Small, Medium, Large or a specific number of characters, e.g., two letters for U.S. state)*
- *DISP = Display/Descriptive Content: Displays text and/or multimedia elements to respondents without requiring interaction.*
- *RT = Ratings Thermometer: Allows respondents to select a numeric value (usually 0-100 on a visual scale resembling a thermometer)*
- *RS = Ratings Slider: Allows respondents to select a numeric value (usually 0-100 on a horizontal visual scale with the endpoints labelled)*

Main Questionnaire (including screener, if applicable)

			Definition	Targets
1		FMLA Leave takers	PPAGE = 18+ and S9=1 and DOV_FMLA=1 and NE DOV_FMLA=2	1747
2		FMLA Leave needers	PPAGE = 18+ and S9=1 and DOV_FMLA=2 and NE DOV_FMLA=1	
3		Dual	PPAGE = 18+ and S9=1 and DOV_FMLA=1 and DOV_FMLA=2	No Target, leave open
4		Employed Only	PPAGE = 18+ and S9=1 and DOV_FMLA=3	1515

PROGRAMMER: CREATE QUOTA_ELIGIBLE

DATA ONLY VARIABLE: QUOTA_ELIGIBLE [S]

SET VALUE BASED ON ELIGIBILITY LOGIC COLUMN FROM QUOTA DEFINITION

1. FMLA Leave Takers
2. FMLA Leave Needers
3. Dual
4. Employed Only

DATA ONLY VARIABLE: QUOTA_ASSIGN [S]

SET VALUE BASED ON ELIGIBILITY LOGIC COLUMN FROM QUOTA DEFINITION

1. FMLA Leave Takers
2. FMLA Leave Needers
3. Dual
4. Employed Only

IF QUOTA_ELIGIBLE AND QUOTA_ASSIGN MISSING, TERM AND INSERT STANDARD CLOSE.

Programming Notes:

- *Code all refusals as -1.*
- *Use default instruction text for each question type unless otherwise specified.*
- *Do not prompt on all questions.*

Screener Section**Base: all respondents****[PPSTATEN]****[PPREG4]**

QSTATE [S]

In what state do you live?

63. Alabama

94. Alaska

86. Arizona

71. Arkansas

93. California

84. Colorado

16. Connecticut

51. Delaware

53. District of Columbia

59. Florida

58. Georgia

95. Hawaii

82. Idaho

33. Illinois

32. Indiana

42. Iowa

47. Kansas

61. Kentucky

72. Louisiana

11. Maine

52. Maryland

- 14. Massachusetts
- 34. Michigan
- 41. Minnesota
- 64. Mississippi
- 43. Missouri
- 81. Montana
- 46. Nebraska
- 88. Nevada
- 12. New Hampshire
- 22. New Jersey
- 85. New Mexico
- 21. New York
- 56. North Carolina
- 44. North Dakota
- 31. Ohio
- 73. Oklahoma
- 92. Oregon
- 23. Pennsylvania
- 15. Rhode Island
- 57. South Carolina
- 45. South Dakota
- 62. Tennessee
- 74. Texas
- 87. Utah
- 13. Vermont
- 54. Virginia
- 91. Washington

55. West Virginia

35. Wisconsin

83. Wyoming

*SCRIPTER: Assign numeric codes per list above, but show full state name in alphabetic order in programmed survey. Show as drop down of all states and Washington DC.
Create data-only variables.*

Variable name: PPREG4

Type: SP

Variable Text: Region 4 – based on State of residence

Response list:

1. Northeast
2. Midwest
3. South
4. West

PPSTATEN	PPREG4
11-23	1
31-47	2
51-74	3
81-95	4

Base: all respondents

[PPMSACAT]

QZIP [Q][PROMPT]

What is the ZIP Code where you live?

SCRIPTER: min.=00000, max.=99999; require a 5-digit response.

Variable name: QZIP

Type: SP

[USE CROSSWALK TABLE BASED ON ZIP_LEVEL_TABLE. XLSX]

Base: All respondents

INTRO [DISP]

This survey is being conducted on behalf of the U.S. Department of Labor. This is a national study to find out about employees' use of, and attitudes about, family and medical leave policies in their workplace. Results from this study will be used to assess the impact of family and medical leave policies on employees.

Scripter: show "Next" button

Base: All respondents

S8b [S; PROMPT ONCE]

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

Base: All respondents

S9 [S; PROMPT ONCE]

Have you worked for pay or profit at any time in the last 12 months?

1. Yes
2. No

IF S9=2 OR REFUSED, QFLAG=2 AND SKIP TO THANK02

Base: All respondents

S9b [S; PROMPT ONCE]

In [INSERT CURRENT MONTH AND PREVIOUS YEAR], 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?

1. Yes, I had more than one job at the time.
2. No, I had only one job at the time.
3. No, I did not have a job at the time.

Base: S9b=1

S9_MAIN [S; PROMPT ONCE]

You mentioned that you had more than one job.

Throughout the rest of the survey, we will ask you questions about your “main” job. By “main” job we mean the one where you usually worked the most hours. Or, if you worked the same hours at more than one job, then we mean the job where you had worked the longest.

In **[INSERT CURRENT MONTH AND PREVIOUS YEAR]**, did you work the same hours at more than one job, and had you worked at both jobs the same length of time?

1. Yes
2. No

Base: S9_MAIN=1

S9B_A-B [T_medium][PROMPT]

In order to randomly choose one of these two jobs as your “main” job for the purposes of this survey, please provide the names of both jobs below.

S9B_A _____ Job 1

S9B_B _____ Job 2

Scripter: Create DOV_JOB, AND RANDOMLY ASSIGN HALF OF THE SAMPLE TO 1 OR 2

S9B_A, DOV_JOB=1 (Job A)

S9B_b, DOV_JOB=2 (Job B)

Base: S9_MAIN=1

DISPLAY2

[IF S9B_A-B NE REFUSED SHOW:] For the purposes of the survey, we have selected
[INSERT: DOV_JOB= 1 OR 2] as your “main” job.

[IF S9B_A-B REFUSED SHOW:] For the purposes of the survey, please think about your
“main” job.

Base: S9B=1 and S9_MAIN=2

DISPLAY3

As a reminder, throughout the rest of the survey, we will ask you questions about your “main” job. By “main” job we mean the one where you usually worked the most hours. Or, if you worked the same hours at more than one job, then we mean the job where you had worked the longest.

Base: All respondents

S10 [S; PROMPT ONCE]

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 S9b = 1: Please think about your main job.]**

1. Government
2. Private company
3. Non-profit organization
4. Self-employed

IF S10=4 OR REFUSED, QFLAG=2 AND SKIP TO THANK02

Base: All respondents**S11 [S; PROMPT ONCE]**

In the LAST 12 MONTHS, that is, since [INSERT CURRENT MONTH AND PREVIOUS YEAR] have you taken leave from work for ANY of the following reasons:

- to care for a newborn, newly adopted or new foster child; (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 PPGENDER=2: 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?

Since [INSERT CURRENT MONTH AND PREVIOUS YEAR] have you taken leave from work for any of these reasons?

1. Yes
2. No

Scripter: in second bullet point, create hover over for "serious health condition" showing the following text:

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.

Base: All respondents**S12 [S; PROMPT ONCE]**

In the LAST 12 MONTHS have you NEEDED to take leave from work but DID NOT, for ANY of these same reasons?

- to care for a newborn, newly adopted or new foster child; (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 PPGENDER=2FEMALE: 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?

Since [INSERT CURRENT MONTH AND PREVIOUS YEAR], have you needed to take leave from work but did NOT for any of these reasons?

1. Yes
2. No

SCRIPTER: CREATE DOV_FMLA (MP)

IF S11=1, DOV_FMLA=1 (Leave taker)
IF S12=1, DOV_FMLA=2 (Leave needer)
IF (S11=2 AND S12=2) OR (S11=2 AND QS12=REFUSED) OR (S11=REFUSED AND QS12=2), DOV_FMLA=3 (Employed only)
Else, DOV_FMLA=0 (INELIGIBLE)

TERMINATIONS:

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

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

Telephone Usage

Base: All respondents

SECTION T INTRO

We have a few questions about telephone use in your household. Your responses will be used for statistical purposes to make sure that all households in the country are represented in this study.

Base: All respondents

T2 [S]

How many working cell phones do YOU personally have?

1. 0
2. 1
3. 2
4. 3
5. 4
6. 5
7. 6 or more

Base: T2>1 (1 or more working cell phones)**T4 [S]**

Do you have a regular landline telephone at home?

1. Cell phone is only phone
2. Have a landline telephone at home

Base: T2=1 (0 working cell phones)**T4a [S]**

Do you have a regular landline telephone at home?

1. Have a landline telephone at home
3. Don't have a landline telephone at home

Base: IF T4=2**T5 [S]**

How many different residential phone NUMBERS do you have coming into your household, not including lines dedicated to a fax machine, modem, or used strictly for business purposes? Do not include cellular phones.

1. 0
2. 1
3. 2
4. 3
5. 4
6. 5
7. 6 or more

Base: IF T4=2 AND T2=1 or MORE**T6 [S]**

Of all the telephone calls that you receive, are they:

1. All or almost all calls received on cell phones
2. Some received on cell phones and some on regular phones
3. Very few or none on cell phones

Leave Takers**Base: IF (FMLA=1) or (FMLA=1 AND 2)****INTRO_OMB**

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. You can skip any questions you don't want to answer. The survey should take between 10 and 20 minutes to complete, depending on your answers.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays an Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 1290-0015 and it expires on 2/28/2021. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to, Christina Yancey at 202-693-5910 or Yancey.Christina.L@DOL.gov and reference the OMB Control Number 1290-0015.

Base: FMLA=1**A1 [S; PROMPT ONCE]**

We would like to confirm with you that in the last 12 months, that is, since [INSERT CURRENT MONTH AND PREVIOUS YEAR] you have taken leave from work for ANY of the following reasons:

- to care for a newborn, newly adopted or new foster child; (This includes both maternity AND paternity leave)
- for your own serious health condition or to care for someone else's serious health condition;
- for [PPGENDER=2: 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?

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

1. Yes
2. No [SKIP TO EMPLOYED ONLY SECTION AFTER PROMPT]

Base: FMLA=1**A3 [S]**

Are you currently on this type of leave from work?

1. Yes
2. No

Base: FMLA=1**A4 [N][PROMPT]**

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.

For how many TOTAL reasons or conditions did you take leave from work since [INSERT CURRENT MONTH AND PREVIOUS YEAR]?

_____ [RANGE 1-100][IF Q ASKED 2ND TIME, SKIP TO A5 AFTER RESPONSE OR REFUSAL]

Base: FMLA=1 AND A4=1**A4_1 [S]**

So, that's just one leave in the last 12 months?

1. Yes, that's correct
2. No, that's not correct (GOTO A4A, THEN A5)

Base: FMLA=1 AND A4=GT 1**A4_2 [S]**

So, that's [INSERT FROM A4] or more leave occasions for [INSERT FROM A4] different reasons?

1. Yes, that's correct
2. No, that's not correct (GOTO A4A, THEN A5)

Base: FMLA=1 AND A4_1=2 or refused OR A4_2=2 or refused**A4A[N]**

For how many TOTAL reasons or conditions did you take leave from work since [INSERT CURRENT MONTH AND PREVIOUS YEAR]?

_____ [RANGE 1-100]

Scripter: Create DOV_LOOP

IF A4/A4A =1 DOV_LOOP=1, SHOW A5-19E 1 TIME

IF A4/A4A =2 OR MORE AND A20=2 DOV_LOOP=2 (1st loop), SHOW A5-A19E 1 TIME

IF A4/A4A =2 OR MORE AND A20=1 and A20A=1 DOV_LOOP=3 (2nd loop), LOOP BACK TO A5

IF A4 OR A20 MISSING OR REFUSED, DO NOT ASSIGN TO DOV_LOOP, AND CONTINUE.

Base: FMLA=1**A5 [S][PROMPT]**

[IF DOV_LOOP = 2 AND A4 OR A4A>1:] First please think about the MOST RECENT time that you took leave from work since [INSERT CURRENT MONTH AND PREVIOUS YEAR].

[IF DOV_LOOP = 3:] Now let's talk about the LONGEST time that you took leave from work.

What was the main reason you took this leave from work?

1. Own illness, disability or other serious health condition, except pregnancy-related health reason [go to qa10]
2. [IF PPGENDER=2]For pregnancy-related health reason prior to delivery [go to qa10]
3. [IF PPGENDER=2]For pregnancy-related health reasons **and** to care for a newborn [go to qa13]
4. [IF PPGENDER=2] Miscarriage [go to qa13]
5. To care for newborn [go to qa13]
6. To care for newly adopted child [go to qa13]
7. To care for newly placed foster child [go to qa13]
8. To bond with newborn [go to qa13]
9. To bond with newly adopted child [go to qa13]
10. To bond with newly placed foster child [go to qa13]
11. Child's health condition [go to qa8]
12. Spouse's health condition [go to qa8]
13. Parent's health condition [go to qa8]
14. Other relative's health condition [go to qa6]
15. Other non-relative's health condition [go to qa8]
16. Domestic partner's health condition [go to qa8]
17. To address issues arising from the deployment of a military family member [go to qa13]

Scripter: in items 5, 6, 7 create hover over for "care" showing the following text:

To care for a child who has a serious medical condition

Scripter: in items 8, 9, 10 create hover over for "bond" showing the following text:

To bond with a child within the first 12 months after birth or adoption

Base: FMLA=1 AND DOV_LOOP=1 or 2 AND A5=14

A6 [S]

What is that person's relationship to you?

1. Grandchild
2. Grandparent
3. Sibling
4. Aunt/Uncle
5. Other (Please specify) **[text box]**

Base: FMLA=1 AND A5=11 16

DISPLAY4

You indicated that you've taken leave to care for your **[IF A6 NE MISSING OR A6 NE REFUSED, INSERT A6 RESPONSE. IF A6 MISSING OR A6 REFUSED, INSERT RESPONSE FROM A5]**. Throughout the rest of the survey, we will refer to this person as your "care recipient."

Base: FMLA=1 AND A5=11 16

A8 [N]

What was the age of your care recipient? (Your best estimate is fine.)

_____ **[RANGE 1-100]**

Base: FMLA=1 AND A5= 1 2, 11 16

A10 [S]

What was the nature of the health condition for which you took this leave? Was it:

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 (Please specify) **[text box]**

Scripter: in item 4 create hover over for “serious health condition” showing the following text:

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.

Base: FMLA=1

A13 [DD]

For this leave, in what month and year did you start taking time off?

Month: [DROPDOWN; January - December]

Year: [DROPDOWN; RANGE 2014-2019]

Scripter: IF DOV_LOOP=3, DATE MUST BE LESS THAN/EARLIER THAN A13 FOR DOV_LOOP=2

Base: FMLA=1

A14 [S]

Did you take this time off continuously -- that is, all in a row without returning to work-- or did you take leave on separate occasions?

1. One continuous block of time
2. Separate Occasions

Base: FMLA=1 AND A14=2

A15 [N]

How many separate blocks of time did you take off from work during this leave? Please think about special events, holidays, or seasons to help you remember. (Your best estimate is fine.)

_____ [RANGE 2-100]

Base: FMLA=1 AND A14=2**A16 [DD]**

In what month and year did the last block of time for this leave begin? Please think about special events, holidays, or seasons to help you remember.

Month: [DROPDOWN; January - December]

Year: [DROPDOWN; RANGE 2014-2019]

Scripter: Date entered must be more than/after than or equal to response from a13

Base: FMLA=1 and DOV_LOOP=2" OR DOV_LOOP=1 and (A3=2 or A3=Ref)**A17 [DD]**

And in what month and year did this leave end? Please think about special events, holidays, or seasons to help you remember.

Month: [DROPDOWN; January - December]

Year: [DROPDOWN; RANGE 2014-2019]

9997 Currently on leave [S]

SCRIPTER: IF DOV_LOOP = 2 or 1 AND A13 DATE = A17, SKIP TO A19.

DATE ENTERED MUST BE LATER THAN OR EQUAL TO DATES FROM A13 AND A16, SHOW PROMPT WITH DATES GIVEN IN Qs A13 and A16 If after 1 check, the date IS still EARLIER AND DOV_LOOP=2, SKIP TO A18. IF DATE IS still EARLIER AND DOV_LOOP=3 SKIP TO A23

IF DOV_LOOP=3 DATE ENTERED MUST BE EARLIER THAN OR EQUAL TO A17'S DATE FROM DOV_LOOP=2

BASE: IF A17 IS EARLIER THAN (CURRENT MONTH PREVIOUS YEAR), ASK A17A; ELSE GOTO A18**A17A[S]**

You said you took a leave in the last 12 months, but this is more than 12 months ago.

Leave start date: A16

Leave end date: A17

Are these dates correct?"

1 Yes

2 No

SCRIPTER: CREATE DOV_17A

IF A17A = 1 YES, DOV_17A=1

IF A17A = 2 NO, DOV_17A=2

IF DOV_17A=1 AND DOV_LOOP=1 or 2 GO TO INSTRUCTIONS BEFORE SECTION B

IF DOV_17A=1 AND DOV_LOOP=3 GO TO A23

IF DOV_17A=2 ASK A16_2 AND A17_2

IF DOV_17A=2

A16_2[N]

In what month and year did the last block of time for this leave begin? Please think about special events, holidays, or seasons to help you remember.

Month: [DROPDOWN; January - December]

Year: [DROPDOWN; RANGE 2014-2019]

IF DOV_17A=2

A17_2[N]

And in what month and year did this leave end? Please think about special events, holidays, or seasons to help you remember.

Month: [DROPDOWN; January - December]

97 Currently on leave

Year: [DROPDOWN; RANGE 2014-2019]

9997 Currently on leave

Base: FMLA=1

A18 [S]

To review: You've taken leave for [INSERT RESPONSE FROM A5. IF A5=1 INSERT: **your own serious health condition** IF A5 = REFUSED, SHOW: and you are not able to tell us the reason], and you began taking leave in [QA13 MONTH QA13 YEAR , IF MONTH OR YEAR ARE MISSING, LEAVE OUT; IF MONTH AND YEAR MISSING SHOW: and you are not able to tell us when it began], [IF A3 = 1 OR A17 = 97/9997 SHOW: and you are currently on this leave; ELSE: and it ended in [INSERT A17 RESPONSE, IF MONTH OR YEAR ARE MISSING, LEAVE OUT; IF A17=MISSING SHOW: and you are not able to tell us when it ended]. Is that correct?

1. Yes
2. No

IF A18=2 NO**A18A[M]**

What needs to be fixed?

- 1- Reason for leave
- 2- Start date of leave
- 3- End date of leave

IF A18A=1**A18A1[S]**

What was the main reason you took this leave from work?

- 1. Own illness, disability or other serious health condition, except pregnancy-related health reason
- 2. [IF PPGENDER=2]For pregnancy-related health reason prior to delivery]
- 3. [IF PPGENDER=2]For pregnancy-related health reasons **and** to care for a newborn
- 4. [IF PPGENDER=2] Miscarriage
- 5. To care for newborn
- 6. To care for newly adopted child
- 7. To care for newly placed foster child
- 8. To bond with newborn
- 9. To bond with newly adopted child
- 10. To bond with newly placed foster child
- 11. Child's health condition
- 12. Spouse's health condition
- 13. Parent's health condition
- 14. Other relative's health condition
- 15. Other non-relative's health condition
- 16. Domestic partner's health condition
- 17. To address issues arising from the deployment of a military family member

IF A18A=2**A18A2[DD]**

In what month and year did the last block of time for this leave begin? Please think about special events, holidays, or seasons to help you remember.

Month: [DROPDOWN; January - December]

Year: [DROPDOWN; RANGE 2014-2019]

IF A18A=3**A18A3[DD]**

And in what month and year did this leave end? Please think about special events, holidays, or seasons to help you remember.

Month: [DROPDOWN; January - December]

97 Currently on leave

Year: [DROPDOWN; RANGE 2014-2019]

9997 Currently on leave

Base: FMLA=1**A19 [N][SHOW A19 AND A19_2 ON THE SAME SCREEN, AND PROMPT IF ONE IS MISSING]**

Great, so how much time in TOTAL did you take off from work [IF A17=9997, SHOW: so far] for the reason you mentioned [IF A14=2, SHOW: including all blocks of time]?

_____ (amount of time)

A19_2

Is the time you provided in hours, days, weeks, or months?

- 1- Hours
- 2- Days
- 3- Weeks
- 4- Months

Base: FMLA=1 AND DOV_LOOP=1 or 2**A19B [S]**

In the last 12 months, did anyone else in your household take leave for the same reason you mentioned, [REASON FROM A5]?

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
- 2. No

A5 fill inserts:

- 1- your own illness
- 2- for pregnancy
- 3- for pregnancy
- 4- a miscarriage
- 5- to care for
- 6- to care for
- 7- to care for
- 8- to bond with
- 9- to bond with
- 10- to bond with
- 11- a child's health
- 12- a spouse's health
- 13- a parent's health
- 14- another relative's
- 15- another non-relative
- 16- a domestic
- 17- to address issues...

Base: FMLA=1 AND DOV_LOOP=1 or 2 AND A19b_1=1

A19C [S]

What is this person's relationship to you? (You mentioned that someone else in your household took leave for the same reason you mentioned, what is THAT person's relationship to you?)

- 1. Spouse
- 2. Unmarried partner
- 3. Parent
- 4. Child
- 5. Sibling
- 6. Aunt or Uncle
- 7. Son- or Daughter-in-law
- 8. Father- or Mother-in-law
- 9. Grandchild
- 10. Grandparent
- 11. Other (Please specify) [text box]

Base: FMLA=1 AND DOV_LOOP=1 or 2 AND A19b_1=1

A19D [S]

Did you take leave during the same time period?

- 1. Yes, all
- 2. Yes, some
- 3. No, none

Base: FMLA=1 AND A19D=2

A19E [N] [SHOW A19E AND A19E_2 ON THE SAME SCREEN, AND PROMPT IF ONE IS MISSING]

How much time did your leave overlap with the leave taken by your [FILL FROM A19c] for [FILL REASON FROM A5]?

_____ (amount of time)

A19E_2

Is the time you provided in hours, days, weeks, or months?

- 1- Hours
- 2- Days
- 3- Weeks
- 4- Months

Base: (FMLA=1 AND DOV_LOOP=1 or 2) AND (A4=2 100)

A20 [S]

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

- 1. Yes
- 2. No

Base: FMLA=1 AND A20=1

A20A [S]

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

- 1. Yes
- 2. No

Scripter: If A20A=1, loop back to QA5 and ask about the longest leave. Set DOV_LOOP=3

MOST RECENT LEAVE – EXTENDED BATTERY

Base: FMLA=1

A23 [S across each line of grid; accordion grid]

[IF A4/A4A>1 or missing DISPLAY: For each of the following questions, please think about your MOST RECENT leave.]

Below are some possible situations you may or may not have experienced due to taking leave from work. Please indicate whether you experienced each.

Statements in row (randomize a-e and record response order):

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

Answers in column:

1. Yes
2. No
3. Does not apply

Scripter: in item d create hover over for “care recipient” showing the following text:

Person you’ve taken leave to care for

Base: A23_F = 1

A23_A [T, Medium]

You mentioned something else happened, please specify below.

[MEDIUM TEXT BOX]

Base: FMLA=1

A26 [S][PROMPT]

The following questions concern your employer’s conditions for taking leave.

Did your employer require medical certification for this leave (for yourself or the person you were caring for)? By medical certification, we mean documentation from a health care provider to substantiate the medical need for you to take time away from work for this reason or health condition.

1. Yes
2. No

Base: FMLA=1 AND A26=1**A28 [S]**

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

1. Yes
2. No

Scripter: create hover over for text “medical certification”

By medical certification, we mean documentation from a health care provider to substantiate the medical need for you to take time away from work for this reason or health condition.

Base: FMLA=1 AND A26=1**A30 [S]**

Did your employer require multiple doctor visits – that is, a second or third opinion – to obtain your INITIAL medical certification?

1. Yes
2. No

Scripter: create hover over for text “medical certification”

By medical certification, we mean documentation from a health care provider to substantiate the medical need for you to take time away from work for this reason or health condition.

Base: FMLA=1 AND A26=1**A33 [S]**

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

1. Yes
2. No
3. There was no cost

Scripter: create hover over for text “medical certification”

By medical certification, we mean documentation from a health care provider to substantiate the medical need for you to take time away from work for this reason or health condition.

Base: FMLA=1 AND A26=1**A35 [S]**

Did your employer require medical RE-CERTIFICATION (for yourself or the person you were caring for)? Medical RE-certification is documentation from a health care provider in support of continued or extended leave within a leave year for the reason or health condition for which the leave was taken.

1. Yes
2. No

Base: FMLA=1 AND A26=1**A41 [N] [SHOW A41 AND A41A ON THE SAME SCREEN, AND PROMPT IF ONE IS MISSING]**

How much time did you need to take off from work in order to obtain medical certification [IF QA35=1, INSERT: and re-certification]? This includes the time to go to the doctor to get the certification. This does not include the time you needed for the reason or condition itself, or time spent at home waiting for the results or necessary paperwork. (Your best estimate is fine.)

_____ (amount of time)

4. Did not take extra time off

A41A

Is the time you provided in hours, days, or weeks?

- 1- Hours
- 2- Days
- 3- Weeks

Base: FMLA=1 AND A41_2>2 OR A41_3>0**A41A [N] [SHOW A41A AND A41A2_2 ON THE SAME SCREEN, AND PROMPT IF ONE IS MISSING]**

We are looking for the time you were physically going to the doctor to get the certification or re-certification. This does not include the time spent at home waiting for the results and paperwork, etc.

How much time did you need to take off from work in order to obtain medical certification [IF QA35=1, INSERT: and re-certification]? This does not include the time you needed for the reason or condition itself. (Your best estimate is fine.)

_____ (amount of time)

4. Did not take extra time off

A41A2

Is the time you provided in hours, days, or weeks?

- 1- Hours
- 2- Days
- 3- Weeks

Base: FMLA=1

A42 [N] [SHOW A42 AND A42A_2 ON THE SAME SCREEN, AND PROMPT IF ONE IS MISSING]

How long before you took your [IF A14=1 or REFUSED SHOW: leave/ IF A14=2 SHOW: most recent block of time off from work] did you provide notice to your employer?

_____ (amount of time)

5. Did not provide notice before leave

A42A

Is the time you provided in hours, days, weeks, or months?

- 1- Hours
- 2- Days
- 3- Weeks
- 4- Months

WHILE YOU WERE ON LEAVE

Base: FMLA=1

A43 [S][PROMPT]

Now we have some questions about the time you were away from work. [IF A4/A4A>1 or missing, SHOW: Please continue thinking about your MOST RECENT leave.]

You mentioned you were on leave for [IF 19_2=1. SHOW “amount of time hours / IF 19_2=2. SHOW “amount of time days” / IF 19_2=3. SHOW “amount of time weeks” / IF 19_2=4. SHOW “amount of time months / IF A19 = 0 or Missing SHOW “a period of time”]. Did you receive pay while you were on leave? Pay may include vacation hours, sick time, short-term disability, or other.

- 1. Yes
- 2. No

Base: FMLA=1 AND A43=2**A43A [S]**

Just to confirm, you took [IF 19_2=1. SHOW “amount of time hours / IF 19_2=2. SHOW “amount of time days” / IF 19_2=3. SHOW “amount of time weeks” / IF 19_2=4. SHOW “amount of time months /IF A19 = 0 or Missing, SHOW “a”] leave from work and you did NOT receive any pay from your main job at that time.

(Please remember that pay may include vacation hours, sick time, short-term disability, or other. (IF CA, NJ, RI, NY: Pay may also include state paid family leave. State paid family leave are benefits paid through (INSERT PPSTATE) state agency’s paid family leave or temporary disability insurance program but not through workers compensation or unemployment insurance.)

Is that correct?

1. Yes, that is correct, I did not receive any pay.
2. No, that is not correct, I did receive pay.

Base: FMLA=1 AND (A43=1 or 8 OR A43a=2)**A43B [N] [SHOW 43B AND 43B2 ON THE SAME SCREEN, AND PROMPT IF ONE IS MISSING]**

Of your [SHOW: IF 19_2=1. SHOW “amount of time hours / IF 19_2=2. SHOW “amount of time days” / IF 19_2=3. SHOW “amount of time weeks” / IF 19_2=4. SHOW “amount of time months /”, IF A19 = 0 or Missing, NO FILL] leave, for how many did you receive ANY pay from any source? (Your best estimate is fine.)

_____ (amount of time)

7. Zero

A43B2

Is the time you provided in hours, days, weeks, or months?

- 1- Hours
- 2- Days
- 3- Weeks
- 4- Months

Scripter: ANSWER TO A43b CANNOT BE MORE THAN ANSWER TO A19, UNLESS A19 = 9J.

Base: FMLA=1 AND (A43=1 or 8 OR A43a=2) AND A43B NE 7

A43C [S]

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

1. Full
2. Partial
3. Some full and some partial
4. No pay

Base: FMLA=1 AND A43c=1 or 3

A43D [N] [SHOW A43D AND A43D2 ON THE SAME SCREEN, AND PROMPT IF ONE IS MISSING]

Of the [FILL: IF 19_2=1. SHOW “amount of time hours / IF 19_2=2. SHOW “amount of time days” / IF 19_2=3. SHOW “amount of time weeks” / IF 19_2=4. SHOW “amount of time months / IF A19 =0 or Missing “leave”], for how many did you receive full pay? (Your best estimate is fine.)

_____ (amount of time)

A43D2

Is the time you provided in hours, days, weeks, or months?

- 1- Hours
- 2- Days
- 3- Weeks
- 4- Months

Scripter: ANSWER TO A43d CANNOT BE MORE THAN ANSWER TO A19, UNLESS A19 = 9

Base: FMLA=1 AND A43C = 2 3

A43F [N] [SHOW A43F AND A43F2 ON THE SAME SCREEN, AND PROMPT IF ONE IS MISSING]

Of the [FILL IF 19_2=1. SHOW “amount of time hours / IF 19_2=2. SHOW “amount of time days” / IF 19_2=3. SHOW “amount of time weeks” / IF 19_2=4. SHOW “amount of time months / IF A19 = 0 or Missing “the time”] for how many did you receive partial pay? (Your best estimate is fine.)

_____ (amount of time)

A43F2

Is the time you provided in hours, days, weeks, or months?

- 1- Hours
- 2- Days
- 3- Weeks
- 4- Months

Base: FMLA=1 AND A43C=2 3

A43G [N]

You mentioned you received partial pay for [FILL FROM A43f] while you were on leave. How much of your regular pay did you receive? Your best estimate is fine.

1. _____ % [RANGE 1-99]
 998. Don't know

Base: FMLA=1 AND A43C=1 3

A43H [S across each line of grid; accordion grid]

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

Statements in row:

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

Answers in column:

- 1. Yes
- 2. No

Base: FMLA=1 AND EACH A43H =1**A43I [N] [SHOW A43I AND A43I2 ON THE SAME SCREEN, AND PROMPT IF ONE IS MISSING]**

For how [FILL: many of the FILL IF 19_2=1. SHOW “amount of time hours / IF 19_2=2. SHOW “amount of time days” / IF 19_2=3. SHOW “amount of time weeks” / IF 19_2=4. SHOW “amount of time months /IF A19 = 0 or missing FILL: “long”] did you receive [EACH A43h ITEM]? (Your best estimate is fine.)

_____ (amount of time)

A43I2

Is the time you provided in hours, days, weeks, or months?

- 1- Hours
- 2- Days
- 3- Weeks
- 4- Months

Scripter: Show A43I for every item where A43H=1

Base: FMLA=1 AND QA19 >= (160 HOURS OR 30 DAYS OR 4 WEEKS OR ONE MONTH),**A44 [S]**

On [IF A3=1 SHOW: this / IF A3 NE 3 SHOW your] leave, did you keep your health insurance, lose part or all of your health insurance, or did you not have this benefit at the time you took leave?

- 1. Kept all
- 2. Lost part
- 3. Lost all
- 4. Did not have this benefit

Base: FMLA=1**A52 [S across each line of grid; accordion grid]**

Now we have some questions about how your work was covered while you were away on 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...

Statements in row (randomize a-d and record response order):

- a. Cover your work by assigning it to other employees?
- b. Hire a permanent employee to cover your work?

- c. Hire a temporary employee to cover your work?
- d. Let your work go undone until you returned?
- e. Request that you complete some (or all) of your work while you were on leave using alternative work arrangements, such as telecommuting?
- f. Cover your work in some other way?

Answers in column:

- 1. Yes
- 2. No
- 3. Don't know

Base: A52_F = 1

A52_A [T, Medium]

You mentioned your employer covered your work in some other way, please specify below.

[MEDIUM TEXT BOX]

PROGRAMMING NOTE:

IF QA43 = 1 AND QA43b = A19 AND QA43c = 1 AND QA43d = A19, SKIP TO PROGRAMMING NOTE AFTER Q55.

Base: FMLA=1 AND (A43<>1) OR (A43=1 AND A43B<A19) OR (A43C=1 and A43d<A19)

A53 [S across each line of grid; accordion grid]

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

Statements in row:

- a. Use savings that you had earmarked for this situation?
- b. Use savings earmarked for something else?
- c. Borrow money?
- d. Go on public assistance?
- e. Limit spending?
- f. Put off paying your bills?
- g. Cut your leave time short?
- h. Do anything else?

Answers in column:

1. Yes
2. No

Base: A53_H = 1

A53_A [T, Medium]

You mentioned you did something else to cover lost wages or salary during your leave, please specify below.

[MEDIUM TEXT BOX]

Base: FMLA=1 AND (A43<>1) OR (A43=1 AND A43B<A19) OR (A43C=1 and A43d<A19

A54 [S]

How easy or difficult was it for you to make ends meet during your leave? Would you say...

1. Much more difficult than before the leave,
2. Somewhat more difficult than before the leave,
3. The same as before the leave,
4. Somewhat easier than before the leave, or
5. Much easier than before the leave?

Base: FMLA=1 AND A43 = 2, 8, or 9 OR A43c = 2, 3, 4, 8, 9

A55 [S]

If you had received [IF A43 = 2, 8, 9, OR A43c = 4 SHOW: some/ IF A43c=2, 3, 8, 9, SHOW: additional] pay, would you have taken leave for a longer period of time?

1. Yes
2. No

*PROGRAMMING NOTE: IF QA17 = 9997 FOR MOST RECENT LEAVE OR A3 = 1, GO TO QBI.
OTHERWISE CONTINUE*

WHEN LEAVE WAS OVER

Base: FMLA=1 AND A3<>1 AND A17<>9997

A59 [S]

The next few questions are about returning to work after your [IF A4/A4A>1 or missing SHOW: most recent] leave.

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
2. New employer
3. Did not return to work

Base: FMLA=1 AND A59=1 AND A5 NE 5 17

A60 [S]

Did your employer require you to obtain fitness for duty certification before you returned to work?

1. Yes
2. No

Base: FMLA=1 AND A59=1 2

A62 [S across each line of grid; accordion grid]

Below are some reasons that people give for returning to work after taking leave. Did you return to work because...

Statements in row (randomize and record response order):

- a. You wanted to get back to work?
- b. You used up all the leave time you were allowed?
- c. You felt pressured by your boss or co-workers to return?
- d. You had too much work to do to stay away longer?
- e. [IF A5 = 3, 5-16] Someone else took over your care-giving responsibilities?
- f. You no longer needed to be on leave?
- g. [IF A5 = 1-4] Your doctor told you that you were ready to return to work?

h. [IF A5 = 3, 5-16] Your care recipient's doctor told you that it was safe for you to return to work?

i. [IF A23B≠1:] You did not want to lose your seniority or potential for job advancement?

Answers in column:

1. Yes
2. No/Not applicable

Scripter: create hover over for text "Your care recipient's" showing the following text:

Person you've taken leave to care for

Base: FMLA=1 AND A59=1

A63 [S]

After your leave, did you return to a position that was the same, similar, better, or worse than the one you had before your leave?

1. Same position
2. Similar position
3. Better position
4. Worse position

Base: FMLA=1 AND A63=2 or 3 or 4

A64 [S]

Did you choose to take a different position or did your employer ask you to take or assign you to a different position?

1. Chose different position
2. Employer asked
3. Assigned to different position

Leave Needers**Base: IF (FMLA=1) or (FMLA=1 AND 2)****B1 [S; PROMPT ONCE]**

We've asked questions about the leave[s] taken in the last 12 months. Now we'd like to ask you if, IN THE LAST 12 MONTHS, was there a time when you NEEDED to take leave from work but DID NOT, for ANY of the following reasons:

- to care for a newborn, newly adopted or new foster child; (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 (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?

Have you needed but not taken leave from work for one or more of these reasons?

1. Yes
2. No

Scripter: in second bullet point, create hover over for "serious health condition" showing the following text:

A serious health condition, for purposes of this survey, means a condition that lasted more than 3 days and required treatment by a health care provider, a condition that required an overnight hospital stay, or a long-lasting condition for which one must see a health care provider at least twice a year for treatment. It may also include a condition that makes one permanently unable to work or perform other daily functions, or that requires treatments to keep from becoming incapacitated.

If B1=2, skip to QE0.

Base: IF FMLA=2 (Leave Needers) AND NOT FMLA=1**INTRO_OMB_2**

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. The survey should take about 10 to 20 minutes to complete, depending on your answers.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays an Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 1290-0015 and it expires on 2/28/2021. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to,

Christina Yancey at 202-693-5910 or Yancey.Christina.L@DOL.gov and reference the OMB Control Number 1290-0015.

Base: IF FMLA=2 (Leave Needers) AND NOT FMLA=1

B2 [S; PROMPT ONCE]

I want to confirm with you that in the last 12 months, that is, since **[INSERT CURRENT MONTH AND PREVIOUS YEAR]**:

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; (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 (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?

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

1. Yes
2. No [SKIP TO QE0]

Scripter: in second bullet point, create hover over for "serious health condition" showing the following text:

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.

Base: IF FMLA=2 (Leave Needers) AND NOT FMLA=1

B4 [N]

How many different times did you need leave but not take it, since **[INSERT CURRENT MONTH AND PREVIOUS YEAR]**?

_____ [RANGE 1-100]

Base: FMLA=2**B6 [S][PROMPT]**

Thinking of the [IF B4>1:most recent] reason you needed leave since [INSERT CURRENT MONTH AND PREVIOUS YEAR], what was the main reason for which you needed to take leave from work?

1. Own illness, disability or other serious health condition, except pregnancy-related health reason [GO TO QB11]
2. [IF PPGENDER=2]For pregnancy-related health reason prior to delivery [GO TO QB11]
3. [IF PPGENDER=2]For pregnancy-related health reasons **and** to care for a newborn [GO TO QB15]
4. [IF PPGENDER=2] Miscarriage [GO TO QB15]
5. To care for newborn [GO TO QB15]
6. To care for newly adopted child [GO TO QB15]
7. To care for newly placed foster child [GO TO QB15]
8. To bond with newborn [GO TO QB15]
9. To bond with newly adopted child [GO TO QB15]
10. To bond with newly placed foster child [GO TO QB15]
11. Child's health condition [GO TO QB9]
12. Spouse's health condition [GO TO QB9]
13. Parent's health condition [GO TO QB9]
14. Other relative's health condition [GO TO QB7]
15. Other non-relative's health condition [GO TO QB9]
16. Domestic partner's health condition [GO TO QB9]
17. To address issues arising from the deployment of a military family member [GO TO QB9]

Scripter: in items 5, 6, 7 create hover over for "care" showing the following text:

To care for a child who has a serious medical condition

Scripter: in items 8, 9, 10 create hover over for "bond" showing the following text:

To bond with a child within the first 12 months after birth or adoption

Base: FMLA=2 AND B6=14**B7 [S]**

What is that person's relationship to you?

1. Grandchild
2. Grandparent
3. Sibling
4. Aunt/Uncle
5. Other (Please specify) [text box]

Base: FMLA=2 AND B6=11 17

DISPLAY_B9

You mentioned that you've needed to take leave to care for your [IF B7 NE MISSING OR B7 NE REFUSED, INSERT B7 RESPONSE. IF B7 MISSING OR B7 REFUSED, INSERT RESPONSE FROM B6]. Throughout the rest of the survey, we will refer to this person as your "care recipient."

Base: FMLA=2 AND B6=11 17

B9 [N]

What was the age of your care recipient? (Your best estimate is fine.)

_____ [RANGE 1-100]

Base: FMLA=2 AND B6=1 2, 11 16

B11 [S]

What was the nature of the health condition for which you needed to take this leave? Was it:

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 (Please specify) [text box]

Scripter: in item 4 create hover over for "serious health condition" showing the following text:

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.

Base: FMLA=2

B15 [S across each line of grid; accordion grid]

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

Statements in row :

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

Answers in column:

1. Yes
2. No

Scripter: in item 10 create hover over for “care recipient” showing the following text:

Person you’ve taken leave to care for

Base: B15_17 = 1

B15_A [T, Medium]

You mentioned you did not take leave for another reason, please specify below.

[MEDIUM TEXT BOX]

[PROGRAMMING NOTE:

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

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

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

OTHERWISE, SKIP TO QB20]

Base: FMLA=2 AND B15=3 and NOT 4

B16 [S]

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

1. Yes
2. No

Base: FMLA=2 AND B15=3 and NOT 4

B17 [S]

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

1. Yes
2. No

Base: FMLA=2**B20 [S across each line of grid; accordion grid]**

Since you did not take leave from work for this reason or condition, what did you do in order to meet [IF B6=1, 2, 4 SHOW: your / ELSE SHOW: your care recipient's care-giving] needs?

Statements in row :

- a. [IF QB6 = 1-4, 11-17] Did [IF B6=1, 2, 4 SHOW: you / ELSE SHOW: your care recipient] forego (do without) medical treatment?
- b. [IF QB6 = 1-4, 11-17] Did [IF B6=1, 2, 4 SHOW: you / ELSE SHOW: your care recipient] delay medical treatment?
- c. [IF B6 = 5-15] Did someone else in your family take leave?
- d. [IF B6 = 5-15] Did someone else take over your care-giving duties?
- e. [IF B6 = 3, 5, 6, 7, OR 11] Did you pay someone to provide childcare?
- f. [IF B9 = 65 – 100] Did you pay someone to provide eldercare ?
- g. Did you do something else?

Answers in column:

- 1. Yes
- 2. No

Scripter: create hover over for “care recipient” showing the following text:

Person you’ve taken leave to care for

Base: B20_G = 1**B20_A [T, Medium]**

You mentioned you did something else to meet your needs since you did not take leave from work for this reason or condition, please specify below.

[MEDIUM TEXT BOX]

Employed Only**Base: IF FMLA=3 (Employed Only)****INTRO_OMB_C**

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. The survey should take about 10 to 20 minutes to complete, depending on your answers.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays an Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 1290-0015 and it expires on 2/28/2021. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to, Christina Yancey at 202-693-5910 or Yancey.Christina.L@DOL.gov and reference the OMB Control Number 1290-0015.

Base: IF FMLA=3 (Employed only)**C1 [S; PROMPT ONCE]**

I want to confirm with you that in the last 12 months, that is, since **[INSERT CURRENT MONTH AND PREVIOUS YEAR]**, 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; (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 (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?

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

1. Yes
2. No

Scripter: in second bullet point, create hover over for "serious health condition" showing the following text:

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.

Employment**Base: All respondents****E0_DISPLAY**

We'd like to ask a few questions about your employment in [INSERT CURRENT MONTH AND PREVIOUS YEAR].

Base: IF S9B=2**E0A [DD][PROMPT]**

In what month and year did you start that job you were working at in [INSERT CURRENT MONTH AND PREVIOUS YEAR]?

Month: [DROPDOWN; January - December]

Year: [DROPDOWN; RANGE 1980-CURRENT YEAR]

Base: IF S9B=2**E0B [N]**

At that point, namely [[INSERT CURRENT MONTH AND PREVIOUS YEAR], how many hours per week did you work on average at that job?

_____ Hours [RANGE 0-80]

Base: IF S9B=1**E0C [N]**

In [INSERT CURRENT MONTH AND PREVIOUS YEAR] how many employers were paying you?

_____ # of Employers [RANGE 1-5]

Base: IF S9B=1 AND E0C=1 , ELSE SKIP TO E0F**E0C2 [S]**

Earlier, you mentioned that you had more than one job in [INSERT CURRENT MONTH AND PREVIOUS YEAR], but that differs from what you indicated in the last question. To confirm, in [INSERT CURRENT MONTH AND PREVIOUS YEAR], 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?

1. Yes
2. No

[IF E0c2 = 2, skip to E1]

Base: IF S9B=1

E0F [DD][PROMPT]

Still thinking about your “main” job that you had in **[INSERT CURRENT MONTH AND PREVIOUS YEAR]**...

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

Month: [DROPDOWN; January - December]

Year: [DROPDOWN; RANGE 1980-CURRENT YEAR]

Base: IF S9B=1

E0G [N]

At that point, namely **[INSERT CURRENT MONTH AND PREVIOUS YEAR]**, how many hours per week did you work on average at your “main” job?

_____ Hours [RANGE 0-80]

Base: IF S9B=1

E0I [DD][PROMPT]

In what month and year did you start working at your second job?

[IF E0C>2]We have asked about your main job you held in **[INSERT CURRENT MONTH AND PREVIOUS YEAR]**, meaning the one where you worked the most hours, or for the longest period of time. Of the OTHER jobs you held in **[INSERT CURRENT MONTH AND PREVIOUS YEAR]**, now we want to learn more about the job in which you worked the next most hours per week.

Month: [DROPDOWN; January - December]

Year: [DROPDOWN; RANGE 1980-CURRENT YEAR]

Scripter: create hover over for “second job” showing the following text:

For the purposes of this survey, your “main job” is the job you held in [enter start of 12 month period] where you usually worked the most hours. Or, if you worked the same hours at more than one job, then we mean the job where you had worked the longest.

*Of the OTHER jobs you held in **[INSERT CURRENT MONTH AND PREVIOUS YEAR]**, your “second job” is the job in which you worked the next most hours per week.*

Base: IF S9B=1**E0J [N]**

At that point, namely **[INSERT CURRENT MONTH AND PREVIOUS YEAR]**, how many hours per week did you work on average at your second job?

_____ Hours [RANGE 0-80]

Scripter: create hover over for “second job” showing the following text:

For the purposes of this survey, your “main job” is the job you held in [enter start of 12 month period] where you usually worked the most hours. Or, if you worked the same hours at more than one job, then we mean the job where you had worked the longest.

*Of the OTHER jobs you held in **[INSERT CURRENT MONTH AND PREVIOUS YEAR]**, your “second job” is the job in which you worked the next most hours per week.*

Base: IF MORE THAN TWO PAID JOBS E0c => 3**E0K [N]**

Finally, at that point, how many hours per week did you work on average at ALL OF YOUR JOBS in total?

_____ Hours [RANGE 0-80]

Base: E0k=0 80 AND E0g and E0j NE REFUSED OR 998**E0K2 [S]**

So to confirm, at that point, namely **[INSERT CURRENT MONTH AND PREVIOUS YEAR]**, in an average week you worked **[INSERT E0g]** hours in your main job **[IF E0j=0-80, SHOW: , [INSERT E0j] hours in your 2nd job, and [INSERT E0k] hours across ALL of your jobs combined?**

1. Yes
2. No

Base: IF E0K2=2**E0K3 [N]**

Please re-confirm the answers to a few questions. At that point, namely **[INSERT CURRENT MONTH AND PREVIOUS YEAR]**, how many hours per week did you work on average at your “main” job?

_____ Hours [RANGE 0-80]

Base: IF E0K2=2**E0K4 [N]**

At that point, namely [INSERT CURRENT MONTH AND PREVIOUS YEAR], how many hours per week did you work on average at your second job?

_____ Hours [RANGE 0-80]

Base: IF E0K2=2**E0K5 [N]**

At that point, namely [INSERT CURRENT MONTH AND PREVIOUS YEAR], how many hours per week did you work on average at ALL OF YOUR JOBS in total?

_____ Hours [RANGE 0-80]

Base: All respondents**E1A [S]**

At the place where you worked in [INSERT CURRENT MONTH AND PREVIOUS YEAR] [IF S9b = 1: in your main job] -- for example the site, store, or building -- would you say there were 50 or more employees?

1. Yes
2. No

Base: All respondents**E1B [S]**

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

- 1 [IF E1A=2] 1-9
- 2 [IF E1A=2] 10-19
- 3 [IF E1A=2] 20-29
- 4 [IF E1A=2] 30-39
- 5 [IF E1A=2] 40-49
- 6 50-99
- 7 100-249
- 8 250-499
- 9 500 or more

Base: S9B=1

E1C [S]

At the place where you worked in **[INSERT CURRENT MONTH AND PREVIOUS YEAR]** in your SECOND job, would you say there were 50 or more employees?

1. Yes
2. No

Scripter: create hover over for “second job” showing the following text:

For the purposes of this survey, your “main job” is the job you held in [enter start of 12 month period] where you usually worked the most hours. Or, if you worked the same hours at more than one job, then we mean the job where you had worked the longest.

*Of the OTHER jobs you held in **[INSERT CURRENT MONTH AND PREVIOUS YEAR]**, your “second job” is the job in which you worked the next most hours per week.*

Base: S9b=1

E1D [S]

Please think now of all of your SECOND job’s work sites within 75 miles. How many people were employed at your organization across all of the work sites within that 75 mile range, including the site where you were working at in **[INSERT CURRENT MONTH AND PREVIOUS YEAR]**?

- 1 [IF E1C=2] 1-9
- 2 [IF E1C=2] 10-19
- 3 [IF E1C=2] 20-29
- 4 [IF E1C=2] 30-39
- 5 [IF E1C=2] 40-49
- 6 50-99
- 7 100-249
- 8 250-499
- 9 500 or more

Scripter: create hover over for “second job” showing the following text:

For the purposes of this survey, your “main job” is the job you held in [enter start of 12 month period] where you usually worked the most hours. Or, if you worked the same hours at more than one job, then we mean the job where you had worked the longest.

*Of the OTHER jobs you held in **[INSERT CURRENT MONTH AND PREVIOUS YEAR]**, your “second job” is the job in which you worked the next most hours per week.*

Base: All respondents**E2 [S]**

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

- 1 Yes
- 2 No

Base: E2=1**E3 [[S across each line of grid; accordion grid]**

How have you learned about the federal Family and Medical Leave Act?

Statements in row :

- 1. Media (tv, newspapers, internet, etc.)
- 2. Co-workers
- 3. Employer or human resource office gave out information
- 4. Posters
- 5. Family member
- 6. Friend or neighbor
- 7. Union gave out information
- 8. Other (please specify):

Answers in column:

- 1. Yes
- 2. No

Base: E3_8 = 1**E3_A [T, Medium]**

You mentioned you learned about the federal Family Leave Act in another way, please specify below.

[MEDIUM TEXT BOX]

Base: E2=1**E4A [[S across each line of grid; accordion grid]**

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

(Your best guess is fine.)

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

Statements in row :

- a. For the care of a newborn?
- b. For an employee's own serious health condition ?
- c. For the care of a child with a serious health condition?
- d. For the care of a spouse with a serious health condition?
- e. For the care of a same-sex spouse with a serious health condition?
- f. For the care of a parent with a serious health condition?
- g. For the care of a grandparent with a serious health condition?
- h. For the care of a grandchild with a serious health condition?
- i. For the care of a sibling with a serious health condition?
- j. To provide eldercare for a parent or spouse? Eldercare is care provided for individuals with age-related physical or mental impairments.
- k. For the care of an adopted child or foster child?
- l. For the care of a military service member, or for reasons related to the deployment of a military service member?

Answers in column:

- 1. Yes
- 2. No

Base: ALL**E5 [S][PROMPT]**

Are you currently employed?

- 1. Yes
- 2. No

Base: E5=1

E6 DISPLAY [S]

We have a few questions about your **CURRENT** main job. If you have more than one job, by “main” job I mean the one where you usually work the most hours. If you work the same number of hours at more than one job, then I mean the job where you have worked the longest. Throughout the rest of this section, we will ask you questions about your current main job.

Base: E2=1 AND E5=1

E6 [S]

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

1. Yes
2. No

Scripter: create hover over for “main job” showing the following text:

For the purposes of this survey, your “main job” is the job you held in [enter start of 12 month period] where you usually worked the most hours. Or, if you worked the same hours at more than one job, then we mean the job where you had worked the longest.

*Of the **OTHER** jobs you held in [**INSERT CURRENT MONTH AND PREVIOUS YEAR**], your “second job” is the job in which you worked the next most hours per week.*

Base: E5=1

E8 [[S across each line of grid; accordion grid]

Below is a list of reasons why you might have to miss work. For each please indicate whether or not you can take *paid* leave from your current job for:

Statements in row :

- a. Your own illness or medical care?
- b. The illness or medical care of another family member?
- c. Routine childcare, other than for illness (e.g.: 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?

Answers in column:

1. Yes
2. No/Benefit not offered by employer
3. Depends on circumstances

Base: E5=1**E9 [M]**

Are you salaried on this job, paid by the hour, or paid some other way?

1. Salaried
2. Hourly
3. Piecework/Commission
4. Other/Combination

Base: E5=1**E10 [S]**

Please keep thinking about your current “main” job.

Are you a contract worker?

1. Yes
2. No

Base: E5=1**E15 [T, Medium]**

What kind of business or industry is this? What do they make or do where you work; for example, hospital, newspaper publishing, mail order house, auto engine manufacturing, bank, food service, and healthcare. Please think about your main job.

Please specify: _____

Base: E5=1**E16 [T, Medium]**

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, food server, health aid, warehouse worker, cashier. Please think about your main job. What is your job title?

Please specify: _____

Base: E5=1**E17 [N]**

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

RANGE: 00000-99999

Zip code: _____[RANGE 00000-99999, PROMPT IF LESS THAN 5 DIGITS]
999998 Don't know

Demographics**Base: All respondents****DEMO_DISPLAY**

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

Base: S8b=REF**D1 [S]**

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

Base: All respondents**D3 [S]**

Please keep thinking about your current “main” job.

[IF E5 NE 1, SHOW Were/ IF E5 = 1, SHOW Are] you represented by a labor union?

1. Yes
2. No

Base: All respondents**D3A [S][PROMPT]**

For your (IF E5 = 1, FILL “your current job” ELSE IF E5 = 2 AND S9b ≠ 3, FILL: “the main job you held in [INSERT 12 MONTHS AGO]”), what (IF E1 = 2, FILL “was” , ELSE, FILL, “is”) the easiest way for you to report (your) total earnings before taxes or other deductions? For example, is it easiest for you to report your hourly wage, or your weekly or annual income?

1. Hourly,
2. Weekly,
3. Bi-weekly,
4. Twice-monthly,
5. Monthly
6. Annually, or
7. Some other basis (Please Specify): _____

Base: All respondents**D3B [N][PROMPT]**

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

\$ _____
[RANGE 0.01 – 999,999.99]

Base: D3a = REF AND D3b IS NOT REF (9)**D3C [S]**

(IF E1 = 2, FILL “Was”, ELSE, FILL, “Is”) that:

1. Hourly,
2. Weekly,
3. Bi-weekly,
4. Twice-monthly,
5. Monthly
6. Annually, or
7. Some other basis (Please Specify): _____

Base: D3A NE REF and D3B NE REF AND (IF D3B=REF, D3C NE REF)**D3D [S]**

So to confirm, you earn \$[FILL FROM D3b] per [D3a/c=1 hour/ D3a/c=2 week/ D3a/c=3 every 2 weeks] in your main job?

1. Yes
2. No

Scripter- if No, repeat questions D3A-D3D once. If D3D is still “no”, continue.

Base: All respondents**D4 [S]**

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.

\$ _____
[RANGE 0.01 – 9,999,999.99]

Base: D4=REF

D4a. Was your family income \$35,000 or above?

- 1 Yes
- 2 No [GO TO D4f]

Base: D4a=1

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

- 1 Yes
- 2 No

Base: D4b=1

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

- 1 Yes
- 2 No

Base: D4c=1

D4d. Was it \$75,000 or above?

- 1 Yes
- 2 No

Base: D4d=1

D4e. Was it \$100,000 or above?

- 1 Yes
- 2 No

Base: D4a=2

D4f. Was it \$30,000 or above?

- 1 Yes
- 2 No

Base: D4f=2

D4g. Was it \$20,000 or above?

- 1 Yes
- 2 No

Base: D4g=2

D4h. Was it \$10,000 or above?

- 1 Yes
- 2 No

Base: D4h=2

D4j. Was it \$5,000 or above?

- 1 Yes
- 2 No

Base: All respondents**D7 [N]**

How many children under 18 years old are in your care?

_____ [RANGE 0-7]

Base: All respondents**D8 [N]**

How many people over age 65 are in your care?

_____ [RANGE 0-7]

Base: All respondents**D10 [S]**

Are you currently

- 1. Married,
- 2. Living with a partner,
- 3. Separated,
- 4. Divorced,
- 5. Widowed, or
- 6. Never married

Base: All respondents**D11 [S]**

[IF D10 = 1, DISPLAY: Is your/ IF D10 = 2-9, DISPLAY: Do you have a] [IF D10 = 1, DISPLAY: spouse/ IF D10 = 2-6, DISPLAY: partner/ IF D10 = MISSING OR REFUSED, DISPLAY: spouse or partner] living outside of the household?

- 1. Yes
- 2. No

Base: All respondents**END3**

Thank you very much for your time. If you have any questions or would like further information about this study, you can call Michelle Kahmann at (1-239-896-1238) during normal business hours.

SCRIPTER: CREATE DOV_CLASSIFICATION

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

A.2 Refusal Conversion Letter

[ABT ASSOCIATES LETTERHEAD]

[DATE]

[ADDRESS 1]
[CITY], [STATE] [ZIP]

Dear Resident,

An interviewer from Abt Associates recently called your home to invite you to participate in an important study about employees' use of, and attitudes about, family and medical leave policies in their workplace.

We value your time and have made the process as simple as possible. One of our interviews will ask a few questions about your household and then may ask one adult member of your household to complete the full-length interview. If you or someone in your household is selected and then completes the 20-minute survey, we will pay you **\$20** to thank you for your time.

Please be assured that our interviewers will respect your privacy and security. All the answers you give us will be kept confidential to the maximum extent of the law. Your participation is voluntary and you can skip any questions you do not want to answer.

This study is sponsored by the U.S. Department of Labor. No matter what your employment status is, your participation is critical for the study, and an interviewer can call you at a time that is convenient for you.

We hope that you will be willing to take part when one of our interviewers calls your home again. Or, you can set a time for your interview by calling toll-free 1-866-296-9644. Please mention ID number [QKEY].

To learn more about this study, please visit our website - <http://fmlasurveyinfo.com/>.

Thank you very much for your cooperation.

Sincerely,



Michelle Kahmann
Project Director, Abt Associates

A.3 Refusal Conversion Letter – for Partial Completes**[ABT ASSOCIATES LETTERHEAD]**

[DATE]

[ADDRESS 1]

[CITY], [STATE] [ZIP]

Dear [NAMELETTER],

An interviewer from Abt Associates recently invited you to participate in an important study about employees' use of, and attitudes about, family and medical leave policies in their workplace.

We noticed that you, or someone in your household, started, but did not complete the interview. Since you were selected, we are writing to let you know that if you complete the interview, we will pay you **\$40** to thank you for your time. It will only take 20 minutes of your time.

Please be assured that our interviewers will respect your privacy and security. All the answers you give us will be kept confidential to the maximum extent of the law. Your participation is voluntary and you can skip any questions you do not want to answer.

This study is sponsored by the U.S. Department of Labor. Your participation is critical for the study, and an interviewer can call you at a time that is convenient for you.

We hope that you will be willing to take part when one of our interviewers calls your home again. Or, you can set a time for your interview by calling toll-free 1-866-296-9644. Please mention ID number [QKEY].

To learn more about this study, please visit our website - <http://fmlasurveyinfo.com/>.

Thank you very much for your cooperation.

Sincerely,



Michelle Kahmann
Project Director, Abt Associates

A.4 Employee Survey – Selected Screenshots of the Web Survey

Question S11

The screenshot displays a web survey interface. At the top left, a blue tab reads "Previewing Survey". To its right is a green "Restart Survey" button with a circular arrow icon, followed by a settings gear icon. On the top right, there are links for "Draft", "Place Bookmark", and a mobile device icon. The main content area features a white box with the "KnowledgePanel®" logo and a "Need help?" link. The question text asks about leave taken since November 2018 for various reasons. A bulleted list provides the reasons: caring for a newborn or foster child, caring for a serious health condition (own or family member's), pregnancy-related reasons, or military service member deployment. Below the list, the question is repeated, followed by "Yes" and "No" radio button options. Navigation arrows "<<" and ">>" are at the bottom of the question box. A footer bar contains the copyright notice "© 2019 Ipsos - All rights reserved." and a "Powered by Qualtrics" link in the bottom right corner.

Previewing Survey Restart Survey ⚙️ Draft Place Bookmark 📱

KnowledgePanel® [Need help?](#)

In the LAST 12 MONTHS, that is, since **November 2018** have you taken leave from work for ANY of the following reasons:

- to care for a newborn, newly adopted or new foster child; (This includes both maternity AND paternity leave)
- for your own serious health condition or to care for someone else's serious health condition;
- for 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?

Since **November 2018** have you taken leave from work for any of these reasons?

☐ Yes
☐ No

<< >>

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Question S12

Previewing Survey [Restart Survey](#)

Draft [Place Bookmark](#)

KnowledgePanel® [Need help?](#)

In the LAST 12 MONTHS have you NEEDED to take leave from work but DID NOT, for ANY of these same reasons?

- to care for a newborn, newly adopted or new foster child; (This includes both maternity AND paternity leave)
- for your own serious health condition or to care for someone else's serious health condition;
- for 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?

Since **November 2018** have you needed to take leave from work but did NOT for any of these reasons

☐ Yes

☐ No

<< >>

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Question A4

Previewing Survey

Restart Survey

Draft

Place Bookmark

KnowledgePanel®

[Need help?](#)

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.

For how many TOTAL **reasons or conditions** did you take leave from work since **November 2018**?


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Question A5

Previewing Survey [Restart Survey](#) 

Draft [Place Bookmark](#) 

KnowledgePanel® [Need help?](#)

First please think about the MOST RECENT time that you took leave from work since November 2018.

What was the main reason you took this leave from work?

- ☐ Own illness, disability or other serious health condition, except pregnancy-related health reason
- ☐ For pregnancy-related health reason prior to delivery
- ☐ For pregnancy-related health reasons and to care for a newborn
- ☐ Miscarriage
- ☐ To care for newborn
- ☐ To care for newly adopted child
- ☐ To care for newly placed foster child
- ☐ To bond with newborn
- ☐ To bond with newly adopted child
- ☐ To bond with newly placed foster child
- ☐ Child's health condition
- ☐ Spouse's health condition
- ☐ Parent's health condition
- ☐ Other relative's health condition
- ☐ Other non-relative's health condition
- ☐ Domestic partner's health condition
- ☐ To address issues arising from the deployment of a military family member

<< >>

Question A10

Previewing Survey [Restart Survey](#) [Settings](#) Draft [Place Bookmark](#)

KnowledgePanel® [Need help?](#)

What was the nature of the health condition for which you took this leave? Was it:

- ☐ A one-time health matter, such as appendicitis or injury;
- ☐ The **treatment** of an injury or illness that now requires routine scheduled care, such as chemotherapy or physical therapy;
- ☐ An ongoing health condition that affects one's ability to work from time to time, such as diabetes, migraines, depression, or Multiple Sclerosis; or
- ☐ 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.
- ☐ Other (Please specify)

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Question A13

Previewing Survey

Restart Survey

Draft

Place Bookmark

KnowledgePanel®

Need help?

For this leave, in what month and year did you start taking time off?

Month:

Year:

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Question A14

The screenshot shows a web-based survey preview interface. At the top left, a blue tab reads "Previewing Survey". To its right are two buttons: a green "Restart Survey" button with a circular arrow icon, and a settings icon (a gear with a downward arrow). On the top right, there is a "Draft" status indicator with a dropdown arrow, a "Place Bookmark" button with a bookmark icon and a dropdown arrow, and a small mobile device icon. The main content area is a large light gray rectangle. In the center of this area is a white rounded rectangle representing the survey question. The question is titled "KnowledgePanel®" in blue text, with a "Need help?" link in small text to the right. The question text reads: "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?". Below the text are two radio button options: "One continuous block of time" and "Separate Occasions". At the bottom of the question box are two navigation buttons: "<<" on the left and ">>" on the right. Below the question box is a dark gray horizontal bar with the text "© 2019 Ipsos - All rights reserved." in small white font. In the bottom right corner of the entire interface, there is a small gray box that says "Powered by Qualtrics".

Question A17

Previewing Survey

Restart Survey

Draft

Place Bookmark

KnowledgePanel®

Need help?

And in what month and year did this leave end? Please think about special events, holidays, or seasons to help you remember.

Month:

Year:

☐ Currently on leave

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Question A23 (part 1)

Previewing Survey [Restart Survey](#) [Settings](#) Draft [Place Bookmark](#)

KnowledgePanel® [Need help?](#)

For each of the following questions, please think about your MOST RECENT leave.

Below are some possible situations you may or may not have experienced due to taking leave from work. Please indicate whether you experienced each.

Were you treated differently because of the reason you took leave? [^](#)

☐ Yes

☐ No

☐ Does not apply

Did you lose your job? [v](#)

☐ Yes

☐ No

☐ Does not apply

Did you lose your seniority or potential for job advancement? [v](#)

☐ Yes

☐ No

☐ Does not apply

Question A23 (part 2)

Previewing Survey

Restart Survey

Draft

Place Bookmark

Did you reveal personal information about your own health, or the health of your care recipient?

☐ Yes

☐ No

☐ Does not apply

Did you reveal information about your personal relationships or family relationships?

☐ Yes

☐ No

☐ Does not apply

Did anything else happen?

☐ Yes

☐ No

☐ Does not apply

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Question A43D

Previewing Survey

Restart Survey

Draft

Place Bookmark

KnowledgePanel®

Need help?

Of the 12 hours, for how many did you receive full pay? (Your best estimate is fine.)

(amount of time)

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Question A43H (part 1)

Previewing Survey

Restart Survey

Draft

Place Bookmark

KnowledgePanel®

Need help?

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

Vacation pay

Yes

No

Sick pay

Yes

No

Flex time pay

Yes


No


Temporary disability

Yes

No

Question A43H (part 2)

Previewing Survey [Restart Survey](#) 

Draft [Place Bookmark](#) 

Flex time pay

☐ Yes

☐ No

Temporary disability

☐ Yes

☐ No

State-paid family leave

☐ Yes

☐ No

Paid time off

☐ Yes

☐ No

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Question A52 (part 1)

KnowledgePanel® [Need help?](#)

Now we have some questions about how your work was covered while you were away on 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...

Let your work go undone until you returned?

☐ Yes

☐ No

☐ Don't know

Cover your work by assigning it to other employees?

☐ Yes

☐ No

☐ Don't know

Hire a permanent employee to cover your work?

☐ Yes

☐ No

☐ Don't know

Question A52 (part 2)

Previewing Survey

Restart Survey

Draft

Place Bookmark

Hire a temporary employee to cover your work?

☐ Yes

☐ No

☐ Don't know

Request that you complete some (or all) of your work while you were on leave using alternative work arrangements, such as telecommuting?

☐ Yes

☐ No

☐ Don't know

Cover your work in some other way?

☐ Yes

☐ No

☐ Don't know

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Question A62 (part 1)

Previewing Survey [Restart Survey](#) [Settings](#) Draft [Place Bookmark](#)

KnowledgePanel® [Need help?](#)

Below are some reasons that people give for returning to work after taking leave. Did you return to work because...

Your doctor told you that you were ready to return to work? [^](#)

☐ Yes

☐ No/Not applicable

Your care recipient's doctor told you that it was safe for you to return to work? [v](#)

☐ Yes

☐ No/Not applicable

You no longer needed to be on leave? [v](#)

☐ Yes

☐ No/Not applicable

You did not want to lose your seniority or potential for job advancement? [v](#)


☐ Yes


☐ No/Not applicable


Someone else took over your care-giving responsibilities? [v](#)

☐ Yes

Question A62 (part 2)


Previewing Survey [Restart Survey](#) 

Draft [Place Bookmark](#) 

Someone else took over your care-giving responsibilities? 


☐ Yes

☐ No/Not applicable

You wanted to get back to work? 


☐ Yes

☐ No/Not applicable

You used up all the leave time you were allowed? 


☐ Yes

☐ No/Not applicable

You had too much work to do to stay away longer? 

☐ Yes

☐ No/Not applicable

You felt pressured by your boss or co-workers to return? 

☐ Yes

☐ No/Not applicable

Question B15 (part 1)

Previewing Survey [Restart Survey](#)

Draft [Place Bookmark](#)

KnowledgePanel® [Need help?](#)

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

You thought you might LOSE your JOB?

☐ Yes

☐ No

You thought you would LOSE your SENIORITY or potential for job ADVANCEMENT?

☐ Yes

☐ No

You were INELIGIBLE?

☐ Yes

☐ No

Your employer DENIED your request?

☐ Yes

☐ No

You COULDN'T AFFORD to take an unpaid leave?

☐ Yes

Question B15 (part 2)

The screenshot displays a survey preview interface. At the top left, there is a blue button labeled "Previewing Survey". To its right is a green button labeled "Restart Survey" with a circular arrow icon, followed by a settings icon (gear) and a dropdown arrow. On the top right, the status "Draft" is shown with a dropdown arrow, followed by a bookmark icon and the text "Place Bookmark" with another dropdown arrow. The main content area is divided into two columns. The left column is a large gray rectangle. The right column contains five question cards, each with a gray header, a question text, a dropdown arrow, and two radio button options: "Yes" and "No".

Questions and options:

- Question 1: You COULDN'T AFFORD to take an unpaid leave? (Yes, No)
- Question 2: You wanted to SAVE YOUR LEAVE TIME? (Yes, No)
- Question 3: Your WORK IS TOO IMPORTANT? (Yes, No)
- Question 4: You made alternative work arrangements such as flex time, telecommuting/working offsite? (Yes, No)
- Question 5: You were WORRIED ABOUT REVEALING PERSONAL INFORMATION about your family or personal relationships? (Yes, No)

Question B15 (part 3)

Previewing Survey Restart Survey ⚙️

Draft Place Bookmark

You were worried about revealing personal information about your own health or the health of your care recipient? ⌵

☐ Yes

☐ No

You thought you would be TREATED DIFFERENTLY because of the reason you needed to take leave? ⌵

☐ Yes

☐ No

You thought that the person you wanted to take leave to care for was NOT CONSIDERED A COVERED FAMILY MEMBER? ⌵

☐ Yes

☐ No

You thought that the HEALTH CONDITION DID NOT QUALIFY? ⌵

☐ Yes

☐ No

Your employer's process for taking leave was TOO COMPLICATED? ⌵

☐ Yes

☐ No

Question B15 (part 4)

Previewing Survey

Restart Survey

Draft

Place Bookmark

☐ No

Your employer's process for taking leave was TOO COMPLICATED?

☐ Yes

☐ No

You were UNABLE TO MEET your employer's NOTICE REQUIREMENT for taking leave?

☐ Yes

☐ No

You were UNAWARE of the availability of leave?

☐ Yes

☐ No

Some other reason?

☐ Yes

☐ No

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Question E0K

Previewing Survey

Restart Survey

Draft

Place Bookmark

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Need help?

Finally, at that point, how many hours per week did you work on average at ALL OF YOUR JOBS in total?

Hours

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Question E2

The screenshot displays a web-based survey interface. At the top, a blue header bar contains the text "Previewing Survey". To its right is a green button labeled "Restart Survey" and a settings icon. Further right, the status "Draft" is shown, along with a "Place Bookmark" button and a mobile device icon. The main content area is a light gray rectangle. Centered within this area is a white rounded rectangle containing the "KnowledgePanel®" logo in the top left and a "Need help?" link in the top right. The survey question, "Have you ever heard of the federal Family and Medical Leave Act?", is positioned below the logo. Two radio button options are listed: "Yes" and "No". Navigation arrows, represented by double less-than and double greater-than signs, are located at the bottom of the question box. A thin gray bar at the very bottom of the survey area contains the copyright notice "© 2019 Ipsos - All rights reserved." and a small "Powered by Qualtrics" logo in the bottom right corner.

Question E3 (part 1)

Previewing Survey Restart Survey ⚙️

Draft Place Bookmark

KnowledgePanel® Need help?

How have you learned about the federal Family and Medical Leave Act?

Media (tv, newspapers, internet, etc.) ^

☐ Yes

☐ No

Co-workers v

☐ Yes

☐ No

Employer or human resource office gave out information v

☐ Yes

☐ No

Posters v

☐ Yes

☐ No

Family member v

☐ Yes

Question E3 (part 2)

Previewing Survey

Restart Survey

Draft

Place Bookmark

☐ No

Family member

☐ Yes

☐ No

☐ Yes

Friend or neighbor

☐ No

☐ Yes

Union gave out information

☐ No

Other (please specify):

☐ Yes☐ No

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Question E4A (part 1)

Previewing Survey

Restart Survey

Draft

Place Bookmark

KnowledgePanel®

Need help?

To the best of your knowledge, are employees who are covered by the federal FMLA law entitled to take leave for the following reasons:
(Your best guess is fine.)

For the care of a newborn?

☐ Yes

☐ No

For an employee's own serious health condition ?

☐ Yes

☐ No

For the care of a child with a serious health condition?

☐ Yes

☐ No

For the care of a spouse with a serious health condition?

☐ Yes

☐ No

For the care of a same-sex spouse with a serious health condition?

☐

☐

Question E4A (part 2)

Previewing Survey

Restart Survey

Draft

Place Bookmark

For the care of a same-sex spouse with a serious health condition?

☐ Yes

☐ No

For the care of a parent with a serious health condition?

☐ Yes

☐ No

For the care of a grandparent with a serious health condition?

☐ Yes

☐ No

For the care of a grandchild with a serious health condition?

☐ Yes

☐ No

For the care of a sibling with a serious health condition?

☐ Yes

☐ No

To provide eldercare for a parent or spouse? Eldercare is care provided for individuals with age-related physical or mental impairments.

Question E4A (part 3)

Previewing Survey

Restart Survey

Draft

Place Bookmark

For the care of a sibling with a serious health condition?

☐ Yes

☐ No

To provide eldercare for a parent or spouse? Eldercare is care provided for individuals with age-related physical or mental impairments.

☐ Yes

☐ No

For the care of an adopted child or foster child?

☐ Yes

☐ No

For the care of a military service member, or for reasons related to the deployment of a military service member?

☐ Yes

☐ No

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Question E15

Previewing Survey

Restart Survey

Draft

Place Bookmark

KnowledgePanel®

Need help?

What kind of business or industry is this? What do they make or do where you work; for example, hospital, newspaper publishing, mail order house, auto engine manufacturing, bank, food service, and healthcare. Please think about your main job.

Please Specify:

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Question D4

The screenshot shows a survey preview window titled "Previewing Survey". The interface includes a top navigation bar with a "Restart Survey" button, a settings icon, and a "Draft" status. A "Place Bookmark" button is also visible. The main content area displays the "KnowledgePanel®" logo and a question: "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." Below the question is a text input field with a dollar sign (\$) and a right arrow button. A footer bar contains the copyright notice "© 2019 Ipsos - All rights reserved." and a "Powered by Qualtrics" logo.

Previewing Survey

Restart Survey

Draft

Place Bookmark

KnowledgePanel®

Need help?

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.

\$

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Appendix B. Employer Survey Materials

B.1 Informational Packet – Cover Letter

[DEPARTMENT OF LABOR – CEO LETTERHEAD]

COMPANY NAME
RESPONDENT NAME
TITLE
ADDRESS 1
ADDRESS 2
CITY, STATE, ZIP

DATE

Dear FNAME,

I am writing to encourage your participation in a major study being conducted by the Department of Labor that will collect information on employers' family and medical leave policies and benefits. Your establishment has been randomly selected for this study. The results of this research will provide critical information on employer perspectives on the costs and benefits of both formal and informal policies regarding family and medical leave. I strongly urge you to participate in this study.

Data for this study are being collected for the Department of Labor by Abt Associates, a private research firm in Rockville, Maryland. Enclosed you will find more detailed study information from Abt regarding your participation.

To access the online survey, please go to: www.FMLASurvey.com. This will bring you to an introductory page where you can enter your unique PIN: **USERID**.

If you are not the person in your organization who can complete this survey regarding family and medical leave policies and benefits, please forward this request to the person who can best answer these questions.

You may find more information about this study online at <https://www.opinionport.com/DOLFMLASurveys> or www.fmlasurveyinfo.com. If you have any questions about this study, please contact us at 1-888-999-2750 or FMLASurvey@abtassoc.com.

Thank you in advance for your participation.

Sincerely,

Molly Irwin
Chief Evaluation Officer

ENCLOSURE: FMLA Wave 4 Survey of Employers – Information

According to the Paperwork Reduction Act (PRA), no persons are required to respond to a collection of information unless such collection displays an Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 1290-0015. The time required to complete this collection of information is estimated to average 60 minutes, including the time to review instructions, gather the data needed and complete and review the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Christina Yancey at 202-693-5910 or Yancey.Christina.L@DOL.gov and reference the OMB Control Number 1290-0015.

B.2 Informational Packet – Project Information Sheet**[ABT ASSOCIATES LETTERHEAD]****Welcome to the Wave 4 Survey of Employers on Family and Medical Leave Act!**

Your company has been randomly selected to participate in Wave 4 of the Family and Medical Leave Act Surveys. Abt Associates is conducting the interviews for the Department of Labor. Your cooperation is essential to the success of this effort to better understand employers' experience with administering the FMLA.

We are enclosing a list of some of the information you will be asked about in the survey. You may also find all of these materials online at www.fmlasurveyinfo.com. The survey takes about 25 minutes to complete, and you have the choice of completing it over the web or on the telephone with one of our professional interviewers. Either way, having this information ready before you begin the survey will facilitate getting through the survey faster.

Some things to know about your participation:

- Your participation is voluntary: you may refuse to answer any question or end the survey at any time.
- Your information is private: Abt is required to protect the privacy of all information collected, including the identity of respondents. In addition, the data provided by Abt to the Department will not contain any information that would identify you or your establishment. Individual responses are analyzed only in combination with other responses collected nationwide. The responses will not be linked with your company or with your name. There are many procedures in place to reduce the minimal potential risk in loss of privacy in this study.
- This information gathered through this survey *is not* used for any enforcement purposes and your participation will not affect any relationships you have with the US Department of Labor.

To access the online survey, please go to this link: www.FMLASurvey.com. This will bring you to an introductory page where you can enter your unique PIN and begin the survey (see the attached letter for your PIN). Your PIN ensures that you have exclusive access to your survey. Please feel free to contact the Abt survey center to assist you in either accessing or completing the web survey.

A member of our staff will follow up with you about the survey and help you with any questions you may have about accessing the online survey. If an interviewer calls at an inconvenient time, he or she will be glad to call back at a mutually arranged time. You may contact the Abt survey center directly to schedule your interview. Please call toll free 1-800-244-4135 and clearly give your first name, last name, and the name of your organization. The call center will be open from 9 AM until midnight (Eastern Time) Monday through Friday.

Thank you in advance for your participation.

According to the Paperwork Reduction Act (PRA), no persons are required to respond to a collection of information unless such collection displays an Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 1290-0015. The time required to complete this collection of information is estimated to average 60 minutes, including the time to review instructions, gather the data needed and complete and review the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Christina Yancey at 202-693-5910 or Yancey.Christina.L@DOL.gov and reference the OMB Control Number 1290-0015.

Wave 4 Family and Medical Leave Act – Survey of Employers Project Information Sheet

How was my business chosen? We cannot talk to all employers in the country -- that would cost too much and take too long. So we scientifically select a “sample” of employers at worksites across the nation. Choosing the sample scientifically lets us take the information we learn and use it to better understand the whole population. Once participants have been chosen they cannot be replaced.

What is this study about? The purpose of this study is to better understand family and medical leave policies (FMLA) from the perspective of American business.

By “**Family and Medical Leave**” we mean employees taking time off for any of the following reasons:

- to care for their own or family members’ serious health condition (for purposes of this study, a serious health condition, 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);
- for pregnancy-related reasons;
- to care for a service member, or for reasons related to the deployment of a military member;
- to give birth to a child, for the placement of a child for adoption or foster care; or
- to care for a newborn, newly adopted or new foster child.

Information from this study will be used to develop national estimates of: (a) employer policies with regard to allowing leave for family and medical reasons; (b) employees’ use of leave for family and medical reasons; and (c) business costs and benefits stemming from these leave policies (including, if applicable, policies related to the Family and Medical Leave Act.)

Who is conducting this study? Abt Associates has been contracted by the Department of Labor to conduct this study. Please visit <https://www.opinionport.com/DOLFMLAsurveys> for more information.

What will be asked of me? If you decide to participate, we will ask you some questions about your business’ leave policies and benefits at a specific worksite location. To reduce the amount of time it takes to complete the survey, it would be helpful if you have information available about your business and about employees taking leave for family or medical reasons. **WE HAVE INCLUDED A CHECKLIST FOR YOUR CONVENIENCE.** It will be important to have this information with you before the interviewer calls or before you begin the web survey.

Why should I participate? Your business was scientifically selected from a national listing of American businesses, and your response is very important. The information gathered by the survey will provide critical information on employer perspectives on the costs and benefits of both formal and informal policies regarding family and medical leave. Your participation in this study will help the Department of Labor calculate national estimates. The data will be used for research purposes only, NOT for compliance with FMLA. The Department of Labor will receive an aggregate file of 2,000 responses from employers across the country, and it will not include any identifying information on any individual employer.

Who will know what I say? Your answers will be kept private to the extent allowed by law and will be used only for research purposes. Your participation is completely voluntary.

How can I be sure my rights as a participant are protected? Your participation in this research is entirely voluntary. Without the help of employers like you, we could not conduct this work. Abt Associates’ Institutional Review Board (IRB) protects the rights of research participants. For questions about your rights as a participant in this study, contact the Institutional Review Board Administrator, at (877) 520-6835. To learn more about the survey you may contact the study hotline at 1-888-999-2750.

Wave 4 Family and Medical Leave Act – Survey of Employers

Information Checklist

To speed up the survey process, please have the following information available for the telephone interview, or *before* you begin the web survey. In order to achieve a high degree of accuracy in this study, we encourage you to consult, if necessary, relevant records (payroll, etc.) maintained by your organization. **Because many businesses have different fiscal years and record keeping systems, we ask that you report the following information over any twelve month period ending between January 1, 2017 and now that is most convenient to you.**

INFORMATION ABOUT YOUR BUSINESS

- ☐ The number of employees presently on the payroll at this address (including full-time, part-time, and temporary employees).
- ☐ The number of female employees.
- ☐ The number of employees who are unionized.
- ☐ The number of employees who worked at least 1,250 hours for your organization in the past 12 months.

INFORMATION ABOUT EMPLOYEES TAKING LEAVE FOR FAMILY OR MEDICAL REASONS

- ☐ The NUMBER OF EMPLOYEES AT THIS LOCATION TAKING LEAVE which you categorized as being under the Federal *Family and Medical Leave Act* (if applicable to your organization at this location).
- ☐ The NUMBER OF EMPLOYEES AT THIS LOCATION, IN TOTAL, TAKING LEAVE lasting more than 3 days for family or serious medical reasons (including leave taken under the *Family and Medical Leave Act as well as other family and medical leave*) in **the 12-month reporting period you have designated.**
- ☐ For businesses for which the Federal Family and Medical Leave Act applies: The number of employees who took leave for family reasons or leave lasting for more than 3 days for serious medical reasons during your designated 12-month reporting period, but whom have NOT returned to work for you.

B.3 Employer Survey Questionnaire

2018 FAMILY AND MEDICAL LEAVE ACT (FMLA)

EMPLOYER SURVEY

CATI SCREENER

NOTE:

RESPONSE OPTIONS IN ALL CAPS ARE NOT READ ALOUD BY THE INTERVIEWER.

TEXT IN ALL CAPS IS A PROGRAMMER NOTE OR INTERVIEWER INSTRUCTION.

TEXT IN BRACKETS IS TO BE FILLED IN PROGRAMMATICALLY.

SECTION Q IS INCLUDED IN THE EXTENDED INTERVIEW INSTRUMENT.

FAMILY AND MEDICAL LEAVE ACT (FMLA) 2018 SURVEY OF EMPLOYERS – CATI SCREENER

TIPRESP. Hello, my name is [INTERVIEWER NAME] and I'm calling from Abt Associates, a public policy research firm. We are conducting a study that will collect information on employers' family and medical leave policies and benefits, on behalf of the Department of Labor.

S1A. Is this [INSERT BUSINESS NAME FROM SAMPLE]?

- 1 YES [GO TO S2]
- 2 NO [THANK AND END, DISPO AS WRONG NUMBER]
- 9 DK/REF (VOL)[THANK AND END, SOFT REFUSAL]

[IF SAMP2=1 (R NAMED IN SAMPLE) GO TO S1.

IF SAMP2=2 (NO NAMED R IN SAMPLE) GO TO S2.]

S1. I'm looking for the person responsible for administering leave internally to answer survey questions. This may be your human resources director, a benefits coordinator, a leave administrator, or the person responsible for compliance with federal employment laws for this location, [INSERT LOCATION SQADDRESS, CITY, STATE].

[IF SAMP2=1:] The name we have listed is [INSERT HRNAME] but that may not be the correct person. Is [INSERT HRNAME] the correct person?

[IF NECESSARY: We selected employers from a national listing of businesses and got a name from this listing. However it may not be the right person.]

[IF NECESSARY: This may also be your company's personnel manager, or payroll manager]

[IF DON'T KNOW FIRST ASK: Is there someone else there who would know?]

- 1 YES, SPEAKING WITH R [GO TO S3]
- 2 YES, R COMES TO PHONE [GO TO S3]
- 3 YES, NOT AVAILABLE [SCHEDULE CALLBACK]
- 4 NO, NOT THE CORRECT PERSON [GO TO S2]
- 9 DK/REF (VOL) [GO TO S2]

[PROGRAMMER: CLEAR THE DATA FOR S1-S2 EACH TIME QUESTIONS ARE RE-ENTERED. FOR THANK AND END, DISPLAY, "Thank you, those are all of the questions I have at this time."]

S2. [IF SAMP2=2: I'm looking for the person responsible for administering leave internally to answer survey questions. This may be your human resources director, a benefits coordinator, a leave administrator, or the person responsible for compliance with federal employment laws for this location, [INSERT LOCATION SQADDRESS, CITY, STATE].

[IF NECESSARY: This may also be your company's personnel manager, or payroll manager]

[IF DON'T KNOW FIRST ASK: Is there someone else there who would know?]]

Are you that person?

- 1 YES [GO TO S3]
- 2 NO [GO TO S2A]
- 9 DK/REF (VOL) [THANK AND END, SOFT REFUSAL]

[CREATE A VARIABLE FOR QUALIFIED LEVELS, QL=0.]

[QUALIFIED LEVEL 1: IF S2=1 THEN QL=1]

S2a. What is that person's name?

- [COLLECT NAME, TITLE]
- 9 DK/REF (VOL) [THANK AND END, SOFT REFUSAL]

[PROGRAMMER: IF NAME COLLECTED, UPDATE SAMPLE NAME, SAMP2=1]

S2b. Is [S2A NAME] available now or can you please provide a phone number where we can reach [S2A NAME]?

- 1 R COMES TO PHONE [GO TO S1A]
- 2 NOT AVAILABLE [COLLECT PHONE NUMBER, GO TO S3]
- 9 DK/REF (VOL) [GO TO S3]

[PROGRAMMER: UPDATE SAMPLE PHONE]

S3. Is this business considered to be any of the following: a public school [PAUSE], a public university [PAUSE], a post office [PAUSE], or a government organization at the federal, state, or local level?

[IF DON'T KNOW FIRST ASK: Is there someone else there who would know?]

- 1 YES, PUBLIC SCHOOL [END – S/O – S3 – PUBLIC]
- 2 YES, PUBLIC UNIVERSITY [END – S/O – S3 – PUBLIC]
- 3 YES, POST OFFICE [END – S/O – S3 – PUBLIC]
- 4 YES, GOVERNMENT ORGANIZATION [END – S/O – S3 – PUBLIC]
- 5 NO/NONE OF THE ABOVE [GO TO S4]
- 9 DK/REF (VOL) [THANK AND END, SOFT REFUSAL]

[QUALIFIED LEVEL 2: IF S3=5 THEN QL=2]

S4. Abt Associates is conducting this study to find out about your organization's policies with regard to employees taking leave for family reasons or serious medical reasons, and your employees' use of this leave. Some of our questions will ask about the Family and Medical Leave Act, also referred to as FMLA. FMLA gives some employees in organizations of a certain size the right to take unpaid, job-guaranteed leave for various family and medical reasons. The data will be used for research purposes only, NOT for compliance with FMLA.

[IF NECESSARY: We are interested in employers who are both covered by FMLA and those who are not covered.]

- 1 CONTINUE

[IF S2B=2 OR 9 THEN AUTOPUNCH S5=3 AND GO TO S6]

S5. This survey takes about 25 minutes to complete, depending on your answers. I could send you an email with the study information and a link to an ONLINE version of the survey and a unique PIN to enter the survey. Would you prefer to complete the survey online or continue by phone?

- 1 ONLINE
- 2 CONTINUE BY PHONE
- 3 PLEASE SEND INFO BY MAIL (VOL)
- 9 DK/REF (VOL) [SOFT REFUSAL]

S6. [IF S5=1:] Before I send you the link to the online survey I would like to confirm your contact information at this location.

[IF S5=2 OR 3:] I would like to confirm the contact information at this location. This is so we can send information about the study.

[IWER: VERIFY SPELLING/ACCURACY OF ALL ENTRIES]

TITLE	[FROM SAMPLE]
FIRST NAME LAST NAME	[FROM SAMPLE]
COMPANY NAME	[FROM SAMPLE]
ADDRESS	[FROM SAMPLE]
CITY, STATE ZIP	[FROM SAMPLE]
DIRECT PHONE NUMBER, EXTENSION	[FROM SAMPLE]

[UPDATE SAMPLE NAME, COMPANY NAME, PHONE IF DIFFERENT THAN SAMPLE]

[IF S5=1 THEN REQUIRE NAME, STATE. SOFT PROMPT FOR OTHER INFO (EXTENSION NOT REQUIRED).]

[IF S5=2 OR 3 THEN REQUIRE NAME, ADDRESS, CITY, STATE, ZIP. SOFT PROMPT FOR OTHER INFO (EXTENSION NOT REQUIRED). IF S5=2 THEN SET MAILFLAG=1. IF S5=3 THEN SET MAILFLAG=3.]

[
EMAIL. Is there an email address where we can contact you/ [INSERT NAME FROM S2A]?

- 1 YES [READ EMAIL BACK TO CONFIRM]
- 9 DK/REF

[IF S5=1 OR START1=5, EMAIL CANNOT BE DK/REF. IF [S5=1 OR START1=5] AND EMAIL=DK/REF, PROMPT: You said you would like to complete the online version of the survey. Please provide an email address so we can send you the link to the survey. IWER NOTE: IF R STILL REFUSES, RE-ASK S5. IF S5=2 OR 3 ALLOW EMAIL=DK/REF.]

[IF S2B=2 OR 9 AND EMAIL=1 THEN UPDATE S5=1]

[UPDATE SAMPLE WITH NEW INFORMATION IF COLLECTED: NAME (UNAME), PHONE, EXTENSION, EMAIL.]

[IF INTRO_CB2=3 OR INTRO2B=5 OR INTRO3=5 OR START1=5 THEN GO TO INSTRUCTIONS AFTER S8.]

S7. To the best of your knowledge, does your organization maintain records of employee use of leave under the Family and Medical Leave Act, also known as FMLA leave? [IF NECESSARY: The FMLA gives some employees in organizations of a certain size the right to take unpaid, job-guaranteed leave for various family and medical reasons.]

- 1 YES [ASK S8]
- 2 NO [GO TO INSTRUCTION AFTER S8]
- 9 DK/REF (VOL)[GO TO INSTRUCTION AFTER S8]

S8. And does your company process requests for FMLA internally, or do you utilize a third party for this? (IF NECESSARY: do you hire another company to administer the requests for FMLA, or do you do this yourselves?)

- 1 INTERNALLY
- 2 OUTSOURCE
- 3 OTHER
- 9 DK/REF (VOL)

[IF S5=1 AND S2B=1 OR MISSING THEN GO TO S10. IF S5=2 THEN GO TO S11. IF S5=3 GO TO S9. IF S5=1 AND S2B=2 OR 9 THEN GO TO S9A.]

S9. Thank you. Those are all the questions I have at this time. We will mail the study information and call back to follow up.

[IF S5=3 THEN SCHEDULE CALLBACK FOR 2 WEEKS IF WEB SURVEY NOT COMPLETE – START AT INTRO_CB.]
[PD NOTE=1 (MAIL INFO; TALKED TO R)]

S9A. Thank you. Those are all the questions I have at this time. We will email the study information to the email address provided and call back to follow up.

- 1 SEND EMAIL [AUTO SEND EMAIL]

[SCHEDULE CALLBACK FOR 3 WEEKS IF WEB SURVEY NOT COMPLETE, START AT INTRO_CB.]
[PD NOTE=4 (SENT EMAIL; TALKED TO GK)]

S10. To access the survey online, please use the following web address: www.FMLAsurvey.com. Once there, enter your unique PIN [INSERT KEY] to begin the survey. I will also send this information to you now via email at [EMAIL ADDRESS FROM EMAIL].

[CONFIRM EMAIL ADDRESS. UPDATE IF NECESSARY. SELECT 1 TO SEND EMAIL]

- 1 SEND EMAIL [AUTO SEND EMAIL]

S10A. I just sent you the email. The sender will be FMLASurvey@abtassoc.com and the subject line will read, “Please complete the 2018 DOL FMLA Survey of Employers.” Did you receive the email?

- 1 YES [GO TO S10B.]
- 2 NO [GO TO S10A1]
- 3 DON’T HAVE ACCESS TO EMAIL RIGHT NOW (VOL) [GO TO S10A2]

S10A1. Please check your spam or junk folder. Do you see the email there?

- 1 YES [GO TO S10B.]
- 2 NO [GO TO S10A2]

S10A2. It may take a little while to get to you. We will also send the study information in the mail, to the address you provided. In the meantime, please access the survey at www.FMLASurvey.com. Once there, enter your unique PIN [INSERT KEY] to begin the survey. Thank you in advance for your participation.

[SCHEDULE CALLBACK FOR 2 WEEKS IF WEB SURVEY NOT COMPLETE –
START AT INTRO_CB. SET MAILFLAG=2]
[PD NOTE=2 (MAIL INFO; TALKED TO R)]

S10B. We encourage you to take a moment to complete the survey now and we thank you in advance for completing the survey. Your participation is very important to our study. Thank you very much for your time and assistance. Have a nice day.

[SCHEDULE CALLBACK FOR 3 WEEKS IF WEB SURVEY NOT COMPLETE, START AT
INTRO_CB.
IF INTRO_CB2=3 OR INTRO2B=5 OR INTRO3=5 OR START1=5 THEN SCHEDULE CB
FOR 1 WEEK, START AT NC1.]
[PD NOTE=3 (SENT EMAIL; TALKED TO R)]

S11. Thank you. We will mail you the study information so you have it for your records. You may disregard the request to complete the survey online since we are doing it now by phone.

[PD NOTE=1 (MAIL INFO; TALKED TO R). GO TO INTRO3]

[QUALIFIED LEVEL 4: IF S9, OR S10B, S10A2, OR S11 THEN QL=4 (SCREENER COMPLETE)]

INTRO_CB.

Hello, may I speak to [INSERT NAME]?

- 1 YES, SPEAKING WITH R [GO TO INTRO_CB2]
- 2 YES, R COMES TO PHONE [GO TO INTRO_CB2]
- 3 NO, NOT AVAILABLE [SCHEDULE CB]
- 4 NO, NO SUCH PERSON [WRONG NUMBER]
- 9 DK/REF (VOL) [THANK AND END, SOFT REFUSAL]

INTRO_CB2.

[IF INTRO_CB=2: Hello my name is [INTERVIEWER NAME] and I'm calling from Abt Associates, a public policy research firm.] We recently sent you a letter from Chief Evaluation Officer, Molly Irwin, regarding a study we are conducting for the U.S. Department of Labor. We may have emailed you this letter. It included a link to the online survey and a unique PIN.
[IF NECESSARY: We received your name as the person to contact for this study from [S2C].]

Do you remember receiving this letter?

- | | | |
|----|----------------------------|-----------------|
| 1 | YES | [GO TO INTRO2B] |
| 2 | NO/DK/REF | [GO TO INTRO2A] |
| 3. | (VOL) WILL COMPLETE ON WEB | [GO TO START1A] |

INTRO2A. Would you like another copy sent to you?

- | | | |
|---|--------------|-----------------|
| 1 | YES | [GO TO RESEND] |
| 2 | NO | [GO TO INTRO2B] |
| 3 | SOFT REFUSAL | |
| 4 | HARD REFUSAL | |

RESEND. How would you like this re-sent: by mail or email?

- | | | |
|---|-----------|--|
| 1 | MAIL | [INSERT S6 ADDRESS AND CONFIRM WITH RESPONDENT] |
| 2 | EMAIL | [GO TO S10] |
| 3 | FAX (VOL) | [COLLECT FAX NUMBER AND CONFIRM WITH RESPONDENT] |

[We will send the study information. Those are all the questions I have for now, thank you. SCHEDULE CALLBACK FOR 1 WEEK – START AT NC1]
[PROGRAMMER: IF RESEND= 1 OR 2, KEEP HIGHEST QUALIFIED LEVEL.]

[IF INTRO_CB2=3, OR IF RESEND=1-3, OR IF INTRO2B=5, IF INTRO3=5, OR IF START1=5 THEN – START CB AT NC1.]
NC1.

Hello, may I speak to [INSERT NAME]?

- | | | |
|---|-----------------------|-------------------------------|
| 1 | YES, SPEAKING WITH R | [GO TO NC2] |
| 2 | YES, R COMES TO PHONE | [GO TO NC2] |
| 3 | NO, NOT AVAILABLE | [SCHEDULE CB] |
| 4 | NO, NO SUCH PERSON | [WRONG NUMBER] |
| 9 | DK/REF (VOL) | [THANK AND END, SOFT REFUSAL] |

NC2.

[IF NC1=2: Hello my name is [INTERVIEWER NAME] and I'm calling from Abt Associates, a public policy research firm.] We recently sent you a letter from Chief Evaluation Officer, Molly Irwin, regarding a study we are conducting for the U.S. Department of Labor. We may have emailed you this letter. It included a link to the online survey and a unique PIN. According to our records you have not completed the survey.

[GO TO INTRO2B]

INTRO2B. I can take you through the survey now.

- 1 YES [GO TO INTRO3]
- 2 NO [THANK AND END, SCHEDULE CALLBACK, START AT NC1]
- 3 SOFT REFUSAL [THANK AND END, SCHEDULE CALLBACK, START AT NC1]
- 4 HARD REFUSAL [THANK AND END]
5. (VOL) WILL COMPLETE ON WEB [GO TO START1A.]

INTRO3. Let's get started.

- 1 YES [GO TO START1. IF PARTIAL COMPLETE, GO TO LAST Q ANSWERED]
- 2 NO [THANK AND END, SCHEDULE CALLBACK, START AT NC1]
- 3 SOFT REFUSAL [THANK AND END, SCHEDULE CALLBACK, START AT NC1]
- 4 HARD REFUSAL [THANK AND END]
5. (VOL) WILL COMPLETE ON WEB [GO TO START1A.]

START1.

Please bear with me on the details of this study. I am required to give this information to all study respondents.

Your participation in this study will help the Department of Labor calculate national estimates. The Department of Labor will receive an aggregate file of 2,000 responses from employers across the country, and it will not include any identifying information on any individual employer. They will make available a public-use data set on their website or other data repository. [IF NECESSARY: Wide dissemination of data facilitates our understanding of the FMLA and its impacts on employers; it enables researchers and policy makers to further the national policy discussion, and it helps ordinary citizens learn about the issues American employers face.]

Your responses to this survey are voluntary and will remain private to the greatest extent possible under the law. There are many procedures in place to reduce the minimal potential risk of loss of privacy in this study. No information tied specifically to your organization will be shared or released in any form.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays an Office of Management and Budget control number. The valid OMB control number for this information collection is 1290-0015. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Christina Yancey at 202-693-5910 and reference the OMB Control Number 1290-0015.

- 1 CONTINUE [GO TO START2]
- 2 CALLBACK [THANK AND END, SCHEDULE CB, START AT NC1]

- 3 SOFT REFUSAL [THANK AND END, SCHEDULE CB, START AT NC1]
- 4 HARD REFUSAL [THANK AND END]
- 5 (VOL) WILL COMPLETE ON WEB [GO TO START1A]

START1A. Let me send you the web link and your PIN.

CONTINUE [UPDATE S5 TO 1, GO TO EMAIL]

START2.

So that we can collect the most accurate data possible, we'd like you to consult HR records, if necessary. These would include the number of full- and part-time employees at your organization, leave-taking activity, and company policies regarding time off for family and medical leave. Do you have access to that information now?

[INTERVIEWER: I can wait while you locate your records. IF NECESSARY: We can schedule a better time to call back.]

- 1 YES, RESP HAS RECORDS / HOLD WHILE RESP. LOCATES RECORDS [GO TO MAIN SURVEY]
- 2 RESP. DOES NOT NEED TO CONSULT RECORDS [GO TO MAIN SURVEY]
- 3 RESP. DOES NOT HAVE RECORDS ON HAND [SCHEDULE CALLBACK – START AT NC1]

[PROGRAMMER: GO TO R's survey in www.opinionport.com/fmlacati]

[PROGRAMMER: ONCE IN THE MAIN SURVEY, IF PARTIAL COMPLETE, START BACK AT NC1.

IF S5=1 OR 3, ASK NC1, NC2, INTRO2B, INTRO3, THEN GO TO LAST QUESTION ANSWERED. IF S5=2, THEN GO TO LAST QUESTION ANSWERED.]

[LEAVE VM ON FIRST AND THIRD ATTEMPTS]
VOICEMAIL SCRIPT.

Hello, my name is [INTERVIEWER], and I'm calling from Abt Associates, a public policy research firm, on behalf of the U.S. Department of Labor. We are conducting an important nationwide study regarding businesses' leave policies and would like to include your company in this important study. We will call back within the next day or two. If you would like to reach us to complete the survey, you can call our toll-free number, 1-800-244-4135, and reference study number [PROJ#] and your unique PIN [READ RESP KEY #]. Thank you.

2018 FAMILY AND MEDICAL LEAVE ACT (FMLA)
EMPLOYER SURVEY
WEB SCREENER AND EXTENDED INTERVIEW (CATI AND WEB)

NOTE:
TEXT IN ALL CAPS IS A PROGRAMMER NOTE OR INTERVIEWER
INSTRUCTION.
TEXT IN BRACKETS IS TO BE FILLED IN PROGRAMMATICALLY.

FAMILY AND MEDICAL LEAVE ACT (FMLA) 2018 SURVEY OF EMPLOYERS

[PROGRAMMER: DO NOT DISPLAY QUESTION NUMBERS (INTRO1, INTRO1.1, ETC.) ON SCREEN]

SCREENER SURVEY

INTRO1_W.

Welcome to the 2018 DOL FMLA Survey of Employers. We are conducting a study on behalf of the Department of Labor that will collect information on employers' family and medical leave policies and benefits. The data will be used for research purposes only, NOT for compliance with FMLA.

[IN SMALLER FONT: We are interested in both employers who are covered by FMLA and those who are not covered.]

[IF SAMP2=1 (R NAMED IN SAMPLE) THEN GO TO S1_W.
IF SAMP2=2 (NO NAMED R IN SAMPLE) THEN GO TO S1A_W.]

S1_W. Are you [INSERT NAME FROM SAMPLE]?

- 1 Yes [GO TO S1A_W]
- 2 No [GO TO S1A_W]
- 9 REF [THANK AND END, SOFT REFUSAL]

[PROGRAMMER: CLEAR THE DATA FOR S1-S2 EACH TIME QUESTIONS ARE RE-ENTERED. FOR THANK AND END, DISPLAY, "Thank you, those are all of the questions I have at this time."]

S1A_W. Is this [INSERT BUSINESS NAME FROM SAMPLE]?

- 1 Yes [GO TO S2_W]
- 2 No [THANK AND END, SCREEN OUT]
- 3 No longer in business [THANK AND END, NOT ELIGIBLE]
- 9 REF [THANK AND END, SOFT REFUSAL]

S2_W. We are looking for the person responsible for administering leave internally to answer survey questions. This may be your human resources director, a benefits coordinator, a leave administrator, or the person responsible for compliance with federal employment laws for this location, **[IN BOLD, INSERT LOCATION: SQADDRESS, CITY, STATE]**.
[IN SMALLER FONT: This may also be your company's personnel manager, or payroll manager.]

Are you that person?

- 1 Yes [GO TO S3_W]
- 2 No [GO TO S2A_W]
- 9 REF [THANK AND END, SOFT REFUSAL]

[CREATE A VARIABLE FOR QUALIFIED LEVELS, QL=0.]
[QUALIFIED LEVEL 1: IF S2_W=1 THEN QL=1]

S2A_W. What is that person's name?

- 1 [COLLECT NAME, TITLE; GO TO S3_W]
- 9 REF [THANK AND END, SOFT REFUSAL]

[PROGRAMMER: IF NAME COLLECTED, UPDATE SAMPLE NAME, SAMP2=1]

S3_W. Is this business considered to be any of the following: a public school [PAUSE], a public university [PAUSE], a post office [PAUSE], or a government organization at the federal, state, or local level?

- 1 Yes, public school [END – S/O – S3 – PUBLIC]
- 2 Yes, public university [END – S/O – S3 – PUBLIC]
- 3 Yes, post office [END – S/O – S3 – PUBLIC]
- 4 Yes, government organization [END – S/O – S3 – PUBLIC]
- 5 No, none of the above [GO TO S6_W]
- 9 REF [THANK AND END, SOFT REFUSAL]

[QUALIFIED LEVEL 2: IF S3=5 THEN QL=2]

S6_W. Please confirm the contact information at this location. This is so we may send information about the study.

TITLE	[FROM SAMPLE]
FIRST NAME LAST NAME	[FROM SAMPLE]
COMPANY NAME	[FROM SAMPLE]
ADDRESS	[FROM SAMPLE]
CITY, STATE ZIP	[FROM SAMPLE]
DIRECT PHONE NUMBER, EXTENSION	[FROM SAMPLE]

[REQUIRE ALL INFO EXCEPT EXTENSION.]

[UPDATE SAMPLE WITH NEW INFORMATION IF COLLECTED. ONCE PAST S6_W, IF BREAKOFF, SET CB TO NEXT DAY.]

EMAIL_W. Please provide an email address so we may send the study information via email.

- 1 Email address: [COLLECT EMAIL]
- 9 [DO NOT DISPLAY:] REF [GO TO S7_W; MAILFLAG=4]

[IF EMAIL_W=1 THEN UPDATE SAMPLE WITH NEW EMAIL ADDRESS]
 [AUTOPUNCH S5=1]
 [SEND EMAIL]

[IF S2A_W NOT EQUAL TO 1 THEN ASK EMAIL2_W. IF S2A_W=1 THEN GO TO S7_W]
EMAIL2_W. You should receive an email from FMLASurvey@abtassoc.com and the subject line will read, “Please complete the FMLA Survey of Employers.” This email contains an electronic copy of the study information, a web link to the survey, and your unique PIN that will allow you access to the survey if you do not finish now and need to complete later. **There is no need to access the survey through the email now.** Please select “CONTINUE.”

1 CONTINUE

S7_W. To the best of your knowledge, does your organization maintain records of employee use of leave under the Family and Medical Leave Act, also known as FMLA leave?

[IN SMALLER FONT: The FMLA gives some employees in organizations of a certain size the right to take unpaid, job-guaranteed leave for various family and medical reasons.]

- 1 Yes [ASK S8]
- 2 No [GO TO EMAIL]
- 9 REF [GO TO EMAIL]

S8_W. And does your company process requests for FMLA internally, or do you utilize a third party for this?

[IN SMALLER FONT: Do you hire another company to administer the requests for FMLA (third party), or do you do this yourselves (internally)?]

- 1 Internally
- 2 Outsource
- 3 Other
- 9 REF (VOL)

[QUALIFIED LEVEL 4: IF S7_W=2 OR 9 OR S8_W=NOT BLANK THEN QL=4 (SCREENER COMPLETE)]

[IF S2A_W=1 THEN THANK AND END. SET CALLBACK FOR 2 WEEKS IF WEB SURVEY NOT COMPLETE.]

[IF S2A_W NE 1 THEN GO TO / START AT INTRO1]

MAIN SURVEY

INTRO1.

[CENTERED] Thank you for participating in this important research study!

This study asks about your organization’s policies with regard to employees taking leave for family and medical reasons, and your employees’ use of this leave. Some questions ask about the Family and Medical Leave Act, also referred to as FMLA. Your participation in this study will help the Department of Labor calculate national estimates. The data will be used for research purposes only, NOT for compliance with FMLA. The Department of Labor will receive an aggregate file of 2,000 responses from employers across the country, and it will not include any identifying information on any individual employer. They will make available a public-use data set on their website or other data repository. Wide dissemination of data facilitates our understanding of the FMLA and its impacts on employers; it enables researchers and policy makers to further the national policy discussion, and it helps ordinary citizens learn about the issues facing their employers. [HYPERLINK “public-use data set”, “FMLA” IN THREE PLACES]

Your responses to this survey are voluntary and will remain private to the greatest extent possible under the law. There are many procedures in place to reduce the minimal potential risk of loss of privacy in this study. The Department of Labor (DOL) could not conduct this survey without the Office of Management and Budget approval. DOL received such approval under OMB control #1290-0015, which expires on February 28, 2021. No information tied specifically to your organization will be shared or released in any form. The survey should take about 25 minutes depending on your answers. We have provided definitions for terms used throughout the survey, which you may consult by clicking on terms highlighted in blue, underlined font. Doing so will open a new window containing the definitions, which you may consult for the duration of the survey.

[HYPERLINK “definitions” – SEE DEFINITIONS BELOW]

If you have any questions while completing the survey, please contact the study hotline at 1-888-999-2750 or by email, FMLAsurvey@abtassoc.com. We ask that you complete your survey no later than [INSERT DATE].

[THE FOLLOWING DEFINITIONS SHOULD BE DISPLAYED IN EVERY HYPERLINK, IN ALPHABETICAL ORDER:

Care of a military service member

The employee could be the service member’s spouse, son, daughter, or parent or next of kin.

Complete and sufficient

A certification is considered incomplete if the employer receives a certification, but one or more of the applicable entries have not been completed. A certification is considered insufficient if the employer receives a complete certification, but the information provided is vague, ambiguous, or non-responsive.

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.

(FMLA) Eligible employee

An employee that worked for your organization for at least 12 months, works at a location where 50 employees are employed at the location or within 75 miles, and had at least 1,250 hours of service in the 12 months prior to the needed leave.

Entire time allotment

We mean the total amount of time provided for by the Federal Family and Medical Leave Act for protected leave reasons. In general, the FMLA provides up to 12 weeks of leave in a 12-month leave year for the birth or placement of a child, the employee's own or a qualifying family members' serious health condition and for qualifying exigencies arising from a parent, spouse, or child's covered active duty in the military. The FMLA also provides up to 26 weeks in a single 12-month period for military caregiver leave. State laws may provide additional time.

Federal Family and Medical Leave Act (FMLA)

The act gives some employees in organizations of a certain size the right to take unpaid, job-guaranteed leave for various family and medical reasons such as: to care for their own or family members' serious health condition or pregnancy; for the birth of a child; for the placement of a child for adoption or foster care; to care for a newborn, or newly adopted or newly placed foster child; and to care for a covered service member; with a serious injury or illness and for qualifying reasons arising while the employee's spouse, son, daughter, or parent is on covered active duty or call to covered active duty (or has been notified of an impending call or order to covered active duty).

Flex time

By "flex time" we mean a flexible work schedule which allows workers to choose when they work, as long as they meet their total expected work hours.

Intermittent leave

Intermittent leave means leave taken in separate periods of time due to a single illness or injury, rather than for one continuous period of time, and may include leave of periods from an hour or more to several weeks.

Paid time off or PTO

Instead of designating employee paid time off as vacation, sick leave and such, many employers lump it all together and simply call it "paid time off" or PTO for short. PTO provides a "pool" of hours that an employee can draw from to take time off from work, without having to specify a reason.

Public-Use data set

A public-use data set is a file with data from the survey that will be posted by the Department of Labor on their web site or other data repository. Several measures are employed to ensure privacy of the study participants. No personal names or company names or addresses will be present in the data. Other information, such as geographic information, will be suppressed. Other potentially identifying information, such as company size and industry type will be suppressed or re-categorized into broader groups so as to make identification of any individual respondent impossible.

Qualifying exigency leave

FMLA entitles eligible employees who work for covered employers to take up to 12 work weeks of unpaid, job-protected leave in a 12-month period for a "qualifying exigency" arising out of the foreign deployment of the employee's spouse, son, daughter, or parent. If the military member is on covered active duty, the employee may take FMLA leave for the following qualifying exigencies: short notice deployment, military events and related activities, childcare and related activities, care of the military member's parent, financial and legal arrangements, counseling, rest and recuperation, and post-deployment activities.

Serious health condition

Is a condition that:

- Lasted more than three days and required treatment by a health care provider OR
- A condition that required an overnight stay in a hospital, hospice, or residential medical care facility 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
- A condition that requires treatments to keep from becoming incapacitated.

Third party for processing FMLA requests

A third party for processing FMLA requests is a company that is hired to administer the requests for FMLA.]

INTRO1.1.

A few instructions before you begin...

- If you need to exit this survey for any reason, you may return by clicking the unique link we sent or by logging in with your same PIN, and continue the survey from the point at which you left off. If you need to go back to change an answer use the “LAST” button on the bottom of the screen. Do not use your browser’s back button.
- TO LEAVE A QUESTION BLANK, because for example you don’t know the answer or the question is not applicable, you may select “NEXT” to move forward without selecting a response. If you would like to un-select a response to leave a question blank, you may choose the “Clear my response” option to remove your response and continue the survey.

[PROGRAMMING: IF “NEXT” IS SELECTED WITHOUT A RESPONSE, RESPONDENTS SHOULD BE PROMPTED TO ANSWER. ON SECOND ATTEMPT TO GO FORWARD WITHOUT RESPONSE, ALLOW NO ANSWER AND CODE REFUSED.]

INTRO1.2.

To speed up the survey process, please have the following information available before you begin the web survey. In order to achieve a high degree of accuracy in this study, we encourage you to consult, if necessary, relevant records (payroll, etc.) maintained by your organization. Because many businesses have different fiscal years and record keeping systems, we ask that you report the following information over a twelve month period since January 1, 2017, that is most convenient to you.

[BOLD->] Information About Your Business **[<-BOLD]**

- The number of employees presently on the payroll at this address (including full-time, part-time, and temporary employees).
- The number of female employees.
- The number of employees who are represented by a union.
- The number of employees who worked at least 1,250 hours for your organization in the past 12 months.

[BOLD->] Information About Employees Taking Leave For Family Or Medical Reasons **[<-BOLD]**

- The NUMBER OF EMPLOYEES AT THIS LOCATION TAKING LEAVE which you categorized as being under the Federal Family and Medical Leave Act (if applicable to your organization at this location).
- THE NUMBER OF EMPLOYEES AT THIS LOCATION, IN TOTAL, TAKING LEAVE lasting more than three days for family or serious medical reasons (including leave taken under the Family and Medical Leave Act as well as other family and medical leave) in the 12-month reporting period you have designated.
- For businesses for which the Federal Family and Medical Leave Act applies: The number of employees who took leave for family reasons or leave lasting for more than three days for serious medical reasons during your designated 12-month reporting period, but whom have NOT returned to work for you.

[VERSION 2 (CATI) – BEGIN WITH QTIME]

QTime. The survey contains several questions that require information over a 12-month period. You may provide this information for any 12-month period between January 2017 and now that is most convenient to you. Please select the 12-month reporting period for this survey.

- 1 January 2017 to December 2017
- 2 February 2017 to January 2018
- 3 March 2017 to February 2018

[PROGRAMMING – WE WILL ADD MONTHS AS THEY APPLY]

[12-MONTH FILL= [QTIME]

REMINDER AFTER QTIME= “Reminder: Please answer all questions using data from the 12-month reporting period you specified earlier, [QTIME].”

IF QTIME = REF, THEN 12-MONTH FILL= “during your 12-month reporting period”
AND REMINDER AFTER QTIME= “Reminder: ...using data from your company's 12-month reporting period.”]

BACKGROUND INFORMATION ABOUT THE ESTABLISHMENT'S EMPLOYEES

Q1. First, we would like some general information that describes your organization as a whole. How many employees are currently on the payroll? Please include all full-time, part-time, and seasonal or stand-by employees within your firm or organization across all worksites.

[Please think about the entire firm or organization.]

[Please enter zero (0) if the answer is "none".]

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[RANGE: 0-500,000; 500,000 = 500,000 or greater]
9999999 REF

IF Q1=0 GO TO Q1.1

IF Q1=REF GO TO Q1.2

IF Q1>0 AND NE REF GO TO INTRO2

[PROGRAMMER NOTE: **FOR ALL NUMERIC QUESTIONS-** FORCE A NUMERIC RESPONSE THAT IS WITHIN RANGE BUT ALLOW BLANK TO CONTINUE (DO NOT ALLOW A NUMERIC RESPONSE THAT IS OUT OF RANGE). ERROR MESSAGE SHOULD READ: Please enter a number [less than or equal to [X]]. But if you really don't know the answer or if you'd prefer to skip this question, you can continue by leaving the box blank and clicking 'Next'.]

Q1.1 You have indicated that, including yourself, there are ZERO (0) employees currently on your payroll. Is that correct?

- 1 YES GO TO QEND [IF VERSION 2: GO TO QEND THEN GO TO SCREENOUT TEXT AT END]
- 2 NO GO TO Q1.2
- 9 REF GO TO Q1.2

[QUALIFIED LEVEL 5: IF (Q1>0) OR (Q1.1=2 OR 9) THEN QLV=5]

Q1.2 Can you please provide a range of employees currently on your payroll?

- 1 1-10
- 2 11-24
- 3 25-49
- 4 50-99
- 5 100-250
- 6 251-999
- 7 1,000+.
- 9 REF

INTRO2.

Most of our questions request information about your work site at its address, for example [SQ LOCATION ADDRESS]. Many companies have branches or offices located outside of the main or headquarter city. Our study has been designed to scientifically select work [BOLD->] sites [<-BOLD], as opposed to entire companies. In order to get the most accurate data possible, we will need you to report on your work site's address, for example the [SQ LOCATION ADDRESS] location, for most of our questions. Since we will be referring to this location several times throughout the survey, can you please tell me how we should refer to it throughout the survey? For example, do you call it the [SQ INSERT CITY] office, or branch? Or something else?

- 1 [INSERT CITY] office
- 2 [INSERT CITY] branch
- 3 Something else, please specify: _____
- 9 REF

[IF INTRO2=3, WORK SITE FILL= TEXT SPECIFIED. IF INTRO2=REF, THEN WORK SITE FILL= "your work site", IF INTRO2=3, force specify response]

- Q2. And how many employees report to or receive work from [WORK SITE FILL]?
 [Please think only about this location, not the entire firm or organization. This includes all individuals who receive work assignments from or are based out of this site, including those who may work from home or telecommute.]
 [Please enter zero (0) if the answer is "none".]

[PROGRAMMING: Q2 SHOULD BE LESS THAN OR EQUAL TO Q1
 UNLESS Q1= 0 or REF, THEN RANGE SHOULD BE LESS THAN OR EQUAL
 TO HIGHER RANGE IN Q1.2. IF Q1.2=REF THEN RANGE=0-500,000.]
 |_|_|_|_|_|_|_| [RANGE: 0-Q1 OR 0-HIGHER RANGE Q1.2 OR 0-500,000]
 88888 DK
 99999 REF

IF Q2=0 GO TO Q2.1
 IF Q2=DK OR REF GO TO Q2.2
 IF Q2>0 AND NE DK/REF GO TO PROGRAMMING INSTRUCTION BEFORE Q3

- Q2.1 You have indicated that, including yourself, there are ZERO (0) employees who report to or receive work from [WORK SITE FILL]. Is that correct?

- 1 YES GO TO QEND [IF VERSION 2: GO TO QEND THEN GO TO SCREENOUT TEXT AT END]
- 2 NO GO TO Q2.2
- 9 REF GO TO Q2.2

[QUALIFIED LEVEL 6: IF (Q2>0) OR (Q2.1=2 OR 9) THEN QLVL=6]

Q2.2 Can you please provide a range of employees who report to or receive work from this location?

[RANGE: 0-Q1 OR 0-HIGHER RANGE Q1.2 OR 0-500,000]

- 1 1-10
- 2 11-24
- 3 25-49
- 4 50-99
- 5 100-250
- 6 251-999
- 7 1,000+.
- 9 REF

(IF Q2=1-49) OR (IF Q2= 0 OR DK/REF AND Q2.2<4) ASK
Q3 ELSE SKIP TO Q4

Q3. Including the employees at this site, what is the TOTAL number of employees who report to or receive work at sites within 75 miles of this location?

[This includes employees who work from home if the worksite to which they report or from which their work is assigned is within the 75 mile limit.]

[PROGRAMMING: Q3 SHOULD BE GREATER THAN OR EQUAL TO Q2
UNLESS Q2= 0 OR DK/REF, THEN MIN RANGE=LOWER RANGE IN Q2.2.
IF Q2.2=REF THEN MIN RANGE=0]

|_|_|_|_|_|_|_| [RANGE: Q2-10,000 OR LOWER RANGE Q2.2-10,000 OR 0-10,000]

88888 DK

99999 REF

IF Q3=DK OR REF GO TO Q3.1

IF Q3>0 AND NE DK/REF GO TO Q4

Q3.1 Can you please provide a RANGE of employees who report to or receive work at sites within 75 miles of this location?

[RANGE: Q2-10,000 OR LOWER RANGE Q2.2-10,000 OR 0-10,000]

- 1 1-10
- 2 11-24
- 3 25-49
- 4 50-99
- 5 100-250
- 6 251-999
- 7 1,000+.
- 9 REF

Q4. Just to confirm, we have your organization's main activity described as [INSERT INDUSTRY DESCRIPTION FROM SAMPLE]; is that correct?

- 1 YES [GO TO Q6]
- 2 NO [GO TO Q5]
- 8 DK [GO TO Q5]
- 9 REF [GO TO Q5]

Q5. How would you describe your company's main activity? [RECORD VERBATIM]

Q6. How many of your employees at [WORK SITE FILL] are represented by a union?
[Please enter zero (0) if the answer is "none".]

- 1 NUMBER [Q6 SHOULD BE LESS THAN OR EQUAL TO Q2 UNLESS Q2= 0 OR DK/REF, THEN MAX RANGE=HIGHER RANGE Q2.2. IF Q2.2=REF THEN RANGE=0-10,000.]
- 2 PERCENT
- 8 DK
- 9 REF

10,000] [RANGE: 0-Q2 OR 0-HIGHER RANGE Q2.2 OR 0-10,000]
[RANGE: 0-Q2 OR 0-HIGHER RANGE Q2.2 OR 0-10,000]
PERCENT
88888 DK
99999 REF

[PROGRAMMING: IF Q6=0 OR DK/REF ASK Q6a]

Q6a. Across all sites in your organization, are any employees represented by a union?

- 1 Yes
- 2 No
- 9 REF

Q7. How many of your employees at [FILL WORKSITE] are female?

[Your best estimate is fine.]

[Please enter zero (0) if the answer is "none".]

- 1 NUMBER [Q7 SHOULD BE LESS THAN OR EQUAL TO Q2 UNLESS Q2= 0 OR DK/REF, THEN MAX RANGE=HIGHER RANGE Q2.2. IF Q2.2=REF THEN RANGE=0-10,000.]
- 2 PERCENT
- 8 DK
- 9 REF

10,000] [RANGE: 0-Q2 OR 0-HIGHER RANGE Q2.2 OR 0-10,000]
[RANGE: 0-Q2 OR 0-HIGHER RANGE Q2.2 OR 0-10,000]
PERCENT
88888 DK
99999 REF

Q8. How many of your employees at [WORK SITE FILL] have been working at your organization for at least one year?

[Please enter zero (0) if the answer is "none".]

1 NUMBER [Q8 SHOULD BE LESS THAN OR EQUAL TO Q2 UNLESS Q2= 0 OR DK/REF, THEN MAX RANGE=HIGHER RANGE Q2.2. IF Q2.2=REF THEN RANGE=0-10,000.]

2 PERCENT

8 DK

9 REF

6.....

_____[RANGE: 0-Q2 OR 0-HIGHER RANGE Q2.2 OR 0-10,000]

_____[RANGE: 0-Q2 OR 0-HIGHER RANGE Q2.2 OR 0-10,000]

88888 DK

99999 REF

[PROGRAMMING: DISPLAY Q9 ON SAME SCREEN AS Q8; IT SHOULD APPEAR ON SCREEN ONLY *AFTER* Q8 RESPONSE IS SUBMITTED. IF Q8=0 FOR EITHER NUMBER OR PERCENT, SKIP TO Q10 (DO NOT DISPLAY Q9). IF Q8>0 OR DK/REF, DISPLAY Q9.]

Q9. Of the employees working there at least a year, how many worked at least 1,250 hours for your organization in the past year?

[Please enter zero (0) if the answer is "none".]

1 NUMBER [Q9 SHOULD BE LESS THAN OR EQUAL TO Q8 UNLESS DK/REF, THEN RANGE Q9 SHOULD BE LESS THAN OR EQUAL TO Q2 UNLESS Q2= 0 OR DK/REF, THEN MAX RANGE=HIGHER RANGE Q2.2. IF Q2.2=REF THEN RANGE=0-10,000.]

2 PERCENT

8 DK

9 REF

_____[RANGE: 0-Q8 OR 0-10,000]

_____[RANGE: 0-100]

88888 DK

99999 REF

Q10. Does your firm have worksites WITH MORE THAN 50 EMPLOYEES in multiple states?

1 Yes

2 No

9 REF

Q11. How many employees are provided with each of the following types of leaves?
How many are provided...?

[INSERT GRID – ROWS]

A. Paid sick leave

B. Paid disability leave

C. Paid vacation

D. Paid maternity leave

E. Paid paternity leave

F. Paid leave for another family member's illness or medical care

G. Paid leave for eldercare? [HYPERLINK "eldercare"]

H. Flex time [HYPERLINK "Flex time"]

I. Any other paid time off, excluding paid holidays

[COLUMNS – ALLOW ONE PER ROW]

[IF SAMP1=1 THEN SHOW THESE OPTIONS]

- 1 All
- 2 Most (half or more)
- 3 Some (less than half)
- 4 None
- 9 REF

[IF SAMP1=2 THEN SHOW THESE OPTIONS]

- 1 All
- 2 Half or more
- 3 Less than half
- 4 None
- 9 REF

Q11.1. [ASK Q11.1 IF Q11A AND C= 2/3/4/9] How many employees are provided paid time off or PTO? [HYPERLINK “paid time off or PTO”]

[IF SAMP1=1 THEN SHOW THESE OPTIONS]

- 1 All
- 2 Most (half or more)
- 3 Some (less than half)
- 4 None
- 9 REF

[IF SAMP1=2 THEN SHOW THESE OPTIONS]

- 1 All
- 2 Half or more
- 3 Less than half
- 4 None
- 9 REF

[ASK Q11.2 FOR EACH Q11 A-I and Q11.1 IF Q11_A-I= 2 OR 3 OR Q11.1=2 OR 3]

Q11.2 Do you provide [UNDERLINE->] [this type of leave] [<-UNDERLINE] for any staff who have worked at your company for a pre-established length of time?

[PROGRAMMER: DISPLAY THE FOLLOWING IN SMALLER BLUE FONT BELOW QUESTION TEXT BOX.]

For example, suppose workers must be employed for at least 12 months to be eligible for this type of leave. We want to know if ALL employees who have worked for at least 12 months are eligible (select Yes) or if they are NOT eligible because of their level, for example because they are part-time staff (select No).

- 1 Yes
- 2 No [GO TO Q11.3]
- 9 REF

Q11.3 In your entire organization, among staff who have worked here long enough, what type(s) of employees do you consider to be eligible for [this type of leave]?
 SELECT ALL THAT APPLY.
 [PROGRAMMER: DISPLAY “SELECT ALL THAT APPLY” IN SMALLER BLUE FONT BELOW QUESTION TEXT BOX, IN ALL INSTANCES.]

- 1 Senior managers/professional staff
- 2 Hourly staff
- 3 Part-time staff
- 4 None of these [NOT ALLOWED WITH OTHER RESPONSES]
- 9 REF

[GO BACK TO Q11.2 FOR NEXT TYPE OF LEAVE (Q11_A-I=2 OR 3). IF NO OTHERS, CONTINUE TO Q14.]

Q14. Do you have any workers at this worksite who are paid hourly?

- 1 Yes[GO TO Q14A]
- 2 No
- 8 DK
- 9 REF

Q14A. How many of your hourly workers earn an hourly wage below \$15.00 per hour?

[IF SAMP1=1 THEN SHOW THESE OPTIONS]

- 1 All
- 2 Most (half or more)
- 3 Some (less than half)
- 4 None
- 9 REF

[IF SAMP1=2 THEN SHOW THESE OPTIONS]

- 1 All
- 2 Half or more
- 3 Less than half
- 4 None
- 9 REF

Q15. Does your company policy use a point or demerit system that tracks an employee’s absences?

- 1 Yes for all employees
- 2 Yes for some employees [GO TO Q15_A]
- 3 No
- 4 Depends on circumstances
- 9 REF

Q15A. For what types of employees does your company policy use a point or demerit system to track absences? Does your company use this system to track absences for...? SELECT ALL THAT APPLY.

- 1 Hourly workers
- 2 Part-time workers (less than 20 hours per week)
- 3 Senior managers/professional staff

Q16. For employees at this location, please indicate whether this site's policies allow for family or medical leave for the following reasons:

[INSERT GRID – ROWS]

- A. For the care of a newborn
- B. For an adoption or foster care placement
- C. For an employee's own serious health condition (not including pregnancy-related health reasons) [HYPERLINK “serious health condition”]
- D. For a pregnancy-related health reason
- E. For the care of a child with a serious health condition [HYPERLINK “serious health condition”]
- F. For the care of a spouse or parent with a serious health condition [HYPERLINK “serious health condition”]
- G. For the eldercare of a parent or spouse [HYPERLINK “eldercare”]
- H. For the care of a military service member with a serious injury or illness or a qualifying exigency while the employee’s spouse, son, daughter, or parent is on covered active duty or call to covered active duty status [HYPERLINK “care of a military service member,” “qualifying exigency”]

[COLUMNS – ALLOW ONE PER ROW]

- 1 Yes
- 2 No
- 3 Depends on circumstances
- 9 REF

[IF Q16A/B/E= 1 or 3 GO TO Q16x_1
IF Q16A/B/E NE 1 or 3 AND Q16C/D/F/G/H= 1 or 3 GO TO Q16x_2
IF ALL Q16A-H= 2 or 9, GO TO Q17]

[ASK IF Q16A/B/E = 1 or 3]

[SHOW Q16X_1 ON ONE PAGE]

Q16x_1. Does this site’s leave policies for these types of leave cover guardians and caregivers of a child regardless of their legal or biological relationship to that child?

[GRID: ROWS]

[IF Q16A=1 OR 3, INSERT Q16A
IF Q16B= 1 OR 3, INSERT Q16B
IF Q16E= 1 OR 3, INSERT Q16E]

[COLUMNS]

- 1 Yes
- 2 No
- 9 REF

[SHOW Q16X_2-5 ON ONE PAGE]

Q16x_2. How much notification is needed for foreseeable absences? [If it differs by type of leave, what is the MAXIMUM notification needed?] Please respond in hours OR days OR weeks. [Enter zero (0) if the answer is "none".]

- 1 Hours [RANGE: 0 – 24]
- 2 Days [RANGE: 0 – 180]
- 3 Weeks [RANGE: 0 – 52]
- 9 REF

Q16x_3. Does this site have a WRITTEN policy for taking family and medical leave?

- 1 Yes
- 2 No
- 9 REF

Q16x_4. What is the MINIMUM time increment employees are permitted to take for these types of leave? Please respond in minutes OR hours OR days. [Enter zero (0) if the answer is "none".]

- 1 Minutes [RANGE: 0 – 59]
- 2 Hours [RANGE: 0 – 24]
- 3 Days [RANGE: 0 – 100]
- 9 REF

Q16x_5. Does this site provide full or partial pay during these types of leave? [We are only interested in wages provided by the employer, not any state assistance that may be provided.]

- 1 Yes, full
- 2 Yes, partial
- 3 No paid leave offered
- 4 Other, please specify _____ [DO NOT FORCE RESPONSE, HOWEVER DO FORCE SPECIFY IF RESPONSE IS SELECTED]
- 9 REF

Q17. In 1993, the Federal Family and Medical Leave Act, or FMLA was passed. It gives some employees in organizations of a certain size the right to take unpaid, job-guaranteed leave for various family and medical reasons. Does the FMLA apply to [WORK SITE FILL], does it not apply, or are you not sure if it applies? [HYPERLINK “Family and Medical Leave Act”]

- 1 Applies
- 2 Does not apply [GO TO Q57]
- 3 Not sure [GO TO Q57]
- 9 REF [GO TO Q57]

<p align="center">USE OF FAMILY AND MEDICAL LEAVE BY EMPLOYEES AT THIS COVERED LOCATION</p>
--

Q19. [IF Q2.2=REF, SKIP TO Q19.1:] At the beginning, you told us that [WORK SITE FILL] has a total of [INSERT # OF EMPLOYEES FROM Q2 UNLESS Q2= 0 OR DK/REF then insert RANGE FROM Q2.2] employees. [From [FILL 12-MONTH PERIOD HERE]], how many of those employees took leave that you classified as being under FMLA? [HYPERLINK “FMLA”]
[Please enter zero (0) if the answer is "none".]

[Q19 MUST BE LESS THAN OR EQUAL TO Q2 UNLESS Q2= 0 OR DK/REF THEN MUST BE LESS THAN OR EQUAL TO HIGHER RANGE FROM Q2.2]

_____[RANGE: 0-Q2 OR 0-HIGHER RANGE Q2.2]
99999 REF

Q19.1. [From [FILL 12-MONTH PERIOD HERE]], how many employees took leave that you classified as being under FMLA? [HYPERLINK “FMLA”]
[Please enter zero (0) if the answer is "none".]

_____[RANGE: 0-10,000]
99999 REF

<p align="center">IF [Q19=0 OR REF] OR [Q19.1=0 OR REF] SKIP TO Q27, ELSE IF [Q19>0 OR Q19.1>0], GO TO Q20</p>

Q20. We just asked you about the total number of EMPLOYEES that have taken leave [from [INSERT 12-MONTH REFERENCE PERIOD]]. Of the [FILL NUMBER FROM Q19] employees who took leave, how many total LEAVES did they take in this same time period? A leave is time taken off for a single reason; this time could be taken all at once or intermittently over time. [HYPERLINK “intermittent”]
[For example, one employee could take multiple leaves, such as one for their own surgery and another to care for a sick spouse. This would count as two leaves.]

[Q20 MUST BE GREATER THAN OR EQUAL TO Q19 OR Q19.1]

_____[RANGE: Q19/Q19.1-10,000]
99999 REF

Q21. How many of the [FILL IN FROM Q19 OR Q19.1] employees took their leave on an intermittent basis? By intermittent, we mean taking leave a few hours or days at a time, on multiple occasions, but for the same reason. [HYPERLINK “intermittent”]
IN BOTH PLACES
[Please enter zero (0) if the answer is "none".]

[Q21 SHOULD BE LESS THAN OR EQUAL TO Q19 OR Q19.1]

_____[RANGE: 0-Q19/Q19.1]
99999 REF

[IF Q21=0 OR REF, SKIP TO Q22]

Q21a. How would you evaluate the ease or difficulty of administering intermittent leaves? Would you say administering intermittent leaves is...? [HYPERLINK “intermittent leaves”]

- 1 Very easy
- 2 Somewhat easy
- 3 Neither easy or difficult
- 4 Somewhat difficult
- 5 Very difficult
- 9 REF

[DO NOT DISPLAY QTIME REMINDER]

Q21b. Of the [FILL IN FROM Q20] FMLA granted LEAVE(S) taken during the last 12 months, what percent would you estimate were taken on an intermittent basis? [HYPERLINK “FMLA”, “intermittent”]

- 1 None
- 2 1-5%
- 3 6-10%
- 4 11-15%
- 5 16-20%
- 6 21 to 50%
- 7 More than 50%
- 9 REF

Q22. What is your policy on intermittent leave for shift workers; do you permit the employee to rejoin mid-shift or do you require the employee to take the entire shift as leave? [HYPERLINK “intermittent leave”]

- 1 Rejoin mid-shift
- 2 Require entire shift as leave
- 3 Depends on supervisor
- 4 This organization does not have shift workers
- 9 REF

Q23. Did any of the [INSERT # OF EMPLOYEES FROM Q19 OR Q19.1] employees at [WORK SITE FILL] take leave under FMLA from [INSERT 12-MONTH REFERENCE PERIOD] and then choose NOT to return to work for you? [HYPERLINK “FMLA”]

- 1 Yes [GO TO Q24]
- 2 No [SKIP TO Q25]
- 9 REF [SKIP TO Q25]

Q24. How many employees chose not to return?
[Please enter zero (0) if the answer is "none".]

- 1 NUMBER [Q24 SHOULD BE LESS THAN OR EQUAL TO Q19 OR Q19.1]
 - 2 PERCENT
- |_|_|_|_|_|_|_|_|_| [RANGE: 0-Q19/Q19.1]
|_|_|_|_| PERCENT
99999 REF

- Q25. About how many leaves taken under FMLA are given with notice from the employee that is consistent with your company's policies? [HYPERLINK "FMLA"]

[IF SAMP1=1 THEN SHOW THESE OPTIONS]

- 1 All
- 2 Most (half or more)
- 3 Some (less than half)
- 4 None
- 9 REF

[IF SAMP1=2 THEN SHOW THESE OPTIONS]

- 1 All
- 2 Half or more
- 3 Less than half
- 4 None
- 9 REF

- Q26. How many medical certifications for FMLA leave did you accept as complete and sufficient [from [12-MONTH REFERENCE PERIOD]] at this location? [HYPERLINK "complete and sufficient"]

|_|_|_|_|_|_|_| [RANGE 0 – 10,000]
99999 REF

- Q26a. How many medical certifications for FMLA leave were returned to the employee to provide additional information [from [12-MONTH REFERENCE PERIOD]] at this location?

|_|_|_|_|_|_|_| [RANGE 0 – 10,000]
99999 REF

IMPLEMENTATION OF FMLA – COVERED WORKSITES

Q27 INTRO. Now we would like to ask you about implementing FMLA. Let's start with denial of FMLA leave.

Q27. How many FMLA leave applications were denied [from [INSERT 12-MONTH REFERENCE PERIOD]] for ANY reason? [HYPERLINK “FMLA”]

[IF SAMP1=1 THEN SHOW THESE OPTIONS]

- 1 All
- 2 Most (half or more)
- 3 Some (less than half)
- 4 None
- 9 REF

[IF SAMP1=2 THEN SHOW THESE OPTIONS]

- 1 All
- 2 Half or more
- 3 Less than half
- 4 None
- 9 REF

**IF Q27 = 4/9, SKIP TO Q34,
ELSE IF Q27 <4, GO TO Q28**

Q28. [From [INSERT 12-MONTH REFERENCE PERIOD]], Were any eligible employees at [WORK SITE FILL] denied family and medical leave because... [HYPERLINK “eligible employees”; “entire time allotment”; “FMLA”]

ROWS

- A. They used their entire time allotment covered by FMLA
- B. The employee's care recipient was not a qualifying family member under the FMLA
- C. Because the medical condition did not meet the criteria for a serious health condition under the FMLA
- D. They did not meet your organization's notice requirements

COLUMNS

- 1 Yes
- 2 No
- 9 REF

Q34 INTRO. Now we have a few questions about conditions for taking leave and for returning to work.

Q34. How often do you require medical certification for employees that request FMLA leave?
[HYPERLINK “FMLA”]

- 1 Always [GO TO Q35]
- 2 Often [GO TO Q34A]
- 3 Half the time [GO TO Q34A]
- 4 Rarely [GO TO Q34A]
- 5 Never [GO TO INTRO BEFORE Q40]
- 9 REF

Q34A. Which aspects of employee FMLA leave requests generate the need for medical certification?
SELECT ALL THAT APPLY.

- 1 Length of time for which leave was requested
- 2 Nature of the medical condition for which leave is requested
- 3 Supervisor request
- 4 Care is for employee’s family member
- 5 Care is for employee’s own serious health condition
- 6 Other (Specify)_____

Q35. Does your organization contact employees’ health care providers as part of the certification process?

- 1 Yes
- 2 No
- 3 Depends
- 9 REF

Q37. The FMLA generally permits employers to request recertification of long-term serious health conditions. How often do you require recertification? [HYPERLINK “serious health conditions” AND “FMLA”]

- 1 Less frequently than every 6 months
- 2 Every 6 months
- 3 More frequently than every 6 months
- 5 Never
- 9 REF

Q39. Does your organization pay for each of the following types of certification visits? Does your organization pay for...?

[INSERT GRID – ROWS]

- A. Initial medical certification
- B. Recertification
- C. Second or third certifications
- D. Fitness for duty certification
- E. Insufficient certification correction

[COLUMNS]

- 1 YES

- 2 NO
- 9 REF

[ASK Q40 IF Q20>1 AND SHOW Q40 INTRO. IF Q20=1 THEN SKIP TO Q40a AND SHOW Q40 INTRO. IF Q20=0/REF/SKIPPED DUE TO LOGIC THEN SKIP TO Q42 AND SHOW Q40 INTRO.]

Q40 INTRO. The next few questions are about employee misuse of FMLA.

Q40. You told me that approximately [INSERT # FROM Q20] leaves were taken over the 12-month reporting period. How many of these leaves do you suspect were misused? [HYPERLINK “FMLA”]
[Please enter zero (0) if the answer is "none".]

____ [RANGE: 0 – Q20] [IF 0 SKIP TO Q42, IF >0 GO TO Q41]
99999 REF [SKIP TO Q42]

[ASK Q40A and Q41 ONLY IF Q20=1, otherwise skip to Q42]

Q40a. You told me that one leave was taken over the 12-month reporting period. Do you suspect this leave was misused? [HYPERLINK “FMLA”]

- 1 Yes
- 2 No [SKIP TO Q42]
- 9 REF [SKIP TO Q42]

Q41. Why did you suspect this misuse? Did you suspect misuse because...? SELECT ALL THAT APPLY.

[RANDOMIZE LIST]

- 1 The employee had a predictable leave pattern (around weekends, holidays, days off, etc.)
- 2 The employee used leave to cover tardiness
- 3 The employee used common excuses/doubting the reason for leave (migraines, back pain, etc.)
- 4 You doubted the validity of a certification (heard information to the contrary, seen employee elsewhere performing allegedly restricted activity, etc.)
- 5 The employee took frequent leave with short or no advance notice provided or intermittent leave in general [HYPERLINK “intermittent leave”]
- 6 Of past experience with employee (previous attendance problems, suspected of lying, past misuse, etc.)
- 7 Of some other reason not listed, please specify this reason:
- 9 REF

Q42. Have you ever confirmed an employee’s misuse of FMLA AT THIS LOCATION? [HYPERLINK “FMLA”]

- 1 Yes [GO TO Q43]
- 2 No [GO TO Q44 INTRO]
- 9 REF [GO TO Q44 INTRO]

[ASK Q43 IF Q42=1 ELSE SKIP TO Q44INTRO]

Q43. What disciplinary action was taken for the most recent case of FMLA misuse?
[HYPERLINK “FMLA”]

[INSERT GRID – ROWS –RANDOMIZE]

- A. The absence counted against the employee on your point system
- B. The employee given a verbal warning/disciplinary notice
- C. The employee given a written warning/disciplinary notice
- D. The employee suspended
- E. The employee terminated
- F. Other, please specify _____ [DO NOT FORCE RESPONSE TO F, HOWEVER DO FORCE SPECIFY IF A RESPONSE IS SELECTED FOR F]

[COLUMNS – ALLOW ONE PER ROW]

- 1 Yes
- 2 No
- 9 REF

Q44 INTRO. Next, we will ask a few additional questions about your organization as a whole...

Q44. Are employees at [WORK SITE FILL] who are eligible for FMLA leave...? [HYPERLINK “FMLA”]

[INSERT GRID – ROWS –RANDOMIZE]

- A. Provided with written guidance on how the Act is coordinated with existing leave and benefits policies?
- B. Provided with written notice of how much of the leave taken was counted as FMLA leave?
[HYPERLINK “FMLA”]
- C. Required to use their paid leave before taking unpaid leave?
- D. Ever offered alternative work arrangements instead of leave?

[COLUMNS – ALLOW ONE PER ROW]

- 1 Yes
- 2 No
- 3 Depends on circumstances
- 9 REF

Q47. From which of the following sources do you get information on FMLA? Do you get FMLA information from...? SELECT ALL THAT APPLY.

[RANDOMIZE, ITEM 9 & 10 ALWAYS LAST] [HYPERLINK “FMLA”]

[PUNCH 10, 99 = SINGLE PUNCH]

- 1 The U.S. Department of Labor
- 2 The media
- 3 A trade or business group
- 4 An attorney or consultant
- 5 A union
- 6 Your employees
- 7 Existing company policies or procedures
- 8 Third party hired to process FMLA leave requests
- 9 Some other source

- 10 Do not use any source
99 REF

Q48. Which of the following methods, if any, do you use to inform employees of their rights under FMLA? Do you inform them using...? SELECT ALL THAT APPLY.

[RANDOMIZE, ITEM 7&8 ALWAYS LAST] [HYPERLINK
“FMLA”]

[PUNCH 8, 99 = SINGLE PUNCH]

- 1 An employee handbook
- 2 A notice on bulletin board
- 3 Memos
- 4 Computer network, Intranet or Email
- 5 Oral notification
- 6 Employee orientation and/or other meetings with employees
- 7 Some other method_____
- 8 Do not inform employees of their rights [SKIP TO Q 49]
- 99 REF

Q48A. When do you notify employees about their rights under the FMLA? Do you notify them...?
[HYPERLINK “FMLA”] SELECT ALL THAT APPLY.

- 1 When they are first hired
- 2 Annually
- 3 As soon as they provide notice of any event for which they may need FMLA-eligible leave
- 8 DK [SKIP TO Q 49]
- 99 REF

Q49 INTRO. Now, a few questions on the possible effects of FMLA on your organization.

Q49. [DO NOT DISPLAY QTIME REMINDER]
Over the years, has complying with the FMLA increased, decreased, or not changed each of the following? Has complying with FMLA increased, decreased, or not changed...? [HYPERLINK “FMLA”]

[INSERT GRID – ROWS –RANDOMIZE, ASK D,E LAST]

- A. Administrative costs
- B. Cost of continuing benefits such as health plans during leave
- C. Hiring/training costs
- D. Other costs, please specify which costs: _____ [DO NOT FORCE RESPONSE TO D, HOWEVER DO FORCE SPECIFY IF A RESPONSE IS SELECTED FOR D]
- E. Any additional other costs, please specify which costs: _____ [DO NOT FORCE RESPONSE TO E, HOWEVER DO FORCE SPECIFY IF A RESPONSE IS SELECTED FOR E]

[COLUMNS – ALLOW ONE PER ROW]

- 1 Increased
- 2 Decreased
- 3 Not changed
- 9 REF

Q50. How easy or difficult are each of the following activities for your organization?

Would you say each activity is very easy, somewhat easy, somewhat difficult, or very difficult to do?

[INSERT GRID – ROWS –RANDOMIZE]

- A. Coordinating your leave and attendance policies with FMLA [HYPERLINK “FMLA”]
- B. Coordinating your leave policies with Americans with Disabilities Act (ADA) requirements
- C. Coordinating your leave policies with state leave policies or laws
- D. Coordinating your leave policies with local (city or county) leave policies or laws
- E. [DISPLAY ITEM E IF (Q6>0 EXCEPT REF) OR (Q6A=1)] Coordinating the FMLA with your
- F. Collective Bargaining Agreement
- G. Administering FMLA’s notification, designation, and certification requirements [HYPERLINK “FMLA”]
- H. Determining if a health condition is a serious health condition under FMLA [HYPERLINK “serious health condition” AND “FMLA”]

[COLUMNS – ALLOW ONE PER ROW]

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult
- 5 Not applicable
- 9 REF

Q51. The FMLA contains several provisions designed to assist in managing employees’ use of FMLA leave. How helpful has each of the following provisions been in administering the FMLA at [WORK SITE FILL]? [HYPERLINK “FMLA”]

[INSERT GRID – ROWS –RANDOMIZE]

- A. The exception for highly paid key employees
- B. Medical certifications for a serious health condition [HYPERLINK “serious health condition”]
- C. Second and third medical opinions
- D. Advance notice of foreseeable leave
- E. Transfer to an alternative position
- F. Medical recertification
- G. The fitness-for-duty certification for employees
- E. Certification of leave for the care of a military service member with a serious illness or injury or for a qualifying exigency while the employee’s spouse, son, daughter, or parent is on covered active duty or call to covered active duty status [HYPERLINK “care of a military service member,” “qualifying exigency”]

[COLUMNS – ALLOW ONE PER ROW]

- 1 Very helpful
- 2 Somewhat helpful
- 3 Not at all helpful
- 4 Not applicable
- 9 REF

Q52. In general, how easy or difficult has it been for this location to comply with FMLA? [HYPERLINK “FMLA”]

[PROGRAMMER: IF SAMP1=1 THEN SHOW 1-5,9 BELOW]

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult
- 5 Neither easy nor difficult
- 9 REF

[PROGRAMMER: IF SAMP1=2 THEN SHOW 1-5,9 BELOW, WITH #5 IN THE MIDDLE POSITION]

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult
- 5 Neither easy nor difficult
- 9 REF

Q53. Has complying with the federal Family and Medical Leave Act resulted in any cost savings at this location; for example, fewer training costs as a result of reduced employee turnover?

- 1 Yes
- 2 No
- 9 REF

[ASK Q54-55 IF Q21> 0 AND NOT REF/SKIPPED, ELSE SKIP TO Q56]

Q54. FMLA allows employees to take intermittent leave. Has leave taken on an intermittent basis had an impact, either positive or negative, on this location’s productivity? [HYPERLINK “FMLA”, “intermittent leave”]

- 1 Yes [GO TO Q54a]
- 2 No [SKIP TO Q55]
- 9 REF [SKIP TO Q55]

[ASK Q54a IF Q54=1]

Q54a. Has this impact on productivity been positive, negative, or both positive and negative?

- 1 Positive
- 2 Some positive some negative
- 3 Negative
- 9 REF

[ASK Q54b IF Q54=1]

Q54b. Would you say this impact on productivity has been small, moderate or large?

- 1 Small
- 2 Moderate
- 3 Large
- 9 REF

Q55. Has leave taken on an intermittent basis had an impact, either positive or negative, on this location's profitability? [HYPERLINK "intermittent"]

- 1 Yes [GO TO Q55a]
- 2 No [SKIP TO Q55c]
- 9 REF [SKIP TO Q55c]

[ASK Q55A IF Q55=1]

Q55a. Has this impact on profitability been positive, negative, or both positive and negative?

- 1 Positive
- 2 Some positive some negative
- 3 Negative
- 9 REF

[ASK Q55B IF Q55=1]

Q55b. Would you say this impact on profitability has been small, moderate or large?

- 1 Small
- 2 Moderate
- 3 Large
- 9 REF

[ASK Q55C IF Q21>0]

Q55c. Has leave taken on an intermittent basis had an impact on this location's overall employee morale? [HYPERLINK "intermittent"]

- 1 Yes
- 2 No
- 9 REF

[ASK Q55D IF Q55C=1]

Q55d. Has this impact on overall employee morale been positive, negative, or both positive and negative?

- 1 Positive
- 2 Some positive some negative
- 3 Negative
- 9 REF

Q56. Thinking about employee productivity, absenteeism, turnover, career advancement and morale, as well as the business' profitability, what effect has complying with FMLA had on this location? [HYPERLINK "FMLA"]

[PROGRAMMER: IF SAMP1=1 THEN SHOW 1-5,9 BELOW]

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult
- 5 Neither easy nor difficult
- 9 REF

[PROGRAMMER: IF SAMP1=2 THEN SHOW 1-5,9 BELOW, WITH #5 IN
THE MIDDLE POSITION]

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult
- 5 Neither easy nor difficult
- 9 REF

FMLA NON-COVERED WORKSITES

[ASK Q57 – 60 IF Q17 = 2, 3, OR REF, ELSE SKIP TO Q61X]

[IF ALL Q16_A-H=2 OR 9 THEN SKIP TO Q58]

[SHOW Q57_1 ON ONE PAGE]

Q57_1. For employees who have worked with your organization for one year, how much TOTAL time does this site allow for leave in a year for each of the following? How much TOTAL time does this site allow...?

ROWS

- A. [IF Q16_A=1 OR 3 OR Q16_B=1 OR 3] For the birth of a child, or an adoption or foster placement
- B. [IF Q16_C=1 OR 3] For an employee's own serious health condition [HYPERLINK "serious health condition"]
- C. [IF Q16_D=1 OR 3] For a pregnancy-related health reason
- D. [IF Q16_E=1 OR 3 OR Q16_F=1 OR 3] For the care of a child, spouse, or parent with a serious health condition [HYPERLINK "serious health condition"]
- E. [IF Q16_G=1 OR 3] For the eldercare of a parent or spouse [HYPERLINK "eldercare"]
- F. [IF Q16_H=1 OR 3] For the care of a military service member with a serious injury or illness or a qualifying exigency while the employee's spouse, son, daughter, or parent is on covered active duty or call to covered active duty status. [HYPERLINK "care of a military service member," "qualifying exigency"]

Please respond in hours OR days OR weeks OR months.
[Enter zero (0) if the answer is "none".]

COLUMNS

- 1 Hours [RANGE: 0 – 24]
- 2 Days [RANGE: 0 – 180]
- 3 Weeks [RANGE: 0 – 30]
- 4 Months [RANGE: 0 – 6]
- 9 REF

[SHOW Q57_2-3 ON NEW PAGE, TOGETHER ON ONE PAGE]

Q57_2. Are the health benefits that an employee receives while employed continued during these types of leave?

- 1 Yes
- 2 No
- 3 No health benefits offered
- 9 REF

Q57_3. Is there a guarantee of the same or equivalent job upon return from these types of leave?

- 1 Yes
- 2 No
- 9 REF

- Q58. [From [INSERT 12-MONTH REFERENCE PERIOD]], how many employees at [WORK SITE FILL] have taken leave for family reasons or a serious health condition lasting more than three days? [HYPERLINK “serious health condition”]

[Please enter zero (0) if the answer is "none".]

[Q58 SHOULD BE LESS THAN OR EQUAL TO Q2 UNLESS Q2=0 or REF THEN SHOULD BE LESS THAN OR EQUAL TO HIGHER RANGE Q2.2, IF Q2.2=REF THEN RANGE=0-10,000]

____|____|____|____|____| [RANGE: 0-Q2 OR 0-HIGHER RANGE Q2.2 OR 0-10,000]
99999 REF

[IF Q58 = 0/REF SKIP TO Q61x ELSE ASK Q59 and Q60]

- Q59. How many of these employees took leave to care for a military service member with a serious injury or illness because they were the service member's spouse, son, daughter, parent or next of kin?

[Please enter zero (0) if the answer is "none".]

____|____|____|____|____| [RANGE: 0-Q58]
99999 REF

- Q60. How many of these employees took leave for a qualifying exigency while the employee's spouse, son, daughter, or parent was on covered active duty or call to covered active duty status? [HYPERLINK “qualifying exigency”]

[Please enter zero (0) if the answer is "none".]

____|____|____|____|____| [RANGE: 0-Q58]
99999 REF

ALL WORKSITES FMLA COVERED AND NON-COVERED

Now we'll list some ways that your organization may cover work when employees take leave for a week or longer, for a scheduled DAY or less, and for an unscheduled DAY or less.

Q61X. To cover work when employees take leave, do you ever [A-G]...?

- A. assign work temporarily to other employees
- B. hire a temporary replacement
- C. call in an employee on vacation
- D. hire a permanent replacement
- E. put the work on hold until the employee returns from leave
- F. have the employee perform some work while on leave
- G. cover work some other way (SPECIFY) _____

- 1 Yes
- 2 Depends
- 3 No
- 9 REF (VOL)

[IF Q61X=1 OR 2, ASK Q61AX RIGHT AFTER, THEN GO BACK TO Q61X FOR THE NEXT ITEM. IF Q61X=3/9, GO TO NEXT ITEM. IF ALL Q61X=3/9, GO TO Q67]

Q61aX. Do you [A-G] when employees take...?

- A. leave for a week or longer
- B. scheduled leave for a day or less
- C. unscheduled leave for a day or less
- D. some other leave circumstance (SPECIFY) _____

- 1 Yes
- 2 No
- 9 REF (VOL)

Q61bX. Which of these ways does your organization use MOST FREQUENTLY to cover work when employees take leave for a WEEK or longer?

[DISPLAY WAYS TO COVER LEAVE FROM Q61X, THAT ARE USED WHEN EMPLOYEE TAKES LEAVE FOR A WEEK OR LONGER (WHERE Q61aA=1). IF Q61aA=1 FOR ONLY ONE WAY FROM Q61X, THEN AUTOPUNCH AND GO TO Q67.]

Q67. How easy or difficult is it for your company to deal with each of the following types of leave?

[INSERT GRID – ROWS]

- A. Planned long-term leave for a family or medical reason
- B. Planned short-term leave
- C. Planned intermittent leave [HYPERLINK “intermittent leave”]
- D. Unplanned intermittent leave [HYPERLINK “intermittent leave”]
- E. Unscheduled leave for any duration

[COLUMNS – ALLOW ONE PER ROW]

- 1 Very Easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult
- 9 REF

Q68. Do you have a specific computer software or a person in Human Resources that tracks use of family and medical leave?

- 1 Computer software
- 2 Designated person in Human Resources
- 3 Both computer software and designated HR person
- 4 Other method of tracking FMLA leave, please specify: _____ [HYPERLINK “FMLA”]
- 5 Do not track family and medical leave
- 9 REF

QEND. [BANNER HEADING] FEDERAL FAMILY AND MEDICAL LEAVE ACT (FMLA)

Thank you for your assistance. We greatly appreciate your time and consideration.

If you have any questions or would like to talk more about this research please call the study hotline at 1-888-999-2750 or email FMLASurvey@abtassoc.com.

[PROGRAMMING: DISPLAY THE FOLLOWING TEXT IN A BOX, IN SMALLER FONT. DISPLAY THIS TEXT IN WEB VERSION ONLY.]

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays an Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 1290-0015. The time required to complete this collection of information is estimated to average 60 minutes, including the time to review instructions, gather the data needed and complete and review the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Christina Yancey at 202-693-5910 or Yancey.Christina.L@DOL.gov and reference the OMB Control Number 1290-0015.


QEND2. [DISPLAY IF RESPONDENT HAS ALREADY COMPLETED THE SURVEY AND TRIES TO RE-ACCESS IT AT A LATER TIME]

Your questionnaire is complete and entry to your survey is now closed.


To regain access to your survey, please call the study hotline 1-888-999-2750 or email FMLASurvey@abtassoc.com—and we will be happy to re-activate your survey for you.

B.4 Employer Survey – Selected Screenshots of the Web Survey

Question INTRO1_W


Wave 4 FMLA Surveys

Survey of Employers

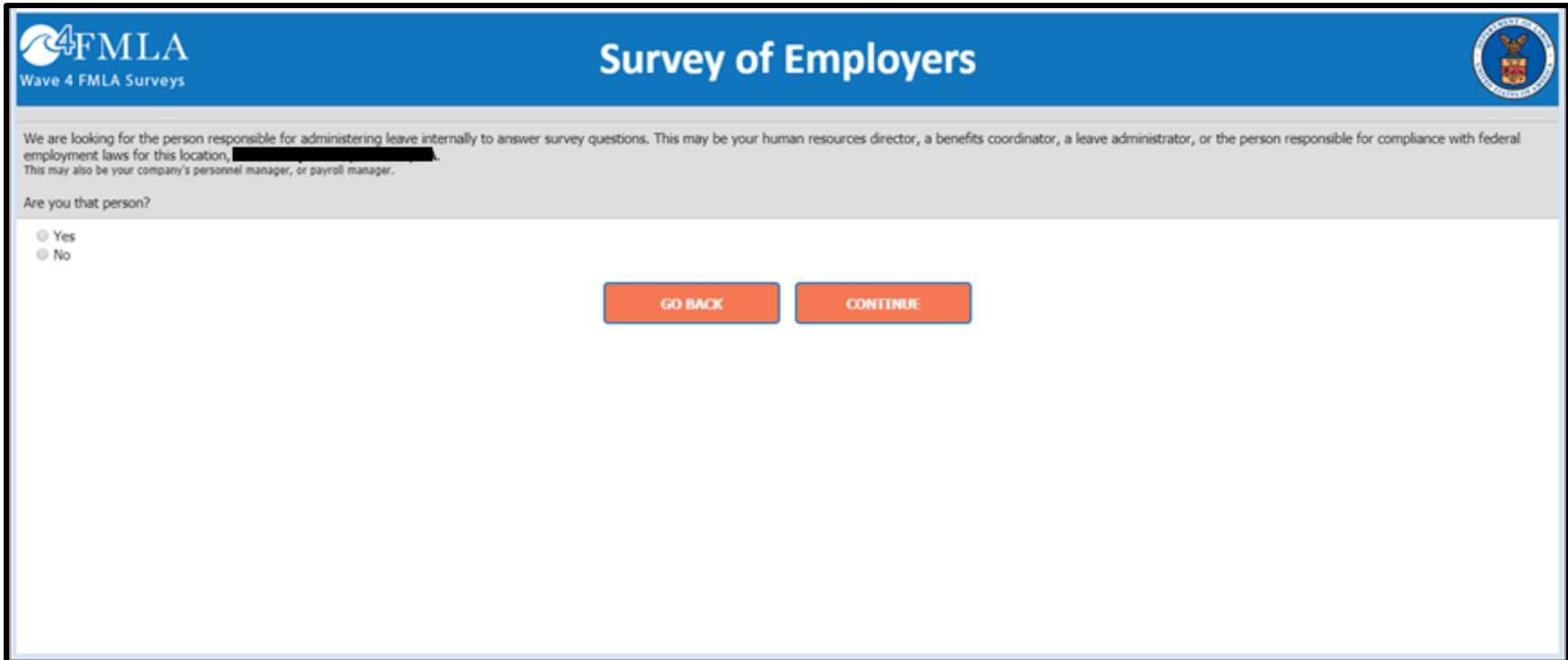


Welcome to the 2018 DOL FMLA Survey of Employers. We are conducting a study on behalf of the Department of Labor that will collect information on employers' family and medical leave policies and benefits. The data will be used for research purposes only, NOT for compliance with FMLA.
We are interested in both employers who are covered by FMLA and those who are not covered.

GO BACK

CONTINUE

Question S2_W



The image shows a web-based survey interface titled "Survey of Employers". The header is blue with the "Wave 4 FMLA Surveys" logo on the left and a circular seal on the right. The main content area is white. It begins with a paragraph explaining the survey's purpose: "We are looking for the person responsible for administering leave internally to answer survey questions. This may be your human resources director, a benefits coordinator, a leave administrator, or the person responsible for compliance with federal employment laws for this location, [redacted]. This may also be your company's personnel manager, or payroll manager." Below this is the question "Are you that person?" followed by two radio button options: "Yes" and "No". At the bottom of the form are two orange buttons labeled "GO BACK" and "CONTINUE".

Wave 4 FMLA Surveys

Survey of Employers


We are looking for the person responsible for administering leave internally to answer survey questions. This may be your human resources director, a benefits coordinator, a leave administrator, or the person responsible for compliance with federal employment laws for this location, [redacted]. This may also be your company's personnel manager, or payroll manager.

Are you that person?

☐ Yes
☐ No

[GO BACK](#) [CONTINUE](#)

Question INTRO1



Survey of Employers



Thank you for participating in this important research study!

This study asks about your organization's policies with regard to employees taking leave for family and medical reasons, and your employees' use of this leave. Some questions ask about the Family and Medical Leave Act, also referred to as [FMLA](#). Your participation in this study will help the Department of Labor calculate national estimates. The data will be used for research purposes only, NOT for compliance with [FMLA](#). The Department of Labor will receive an aggregate file of 2,000 responses from employers across the country, and it will not include any identifying information on any individual employer. They will make available a [public-use data set](#) on their website or other data repository. Wide dissemination of data facilitates our understanding of the [FMLA](#) and its impacts on employers; it enables researchers and policy makers to further the national policy discussion, and it helps ordinary citizens learn about the issues facing their employers.

Your responses to this survey are voluntary and will remain private to the greatest extent possible under the law. There are many procedures in place to reduce the minimal potential risk of loss of privacy in this study. The Department of Labor (DOL) could not conduct this survey without the Office of Management and Budget approval. DOL received such approval under OMB control #1290-0015, which expires on February 28, 2021. No information tied specifically to your organization will be shared or released in any form. The survey should take about 25 minutes depending on your answers. We have provided definitions for terms used throughout the survey, which you may consult by clicking on terms highlighted in blue, underlined font. Doing so will open a new window containing the definitions, which you may consult for the duration of the survey.

If you have any questions while completing the survey, please call the study hotline at 1-888-999-2750 or email FMLAsurvey@abtassoc.com. We ask that you complete your survey no later than November 30, 2019.

GO BACK

CONTINUE

0%


25%

50%


75%

100%

Question INTRO1.2



Survey of Employers



To speed up the survey process, please have the following information available before you begin the web survey. In order to achieve a high degree of accuracy in this study, we encourage you to consult, if necessary, relevant records (payroll, etc.) maintained by your organization. Because many businesses have different fiscal years and record keeping systems, we ask that you report the following information over a twelve month period since January 1, 2017, that is most convenient to you.

Information About Your Business

- The number of employees presently on the payroll at this address (including full-time, part-time, and temporary employees).
- The number of female employees.
- The number of employees who are represented by a union.
- The number of employees who worked at least 1,250 hours for your organization in the past 12 months.

Information About Employees Taking Leave For Family Or Medical Reasons

- The NUMBER OF EMPLOYEES AT THIS LOCATION TAKING LEAVE which you categorized as being under the Federal Family and Medical Leave Act (if applicable to your organization at this location).
- THE NUMBER OF EMPLOYEES AT THIS LOCATION, IN TOTAL, TAKING LEAVE lasting more than three days for family or serious medical reasons (including leave taken under the Family and Medical Leave Act as well as other family and medical leave) in the 12-month reporting period you have designated.
- For businesses for which the Federal Family and Medical Leave Act applies: The number of employees who took leave for family reasons or leave lasting for more than three days for serious medical reasons during your designated 12-month reporting period, but whom have NOT returned to work for you.

GO BACK

CONTINUE

0%

25%

50%

75%

100%

Question QTime



Wave 4 FMLA Surveys

Survey of Employers



The survey contains several questions that require information over a 12-month period. You may provide this information for any 12-month period between January 1, 2017 and now that is most convenient to you. Please select the 12-month reporting period for this survey.

☐ January 2017 to December 2017

☐ February 2017 to January 2018

☐ March 2017 to February 2018

☐ April 2017 to March 2018

☐ May 2017 to April 2018

☐ June 2017 to May 2018

☐ July 2017 to June 2018

☐ August 2017 to July 2018

☐ September 2017 to August 2018

☐ October 2017 to September 2018

☐ Clear my response

GO BACK

CONTINUE

0%


25%

50%

75%

100%

Question Q11



Wave 4 FMLA Surveys

Survey of Employers



Reminder: Please answer all questions using data from the 12-month reporting period you specified earlier, January 2017 to December 2017.

How many employees are provided with each of the following types of leaves?
How many are provided...?

	All	Half or more	Less than half	None	Clear my response
Paid sick leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid disability leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid vacation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid maternity leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid paternity leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid leave for another family member's illness or medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid leave for eldercare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flex time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other paid time off, excluding paid holidays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

GO BACK

CONTINUE

0%


25%

50%

75%


100%

Question Q11.1



Wave 4 FMLA Surveys

Survey of Employers



Reminder: Please answer all questions using data from the 12-month reporting period you specified earlier, January 2017 to December 2017.

How many employees are provided [paid time off or PTO](#)?

☐ All

☐ Half or more

☐ Less than half

☐ None

☐ Clear my response

GO BACK

CONTINUE

0%


25%

50%


75%

100%

Question Q16.



Survey of Employers



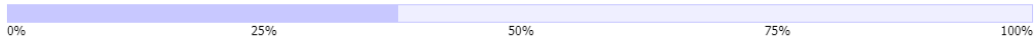
Reminder: Please answer all questions using data from the 12-month reporting period you specified earlier, January 2017 to December 2017.

For employees at this location, please indicate whether this site's policies allow for family or medical leave for the following reasons:


	Yes	No	Depends on circumstances	Clear my response
For the care of a newborn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For an adoption or foster care placement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For an employee's own serious health condition (not including pregnancy-related health reasons)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For a pregnancy-related health reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For the care of a child with a serious health condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For the care of a spouse or parent with a serious health condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For the eldercare of a parent or spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For the care of a military service member with a serious injury or illness or a qualifying exigency while the employee's spouse, son, daughter, or parent is on covered active duty or call to covered active duty status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Question Q16x_1



Wave 4 FMLA Surveys

Survey of Employers



Reminder: Please answer all questions using data from the 12-month reporting period you specified earlier, January 2017 to December 2017.

Does this site's leave policies for these types of leave cover guardians and caregivers of a child regardless of their legal or biological relationship to that child?

	Yes	No	Clear my response
For the care of a newborn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For an adoption or foster care placement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For the care of a child with a serious health condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Question Q16x_2-5



Survey of Employers



Reminder: Please answer all questions using data from the 12-month reporting period you specified earlier, January 2017 to December 2017.

How much notification is needed for foreseeable absences? [If it differs by type of leave, what is the MAXIMUM notification needed?] Please respond in hours OR days OR weeks.
 [Enter zero (0) if the answer is "none".]

Hours

Days

Weeks

Does this site have a WRITTEN policy for taking family and medical leave?

☐ Yes
☐ No
☐ Clear my response

What is the MINIMUM time increment employees are permitted to take for these types of leave? Please respond in minutes OR hours OR days.
 [Enter zero (0) if the answer is "none".]

Minutes

Hours

Days

Does this site provide full or partial pay during these types of leave?
 [We are only interested in wages provided by the employer, not any state assistance that may be provided.]


☐ Yes, full
☐ Yes, partial
☐ No paid leave offered
☐ Other, please specify:
☐ Clear my response

Question Q17



Wave 4 FMLA Surveys

Survey of Employers



Reminder: Please answer all questions using data from the 12-month reporting period you specified earlier, January 2017 to December 2017.

In 1993, the Federal [Family and Medical Leave Act](#), or FMLA was passed. It gives some employees in organizations of a certain size the right to take unpaid, job-guaranteed leave for various family and medical reasons. Does the FMLA apply to the Madera office, does it not apply, or are you not sure if it applies?

☐ Applies

☐ Does not apply

☐ Not sure

☐ Clear my response

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Question Q19



Wave 4 FMLA Surveys

Survey of Employers



Reminder: Please answer all questions using data from the 12-month reporting period you specified earlier, January 2017 to December 2017.

At the beginning, you told us that the Madera office has a total of 5 employees. From January 2017 to December 2017, how many of those employees took leave that you classified as being under [FMLA](#)?
[Please enter zero (0) if the answer is "none*"]

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Question Q20



Survey of Employers



Reminder: Please answer all questions using data from the 12-month reporting period you specified earlier, January 2017 to December 2017.

We just asked you about the total number of EMPLOYEES that have taken leave from January 2017 to December 2017. Of the 2 employees who took leave, how many total LEAVES did they take in this same time period? A leave is time taken off for a single reason; this time could be taken all at once or [intermittently](#) over time.
[For example, one employee could take multiple leaves, such as one for their own surgery and another to care for a sick spouse. This would count as two leaves.]

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Question Q28



Wave 4 FMLA Surveys

Survey of Employers



Reminder: Please answer all questions using data from the 12-month reporting period you specified earlier, January 2017 to December 2017.

From January 2017 to December 2017, were any [eligible employees](#) at the Madera office denied family and medical leave because...

	Yes	No	Clear my response
They used their entire time allotment covered by FMLA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The employee's care recipient was not a qualifying family member under the FMLA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because the medical condition did not meet the criteria for a serious health condition under the FMLA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They did not meet your organization's notice requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Question Q34A



Wave 4 FMLA Surveys

Survey of Employers



Reminder: Please answer all questions using data from the 12-month reporting period you specified earlier, January 2017 to December 2017.

Which aspects of employee FMLA leave requests generate the need for medical certification?
[SELECT ALL THAT APPLY.](#)

☐ Length of time for which leave was requested

☐ Nature of the medical condition for which leave is requested

☐ Supervisor request

☐ Care is for employee's family member

☐ Care is for employee's own [serious health condition](#)

☐ Other (Specify)

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Question Q41



Survey of Employers



Reminder: Please answer all questions using data from the 12-month reporting period you specified earlier, January 2017 to December 2017.

Why did you suspect this misuse? Did you suspect misuse because...?
[SELECT ALL THAT APPLY.](#)

☐ The employee had a predictable leave pattern (around weekends, holidays, days off, etc.)
☐ The employee used leave to cover tardiness
☐ The employee took frequent leave with short or no advance notice provided or [intermittent leave](#) in general
☐ Of past experience with employee (previous attendance problems, suspected of lying, past misuse, etc.)
☐ The employee used common excuses/doubting the reason for leave (migraines, back pain, etc.)
☐ You doubted the validity of a certification (heard information to the contrary, seen employee elsewhere performing allegedly restricted activity, etc.)
☐ Of some other reason not listed, please specify this reason:
☐ Clear my response

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Question Q44



Wave 4 FMLA Surveys

Survey of Employers



Reminder: Please answer all questions using data from the 12-month reporting period you specified earlier, January 2017 to December 2017.

Are employees at the Madera office who are eligible for FMLA leave...?

	Yes	No	Depends on circumstances	Clear my response
Ever offered alternative work arrangements instead of leave?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided with written guidance on how the Act is coordinated with existing leave and benefits policies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Required to use their paid leave before taking unpaid leave?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided with written notice of how much of the leave taken was counted as FMLA leave?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Question Q56



Survey of Employers



Reminder: Please answer all questions using data from the 12-month reporting period you specified earlier, January 2017 to December 2017.

Thinking about employee productivity, absenteeism, turnover, career advancement and morale, as well as the business' profitability, what effect has complying with [FMLA](#) had on this location?

- ☐ Very positive
- ☐ Somewhat positive
- ☐ Neither positive nor negative
- ☐ Somewhat negative
- ☐ Very negative
- ☐ Clear my response

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Question Q57 (part 1)





Wave 4 FMLA Surveys

Survey of Employers

Reminder: Please answer all questions using data from the 12-month reporting period you specified earlier, January 2017 to December 2017.

For employees who have worked with your organization for one year, how much TOTAL time does this site allow for leave in a year for each of the following? How much TOTAL time does this site allow...?

For the birth of a child, or an adoption or foster placement
 [Enter zero (0) if the answer is "none". Please respond in hours OR days OR weeks OR months.]

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hours	Days	Weeks	Months

For an employee's own [serious health condition](#)
 [Enter zero (0) if the answer is "none". Please respond in hours OR days OR weeks OR months.]

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hours	Days	Weeks	Months

For a pregnancy-related health reason
 [Enter zero (0) if the answer is "none". Please respond in hours OR days OR weeks OR months.]

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hours	Days	Weeks	Months

For the care of a child, spouse, or parent with a [serious health condition](#)
 [Enter zero (0) if the answer is "none". Please respond in hours OR days OR weeks OR months.]

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hours	Days	Weeks	Months

For the [eldercare](#) of a parent or spouse
 [Enter zero (0) if the answer is "none". Please respond in hours OR days OR weeks OR months.]

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hours	Days	Weeks	Months

For the [care of a military service member](#) with a serious injury or illness or a [qualifying exigency](#) while the employee's spouse, son, daughter, or parent is on covered active duty or call to covered active duty status.
 [Enter zero (0) if the answer is "none". Please respond in hours OR days OR weeks OR months.]

Question Q57 (part 2)

For the birth of a child, or an adoption or foster placement
[Enter zero (0) if the answer is "none". Please respond in hours OR days OR weeks OR months.]

Hours

Days

Weeks

Months

For an employee's own [serious health condition](#)
[Enter zero (0) if the answer is "none". Please respond in hours OR days OR weeks OR months.]

Hours

Days

Weeks

Months

For a pregnancy-related health reason
[Enter zero (0) if the answer is "none". Please respond in hours OR days OR weeks OR months.]

Hours

Days

Weeks

Months

For the care of a child, spouse, or parent with a [serious health condition](#)
[Enter zero (0) if the answer is "none". Please respond in hours OR days OR weeks OR months.]

Hours

Days

Weeks

Months

For the [eldercare](#) of a parent or spouse
[Enter zero (0) if the answer is "none". Please respond in hours OR days OR weeks OR months.]

Hours

Days

Weeks

Months

For the [care of a military service member](#) with a serious injury or illness or a [qualifying exigency](#) while the employee's spouse, son, daughter, or parent is on covered active duty or call to covered active duty status.
[Enter zero (0) if the answer is "none". Please respond in hours OR days OR weeks OR months.]

Hours

Days

Weeks

Months

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Question Q67

Survey of Employers

Reminder: Please answer all questions using data from the 12-month reporting period you specified earlier, January 2017 to December 2017.

How easy or difficult is it for your company to deal with each of the following types of leave?

	Very easy	Somewhat easy	Somewhat difficult	Very difficult	Clear my response
Planned long term leave for a family or medical reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planned short term leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planned intermittent leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unplanned intermittent leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unscheduled leave for any duration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Appendix C. Revision Matrices

C.1 Changes Made to the Employee Survey

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
S7	All: What is [your/the adult's] age?	free text	KEPT	S7	All: What is [your/the adult's] age?	free text
S8	All: [When asking speaker's gender: I know this may sound awkward, but I have to ask:] What is [your/the adult's] gender?	free text	KEPT BUT CHANGED	S8	All: [When asking speaker's gender: I know this may sound awkward, but I have to ask:] What is [your/the adult's] gender? Are you.. 1. male or 2. female	free text
			NEW	S8b	What is the highest level of education [you have/the adult has] completed?	LESS THAN HIGH SCHOOL SOME HIGH SCHOOL HIGH SCHOOL GRADUATE GED SOME COLLEGE ASSOCIATE'S DEGREE BACHELOR'S DEGREE GRADUATE SCHOOL DON'T KNOW REFUSED
S9	All: [Have you / has the adult] worked for pay or profit in the last 12 months?	YES NO	KEPT	S9	All: [Have you / has the adult] worked for pay or profit in the last 12 months?	YES NO
			NEW	S9b	In [INSERT 12 MONTHS AGO], did you have more than one job, including part-time, evening, or weekend work? That is, were you being paid by more than one employer? [IF S9b = 1] You said that you had more than one job. Throughout the rest of the survey, we will ask you questions about your "main" job. By "main" job I mean the one where you usually worked the	YES NO

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
					<p>most hours. Or, if you worked the same hours at more than one job, then I mean the job where you had worked the longest."</p> <p><u>If respondent worked two jobs equal hours and equal length:</u> Please give me names of both jobs and the computer will select one for the purposes of the survey. S9b_A _____ S9b_B _____ [CATI, select one job from S9b_A and S9b_B and display name: INTERVIEWER READ: For the purposes of the survey, the computer has selected [fill selected job] as your "main" job.</p>	
S10	<p><u>All:</u> In the last 12 months, [have you / has the adult] worked for the government, a private company, a non-profit organization, or been self-employed? [Please think about your most recent/main job.]</p>	GOV PRV NON SELF	KEPT BUT CHANGED	S10	<p><u>All:</u> In the last 12 months, [have you / has the adult] worked for the government, a private company, a non-profit organization, or been self-employed? [IF S9b=1: Please think about your most recent/main job.]</p>	GOV PRV NON SELF
S11	<p><u>Asked of all (screener for leave takers):</u> In the LAST 18 MONTHS, that is, since [INSERT 18 MONTH PERIOD] [have you/has (the adult's name)] taken leave from work for ANY of the following reasons:</p> <p>§ to care for a newborn, newly adopted or new foster child; (This includes both maternity AND paternity leave)</p>	YES NO DON'T KNOW REFUSED	KEPT BUT CHANGED	S11	<p><u>Asked of all (screener for leave takers):</u> In the LAST 1812 MONTHS, that is, since [INSERT 1812 MONTH PERIOD] [have you/has (the adult's name)] taken leave from work for ANY of the following reasons:</p> <p>§ to care for a newborn, newly adopted or new foster child; (This includes both maternity AND paternity leave)</p>	YES NO DON'T KNOW REFUSED

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
	§ for [your own/[the adult's] serious health condition or to care for someone else's serious health condition; § for pregnancy-related reasons ([IF GENDER UNKNOWN: your own/[the adult's]] 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?				§ for [your own/[the adult's] serious health condition or to care for someone else's serious health condition; § for [IF GENDER UNKNOWN: your own/the adult's] or a family member's pregnancy-related reasons ([IF GENDER UNKNOWN: your own/[the adult's]] 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?	
S12	<u>Asked of all (screener for leave needs):</u> In the LAST 18 MONTHS [have you/has [adult's name]] NEEDED to take leave from work but DID NOT, for ANY of the reasons* I just listed? *See reasons listed in S11.	YES NO DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	S12	<u>Asked of all (screener for leave needs):</u> In the LAST 18 12 MONTHS [have you/has [adult's name]] NEEDED to take leave from work but DID NOT, for ANY of the reasons* I just listed? *See reasons listed in S11.	YES NO DON'T KNOW REFUSED
S13	<u>All:</u> Just to confirm, there [is/are] a total of [total adults from QS5] adult household member(s). Is that correct?	NUMBER OF HH MEMBERS IN MATRIX CORRECT NUMBER OF HH MEMBERS IS INCORRECT	KEPT	S13	<u>All:</u> Just to confirm, there [is/are] a total of [total adults from QS5] adult household member(s). Is that correct?	NUMBER OF HH MEMBERS IN MATRIX CORRECT NUMBER OF HH MEMBERS IS INCORRECT
S14	If age is missing (QS7 = 99): [Are you/Is the adult] 18 years old or older?	YES NO DON'T KNOW REFUSED	KEPT	S14	If age is missing (QS7 = 99): [Are you/Is the adult] 18 years old or older?	YES NO DON'T KNOW REFUSED
A1	<u>Leave takers only:</u> I want to confirm that in the last 18 months, that is, since [INSERT 18 MONTH PERIOD], you have taken leave from work for ANY of the following reasons: § to care for a newborn, newly adopted	YES NO DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	A1	<u>Leave takers only:</u> I want to confirm that in the last 18 12 MONTHS, that is, since [INSERT 18 12 MONTH PERIOD] you have taken leave from work for ANY of the following reasons: § to care for a newborn, newly adopted	YES NO DON'T KNOW REFUSED

APPENDIX C. REVISION MATRICES

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
	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 (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?				or new foster child; (This includes both maternity AND paternity leave) § for [your own/[the adult's] serious health condition or to care for someone else's serious health condition; § for [IF GENDER UNKNOWN: your own/the adult's] or a family member's pregnancy-related reasons (IF GENDER UNKNOWN: your own/[the adult's] 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?	
A2	<u>If took leave in last 18 months:</u> Was there an event like this IN THE LAST YEAR [12 MONTHS, INSERT DATE]?	YES NO DON'T KNOW REFUSED	DROPPED			
A3	<u>If took leave in last 18 months:</u> Are you currently on this type of leave from work?	YES NO DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	A3	<u>If took leave in last 18 months:</u> Are you currently on this type of leave from work?	YES NO DON'T KNOW REFUSED
A4	<u>If took leave in last 18 months:</u> We are interested in the number of times you took leave from work for A SINGLE reason or condition (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 18 MONTH PERIOD]? [NOTE: For those who took leave >1 time, interviewer records reasons/dates	[RANGE: 1-100] DON'T KNOW REFUSED	KEPT BUT CHANGED	A4	<u>If took leave in last 18 months:</u> We are interested in the number of times you took leave from work for different A SINGLE 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 18 MONTH PERIOD]? [NOTE: For those who took leave >1 time, interviewer records reasons/dates	[RANGE: 1-100] DON'T KNOW REFUSED

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
	for each leave in event history calendar before proceeding with next question.]				for each leave in event history calendar before proceeding with next question.]	
A4a	<p><u>If took leave in the past 12 months:</u> For how many TOTAL reasons or conditions did you take leave from work IN THE PAST YEAR, that is since [INSERT 12 MONTH PERIOD]?</p> <p>[NOTE: For those who took leave >1 time in last 12 months, interviewer confirms past-12-month entry in the event history calendar collected in A4.]</p>	<p>[RANGE: 1-100] DON'T KNOW REFUSED</p>	DROPPED			
A5	<p><u>If took leave in last 18 months:</u></p> <p>[If took leave >1 time in last 18 months:] Let's begin by talking about the LONGEST time that you took leave from work since [INSERT 18 MONTH PERIOD.]</p> <p>[All:] What was the main reason you took this type of leave from work [IF MORE THAN ONE: on your longest leave]?</p> <p>NOTE: If took >1 leave in last 18 months, and MOST RECENT was for a different reason than LONGEST, then survey loops back to ask Qs A5-A19 about the MOST RECENT leave.</p>	<p>OWN ILLNESS, DISABILITY OR OTHER SERIOUS HEALTH CONDITION, EXCEPT MATERNITY-RELATED ILLNESS</p> <p>FOR MATERNITY-RELATED DISABILITY, OR OTHER PREGNANCY-RELATED AILMENT PRIOR TO DELIVERY</p> <p>FOR MATERNITY-RELATED DISABILITY AND TO CARE FOR A NEWBORN</p> <p>MISCARRIAGE</p> <p>TO CARE FOR NEWBORN</p> <p>TO CARE FOR NEWLY</p>	KEPT BUT CHANGED	A5	<p><u>If took leave in last 1812 months:</u></p> <p>[If took leave >1 time in last 1812 months:] Let's begin by talking about the LONGESTMOST RECENT time that you took leave from work since [INSERT 1812 MONTH PERIOD.]</p> <p>[All:] What was the main reason you took this type of leave from work [IF MORE THAN ONE: on your longest leave]?</p> <p>NOTE: If took >1 leave in last 1812 months, and LONGESTMOST RECENT was for a different reason than MOST RECENTLONGEST, and LONGEST is at least 3 weeks in length, then survey loops back to ask Qs A5-A19 about the LONGESTMOST RECENT leave.</p>	<p>OWN ILLNESS, DISABILITY OR OTHER SERIOUS HEALTH CONDITION, EXCEPT PREGNANCY-RELATED HEALTH REASON</p> <p>FOR PREGNANCY-RELATED HEALTH REASON PRIOR TO DELIVERY</p> <p>FOR MATERNITY-RELATED DISABILITY, OR OTHER PREGNANCY-RELATED AILMENT PRIOR TO DELIVERY</p> <p>FOR PREGNANCY-RELATED HEALTH REASONS</p> <p>FOR MATERNITY-RELATED DISABILITY AND TO CARE FOR A NEWBORN</p>

APPENDIX C. REVISION MATRICES

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
		ADOPTED CHILD TO CARE FOR NEWLY PLACED FOSTER CHILD TO BOND WITH NEWBORN TO BOND WITH NEWLY ADOPTED CHILD TO BOND WITH NEWLY PLACED FOSTER CHILD CHILD'S HEALTH CONDITION SPOUSE'S HEALTH CONDITION PARENT'S HEALTH CONDITION OTHER RELATIVE'S HEALTH CONDITION OTHER NON-RELATIVE'S HEALTH CONDITION DOMESTIC PARTNER'S HEALTH CONDITION TO ADDRESS ISSUES ARISING FROM THE DEPLOYMENT OF A				MISCARRIAGE TO CARE FOR NEWBORN TO CARE FOR NEWLY ADOPTED CHILD TO CARE FOR NEWLY PLACED FOSTER CHILD TO BOND WITH NEWBORN TO BOND WITH NEWLY ADOPTED CHILD TO BOND WITH NEWLY PLACED FOSTER CHILD CHILD'S HEALTH CONDITION SPOUSE'S HEALTH CONDITION PARENT'S HEALTH CONDITION OTHER RELATIVE'S HEALTH CONDITION OTHER NON-RELATIVE'S HEALTH CONDITION DOMESTIC PARTNER'S HEALTH CONDITION

APPENDIX C. REVISION MATRICES

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
		MILITARY MEMBER DON'T KNOW REFUSED				TO ADDRESS ISSUES ARISING FROM THE DEPLOYMENT OF A MILITARY FAMILY MEMBER DON'T KNOW REFUSED
A5a	If reason for longest/most recent* leave is to address issues arising from the deployment of a military member: What type of deployment-related issue did you need to address for this leave? *Also asked of most recent leave IF >1 leave, AND most recent leave for different reason than longest	EVENTS OR ACTIVITIES SPONSORED BY THE MILITARY BEFORE DEPLOYMENT CHILDCARE OR SCHOOL ACTIVITIES FINANCIAL OR LEGAL ARRANGEMENTS NON-MEDICAL COUNSELING SHORT-NOTICE DEPLOYMENT EVENTS OR ACTIVITIES SPONSORED BY THE MILITARY AFTER THE MILITARY MEMBER RETURNED ISSUES ARISING FROM THE DEATH OF A MILITARY MEMBER OTHER (SPECIFY) DON'T KNOW REFUSED	DROPPED			
A6	If reason for longest/most recent* leave is because of other relative's health condition:	GRANDCHILD GRANDPARENT SIBLING	KEPT BUT CHANGED	A6	If reason for longest/most recent leave is because of other relative's health condition:	GRANDCHILD GRANDPARENT SIBLING

APPENDIX C. REVISION MATRICES

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
	What is that person's relationship to you? *Also asked of most recent leave IF >1 leave, AND most recent leave for different reason than longest	AUNT/UNCLE OTHER (SPECIFY) DON'T KNOW REFUSED			What is that person's relationship to you? *Also asked of most recent leave IF >1 leave, AND most recent leave for different reason than longest	AUNT/UNCLE OTHER (SPECIFY) DON'T KNOW REFUSED
A7	<u>If reason for longest/most recent leave* is because of other NON-relative's health condition:</u> What is that person's relationship to you? *Also asked of most recent leave IF >1 leave, AND most recent leave for different reason than longest	PARENT-IN-LAW CHILD THAT IS NOT YOUR BIOLOGICAL CHILD OTHER (SPECIFY) DON'T KNOW REFUSED	DROPPED			
A8	<u>If reason for longest/most recent* leave is to care for someone other than self/new child:</u> What was the age of your care recipient? *Also asked of most recent leave IF >1 leave, AND most recent leave for different reason than longest	0-1 YEARS 2-17 YEARS 18-40 YEARS 41-59 YEARS 60-69 YEARS 70-79 YEARS 80-89 YEARS 90 OR OLDER DON'T KNOW REFUSED	KEPT BUT CHANGED	A8	<u>If reason for longest*/most recent* leave is to care for someone other than self/new child:</u> What was the age of your care recipient? *Also asked of most recent longest leave IF >1 leave, AND most recent longest leave for different reason than longest most recent, and longest leave lasts at least 3 weeks.	[RANGE: 1-100] 0-1 YEARS 2-17 YEARS 18-40 YEARS 41-59 YEARS 60-69 YEARS 70-79 YEARS 80-89 YEARS 90 OR OLDER DON'T KNOW REFUSED
A9	<u>If reason for longest/most recent* leave was to care for someone other than self that is 18+ years old:</u> Was this leave taken in order to care for a member of the military for a service-related health condition or injury? [IF NECESSARY: This includes both current active duty members as well as reserve members.]	YES NO DON'T KNOW REFUSED	DROPPED			

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
	*Also asked of most recent leave IF >1 leave, AND most recent leave for different reason than longest					
A9a	<u>If reason for longest/most recent* leave was to care for a member of the military:</u> What is that person's relationship to you? *Also asked of most recent leave IF >1 leave, AND most recent leave for different reason than longest	SPOUSE PARENT SON OR DAUGHTER NEXT OF KIN OTHER (SPECIFY) DON'T KNOW REFUSED	DROPPED			
A10	<u>If reason for longest/most recent* leave was own illness, including pregnancy/maternity-related illness:</u> What was the nature of the health condition for which you took this leave? Was it: *Asked of most recent only if >1 leave and for different reason than longest	A one-time health matter, such as appendicitis or injury; The treatment of an injury or illness that now requires routine scheduled care, such as chemotherapy or physical therapy; or An ongoing health condition that affects one's ability to work from time to time, such as diabetes, migraines, depression, or Multiple Sclerosis? OTHER (SPECIFY) DON'T KNOW REFUSED	KEPT BUT CHANGED	A10	<u>If reason for longest*/most recent* leave was own illness, including pregnancy/maternity-related illness:</u> What was the nature of the health condition for which you took this leave? Was it: *Also asked of most recent longest leave IF >1 leave, AND most recent longest leave for different reason than longest most recent, and longest leave lasts at least 3 weeks.	A one-time health matter, such as appendicitis or injury; The treatment of an injury or illness that now requires routine scheduled care, such as chemotherapy or physical therapy; or An ongoing health condition that affects one's ability to work from time to time, such as diabetes, migraines, depression, or m Multiple s Sclerosis; or? 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. OTHER (SPECIFY) DON'T KNOW REFUSED

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
A11	<p><u>For longest/most recent* leave in last 18 months if for own/other serious health condition:</u> Did [you/your care recipient] require a doctor's care at any time during this leave?</p> <p>*Also asked of most recent leave IF >1 leave, AND most recent leave for different reason than longest</p>	YES NO DON'T KNOW REFUSED	DROPPED			
A12	<p><u>If longest leave/most recent* in last 18 months required doctor's care:</u> [Were/Was] [you/your care recipient] in the hospital overnight at any time during this leave?</p> <p>*Also asked of most recent leave IF >1 leave, AND most recent leave for different reason than longest</p>	YES NO DON'T KNOW REFUSED	DROPPED			
A13	<p><u>For longest/most recent* leave in last 18 months:</u> For this leave, in what month and year did you start taking time off?</p> <p>*Also asked of most recent leave IF >1 leave, AND most recent leave for different reason than longest</p>	<p>ENTER MONTH [RANGE: 1-12] DON'T KNOW REFUSED</p> <p>ENTER YEAR [RANGE: 2009-2012] DON'T KNOW REFUSED</p>	KEPT BUT CHANGED	A13	<p><u>For longest*/most recent* leave in last 1812 months:</u> For this leave, in what month and year did you start taking time off?</p> <p>*Also asked of most recentlongest leave IF >1 leave, AND most recentlongest leave for different reason than longestmost recent, and longest leave lasts at least 3 weeks.</p>	<p>ENTER MONTH [RANGE: 1-12] DON'T KNOW REFUSED</p> <p>ENTER YEAR [RANGE: 2009-20122014-2017] DON'T KNOW REFUSED</p>
A14	<p><u>For longest/most recent* leave in last 18 months:</u> 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?</p>	ONE CONTINUOUS BLOCK OF TIME SEPARATE OCCASIONS DON'T KNOW REFUSED	KEPT BUT CHANGED	A14	<p><u>For longest*/most recent* leave in last 1812 months:</u> 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?</p>	ONE CONTINUOUS BLOCK OF TIME SEPARATE OCCASIONS DON'T KNOW REFUSED

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
	*Also asked of most recent leave IF >1 leave, AND most recent leave for different reason than longest				*Also asked of most recent longest leave IF >1 leave, AND most recent longest leave for different reason than longest most recent, and longest leave lasts at least 3 weeks.	
A15	<p>If took longest/most recent* leave in last 18 months in separate occasions: How many separate blocks of time did you take off from work during your [longest/most recent] leave?</p> <p>[IF NECESSARY: Please think about special events, holidays, or seasons to help you remember.]</p> <p>*Also asked of most recent leave IF >1 leave, AND most recent leave for different reason than longest</p>	<p>[RANGE: 2-100] DON'T KNOW REFUSED</p>	KEPT WITH MINOR CHANGE	A15	<p>For longest*/most recent* leave in last 1812 months: How many separate blocks of time did you take off from work during your [longest/most recent] leave?</p> <p>[IF NECESSARY: Please think about special events, holidays, or seasons to help you remember.]</p> <p>*Also asked of most recentlongest leave IF >1 leave, AND most recentlongest leave for different reason than longestmost recent, and longest leave lasts at least 3 weeks.</p>	<p>[RANGE: 2-100] DON'T KNOW REFUSED</p>
A16	<p>If took longest/most recent* leave in last 18 months in separate occasions: In what month and year did the last block of time for this leave begin?</p> <p>[IF NECESSARY: Please think about special events, holidays, or seasons to help you remember.]</p> <p>*Also asked of most recent leave IF >1 leave, AND most recent leave for different reason than longest</p>	<p>ENTER MONTH [RANGE: 1-12] DON'T KNOW REFUSED</p> <p>ENTER YEAR [RANGE: 2009-2012] DON'T KNOW REFUSED</p>	KEPT WITH MINOR CHANGE	A16	<p>For longest*/most recent* leave in last 1812 months: In what month and year did the last block of time for this leave begin?</p> <p>[IF NECESSARY: Please think about special events, holidays, or seasons to help you remember.]</p> <p>*Also asked of most recentlongest leave IF >1 leave, AND most recentlongest leave for different reason than longestmost recent, and longest leave lasts at least 3 weeks.</p>	<p>ENTER MONTH [RANGE: 1-12] DON'T KNOW REFUSED</p> <p>ENTER YEAR [RANGE: 2009-20122014-2017] DON'T KNOW REFUSED</p>

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
A17	<p><u>If longest/most recent* leave in last 18 months NOT taken in separate chunks (and not still on leave):</u> In what month and year did this leave end?</p> <p>[IF NECESSARY: Please think about special events, holidays, or seasons to help you remember.] *Also asked of most recent leave IF >1 leave, AND most recent leave for different reason than longest</p>	<p>ENTER MONTH [RANGE: 1-12] CURRENTLY ON LEAVE DON'T KNOW REFUSED</p> <p>ENTER YEAR [RANGE: 2009-2012] CURRENTLY ON LEAVE DON'T KNOW REFUSED</p>	KEPT BUT CHANGED	A17	<p><u>If longest*/most recent* leave in last 1812 months NOT taken in separate chunks (and not still on leave):</u> In what month and year did this leave end?</p> <p>[IF NECESSARY: Please think about special events, holidays, or seasons to help you remember.]</p> <p>*Also asked of most recentlongest leave IF >1 leave, AND most recentlongest leave for different reason than longestmost recent, and longest leave lasts at least 3 weeks.</p>	<p>ENTER MONTH [RANGE: 1-12] DON'T KNOW REFUSED</p> <p>ENTER YEAR [RANGE: 2009-20122014-2017] DON'T KNOW REFUSED</p>
A18	<p><u>For longest/most recent* leave in last 18 months:</u> To review: You've taken leave for [[FILL QA5]; IF QA5=DK/REF DISPLAY "and you are not able to tell us the reason"], [and you began taking leave in QA13 MONTH QA13 YEAR - IF MONTH OR YEAR IS DK/REF LEAVE OUT, IF BOTH ARE MISSING DISPLAY "and you are not able to tell us when it began"], [and you are currently on this leave/and it ended in QA17 MONTH QA17 YEAR - IF MONTH OR YEAR IS DK/REF LEAVE OUT, IF BOTH ARE MISSING DISPLAY "and you are not able to tell us when it ended"]. Is that correct?</p>	<p>YES NO [REVIEW AND CORRECT IF NECESSARY] DON'T KNOW REFUSED</p>	KEPT BUT CHANGED	A18	<p><u>For longest*/most recent* leave in last 1812 months:</u> To review: You've taken leave for [[FILL QA5]; IF QA5=DK/REF DISPLAY "and you are not able to tell us the reason"], [and you began taking leave in [QA13 MONTH QA13 YEAR - IF MONTH OR YEAR IS DK/REF LEAVE OUT, IF BOTH ARE MISSING DISPLAY "and you are not able to tell us when it began"], [IF QA3 = 1 OR QA17 = 97/9997: "and you are currently on this leave" ELSE: "and it ended in [QA17 MONTH QA17 YEAR] - IF MONTH OR YEAR IS DK/REF LEAVE OUT, IF BOTH ARE MISSING DISPLAY "and you are not able to tell us when it ended"]. Is that correct?</p> <p>*Also asked of most recentlongest leave</p>	<p>YES NO [REVIEW AND CORRECT IF NECESSARY] DON'T KNOW REFUSED</p>

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
	*Also asked of most recent leave IF >1 leave, AND most recent leave for different reason than longest				IF >1 leave, AND most recent longest leave for different reason than longest most recent, and longest leave lasts at least 3 weeks.	
A19	<p><u>For longest/most recent* leave in last 18 months:</u> Great, so how much time in TOTAL did you take off from work [so far] for the reason you mentioned [including all blocks of time]?</p> <p>*Also asked of most recent leave IF >1 leave, AND most recent leave for different reason than longest</p>	HOURS [RANGE 1-500] DAYS [RANGE 1-500] WEEKS [RANGE 1-100] MONTHS [RANGE 1-24] DON'T KNOW/REFUSED	KEPT BUT CHANGED	A19	<p><u>For longest*/most recent* leave in last 1812 months:</u> Great, so how much time in TOTAL did you take off from work [so far] for the reason you mentioned [including all blocks of time]?</p> <p>*Also asked of most recentlongest leave IF >1 leave, AND most recentlongest leave for different reason than longestmost recent, and longest leave lasts at least 3 weeks.</p>	HOURS [RANGE 1-500] DAYS [RANGE 1-500] WEEKS [RANGE 1-100] MONTHS [RANGE 1-24] DON'T KNOW/REFUSED
A19a	<p><u>If longest/most recent* leave in last 18 months taken to care for a military member:</u> How much time was needed for the care for the military member?</p> <p>[IF NECESSARY: Was the time you took off of work SUFFICIENT to care for the military member?]</p> <p>*Also asked of most recent leave IF >1 leave, AND most recent leave for different reason than longest</p>	HOURS [RANGE 1-500] DAYS [RANGE 1-500] WEEKS [RANGE 1-100] MONTHS [RANGE 1-24] DON'T KNOW/REFUSED	DROPPED			
A19b	<p><u>If screener shows that another adult in household took leave in last 18 months:</u> In the last 18 months, did anyone else in your household take leave for the same reason you mentioned?</p>	YES NO DON'T KNOW REFUSED	KEPT BUT CHANGED	A19b	<p><u>[Most recent leave only:]</u> <u>If landline frame - If screener shows that another adult in household took leave in last 1812 months/If cell frame ALL:</u> In the last 1812 months, did anyone else</p>	YES NO DON'T KNOW REFUSED

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					in your household take leave for the same reason you mentioned?	
A19c	<p><u>If screener shows that another adult in household took leave in last 18 months, AND took for same reason as longest/most recent*:</u> What is this person's relationship to you?</p> <p>[IF NECESSARY: you said that someone else in your household took leave for the same reason you mentioned, what is THAT person's relationship to you?]</p> <p>*Asked of most recent only if >1 leave and for different reason than longest</p>	Spouse Unmarried partner Parent Child Sibling Aunt or Uncle Son- or Daughter-in-law Father- or Mother-in-law Grandchild Grandparent OTHER (SPECIFY) DON'T KNOW REFUSED	KEPT BUT CHANGED	A19c	<p><u>[Most recent leave only:]</u> If screener shows that another adult in household took leave in last 18<u>12</u> <u>months, AND took for same reason as longest/most recent*:</u> What is this person's relationship to you?</p> <p>[IF NECESSARY: you said that someone else in your household took leave for the same reason you mentioned, what is THAT person's relationship to you?]</p> <p>*Asked of most recent only if >1 leave and for different reason than longest</p>	Spouse Unmarried partner Parent Child Sibling Aunt or Uncle Son- or Daughter-in-law Father- or Mother-in-law Grandchild Grandparent OTHER (SPECIFY) DON'T KNOW REFUSED
			NEW	A19d	<p><u>[Most recent leave only:]</u> <u>If another adult in household took leave in last 12 months, AND took for same reason as most recent:</u> Did you take leave during the same time period?</p>	YES, ALL YES, SOME NO, NONE DON'T KNOW REFUSED
			NEW	A19e	<p><u>[Most recent leave only:]</u> <u>If another adult in household took leave in last 12 months, AND took for same reason as most recent, AND some leave overlapped:</u> <u>How much time did your leave overlap?</u></p>	HOURS [RANGE 1-500] DAYS [RANGE 1-500] WEEKS [RANGE 1-100] MONTHS [RANGE 1-24] DON'T KNOW/REFUSED
A19d	<p><u>If screener shows that another adult in household took leave in last 18 months, AND took for same reason as longest/most recent*:</u> How much time in total did this person</p>	HOURS [RANGE 1-500] DAYS [RANGE 1-500] WEEKS [RANGE 1-100] MONTHS [RANGE 1-24] DON'T KNOW/REFUSED	DROPPED			

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	take off from work for the same reason you mentioned? *Asked of most recent only if >1 leave and for different reason than longest					
A20	<u>If reported taking >1 leave in last 18 months:</u> You told me that you have taken [FILL A4] leaves, and we've just talked about your LONGEST LEAVE. Was your MOST RECENT leave for that same reason?	YES NO DON'T KNOW REFUSED	KEPT BUT CHANGED	A20	<u>If reported taking >1 leave in last 1812 months:</u> You told me that you have taken [FILL A4] leaves, and we've just talked about your LONGEST MOST RECENT LEAVE. Was your LONGEST LEAVE in the past 12 months a different leave than your MOST RECENT leave for that same reason?	YES NO DON'T KNOW REFUSED
			NEW	A20a	<u>If >1 leave in last 12 months, and longest leave is different from most recent leave:</u> Was your LONGEST LEAVE from work for 3 weeks or longer?	YES NO DON'T KNOW REFUSED
A21	<u>For most recent leave in last 18 mos:</u> How did your employer designate or categorize the leave you just told me about? That is, WHAT TYPE of leave did your employer assign to your time off? NOTES: 1) If only one leave, most recent = longest 2) But if >1 leaves, and most recent NOT longest, then ONLY collecting this extended battery for most recent leave, NOT longest. 3) If ANY leaves in last 12 months, most recent will be within 12 mos (longest	VACATION LEAVE SICK LEAVE FAMILY AND MEDICAL LEAVE SHORT-TERM DISABILITY LONG-TERM DISABILITY OTHER (SPECIFY): DON'T KNOW REFUSED	DROPPED			

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	may have been before 12 mos, but within 18).					
A23	For most recent leave in last 18 mos: I'm going to read you some possible effects from taking leave from work that you may or may not have experienced. As a result of taking leave:		KEPT BUT CHANGED	A23	For most recent leave in last 12 mos: I'm going to read you some possible situations you may or may not have experienced from taking leave from work. Please tell me whether you experienced each. effects from taking leave from work that you may or may not have experienced. As a result of taking leave:	
A23_a	a. Did you lose your job?	YES NO DOES NOT APPLY DON'T KNOW REFUSED	KEPT	A23_a	a. Did you lose your job?	YES NO DOES NOT APPLY DON'T KNOW REFUSED
A23_b	b. Did you lose your seniority or potential for job advancement?	YES NO DOES NOT APPLY DON'T KNOW REFUSED	KEPT	A23_b	b. Did you lose your seniority or potential for job advancement?	YES NO DOES NOT APPLY DON'T KNOW REFUSED
A23_c	c. Were you unable to afford an unpaid leave?	YES NO DOES NOT APPLY DON'T KNOW REFUSED	DROPPED			
A23_d	d. Did you reveal personal information about yourself, your care recipient, or family relationships?	YES NO DOES NOT APPLY DON'T KNOW REFUSED	KEPT BUT CHANGED	A23_c	c. Did you reveal personal information about your personal relationships or family relationships yourself, your care recipient, or family relationships?	YES NO DOES NOT APPLY DON'T KNOW REFUSED
			NEW	A23_d	d. Did you reveal personal information about your own health, or the health of your care recipient?	YES NO DOES NOT APPLY

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						DON'T KNOW REFUSED
A23_e	e. Were you treated differently because of the reason you took leave?	YES NO DOES NOT APPLY DON'T KNOW REFUSED	KEPT	A23_e	e. Were you treated differently because of the reason you took leave?	YES NO DOES NOT APPLY DON'T KNOW REFUSED
A23_f	f. Were you able to maintain or pay for health insurance?	YES NO DOES NOT APPLY DON'T KNOW REFUSED	DROPPED			
A23_g	g. Did anything else happen? [SPECIFY]	YES NO DOES NOT APPLY DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	A23_f	g. Did anything else happen? [SPECIFY]	YES NO DOES NOT APPLY DON'T KNOW REFUSED
A26	<u>For most recent leave in last 18 mos:</u> The following questions concern your employer's conditions for taking leave. Did your employer require medical certification for this leave ? (IF NECESSARY: for yourself or the person you were caring for)? [IF NECESSARY: By medical certification, we mean documentation from a health care provider to substantiate the medical need for you to take time away from work for this reason or health condition.]	YES NO DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	A26	<u>For most recent leave in last 1812 mos:</u> The following questions concern your employer's conditions for taking leave. Did your employer require medical certification for this leave ? (IF NECESSARY: for yourself or the person you were caring for)? [IF NECESSARY: By medical certification, we mean documentation from a health care provider to substantiate the medical need for you to take time away from work for this reason or health condition.]	YES NO DON'T KNOW REFUSED
A28	<u>If employer required med cert for most recent leave in last 18 mos:</u> Was your medical certification accepted on the first submission for this leave?	YES NO DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	A28	<u>For most recent leave in last 1812 mos:</u> Was your medical certification accepted on the first submission for this leave?	YES NO DON'T KNOW REFUSED

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A29	<u>If employer required med cert for most recent leave in last 18 mos AND not accepted on first submission:</u> Why wasn't your medical certification accepted on the first submission? [SELECT ALL THAT APPLY]	Insufficient information Physician was not accepted Condition was not accepted Submission not considered timely OTHER (SPECIFY) DON'T KNOW REFUSED	DROPPED			
A30	<u>If employer required med cert for most recent leave in last 18 mos:</u> Did your employer require multiple doctors visits - that is, a second or third opinion - to obtain your INITIAL medical certification?	YES NO DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	A30	<u>If employer required med cert for most recent leave in last 1812 mos:</u> Did your employer require multiple doctors visits - that is, a second or third opinion - to obtain your INITIAL medical certification?	YES NO DON'T KNOW REFUSED
A33	<u>If employer required med cert for most recent leave in last 18 mos:</u> Did you pay out of your own pocket for your medical certification (for example, a co-pay or a portion of the cost)?	YES NO THERE WAS NO COST DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	A33	<u>If employer required med cert for most recent leave in last 1812 mos:</u> Did you pay out of your own pocket for your medical certification (for example, a co-pay or a portion of the cost)?	YES NO THERE WAS NO COST DON'T KNOW REFUSED
A35	<u>If employer required med cert for most recent leave in last 18 mos:</u> Did your employer require medical RE-CERTIFICATION (for yourself or the person you were caring for)? [IF NECESSARY: Medical RE-certification is documentation from a health care provider in support of continued or extended leave for the reason or health condition for which the leave was taken.]	YES NO DON'T KNOW REFUSED	KEPT BUT CHANGED	A35	<u>If employer required med cert for most recent leave in last 1812 mos:</u> Did your employer require medical RE-CERTIFICATION (for yourself or the person you were caring for)? [IF NECESSARY: Medical RE-certification is documentation from a health care provider in support of continued or extended leave <u>within a leave year</u> for the reason or health condition for which the leave was taken.]	YES NO DON'T KNOW REFUSED
A39	<u>If employer required med RE-cert for most recent leave in last 18 mos:</u> Did you pay out of your own pocket for your medical RE-certifications (for	YES NO THERE WAS NO COST	DROPPED			

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	example, a co-pay or portion of the cost)?	DON'T KNOW REFUSED				
A41	<u>If employer required med cert for most recent leave in last 18 mos:</u> How much time did you need to take off from work in order to obtain medical certification [and re-certification]? This does not include the time you needed for the reason or condition itself.	HOURS [RANGE: 1-100] DAYS [RANGE: 1-100] WEEKS [RANGE: 1-50] DID NOT TAKE EXTRA TIME OFF DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	A41	<u>If employer required med cert for most recent leave in last 18 12 mos:</u> How much time did you need to take off from work in order to obtain medical certification [and re-certification]? This does not include the time you needed for the reason or condition itself.	HOURS [RANGE: 1-100] DAYS [RANGE: 1-100] WEEKS [RANGE: 1-50] DID NOT TAKE EXTRA TIME OFF DON'T KNOW REFUSED
A42	<u>For most recent leave in last 18 mos:</u> How long before you took your [leave/most recent block of time off from work] did you provide notice to your employer?	HOURS [RANGE: 1-100] DAYS [RANGE: 1-500] WEEKS [RANGE: 1-100] MONTHS [RANGE: 1-24] DID NOT PROVIDE NOTICE BEFORE LEAVE DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	A42	<u>For most recent leave in last 18 12 mos:</u> How long before you took your [leave/most recent block of time off from work] did you provide notice to your employer?	HOURS [RANGE: 1-100] DAYS [RANGE: 1-500] WEEKS [RANGE: 1-100] MONTHS [RANGE: 1-24] DID NOT PROVIDE NOTICE BEFORE LEAVE DON'T KNOW REFUSED
			NEW	A43	<u>Leave Takers:</u> You said you were on leave for [FILL: "ANSWER FROM A19", IF A19 = 9, FILL "a period of time"]. Did you receive pay while you were on leave? [IF NECESSARY: Pay may include vacation hours, sick time, short-term disability, or other.]	YES NO DON'T KNOW REFUSED
			NEW	A43a	<u>Leave Takers who did not receive pay during leave:</u> Just to confirm, you took [FILL: "ANSWER FROM A19 of", IF A19 = 9, FILL "a"] leave from work and you did NOT receive any pay from your main job at that time. [IF NECESSARY: Pay may include vacation hours, sick time, short-term disability, or other.]	YES NO DON'T KNOW REFUSED

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			NEW	A43b	<u>Leave Takers who pay while on leave:</u> Of your [FILL: "ANSWER FROM A19 of", IF A19 = 9, NO FILL] leave, for how many did you receive ANY pay from any source?	DAYS WEEKS MONTHS ZERO DON'T KNOW REFUSED
			NEW	A43c	<u>Leave takers who received pay while on leave:</u> During your paid days on leave, did you receive full pay or partial pay or some full pay and some partial pay?	FULL PARTIAL SOME FULL AND SOME PARTIAL NO PAY DON'T KNOW REFUSED
			NEW	A43d	<u>Leave takers who received at least some full pay while on leave:</u> Of the [FILL: "ANSWER FROM A19", IF A19 = 9, "leave"], for how many did you receive full pay?	DAYS WEEKS MONTHS DON'T KNOW REFUSED
			NEW	A43f	<u>Leave Takers who received at least some partial pay while on leave:</u> Of the [FILL: "ANSWER FROM A19", IF A19 = 9 "the time"] for how many did you receive partial pay?	DAYS WEEKS MONTHS DON'T KNOW REFUSED
			NEW	A43g	<u>Leave Takers who received at least some partial pay while on leave:</u> You just told me you received partial pay for [FILL FROM A43f] while you were on leave. How much of your regular pay did you receive during that time? [IF NECESSARY: Your best estimate is fine.]	SPECIFY DON'T KNOW REFUSED
			NEW	A43h	<u>Leave Takers who received pay while on leave:</u> Now I'd like to ask you about the sources or types of your pay while you	

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					were on leave. Please tell me if you received pay from any of the following while you were on leave:	
			NEW	A43h_a	a. Vacation pay	YES NO DON'T KNOW REFUSED
			NEW	A43h_b	b. Sick pay	YES NO DON'T KNOW REFUSED
			NEW	A43h_c	c. Flex time pay	YES NO DON'T KNOW REFUSED
			NEW	A43h_d	d. Temporary disability	YES NO DON'T KNOW REFUSED
			NEW	A43h_e	e. State-paid family leave	YES NO DON'T KNOW REFUSED
			NEW	A43h_f	f. Paid time off	YES NO DON'T KNOW REFUSED
			NEW	A43i	Leave Takers who received pay while on leave: [Repeat for each item answered Yes in A43h:] For how many [FILL ANSWER FROM A19 - sources of pay during leave] did you receive [A43h ITEM]?	DAYS WEEKS MONTHS DON'T KNOW REFUSED
A44	If most recent leave >= 1 month: Now I have some questions about the	KEPT ALL LOST PART	KEPT BUT CHANGED	A44	If most recent leave >= 1 month: Now I have some questions about the	KEPT ALL LOST PART

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	time you were away from work. [If more than one leave: Please continue thinking about your MOST RECENT leave.] On your leave, did you keep your health insurance, lose part or all of your health insurance, or did you not have this benefit at the time you took leave?	LOST ALL DID NOT HAVE THIS BENEFIT DON'T KNOW REFUSED			time you were away from work. [If more than one leave: Please continue thinking about your MOST RECENT leave.] On your leave, did you keep your health insurance, lose part or all of your health insurance, or did you not have this benefit at the time you took leave?	LOST ALL DID NOT HAVE THIS BENEFIT DON'T KNOW REFUSED
A45	For most recent leave in last 18 mos: Did you receive pay for any part of your leave?	YES NO DON'T KNOW REFUSED	DROPPED			
A46	<u>For most recent leave in last 18 mos AND received some pay while on leave:</u> Was some of the pay you received part of...		DROPPED			
A46_a	a. Paid time off, or PTO, which provides a "pool" of hours that an employee can draw from to take time off from work. It can include vacation, sick time, and such.	YES NO DON'T KNOW REFUSED	DROPPED			
A46_b	b. Your sick days or sick leave?	YES NO DON'T KNOW REFUSED	DROPPED			
A46_c	c. Your vacation days or vacation leave?	YES NO DON'T KNOW REFUSED	DROPPED			
A46_d	d. Personal leave?	YES NO DON'T KNOW REFUSED	DROPPED			

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
A46_e	e. [IF FEMALE] Maternity leave?	YES NO DON'T KNOW REFUSED	DROPPED			
A46_f	f. [IF MALE] Paternity leave?	YES NO DON'T KNOW REFUSED	DROPPED			
A47_a	<u>For most recent leave in last 18 mos AND received some PTO PAY while on leave:</u> a. Was receiving some of the pay as part of paid time off, or PTO your choice, did your employer require it, or both?	EMPLOYEE'S CHOICE REQUIRED BY EMPLOYER BOTH DON'T KNOW REFUSED	DROPPED			
A47_b	<u>For most recent leave in last 18 mos AND received some SICK PAY while on leave:</u> b. Was receiving some of the pay as part of your sick days or sick leave your choice, did your employer require it, or both?	EMPLOYEE'S CHOICE REQUIRED BY EMPLOYER BOTH DON'T KNOW REFUSED	DROPPED			
A47_c	<u>For most recent leave in last 18 mos, AND received some PAID VACATION TIME while on leave:</u> c. Was receiving some of the pay as part of your vacation days or vacation leave your choice, did your employer require it, or both?	EMPLOYEE'S CHOICE REQUIRED BY EMPLOYER BOTH DON'T KNOW REFUSED	DROPPED			
A47_d	<u>For most recent leave in last 18 mos, AND received some PAID PERSONAL TIME while on leave:</u>	EMPLOYEE'S CHOICE REQUIRED BY EMPLOYER	DROPPED			

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
	d. Was receiving some of the pay as part of paid personal leave your choice, did your employer require it, or both?	BOTH DON'T KNOW REFUSED				
A47_e	<u>For most recent leave in last 18 mos. AND received some PAID MATERNITY LEAVE while on leave [FEMALE]:</u> e. Was receiving some of the pay as part of maternity leave your choice, did your employer require it, or both?	EMPLOYEE'S CHOICE REQUIRED BY EMPLOYER BOTH DON'T KNOW REFUSED	DROPPED			
A47_f	<u>For most recent leave in last 18 mos. AND received some PAID PATERNITY LEAVE while on leave [MALE]:</u> f. Was receiving some of the pay as part of paternity leave your choice, did your employer require it, or both?	EMPLOYEE'S CHOICE REQUIRED BY EMPLOYER BOTH DON'T KNOW REFUSED	DROPPED			
A48	<u>For most recent leave in last 18 mos AND received some pay while on leave:</u> Was some of the pay you received part of...		DROPPED			
A48_a	a. Temporary disability insurance?	YES NO DON'T KNOW REFUSED	DROPPED			
A48_b	b. State-paid family leave?	YES NO DON'T KNOW REFUSED	DROPPED			
A48_c	c. State-paid disability leave?	YES NO DON'T KNOW REFUSED	DROPPED			

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
A48_d	d. Some other benefit I haven't already mentioned? (SPECIFY)	YES NO DON'T KNOW REFUSED	DROPPED			
A49	<u>For most recent leave in last 18 mos AND received some pay while on leave:</u> When you received pay during your leave, was it the same amount as your regular pay or only part of your pay?	SAME AMOUNT AS REGULAR PAY PART OF PAY DON'T KNOW REFUSED	DROPPED			
A50	<u>For most recent leave in last 18 mos AND received PART (not FULL) pay while on leave:</u> Over the entire time you were on leave, about how much of your <i>regular</i> pay did you receive in total? Would you say... [READ LIST]	One quarter or less, More than one-quarter but less than half, About half, More than half but less than three-quarters, or Three quarters or more? DON'T KNOW REFUSED	DROPPED			
A52	<u>For most recent leave in last 18 mos:</u> Now I'm going to ask you some questions about how your work was covered while you were away on 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... NOTE: Survey randomizes the order in which (a) thru (d) are asked.		KEPT WITH MINOR CHANGE	A52	<u>For most recent leave in last 18 12 mos:</u> Now I'm going to ask you some questions about how your work was covered while you were away on 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... NOTE: Survey randomizes the order in which (a) thru (d) are asked.	
A52_a	a. Cover your work by assigning it to other employees?	YES NO DON'T KNOW REFUSED	KEPT	A52_a	a. Cover your work by assigning it to other employees?	YES NO DON'T KNOW REFUSED

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
A52_b	b. Hire a permanent employee to cover your work?	YES NO DON'T KNOW REFUSED	KEPT	A52_b	b. Hire a permanent employee to cover your work?	YES NO DON'T KNOW REFUSED
A52_c	c. Hire a temporary employee to cover your work?	YES NO DON'T KNOW REFUSED	KEPT	A52_c	c. Hire a temporary employee to cover your work?	YES NO DON'T KNOW REFUSED
A52_d	d. Let your work go undone until you returned?	YES NO DON'T KNOW REFUSED	KEPT	A52_d	d. Let your work go undone until you returned?	YES NO DON'T KNOW REFUSED
			NEW	A52_e	e. Request that you complete some (or all) of your work while you were on leave using alternative work arrangements, such as telecommuting?	YES NO DON'T KNOW REFUSED
A52_e	e. Cover your work in some other way? (SPECIFY)	YES NO DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	A52_f	ef. Cover your work in some other way? (SPECIFY)	YES NO DON'T KNOW REFUSED
A53	For most recent leave in last 18 mos: In order to cover lost wages or salary during your leave, did you...		KEPT WITH MINOR CHANGE	A53	If did not receive full pay throughout For most recent leave in last 18 mos: In order to cover lost wages or salary during your leave, did you...	
A53_a	a. Use savings that you had earmarked for this situation?	YES NO DON'T KNOW REFUSED	KEPT	A53_a	a. Use savings that you had earmarked for this situation?	YES NO DON'T KNOW REFUSED
A53_b	b. Use savings earmarked for something else?	YES NO DON'T KNOW REFUSED	KEPT	A53_b	b. Use savings earmarked for something else?	YES NO DON'T KNOW REFUSED

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A53_c	c. Borrow money?	YES NO DON'T KNOW REFUSED	KEPT	A53_c	c. Borrow money?	YES NO DON'T KNOW REFUSED
A53_d	d. Go on public assistance?	YES NO DON'T KNOW REFUSED	KEPT	A53_d	d. Go on public assistance?	YES NO DON'T KNOW REFUSED
A53_e	e. Limit spending?	YES NO DON'T KNOW REFUSED	KEPT	A53_e	e. Limit spending?	YES NO DON'T KNOW REFUSED
A53_f	f. Put off paying your bills?	YES NO DON'T KNOW REFUSED	KEPT	A53_f	f. Put off paying your bills?	YES NO DON'T KNOW REFUSED
A53_g	g. Cut your leave time short?	YES NO DON'T KNOW REFUSED	KEPT	A53_g	g. Cut your leave time short?	YES NO DON'T KNOW REFUSED
A53_h	h. Do anything else? (SPECIFY)	YES NO DON'T KNOW REFUSED	KEPT	A53_h	h. Do anything else? (SPECIFY)	YES NO DON'T KNOW REFUSED
A54	<u>For most recent leave in last 18 mos:</u> How easy or difficult was it for you to make ends meet during your leave? Would you say...	Very easy, Somewhat easy, Neither easy nor difficult, Somewhat difficult, or Very difficult? DON'T KNOW REFUSED	KEPT BUT CHANGED	A54	<u>If did not receive full pay throughout For</u> <u>most recent leave in last 4812 mos:</u> How easy or difficult was it for you to make ends meet during your leave? Would you say...	<u>Much more difficult than before the leave</u> Very easy, <u>Somewhat more difficult than before leave</u> Somewhat easy, <u>The same as before leave</u> <u>Neither easy nor difficult,</u> <u>Somewhat easier than before leave</u> Somewhat difficult, or <u>Much easier than before leave</u> <u>Very difficult?</u>

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
						DON'T KNOW REFUSED
A55	<u>For most recent leave in last 18 mos:</u> If you had received {some/additional} pay, would you have taken leave for a longer period of time?	YES NO DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	A55	<u>If did not receive full pay throughout For most recent leave in last 4812 mos:</u> If you had received {some/additional} pay, would you have taken leave for a longer period of time?	YES NO DON'T KNOW REFUSED
A59	<u>For most recent leave in last 18 mos, and not still currently on leave:</u> The next few questions are about returning to work after your [most recent] leave. 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 NEW EMPLOYER DID NOT RETURN TO WORK DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	A59	<u>For most recent leave in last 4812 mos:</u> The next few questions are about returning to work after your [most recent] leave. 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 NEW EMPLOYER DID NOT RETURN TO WORK DON'T KNOW REFUSED
A60	<u>For most recent leave in last 18 mos, and not still currently on leave AND went back to same employer AND leave was for own serious medical condition:</u> Did your employer require you to obtain fitness for duty certification before you returned to work?	YES NO DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	A60	<u>For most recent leave in last 4812 mos, and not still currently on leave AND went back to same employer AND leave was for own serious medical condition:</u> Did your employer require you to obtain fitness for duty certification before you returned to work?	YES NO DON'T KNOW REFUSED
A61	<u>For most recent leave in last 18 mos, and not still currently on leave AND went to new employer/did not return to work:</u> Why didn't you return to work [at the same employer]?	OBTAINED OTHER INCOME SOURCE (SELF-EMPLOYED) HEALTH CONDITION CONTINUED (ILLNESS CONTINUES) LAID OFF/FIRED/REPLACED DID NOT WANT TO RETURN TO WORK COULD NOT FIND CHILDCARE	DROPPED			

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		COULD NOT FIND ELDERCARE FOUND BETTER JOB DID NOT PASS FITNESS FOR DUTY CERTIFICATION CHANGE IN SCHEDULE OR JOB RESPONSIBILITIES OTHER (SPECIFY) DON'T KNOW REFUSED				
A62	<u>For most recent leave in last 18 mos. and went back to work:</u> I'm going to read some reasons that people give for returning to work after taking leave. Did you return to work because... NOTE: Order of components (a) thru (j) randomized.		KEPT WITH MINOR CHANGE	A62	<u>For most recent leave in last 18 12 mos. and went back to work:</u> I'm going to read some reasons that people give for returning to work after taking leave. Did you return to work because... NOTE: Order of components (a) thru (ii) randomized.	
A62_a	a. You could not afford financially to take more time off?	YES NO DON'T KNOW REFUSED	DROPPED			
A62_b	b. You wanted to get back to work?	YES NO DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	A62_a	b a. You wanted to get back to work?	YES NO DON'T KNOW REFUSED
A62_c	c. You used up all the leave time you were allowed?	YES NO DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	A62_b	c b. You used up all the leave time you were allowed?	YES NO DON'T KNOW REFUSED

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
A62_d	d. You felt pressured by your boss or co-workers to return?	YES NO DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	A62_c	d.c. You felt pressured by your boss or co-workers to return?	YES NO DON'T KNOW REFUSED
A62_e	e. You had too much work to do to stay away longer?	YES NO DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	A62_d	e.d. You had too much work to do to stay away longer?	YES NO DON'T KNOW REFUSED
A62_f	f. [If leave to care for someone else:] Someone else took over your care-giving responsibilities?	YES NO DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	A62_e	f.e. [If leave to care for someone else:] Someone else took over your care-giving responsibilities?	YES NO DON'T KNOW REFUSED
A62_g	g. You no longer needed to be on leave?	YES NO DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	A62_f	g.f. You no longer needed to be on leave?	YES NO DON'T KNOW REFUSED
A62_h	h. [If out for own serious medical:] Your doctor told you that you were ready to return to work?	YES NO DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	A62_g	h.g. [If out for own serious medical:] Your doctor told you that you were ready to return to work?	YES NO DON'T KNOW REFUSED
A62_i	i. [If caring for other's serious medical:] Your care recipient's doctor told you that it was safe for you to return to work?	YES NO DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	A62_h	i.h. [If caring for other's serious medical:] Your care recipient's doctor told you that it was safe for you to return to work?	YES NO DON'T KNOW REFUSED
A62_j	j. You did not want to lose your seniority or potential for job advancement?	YES NO DON'T KNOW REFUSED	KEPT BUT CHANGED	A62_i	j.i. If did not report losing seniority/potential for job advancement (A23 B#1) : You did not want to lose your seniority or potential for job advancement?	YES NO DON'T KNOW REFUSED
A63	<u>For most recent leave in last 18 mos. and went back to work at previous employer:</u> After your leave, did you return to a position that was the same, similar,	SAME POSITION SIMILAR POSITION BETTER POSITION WORSE POSITION DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	A63	<u>For most recent leave in last 18 12 mos. and went back to work at previous employer:</u> After your leave, did you return to a position that was the same, similar,	SAME POSITION SIMILAR POSITION BETTER POSITION WORSE POSITION DON'T KNOW REFUSED

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	better, or worse than the one you had before your leave?				better, or worse than the one you had before your leave?	
A64	<u>For most recent leave in last 18 mos. and went back to work at previous employer in DIFFERENT position:</u> Did you choose to take a different position or did your employer ask you to take or assign you to a different position?	CHOSE DIFFERENT POSITION EMPLOYER ASKED ASSIGNED TO DIFFERENT POSITION DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	A64	<u>For most recent leave in last 1812 mos. and went back to work at previous employer in DIFFERENT position:</u> Did you choose to take a different position or did your employer ask you to take or assign you to a different position?	CHOSE DIFFERENT POSITION EMPLOYER ASKED ASSIGNED TO DIFFERENT POSITION DON'T KNOW REFUSED
B1	<u>"Leave Takers" only:</u> We've just talked about the leave[s] taken in the last 18 months. Now I'd like to ask you if, IN THE LAST 18 MONTHS, was there a time when you NEEDED to take leave from work but DID NOT, for ANY of the following reasons: § to care for a newborn, newly adopted or new foster child; (IF NECESSARY: This includes both maternity AND paternity leave) § for your own serious health condition or to care for someone else's serious health condition; § for pregnancy-related reasons (IF NECESSARY: [IF QS8 >1 FOR SELECTED RESPONDENT: your own or] a family member's); or § to care for a military service member, or for reasons related to the deployment of a military service member? NOTE: All of "Leave Needers" Section asked to "Leave Takers" who ALSO had	YES NO DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	B1	<u>"Leave Takers" only:</u> We've just talked about the leave[s] taken in the last 18 12 months. Now I'd like to ask you if, IN THE LAST 18 12 MONTHS, was there a time when you NEEDED to take leave from work but DID NOT, for ANY of the following reasons: § to care for a newborn, newly adopted or new foster child; (IF NECESSARY: This includes both maternity AND paternity leave) § for your own serious health condition or to care for someone else's serious health condition; § for pregnancy-related reasons (IF NECESSARY: [IF QS8 >1 FOR SELECTED RESPONDENT: your own or] a family member's); or § to care for a military service member, or for reasons related to the deployment of a military service member? NOTE: All of "Leave Needers" Section asked to "Leave Takers" who ALSO had	YES NO DON'T KNOW REFUSED

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	an instance of need in which they did NOT take leave ("Dual Taker/Needer").				an instance of need in which they did NOT take leave ("Dual Taker/Needer").	
B2	<p><u>"Leave Needers" (NOT also "Leave Takers"):</u> I want to confirm with you that in the last 18 months, that is, since [INSERT 18 MONTH PERIOD]:</p> <p>You NEEDED to take leave from work but DID NOT, for ANY of the following reasons:</p> <p>§ to care for a newborn, newly adopted or new foster child; (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 (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?</p>	YES NO DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	B2	<p><u>"Leave Takers" only:</u> I want to confirm with you that in the last 1812 months, that is, since [INSERT 1812 MONTH PERIOD]:</p> <p>You NEEDED to take leave from work but DID NOT, for ANY of the following reasons:</p> <p>§ to care for a newborn, newly adopted or new foster child; (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 (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?</p>	YES NO DON'T KNOW REFUSED
B3	<p><u>For Leave Needers/Dual Leave Takers/Needers who needed leave in last 18 mos:</u> Was there an event like this (needing leave) IN THE LAST YEAR [12 MONTHS, INSERT DATE]?</p>	YES NO DON'T KNOW REFUSED	DROPPED			
B4	<p><u>For Leave Needers/Dual Leave Takers/Needers who needed leave in last 18 mos:</u> How many different times did you need leave but not take it, since [INSERT 18 MONTH PERIOD]?</p>	[RANGE: 1-100] DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	B4	<p><u>For Leave Needers/Dual Leave Takers/Needers who needed leave in last 1812 mos:</u> How many different times did you need leave but not take it, since [INSERT 1812 MONTH PERIOD]?</p>	[RANGE: 1-100] DON'T KNOW REFUSED

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B5	<u>For Leave Needers/Dual Leave Takers/Needers who needed leave in last 12 MOS:</u> How many different times did you need leave but not take it, IN THE LAST YEAR [12 MONTHS, INSERT DATE]?	[RANGE: 1-100] DON'T KNOW REFUSED	DROPPED			
B5a	<u>For Leave Needers/Dual Leave Takers/Needers who needed leave multiple TIMES in last 18 mos:</u> Were all the times you needed leave but did not take it since [INSERT 18 MONTH PERIOD] for the SAME reason or condition, or were they for DIFFERENT reasons or conditions?	SAME DIFFERENT DON'T KNOW REFUSED	DROPPED			
B5b	<u>For Leave Needers/Dual Leave Takers/Needers who needed leave in last 18 mos for MULTIPLE REASONS:</u> For how many TOTAL reasons or conditions did you need leave from work, but not take it, since [INSERT 18 MONTH PERIOD]?	[RANGE: 1-100] DON'T KNOW REFUSED	DROPPED			
B6	<u>For Leave Needers/Dual Leave Takers/Needers who needed leave in last 18 mos:</u> Thinking of the [second/third] reason[s] you needed leave since [INSERT 18 MONTH PERIOD], what was the [most recent] reason for which you needed to take leave from work? NOTE: If report multiple REASONS in B5b, repeat loop B6-B14a to ask about up to 3 reasons	OWN ILLNESS, DISABILITY OR OTHER SERIOUS HEALTH CONDITION, EXCEPT MATERNITY-RELATED ILLNESS FOR MATERNITY-RELATED DISABILITY, OR OTHER PREGNANCY-RELATED AILMENT PRIOR TO DELIVERY FOR MATERNITY-	KEPT BUT CHANGED	B6	<u>For Leave Needers/Dual Leave Takers/Needers who needed leave in last 18 12 mos:</u> Thinking of the second/third reasons most recent time you needed leave since [INSERT 18 12 MONTH PERIOD], what was the main [most recent] reason for which you needed to take leave from work? [SINGLE MENTION] NOTE: If report multiple REASONS in B5b, repeat loop B6-B14a to ask about up to 3 reasons	OWN ILLNESS, DISABILITY OR OTHER SERIOUS HEALTH CONDITION, EXCEPT PREGNANCY-RELATED HEALTH REASON MATERNITY-RELATED ILLNESS FOR PREGNANCY-RELATED HEALTH REASON PRIOR TO DELIVERY FOR MATERNITY-RELATED DISABILITY, OR OTHER PREGNANCY-RELATED

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		<p>RELATED DISABILITY AND TO CARE FOR A NEWBORN</p> <p>MISCARRIAGE</p> <p>TO CARE FOR NEWBORN</p> <p>TO CARE FOR NEWLY ADOPTED CHILD</p> <p>TO CARE FOR NEWLY PLACED FOSTER CHILD</p> <p>TO BOND WITH NEWBORN</p> <p>TO BOND WITH NEWLY ADOPTED CHILD</p> <p>TO BOND WITH NEWLY PLACED FOSTER CHILD</p> <p>CHILD'S HEALTH CONDITION</p> <p>SPOUSE'S HEALTH CONDITION</p> <p>PARENT'S HEALTH CONDITION</p> <p>OTHER RELATIVE'S HEALTH CONDITION</p>				<p>AILMENT PRIOR TO DELIVERY</p> <p>FOR PREGNANCY-RELATED HEALTH REASONS</p> <p>FOR MATERNITY-RELATED DISABILITY AND TO CARE FOR A NEWBORN</p> <p>MISCARRIAGE</p> <p>TO CARE FOR NEWBORN</p> <p>TO CARE FOR NEWLY ADOPTED CHILD</p> <p>TO CARE FOR NEWLY PLACED FOSTER CHILD</p> <p>TO BOND WITH NEWBORN</p> <p>TO BOND WITH NEWLY ADOPTED CHILD</p> <p>TO BOND WITH NEWLY PLACED FOSTER CHILD</p> <p>CHILD'S HEALTH CONDITION</p> <p>SPOUSE'S HEALTH CONDITION</p> <p>PARENT'S HEALTH CONDITION</p>

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		OTHER NON-RELATIVE'S HEALTH CONDITION DOMESTIC PARTNER'S HEALTH CONDITION TO ADDRESS ISSUES ARISING FROM THE DEPLOYMENT OF A MILITARY MEMBER DON'T KNOW REFUSED				OTHER RELATIVE'S HEALTH CONDITION OTHER NON-RELATIVE'S HEALTH CONDITION DOMESTIC PARTNER'S HEALTH CONDITION TO ADDRESS ISSUES ARISING FROM THE DEPLOYMENT OF A MILITARY FAMILY MEMBER DON'T KNOW REFUSED
B6a	If needed leave in last 18 mos for <u>deployment-related/military</u> : What type of deployment-related issue did you need to address for this leave?	Events or activities sponsored by the military before deployment Childcare or school activities Financial or legal arrangements Non-medical counseling Short-notice deployment Events or activities sponsored by the military after the military member returned Issues arising from the death of the military member OTHER	DROPPED			

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		DON'T KNOW REFUSED				
B7	<u>If needed leave in last 18 mos for care of other relative's health condition:</u> What is that person's relationship to you?	GRANDCHILD GRANDPARENT SIBLING AUNT/UNCLE OTHER (SPECIFY) DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	B7	<u>If needed leave in last 1812 mos for care of other relative's health condition:</u> What is that person's relationship to you?	GRANDCHILD GRANDPARENT SIBLING AUNT/UNCLE OTHER (SPECIFY) DON'T KNOW REFUSED
B8	<u>If needed leave in last 18 mos for care of other NON-relative's health condition:</u> What is that person's relationship to you?	PARENT-IN-LAW CHILD THAT IS NOT YOUR BIOLOGICAL CHILD OTHER (SPECIFY) DON'T KNOW REFUSED	DROPPED			
B9	<u>If needed leave in last 18 mos to care for someone other than self/new child:</u> What was the age of your care recipient?	0-1 YEARS 1 2-17 YEARS 2 18-40 YEARS 3 41-59 YEARS 4 60-69 YEARS 5 70-79 YEARS 6 80-89 YEARS 7 90 OR OLDER 8 DK (VOL) 98 REF (VOL) 00	KEPT BUT CHANGED	B9	<u>If needed leave in last 1812 mos to care for someone other than self/new child:</u> What was the age of your care recipient?	[RANGE: 1-100] 0-1 YEARS 2-17 YEARS 18-40 YEARS 41-59 YEARS 60-69 YEARS 70-79 YEARS 80-89 YEARS 90 OR OLDER DON'T KNOW REFUSED
B10	<u>If needed leave in last 18 mos to care for other person 18+ yrs old:</u> Was this leave needed in order to care for a military service member for a service-related health condition or injury? [IF NECESSARY: This includes both current active duty members as well as reserve members.]	YES NO DON'T KNOW REFUSED	DROPPED			

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B10a	<u>If needed leave to deal with military deployment of someone else:</u> What is that person's relationship to you?	SPOUSE PARENT SON OR DAUGHTER NEXT OF KIN OTHER DON'T KNOW REFUSED	DROPPED			
B10b	<u>If needed leave to care for military service member:</u> How much time was needed to care for the military member?	HOURS [RANGE 1-500] DAYS [RANGE 1-500] WEEKS [RANGE 1-100] MONTHS [RANGE 1-24] DON'T KNOW/REFUSED	DROPPED			
B11	<u>If needed care for a serious medical condition (own or others'):</u> What was the nature of this health condition for which you need to take this leave? Was it:	A one-time health matter, such as appendicitis or injury; The treatment of an injury or illness that now requires routine scheduled care, such as chemotherapy or physical therapy; or An ongoing health condition that affects one's ability to work from time to time, such as diabetes, migraines, depression, or Multiple Sclerosis? OTHER (SPECIFY): DON'T KNOW REFUSED	KEPT BUT CHANGED	B11	<u>If needed care for a serious medical condition (own or others'):</u> What was the nature of this health condition for which you need to take this leave? Was it:	A one-time health matter, such as appendicitis or injury; The treatment of an injury or illness that now requires routine scheduled care, such as chemotherapy or physical therapy; or An ongoing health condition that affects one's ability to work from time to time, such as diabetes, migraines, depression, or Multiple Sclerosis? 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. OTHER (SPECIFY): DON'T KNOW REFUSED

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
B12	<u>If needed care for a serious medical condition (own or others'):</u> Did [your/your care recipient's] condition for which you needed to take leave require a doctor's care?	YES NO DON'T KNOW REFUSED	DROPPED			
B13	<u>If needed care for a serious medical condition (own or others') AND required doctor's care:</u> [Were/Was] [you/your care recipient] in the hospital overnight at any time during the time that you needed this leave?	YES NO DON'T KNOW REFUSED	DROPPED			
B14	<u>For Leave Needers/Dual Leave Takers/Needers who needed MORE THAN ONE leave in last 18 mos:</u> How many different times, since [INSERT 18 MONTH PERIOD], did you need leave for the REASON OR CONDITION you mentioned? NOTE: Ask this Q for each of the reasons in B6 (if more than one)	[RANGE: 1-100] DON'T KNOW REFUSED	DROPPED			
B14a	<u>For Leave Needers/Dual Leave Takers/Needers who needed MORE THAN ONE leave in last 18 mos:</u> And how many different times did you need leave for this reason or condition, IN THE LAST YEAR [12 MONTHS, INSERT DATE]? NOTE: If more than one reason for needing leave, loop back here to cover B6 through B14a.	[RANGE: 1-100] DON'T KNOW REFUSED	DROPPED			
B15	<u>For Leave Needers/Dual Leave Takers/Needers who needed leave in last 18 mos:</u>	1. You thought you might LOSE your JOB? 2. You thought you would	KEPT WITH MINOR CHANGE	B15	<u>For Leave Needers/Dual Leave Takers/Needers who needed leave in last 12 mos:</u>	1. You thought you might LOSE your JOB? 2. You thought you would

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
	<p>What was the reason or reasons you didn't take the MOST RECENT leave you needed?</p> <p>[MARK ALL THAT APPLY - Interviewer does not read options - probes with "Anything Else?"]</p>	<p>LOSE your SENIORITY or potential for job ADVANCEMENT?</p> <p>3. You were INELIGIBLE?</p> <p>4. Your employer DENIED your request?</p> <p>5. You COULDN'T AFFORD to take an unpaid leave?</p> <p>6. You wanted to SAVE YOUR LEAVE TIME?</p> <p>7. Your WORK IS TOO IMPORTANT?</p> <p>8. You were WORRIED ABOUT REVEALING PERSONAL INFORMATION about yourself, your care recipient, or family relationships?</p> <p>9. You thought you would be TREATED DIFFERENTLY because of the reason you needed to take leave?</p> <p>10. You thought that the person you wanted to take leave to care for was NOT CONSIDERED A COVERED FAMILY MEMBER?</p> <p>11. You thought that the HEALTH CONDITION DID NOT QUALIFY?</p> <p>12. Your employer's process for taking leave was TOO COMPLICATED?</p> <p>13. You were UNABLE TO</p>			<p>What was the reason or reasons you didn't take the MOST RECENT leave you needed?</p> <p>[MARK ALL THAT APPLY - Interviewer does not read options - probes with "Anything Else?"]</p>	<p>LOSE your SENIORITY or potential for job ADVANCEMENT?</p> <p>3. You were INELIGIBLE?</p> <p>4. Your employer DENIED your request?</p> <p>5. You COULDN'T AFFORD to take an unpaid leave?</p> <p>6. You wanted to SAVE YOUR LEAVE TIME?</p> <p>7. Your WORK IS TOO IMPORTANT?</p> <p>8. You were WORRIED ABOUT REVEALING PERSONAL INFORMATION about yourself, your care recipient, or family relationships?</p> <p>9. You thought you would be TREATED DIFFERENTLY because of the reason you needed to take leave?</p> <p>10. You thought that the person you wanted to take leave to care for was NOT CONSIDERED A COVERED FAMILY MEMBER?</p> <p>11. You thought that the HEALTH CONDITION DID NOT QUALIFY?</p> <p>12. Your employer's process for taking leave was TOO COMPLICATED?</p> <p>13. You were UNABLE TO MEET your employer's</p>

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
		MEET your employer's NOTICE REQUIREMENT for taking leave? 14. You were UNAWARE of the availability of leave? 15. Some other reason? (SPECIFY)				NOTICE REQUIREMENT for taking leave? 14. You were UNAWARE of the availability of leave? 15. Some other reason? (SPECIFY)
B16	<u>If reason didn't take was b/c ineligible and NOT because denied:</u> Were you ineligible because you only worked part-time?	YES NO DON'T KNOW REFUSED	KEPT	B16	<u>If reason didn't take was b/c ineligible and NOT because denied:</u> Were you ineligible because you only worked part-time?	YES NO DON'T KNOW REFUSED
B17	<u>If reason didn't take was b/c ineligible and NOT because denied:</u> Were you ineligible because you hadn't worked long enough for your employer?	YES NO DON'T KNOW REFUSED	KEPT	B17	<u>If reason didn't take was b/c ineligible and NOT because denied:</u> Were you ineligible because you hadn't worked long enough for your employer?	YES NO DON'T KNOW REFUSED
B19	<u>If reason didn't take was because denied:</u> Were you denied leave... NOTE: Reasons listed in a-g were asked in randomized order	YES NO DON'T KNOW REFUSED	DROPPED			
B19_a	<u>If reason didn't take was because denied:</u> a. Because your employer does not offer family or medical leave?	YES NO DON'T KNOW REFUSED	DROPPED			
B19_b	<u>If reason didn't take was because denied:</u> b. Because you hadn't worked for your employer long enough to be eligible for family or medical leave?	YES NO DON'T KNOW REFUSED	DROPPED			
B19_c	<u>If reason didn't take was because denied:</u> c. Because you had worked too few hours in the previous year?	YES NO DON'T KNOW REFUSED	DROPPED			

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B19_d	<u>If reason didn't take was because denied:</u> d. Because you used up all the leave time you were allowed?	YES NO DON'T KNOW REFUSED	DROPPED			
B19_e	<u>If reason didn't take was because denied:</u> e. Because you did not submit notification that was sufficient for your employer's requirements?	YES NO DON'T KNOW REFUSED	DROPPED			
B19_f	<u>If reason didn't take was because denied:</u> f. Because the medical certification you submitted was deemed insufficient?	YES NO DON'T KNOW REFUSED	DROPPED			
B19_g	<u>If reason didn't take was because denied:</u> g. [IF NEEDED LEAVE TO CARE FOR ANOTHER]: Because the person you wanted to care for was not eligible for care under the FMLA?	YES NO DON'T KNOW REFUSED	DROPPED			
B19_h	<u>If reason didn't take was because denied:</u> h. For any other reasons? (SPECIFY) _____	YES NO DON'T KNOW REFUSED	DROPPED			
B20	Since you did not take leave from work for this reason or condition, what did you do in order to meet [your / your care recipient's care-giving] needs? [READ CHOICES AS RELEVANT]		KEPT	B20	Since you did not take leave from work for this reason or condition, what did you do in order to meet [your / your care recipient's care-giving] needs? [READ CHOICES AS RELEVANT]	
B20_a	<u>For Leave Needers/Dual Leave Takers/Needers who needed leave in last 18 mos for own/other's serious medical condition:</u> a. Did [you/your care recipient] forego (IF NECESSARY: do without) medical treatment?	YES NO DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	B20_a	<u>For Leave Needers/Dual Leave Takers/Needers who needed leave in last 181812 mos for own/other's serious medical condition:</u> a. Did [you/your care recipient] forego (IF NECESSARY: do without) medical treatment?	YES NO DON'T KNOW REFUSED

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
B20b	<u>For Leave Needers/Dual Leave Takers/Needers who needed leave in last 18 mos for own/other's serious medical condition:</u> b. Did [you/your care recipient] delay medical treatment?	YES NO DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	B20b	<u>For Leave Needers/Dual Leave Takers/Needers who needed leave in last 1812 mos for own/other's serious medical condition:</u> b. Did [you/your care recipient] delay medical treatment?	YES NO DON'T KNOW REFUSED
B20c	<u>For Leave Needers/Dual Leave Takers/Needers who needed leave in last 18 mos:</u> c. Did someone else in your family take leave?	YES NO DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	B20c	<u>For Leave Needers/Dual Leave Takers/Needers who needed leave in last 1812 mos:</u> c. Did someone else in your family take leave?	YES NO DON'T KNOW REFUSED
B20d	<u>For Leave Needers/Dual Leave Takers/Needers who needed leave in last 18 mos:</u> d. Did someone else take over your care-giving duties?	YES NO DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	B20d	<u>For Leave Needers/Dual Leave Takers/Needers who needed leave in last 1812 mos:</u> d. Did someone else take over your care-giving duties?	YES NO DON'T KNOW REFUSED
B20e	<u>For Leave Needers/Dual Leave Takers/Needers who needed leave in last 18 mos:</u> e. Did you pay someone to provide childcare?	YES NO DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	B20e	<u>For Leave Needers/Dual Leave Takers/Needers who needed leave in last 1812 mos:</u> e. Did you pay someone to provide childcare?	YES NO DON'T KNOW REFUSED
B20f	<u>For Leave Needers/Dual Leave Takers/Needers who needed leave in last 18 mos:</u> f. Did you pay someone to provide elder care?	YES NO DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	B20f	<u>For Leave Needers/Dual Leave Takers/Needers who needed leave in last 1812 mos:</u> f. Did you pay someone to provide elder care?	YES NO DON'T KNOW REFUSED
B20g	<u>For Leave Needers/Dual Leave Takers/Needers who needed leave in last 18 mos:</u> g. Did you do something else I haven't already mentioned? (SPECIFY)	YES NO DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	B20g	<u>For Leave Needers/Dual Leave Takers/Needers who needed leave in last 1812 mos:</u> g. Did you do something else I haven't already mentioned? (SPECIFY)	YES NO DON'T KNOW REFUSED
C1	<u>Asked ONLY of non-leave takers/non-leave needers:</u> I want to confirm with you that in the last 18 months, that is, since [INSERT 18	YES NO DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	C1	<u>Asked ONLY of non-leave takers/non-leave needers:</u> I want to confirm with you that in the last 18 12 months, that is, since [INSERT	YES NO DON'T KNOW REFUSED

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
	MONTH PERIOD], you have NOT taken or needed to take leave from work, for ANY of the following reasons: § to care for a newborn, newly adopted or new foster child; (IF NECESSARY: This includes both maternity AND paternity leave) § for your own serious health condition or to care for someone else's serious health condition; § for pregnancy-related reasons (IF NECESSARY: [IF QS8 >1 FOR SELECTED RESPONDENT: your own or] a family member's); or § to care for a military service member, or for reasons related to the deployment of a military service member?				48 12 MONTH PERIOD], you have NOT taken or needed to take leave from work, for ANY of the following reasons: § to care for a newborn, newly adopted or new foster child; (IF NECESSARY: This includes both maternity AND paternity leave) § for your own serious health condition or to care for someone else's serious health condition; § for pregnancy-related reasons (IF NECESSARY: [IF QS8 >1 FOR SELECTED RESPONDENT: your own or] a family member's); or § to care for a military service member, or for reasons related to the deployment of a military service member?	
			NEW	E0	<u>All who were employed 12 months ago:</u> First, I'd like to ask a few questions about your employment in [fill date of start of 12-month reference period].	
			NEW	E0a	<u>If only one paid job 12 months ago:</u> In what month and year did you start that job you were working at in [INSERT 12 MONTHS ago]?	January February March April May June July August September October November December DON'T KNOW

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2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
						REFUSED YEAR [RANGE: 1980 – CURRENT YEAR] DON'T KNOW REFUSED
			NEW	E0b	<u>If only one paid job:</u> 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] DON'T KNOW REFUSED
			NEW	E0c	<u>If more than one paid job:</u> In [INSERT 12 MONTHS AGO] how many employers were paying you?	[RANGE: 1 – 5] DON'T KNOW REFUSED
			NEW	E0f	<u>If more than one paid job:</u> In what month and year did you start working at your main job? By “main” job we mean the one in which you worked the most hours. If you worked the same number of hours at two jobs, then the one you worked at for the longest.	January February March April May June July August September October November December DON'T KNOW REFUSED YEAR [RANGE: 1980 – CURRENT YEAR] DON'T KNOW REFUSED
			NEW	E0g	<u>If more than one paid job:</u> At that point, namely [enter start of 12-month period], how many hours per	[RANGE: 0 – 80] DON'T KNOW REFUSED

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2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
					week did you work on average at your "main" job?	
			NEW	E0i	<p><u>If more than one paid job:</u> In what month and year did you start working at your second job?</p> <p>[If necessary and E0c>2: We have just been asking about the main job you held in [enter start of 12 month period], meaning the one where you worked the most hours, or for the longest period of time. Of the OTHER jobs you held in [enter start of 12 month period], now we want to ask about the job in which you worked the next most hours per week.]</p>	January February March April May June July August September October November December DON'T KNOW REFUSED YEAR [RANGE: 1980 – CURRENT YEAR] DON'T KNOW REFUSED
			NEW	E0j	<p><u>If more than one paid job:</u> At that point, namely [enter start of 12-month period], how many hours per week did you work on average at your second job?</p>	[RANGE: 0 – 80] DON'T KNOW REFUSED
			NEW	E0k	<p><u>If more than two paid jobs:</u> Finally, at that point, how many hours per week did you work on average at all of your jobs (total)?</p>	[RANGE: 0 – 80] DON'T KNOW REFUSED
E1	<u>All:</u> Are you currently employed?	YES NO DON'T KNOW REFUSED	KEPT BUT CHANGED	E5	<u>All:</u> Are you currently employed?	YES NO DON'T KNOW REFUSED

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
E2	<u>ALL Respondents:</u> Have you ever heard about the federal Family and Medical Leave Act?	YES NO DON'T KNOW REFUSED	KEPT	E2	<u>ALL Respondents:</u> Have you ever heard about the federal Family and Medical Leave Act?	YES NO DON'T KNOW REFUSED
E3	<u>If ever heard of FMLA:</u> How have you learned about the federal Family and Medical Leave Act? Interviewer: select all that apply/ do not read list but probe as necessary.	MEDIA (TV, NEWSPAPERS, INTERNET, ETC.) CO-WORKERS EMPLOYER OR HUMAN RESOURCE OFFICE GAVE OUT INFORMATION POSTERS FAMILY MEMBER FRIEND OR NEIGHBOR UNION GAVE OUT INFORMATION OTHER (SPECIFY) DON'T KNOW REFUSED	KEPT	E3	<u>If ever heard of FMLA:</u> How have you learned about the federal Family and Medical Leave Act? Interviewer: select all that apply/ do not read list but probe as necessary.	MEDIA (TV, NEWSPAPERS, INTERNET, ETC.) CO-WORKERS EMPLOYER OR HUMAN RESOURCE OFFICE GAVE OUT INFORMATION POSTERS FAMILY MEMBER FRIEND OR NEIGHBOR UNION GAVE OUT INFORMATION OTHER (SPECIFY) DON'T KNOW REFUSED
E4	<u>If heard of FMLA and did NOT respond "posters" in E3:</u> At your place of employment, is there a notice posted that explains the federal Family and Medical Leave Act?	YES NO DON'T KNOW REFUSED	DROPPED			
E4a	<u>All who have heard of FMLA:</u> To the best of your knowledge, are employees who are covered by the federal FMLA law entitled to take leave for the following reasons? NOTE: Not all respondents are asked ALL of the components in E4 a-k: - interviewer randomly selects FOUR from the list - ONE (and only one) of which must be		KEPT BUT CHANGED	E4a	<u>All who have heard of FMLA:</u> To the best of your knowledge, are employees who are covered by the federal FMLA law entitled to take leave for the following reasons? NOTE: Not all respondents are asked ALL of the components in E4 a-k: - interviewer randomly selects FOUR from the list - ONE (and only one) of which must be	

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
	picked from f/g/h (care of an ineligible relationship) - and ONE (only one) of which must be either j or k (military reason)				picked from f/g/h/i (care of an ineligible relationship) - and ONE (only one) of which must be either j or k (military reason) d or e (care of spouse or same-sex spouse)	
E4a_a	<u>Random subset of all who have heard of FMLA:</u> a. For the care of a newborn	YES NO DON'T KNOW REFUSED	KEPT	E4a_a	<u>Random subset of all who have heard of FMLA:</u> a. For the care of a newborn	YES NO DON'T KNOW REFUSED
E4a_b	<u>Random subset of all who have heard of FMLA:</u> b. For an employee's own serious health condition	YES NO DON'T KNOW REFUSED	KEPT	E4a_b	<u>Random subset of all who have heard of FMLA:</u> b. For an employee's own serious health condition	YES NO DON'T KNOW REFUSED
E4a_c	<u>Random subset of all who have heard of FMLA:</u> c. For the care of a child with a serious health condition	YES NO DON'T KNOW REFUSED	KEPT	E4a_c	<u>Random subset of all who have heard of FMLA:</u> c. For the care of a child with a serious health condition	YES NO DON'T KNOW REFUSED
E4a_d	<u>Random subset of all who have heard of FMLA:</u> d. For the care of a spouse with a serious health condition	YES NO DON'T KNOW REFUSED	KEPT	E4a_d	<u>Random subset of all who have heard of FMLA:</u> d. For the care of a spouse with a serious health condition	YES NO DON'T KNOW REFUSED
			NEW	E4a_e	<u>Random subset of all who have heard of FMLA:</u> e. For the care of a same-sex spouse with a serious health condition	YES NO DON'T KNOW REFUSED
E4a_e	<u>Random subset of all who have heard of FMLA:</u> e. For the care of a parent with a serious health condition	YES NO DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	E4a_f	<u>Random subset of all who have heard of FMLA:</u> ef. For the care of a parent with a serious health condition	YES NO DON'T KNOW REFUSED
E4a_f	<u>Random subset of all who have heard of FMLA:</u> f. For the care of a grandparent with a serious health condition	YES NO DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	E4a_g	<u>Random subset of all who have heard of FMLA:</u> fg. For the care of a grandparent with a serious health condition	YES NO DON'T KNOW REFUSED

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
E4a_g	Random subset of all who have heard of FMLA: g. For the care of a grandchild with a serious health condition	YES NO DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	E4a_h	Random subset of all who have heard of FMLA: gh. For the care of a grandchild with a serious health condition	YES NO DON'T KNOW REFUSED
E4a_h	Random subset of all who have heard of FMLA: h. For the care of a sibling with a serious health condition	YES NO DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	E4a_i	Random subset of all who have heard of FMLA: hi. For the care of a sibling with a serious health condition	YES NO DON'T KNOW REFUSED
			NEW	E4a_j	Random subset of all who have heard of FMLA: j. To provide eldercare for a parent or spouse? Eldercare is care provided for individuals aged 65 years or older with age-related physical or mental impairments, not related to a serious health condition.	YES NO DON'T KNOW REFUSED
E4a_i	Random subset of all who have heard of FMLA: i. For the care of an adopted child or foster child	YES NO DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	E4a_k	Random subset of all who have heard of FMLA: ik. For the care of an adopted child or foster child	YES NO DON'T KNOW REFUSED
E4a_j	Random subset of all who have heard of FMLA: j. For the care of a military service member	YES NO DON'T KNOW REFUSED	KEPT BUT CHANGED	E4a_l	Random subset of all who have heard of FMLA: jl. For the care of a military service member, or for reasons related to the deployment of a military service member	YES NO DON'T KNOW REFUSED
E4a_k	Random subset of all who have heard of FMLA: k. For reasons related to the deployment of a military service member	YES NO DON'T KNOW REFUSED	DROPPED			
			NEW	E6	If employed: Now I'm going to read you some questions about your current main job. [IF NECESSARY: If you have more than one job, by "main" job I mean the one where you usually work the most hours.	YES NO DON'T KNOW REFUSED

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					<p>If you work the same number of hours at more than one job, then I mean the job where you have worked the longest. Throughout the rest of this section, we will ask you questions about your current main job.]</p> <p><u>If ever heard of FMLA:</u> To the best of your knowledge, are you entitled to leave under the federal FMLA on your main job?</p>	
E5	<p><u>For all who are currently employed:</u> Now I'm going to read you some questions about your current employment situation. Since [INSERT 18 MONTH PERIOD], have any co-workers where you work taken leave for family or medical reasons?</p>	<p>YES NO DON'T KNOW REFUSED</p>	DROPPED			
E6	<p><u>Currently employed, and co-worker has taken leave for family/medical reasons in last 18 months:</u> As a result of these co-workers taking leave, did you...</p>	<p>Work more hours than you usually do? Work a shift that you do not normally work? Take on additional duties? Take on different job responsibilities? NONE OF THE ABOVE DON'T KNOW REFUSED</p>	DROPPED			
E7	<p><u>For all who are currently employed:</u> I'm going to read a list of benefits that some employers offer to their employees. Are you eligible to receive any of these benefits?</p>		DROPPED			

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	NOTE: Order of a-h randomized					
E7_a	<u>For all who are currently employed:</u> a. Flextime [IF NECESSARY: a flexible work schedule which allows you to choose when you work, as long as you meet your total expected work hours]	YES NO/BENEFIT NOT OFFERED BY EMPLOYER DEPENDS ON CIRCUMSTANCES DON'T KNOW REFUSED	DROPPED			
E7_b	<u>For all who are currently employed:</u> b. Flexplace or telecommuting [IF NECESSARY: an option which allows you to work away from the regular office site for a specified number of hours]	YES NO/BENEFIT NOT OFFERED BY EMPLOYER DEPENDS ON CIRCUMSTANCES DON'T KNOW REFUSED	DROPPED			
E7_c	<u>For all who are currently employed:</u> c. Job sharing [IF NECESSARY: a work arrangement in which two people share one position in a company, with each working a part of the week]	YES NO/BENEFIT NOT OFFERED BY EMPLOYER DEPENDS ON CIRCUMSTANCES DON'T KNOW REFUSED	DROPPED			
E7_d	<u>For all who are currently employed:</u> d. Paid family leave [IF NECESSARY: this includes maternity leave, paternity leave, and paid adoption leave]	YES NO/BENEFIT NOT OFFERED BY EMPLOYER DEPENDS ON CIRCUMSTANCES DON'T KNOW REFUSED	DROPPED			
E7_e	<u>For all who are currently employed:</u> e. Paid vacation	YES NO/BENEFIT NOT OFFERED BY EMPLOYER DEPENDS ON CIRCUMSTANCES	DROPPED			

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		DON'T KNOW REFUSED				
E7_f	<u>For all who are currently employed:</u> f. Paid sick time	YES NO/BENEFIT NOT OFFERED BY EMPLOYER DEPENDS ON CIRCUMSTANCES DON'T KNOW REFUSED	DROPPED			
E7_g	<u>For all who are currently employed:</u> g. Paid time off [IF NECESSARY: Paid time off or PTO provides a "pool" of hours that an employee can draw from to take time off from work. It can include vacation, sick time, and such.]	YES NO/BENEFIT NOT OFFERED BY EMPLOYER DEPENDS ON CIRCUMSTANCES DON'T KNOW REFUSED	DROPPED			
E7_h	<u>For all females who are currently employed:</u> h. [IF FEMALE] Break time for mothers who are breastfeeding [IF NECESSARY: a reasonable amount of break time provided for an employee any time she needs to nurse her child]	YES NO/BENEFIT NOT OFFERED BY EMPLOYER DEPENDS ON CIRCUMSTANCES DON'T KNOW REFUSED	DROPPED			
E8	<u>For all who are currently employed:</u> Does your employer have an attendance policy that includes penalties for absences?	YES NO DON'T KNOW REFUSED	DROPPED			
			NEW	E8	<u>If employed:</u> I'm going to read you a list of reasons why you might have to miss work. For each please tell me whether or not you can take paid leave from your current main job for	
			NEW	E8_a	a. Your own illness or medical care?	YES NO/BENEFIT NOT OFFERED

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						BY EMPLOYER DEPENDS ON CIRCUMSTANCES DON'T KNOW REFUSED
			NEW	E8_b	b. The illness or medical care of another family member?	YES NO/BENEFIT NOT OFFERED BY EMPLOYER DEPENDS ON CIRCUMSTANCES DON'T KNOW REFUSED
			NEW	E8_c	c. Routine childcare, other than for illness (IF NECESSARY: snow days, school institute dates, or events at school)?	YES NO/BENEFIT NOT OFFERED BY EMPLOYER DEPENDS ON CIRCUMSTANCES DON'T KNOW REFUSED
			NEW	E8_d	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.	YES NO/BENEFIT NOT OFFERED BY EMPLOYER DEPENDS ON CIRCUMSTANCES DON'T KNOW REFUSED
			NEW	E8_e	e. Errands or personal reasons?	YES NO/BENEFIT NOT OFFERED BY EMPLOYER DEPENDS ON CIRCUMSTANCES DON'T KNOW REFUSED

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
E9	<u>For all who are currently employed:</u> Are you salaried on this job, paid by the hour, or paid some other way?	SALARIED HOURLY PIECEWORK/COMMISSION OTHER/COMBINATION DON'T KNOW REFUSED	KEPT	E9	<u>For all who are currently employed:</u> Are you salaried on this job, paid by the hour, or paid some other way?	SALARIED HOURLY PIECEWORK/COMMISSION OTHER/COMBINATION DON'T KNOW REFUSED
E10	<u>For all who are currently employed:</u> Are you a contract worker?	YES NO DON'T KNOW REFUSED	KEPT	E10	<u>For all who are currently employed:</u> Are you a contract worker?	YES NO DON'T KNOW REFUSED
E11	<u>For all who are currently employed:</u> At the place where you work -- for example the site, store, or building -- would you say there are 50 or more employees?	YES NO DON'T KNOW REFUSED	KEPT BUT CHANGED	E1a	<u>For all who are currently employed:</u> At the place where you work in [enter start of 12-month period] [IF MULTIPLE JOBS: "in your main job"] -- for example the site, store, or building -- would you say there are 50 or more employees?	YES NO DON'T KNOW REFUSED
E12	<u>For all who are currently employed (only ask about size groupings 50+ if E11=Yes):</u> 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 "don't know", say "Would you say it is..."?)	1-9 10-19 20-29 30-39 40-49 50-99 100-249 250-499 500 OR MORE DON'T KNOW REFUSED	KEPT BUT CHANGED	E1b	<u>For all who are currently employed (only ask about size groupings 50+ if E1a=Yes):</u> Please think now of all of your [IF ONLY ONE JOB: organization's ELSE: main job'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 the site where you were working in [enter start of 12-month period]? (If "don't know", say "Would you say it is..."?)	1-9 10-19 20-29 30-39 40-49 50-99 100-249 250-499 500 OR MORE DON'T KNOW REFUSED
			NEW	E1c	<u>If more than one paid job:</u> At the place where you worked in [enter start of 12-month period] in your	YES NO DON'T KNOW REFUSED

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
					SECOND job, would you say there were 50 or more employees?	
			NEW	E1d	<p><u>For all with more than one paid job (only ask about size groupings 50+ if E1c=Yes):</u> Please think now of all of your SECOND job's work sites within 75 miles. How many people were employed at your organization across all of the work sites within that 75 mile range, including the site where you were working at [enter start of 12-month period]?</p> <p>(If "don't know", say "Would you say it is..."?)</p>	1-9 10-19 20-29 30-39 40-49 50-99 100-249 250-499 500 OR MORE DON'T KNOW REFUSED
E13	<u>For all who are currently employed:</u> Between [INSERT 12 MONTH PERIOD] and the present, have you worked continuously for the same employer [IF LEAVE TAKER: except for the leave you just told me about]?	YES NO DON'T KNOW REFUSED	DROPPED			
E14	<u>For all who are currently employed AND have worked continuously for employer for last 12 mos:</u> Between [INSERT 12 MONTH PERIOD] and the present, were you always a full-time employee [IF LEAVE TAKER: except for the leave you just told me about]?	YES NO DON'T KNOW REFUSED	DROPPED			
E15	<u>For all who are currently employed AND worked continuously for employer for last 12 mos BUT LESS than full time:</u> Between [INSERT 12 MONTH PERIOD] and the present, how many hours per week have you worked on average?	[RANGE: 0-80] DON'T KNOW REFUSED	DROPPED			

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2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
			NEW	E15	<u>If employed:</u> 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: DON'T KNOW REFUSED
			NEW	E16	<u>If employed:</u> 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: DON'T KNOW REFUSED
			NEW	E17	<u>If employed:</u> What is the zip code for the location where you work on your main job?	[RANGE: 00000-99999] DON'T KNOW REFUSED
D1	<u>All:</u> And finally, just a few quesitons for statistical purposes only. What is the highest level of education you have completed?	LESS THAN HIGH SCHOOL SOME HIGH SCHOOL HIGH SCHOOL GRADUATE GED SOME COLLEGE/ASSOCIATE'S DEGREE COLLEGE GRADUATE GRADUATE SCHOOL DON'T KNOW REFUSED	KEPT BUT CHANGED	D1	<u>All:</u> And finally, just a few quesitons for statistical purposes only. What is the highest level of education you have completed?	LESS THAN HIGH SCHOOL SOME HIGH SCHOOL HIGH SCHOOL GRADUATE GED SOME COLLEGE/ ASSOCIATE'S DEGREE COLLEGE GRADUATE BACHELOR'S DEGREE GRADUATE SCHOOL DON'T KNOW REFUSED
D2	<u>If reported working for the government in screener (S10):</u> Earlier [you/someone in your household]	FEDERAL STATE LOCAL (COUNTY, CITY,	DROPPED			

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2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
	said that you had been employed by the government. Would that be the federal, state or local government?	TOWNSHIP) DON'T KNOW REFUSED				
D3	<u>All:</u> [Were/Are] you a member of a labor union?	YES NO DON'T KNOW REFUSED	KEPT WITH MINOR CHANGE	D3	<u>All:</u> [Were/Are] you a member of represented by a labor union?	YES NO DON'T KNOW REFUSED
D3a			NEW	D3a	<u>All:</u> For your (IF currently employed, FILL "your current main job", ELSE if not currently employed and not unemployed during reference period, FILL "the main job you held in [ENTER START OF 12-MONTH PERIOD]), what (IF currently unemployed, FILL "was", ELSE, FILL, "is") is the easiest way for you to report (your) total earnings before taxes or other deductions:	Hourly, Weekly, Bi-weekly, Twice-monthly, Monthly Annually, or Some other basis (SPECIFY) DON'T KNOW REFUSED
D3b			NEW	D3b	<u>All:</u> In that job, what (IF currently unemployed, FILL "was", ELSE, FILL, "is") your regular [FILL, IF D3A = 1, "hourly", if D3A = 2, "weekly", if D3A = 3, "bi-weekly", if D3A = 4, "twice monthly", if D3A = 5, "monthly", or if D3A = 6, "annual"] rate of pay, including tips and commissions before taxes?	\$ _____ [RANGE 0.01 – 999,999.99] DON'T KNOW REFUSED
D3c			NEW	D3c	<u>If Don't Know or Refused to answer D3a but answered D3b:</u> (IF currently unemployed, FILL "Was", ELSE, FILL, "Is") that:	Hourly, Weekly, Bi-weekly, Twice-monthly, Monthly Annually, or Some other basis (SPECIFY)

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2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
						DON'T KNOW REFUSED
D4	<u>All:</u> 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.		KEPT WITH MINOR CHANGE	D4	<u>All:</u> 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.	[RANGE 0 TO 9,999,999] [READ INCOME CATEGORIES (D4a-D4j) ONLY IF NECESSARY]
D4a	<u>All:</u> Was your family income \$35,000 or above?	YES NO DON'T KNOW REFUSED	KEPT	D4a	<u>All:</u> Was your family income \$35,000 or above?	YES NO DON'T KNOW REFUSED
D4b	<u>If D4a = 1 (income \$35k+):</u> Was it \$40,000 or above?	YES NO DON'T KNOW REFUSED	KEPT	D4b	<u>If D4a = 1 (income \$35k+):</u> Was it \$40,000 or above?	YES NO DON'T KNOW REFUSED
D4c	<u>If D4b = 1 (\$40k+):</u> Was it \$50,000 or above?	YES NO DON'T KNOW REFUSED	KEPT	D4c	<u>If D4b = 1 (\$40k+):</u> Was it \$50,000 or above?	YES NO DON'T KNOW REFUSED
D4d	<u>If D4c = 1 (\$50k+):</u> Was it \$75,000 or above?	YES NO DON'T KNOW REFUSED	KEPT	D4d	<u>If D4c = 1 (\$50k+):</u> Was it \$75,000 or above?	YES NO DON'T KNOW REFUSED
D4e	<u>If D4d = 1 (\$75k+):</u> Was it \$100,000 or above?	YES NO DON'T KNOW REFUSED	KEPT	D4e	<u>If D4d = 1 (\$75k+):</u> Was it \$100,000 or above?	YES NO DON'T KNOW REFUSED
D4f	<u>If D4a = 0 (<\$35k):</u> Was it \$30,000 or above?	YES NO	KEPT	D4f	<u>If D4a = 0 (<\$35k):</u> Was it \$30,000 or above?	YES NO

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
		DON'T KNOW REFUSED				DON'T KNOW REFUSED
D4g	<u>If D4f=0 (<\$30k):</u> Was it \$20,000 or above?	YES NO DON'T KNOW REFUSED	KEPT	D4g	<u>If D4f=0 (<\$30k):</u> Was it \$20,000 or above?	YES NO DON'T KNOW REFUSED
D4h	<u>If D4g=0 (<\$20k):</u> Was it \$10,000 or above?	YES NO DON'T KNOW REFUSED	KEPT	D4h	<u>If D4g=0 (<\$20k):</u> Was it \$10,000 or above?	YES NO DON'T KNOW REFUSED
D4j	<u>If D4h=0 (<\$10k):</u> Was it \$5,000 or above?	YES NO DON'T KNOW REFUSED	KEPT	D4j	<u>If D4h=0 (<\$10k):</u> Was it \$5,000 or above?	YES NO DON'T KNOW REFUSED
D5	<u>All:</u> 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.]	YES NO DON'T KNOW REFUSED	KEPT	D5	<u>All:</u> 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.]	YES NO DON'T KNOW REFUSED
D6	<u>All:</u> What race do you consider yourself to be? Please select one or more of the following [READ LIST]	American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, Black or African American, or White? SOME OTHER RACE (SPECIFY) DON'T KNOW REFUSED	KEPT	D6	<u>All:</u> What race do you consider yourself to be? Please select one or more of the following [READ LIST]	American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, Black or African American, or White? SOME OTHER RACE (SPECIFY) DON'T KNOW REFUSED

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2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
D7	<u>All:</u> How many children under 18 years old are in your care?	[ENTER RANGE 0-7; 7 = 7 OR MORE] DON'T KNOW REFUSED	KEPT	D7	<u>All:</u> How many children under 18 years old are in your care?	[ENTER RANGE 0-7; 7 = 7 OR MORE] DON'T KNOW REFUSED
D8	<u>All:</u> How many people over the age of 65 are in your care?	[ENTER RANGE 0-7; 7 = 7 OR MORE] DON'T KNOW REFUSED	KEPT	D8	<u>All:</u> How many people over the age of 65 are in your care?	[ENTER RANGE 0-7; 7 = 7 OR MORE] DON'T KNOW REFUSED
D9	<u>All:</u> Do you think of yourself as:	[For men] Gay / [For women] Lesbian or gay; [For men] Straight, that is, not gay / [For women] Straight, that is, not lesbian or gay; or Bisexual? SOMETHING ELSE DON'T KNOW REFUSED	KEPT BUT CHANGED	D9	<u>All:</u> Do you think consider yourself to be of yourself as:	[For men] Gay / [For women] Lesbian or gay; Heterosexual or straight [For men] Straight, that is, not gay / [For women] Straight, that is, not lesbian or gay; Gay or lesbian, or Bisexual? SOMETHING ELSE DON'T KNOW REFUSED
D10	<u>All:</u> Are you currently...	Married, Living with a partner, Separated, Divorced, Widowed, or Never married? DON'T KNOW REFUSED	KEPT	D10	<u>All:</u> Are you currently...	Married, Living with a partner, Separated, Divorced, Widowed, or Never married? DON'T KNOW REFUSED
D11	<u>All:</u> [Is your/Do you have a] [spouse/partner/spouse or partner] living outside of the household?	YES NO DON'T KNOW REFUSED	KEPT	D11	<u>All:</u> [Is your/Do you have a] [spouse/partner/spouse or partner] living outside of the household?	YES NO DON'T KNOW REFUSED
ZIP	<u>All:</u> So that we can group households geographically, may I have your zip code?	[RANGE: 00000-99999] DON'T KNOW REFUSED	KEPT	ZIP	<u>All:</u> So that we can group households geographically, may I have your zip code?	[RANGE: 00000-99999] DON'T KNOW REFUSED

C.2 Changes Made to the Employer Survey

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
Q11.1	<p>If respond that <All get paid sick leave (Q11a) or <All get paid vacation (Q11c): How many employees are provided "paid time off?"</p> <p>[Instead of designating employee paid time off as vacation, sick leave and such, many employers lump it all together and simply call it "paid time off" or PTO for short. PTO provides a "pool" of hours that an employee can draw from to take time off from work, without having to specify a reason.]</p>	All Most Some None REFUSED	KEPT BUT CHANGED	Q11.1	<p>[ASK Q11.1 IF Q11A AND C= 2/3/4/9]</p> <p>How many employees are provided "paid time off or PTO?" [HYPERLINK "paid time off or PTO"] [Instead of designating employee paid time off as vacation, sick leave and such, many employers lump it all together and simply call it "paid time off" or PTO for short. PTO provides a "pool" of hours that an employee can draw from to take time off from work, without having to specify a reason.]</p>	<p>[RESPONSE OPTIONS FOR SAMPLE 1]</p> <p>All Most (half or more) Some (less than half) None REFUSED</p> <p>[RESPONSE OPTIONS FOR SAMPLE 2]</p> <p>All Half or more Less than half None REFUSED</p>
Q1	<p><u>All:</u> First, we would like some general information that describes your organization as a whole. How many employees are currently on the payroll? Please include all full-time, part-time, and seasonal or stand-by employees within your firm or organization across all worksites. [Please think about the entire firm or organization.]</p>	free text	KEPT	Q1	<p><u>All:</u> First, we would like some general information that describes your organization as a whole. How many employees are currently on the payroll? Please include all full-time, part-time, and seasonal or stand-by employees within your firm or organization across all worksites. [Please think about the entire firm or organization.]</p>	free text

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
Q1.1	<u>If report 0 employees on payroll in organization as a whole (Q1 = 0):</u> You have indicated that, including yourself, there are ZERO (0) employees currently on your payroll. Is that correct?	Yes No REFUSED	KEPT	Q1.1	<u>If report 0 employees on payroll in organization as a whole (Q1 = 0):</u> You have indicated that, including yourself, there are ZERO (0) employees currently on your payroll. Is that correct?	YES NO REFUSED
Q1.2	<u>If did not report # of employees in org as a whole (Q1 = refused):</u> Can you please provide a range of employees currently on your payroll?	1-10 11-24 25-49 50-99 100-250 251-999 1,000+ REFUSED	KEPT	Q1.2	<u>If did not report # of employees in org as a whole (Q1 = refused):</u> Can you please provide a range of employees currently on your payroll?	1-10 11-24 25-49 50-99 100-250 251-999 1,000+ REFUSED
INTRO2	<u>All:</u> Most of our questions request information about your work site at its address, for example [LOCATION ADDRESS]. Many companies have branches or offices located outside of the main or headquarter city. Our study has been designed to scientifically select work [BOLD->] sites [<-BOLD], as opposed to entire companies. In order to get the most accurate data possible, we will need you to report on your work site's address, for example the [LOCATION ADDRESS] location, for most of our questions. Since we will be referring to this location several times throughout the survey, can you please tell me how we should refer to it throughout the survey? For example, do you call it the [INSERT CITY] office, or branch? Or something else?	[INSERT CITY] office [INSERT CITY] branch Something else, please specify REFUSED	KEPT	INTRO2	<u>All:</u> Most of our questions request information about your work site at its address, for example [LOCATION ADDRESS]. Many companies have branches or offices located outside of the main or headquarter city. Our study has been designed to scientifically select work [BOLD->] sites [<-BOLD], as opposed to entire companies. In order to get the most accurate data possible, we will need you to report on your work site's address, for example the [LOCATION ADDRESS] location, for most of our questions. Since we will be referring to this location several times throughout the survey, can you please tell me how we should refer to it throughout the survey? For example, do you call it the [INSERT CITY] office, or branch? Or something else?	[INSERT CITY] office [INSERT CITY] branch Something else, please specify REFUSED

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
Q2	<p><u>All:</u> And how many employees report to or receive work from [WORK SITE FILL]?</p> <p>[Please think only about this location, not the entire firm or organization. This includes all individuals who receive work assignments from or are based out of this site, including those who may work from home or telecommute.] [Please enter zero (0) if the answer is "none".]</p>	free text REFUSED	KEPT WITH MINOR CHANGE	Q2	<p><u>All:</u> And how many employees report to or receive work from [WORK SITE FILL]?</p> <p>[Please think only about this location, not the entire firm or organization. This includes all individuals who receive work assignments from or are based out of this site, including those who may work from home or telecommute.] [Please enter zero (0) if the answer is "none".]</p>	free text DON'T KNOW REFUSED
Q2.1	<p><u>If report 0 employees at worksite (Q2 = 0):</u> You have indicated that, including yourself, there are ZERO (0) employees who report to or receive work from [WORK SITE FILL]. Is that correct?</p>	Yes No REFUSED	KEPT	Q2.1	<p><u>If report 0 employees at worksite (Q2 = 0):</u> You have indicated that, including yourself, there are ZERO (0) employees who report to or receive work from [WORK SITE FILL]. Is that correct?</p>	YES NO REFUSED
Q2.2	<p><u>If do not report # of employees at worksite (Q2 = Refused):</u> Can you please provide a range of employees who report to or receive work from this location?</p>	1-10 11-24 25-49 50-99 100-250 251-999 1,000+ REFUSED	KEPT	Q2.2	<p><u>If do not report # of employees at worksite (Q2 = Refused):</u> Can you please provide a range of employees who report to or receive work from this location?</p>	1-10 11-24 25-49 50-99 100-250 251-999 1,000+ REFUSED

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
Q3	<u>If Q2.1/2.2 indicates that worksite has < 50 employees:</u> Including the employees at this site, what is the TOTAL number of employees who report to or receive work at sites within 75 miles of this location? [This includes employees who work from home and are within the 75 mile limit.]	free text REFUSED	KEPT BUT CHANGED	Q3	<u>If Q2.1/2.2 indicates that worksite has < 50 employees:</u> Including the employees at this site, what is the TOTAL number of employees who report to or receive work at sites within 75 miles of this location? [This includes employees who work from home if the worksite to which they report or from which their work is assigned is within the 75 mile limit.]	free text REFUSED
Q3.1	<u>If do not report # of employees within 75 miles (Q3 = refused):</u> Can you please provide a range of employees who report to or receive work at sites within 75 miles of this location?	1-10 11-24 25-49 50-99 100-250 251-999 1,000+ REFUSED	KEPT	Q3.1	<u>If do not report # of employees within 75 miles (Q3 = refused):</u> Can you please provide a range of employees who report to or receive work at sites within 75 miles of this location?	1-10 11-24 25-49 50-99 100-250 251-999 1,000+ REFUSED
Q4	<u>All:</u> Just to confirm, we have your organization's main activity described as [INSERT INDUSTRY DESCRIPTION FROM SAMPLE]; is that correct?	Yes No REFUSED	KEPT WITH MINOR CHANGE	Q4	<u>All:</u> Just to confirm, we have your organization's main activity described as [INSERT INDUSTRY DESCRIPTION FROM SAMPLE]; is that correct?	YES NO DON'T KNOW REFUSED
Q5	<u>All:</u> How would you describe your company's main activity? [RECORD VERBATIM]	free text	KEPT	Q5	<u>All:</u> How would you describe your company's main activity? [RECORD VERBATIM]	free text

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2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
Q6	All: How many of your employees at this location are unionized?	free text NUMBER [RANGE=0-10,000] PERCENT REFUSED	KEPT BUT CHANGED	Q6	All: How many of your employees at [WORK SITE FILL] are represented by a unionized union? [Please enter zero (0) if the answer is "none".]	free text NUMBER [RANGE=0-10,000] PERCENT DON'T KNOW REFUSED
Q6A	If do not report # unionized (Q6 = 0/refused): Across all sites in your organization, are any employees unionized?	Yes No REFUSED	KEPT BUT CHANGED	Q6A	If do not report # unionized (Q6 = 0/refused): Across all sites in your organization, are any employees unionized represented by a union?	YES NO REFUSED
Q7	All: How many of your employees at this location are female? [Your best estimate is fine.]	free text NUMBER [RANGE=0-10,000] PERCENT REFUSED	KEPT WITH MINOR CHANGE	Q7	All: How many of your employees at [WORK SITE FILL] are female? [Your best estimate is fine.]	free text NUMBER [RANGE=0-10,000] PERCENT DON'T KNOW REFUSED
Q8	All: How many of your employees at [WORK SITE FILL] have been working at your organization for at least one year?	free text NUMBER [RANGE=0-10,000] PERCENT REFUSED	KEPT WITH MINOR CHANGE	Q8	All: How many of your employees at [WORK SITE FILL] have been working at your organization for at least one year?	free text NUMBER [RANGE=0-10,000] PERCENT DON'T KNOW REFUSED
Q9	All: Of the employees working there at least a year, how many worked at least 1,250 hours for your organization in the past year?	free text NUMBER [RANGE=0-10,000] PERCENT REFUSED	KEPT WITH MINOR CHANGE	Q9	All: Of the employees working there at least a year, how many worked at least 1,250 hours for your organization in the past year?	free text NUMBER [RANGE=0-10,000] PERCENT DON'T KNOW REFUSED
Q10	All: In what time increments do employees in your organization record their work time? Please select all that apply.	MINUTES HOURS NOT REQUIRED TO REPORT/RECORD WORK TIME REFUSED	DROPPED			
			NEW	Q10	All: Does your firm have worksites WITH MORE THAN 50 EMPLOYEES in multiple states?	YES NO REFUSED

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
Q11	<u>All:</u> How many employees at this location are provided any...		KEPT BUT CHANGED	Q11	<u>All:</u> How many employees at this location are provided with any of the following types of leaves? How many are provided...?	
Q11_A	A. Paid sick leave	All Most Some None REFUSED	KEPT BUT CHANGED	Q11_A	A. Paid sick leave	<p>[RESPONSE OPTIONS FOR SAMPLE 1]</p> <p>All Most (half or more) Some (less than half) None REFUSED</p> <p>[RESPONSE OPTIONS FOR SAMPLE 2]</p> <p>All Half or more Less than half None REFUSED</p>

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2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
Q11_B	B. Paid disability leave	All Most Some None REFUSED	KEPT BUT CHANGED	Q11_B	B. Paid disability leave	[RESPONSE OPTIONS FOR SAMPLE 1] All Most (half or more) Some (less than half) None REFUSED [RESPONSE OPTIONS FOR SAMPLE 2] All Half or more Less than half None REFUSED
Q11_C	C. Paid vacation	All Most Some None REFUSED	KEPT BUT CHANGED	Q11_C	C. Paid vacation	[RESPONSE OPTIONS FOR SAMPLE 1] All Most (half or more) Some (less than half) None REFUSED [RESPONSE OPTIONS FOR SAMPLE 2] All Half or more Less than half None REFUSED
Q11_D	D. Paid maternity leave	All Most Some None REFUSED	KEPT BUT CHANGED	Q11_D	D. Paid maternity leave	[RESPONSE OPTIONS FOR SAMPLE 1] All Most (half or more) Some (less than half)

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2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
						None REFUSED [RESPONSE OPTIONS FOR SAMPLE 2] All Half or more Less than half None REFUSED
Q11_E	E. Paid paternity leave	All Most Some None REFUSED	KEPT BUT CHANGED	Q11_E	E. Paid paternity leave	[RESPONSE OPTIONS FOR SAMPLE 1] All Most (half or more) Some (less than half) None REFUSED [RESPONSE OPTIONS FOR SAMPLE 2] All Half or more Less than half None REFUSED
			NEW	Q11_F	F. Paid leave for another family member's illness or medical care	[RESPONSE OPTIONS FOR SAMPLE 1] All Most (half or more) Some (less than half) None REFUSED [RESPONSE OPTIONS FOR SAMPLE 2]

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2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
						All Half or more Less than half None REFUSED
			NEW	Q11_G	G. Paid leave for eldercare [HYPERLINK "eldercare"]	[RESPONSE OPTIONS FOR SAMPLE 1] All Most (half or more) Some (less than half) None REFUSED [RESPONSE OPTIONS FOR SAMPLE 2] All Half or more Less than half None REFUSED
Q11_F	F. Flex time	All Most Some None REFUSED	KEPT BUT CHANGED	Q11_H	H. Flex time	[RESPONSE OPTIONS FOR SAMPLE 1] All Most (half or more) Some (less than half) None REFUSED [RESPONSE OPTIONS FOR SAMPLE 2] All Half or more Less than half None REFUSED

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2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
Q11_G	G. Any other paid time off, excluding paid holidays	All Most Some None REFUSED	KEPT BUT CHANGED	Q11_I	I. Any other paid time off, excluding paid holidays	[RESPONSE OPTIONS FOR SAMPLE 1] All Most (half or more) Some (less than half) None REFUSED [RESPONSE OPTIONS FOR SAMPLE 2] All Half or more Less than half None REFUSED
			NEW	Q11.2	<u>Repeat for every type of leave offered in Q11 and Q11.1:</u> <u>Do you provide [this type of leave] for any staff who have worked at your company for a pre-established length of time?</u> <u>For example, suppose workers must be employed for at least 12 months to be eligible for this type of leave. We want to know if ALL employees who have worked for at least 12 months are eligible (select Yes) or if they are NOT eligible because of their level, for example because they are part-time staff (select No).</u>	Yes No REFUSED
			NEW	Q11.3	<u>If provide some type of leave and that leave is not provided to any staff who have worked at the company long enough ("No" to 11.2):</u>	Senior managers/professional staff Hourly staff Part-time staff

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					In your entire organization, among staff who have worked here long enough, what type(s) of employees do you consider to be eligible for [this type of leave] ?	None of these REFUSED
			NEW	Q14	All: Do you have any workers at this worksite who are paid hourly?	YES NO DON'T KNOW REFUSED
			NEW	Q14A	Employers with workers who are paid hourly: How many of your hourly workers earn an hourly wage below \$15.00 per hour?	[RESPONSE OPTIONS FOR SAMPLE 1] All Most (half or more) Some (less than half) None REFUSED [RESPONSE OPTIONS FOR SAMPLE 2] All Half or more Less than half None REFUSED
Q14	All: How many employees at [FILL WORKSITE] are allowed to take leave for the following reasons...		DROPPED			
Q14_A	A. Attend child's school meeting	All Most Some None REFUSED	DROPPED			
Q14_B	B. For elder care reasons	All Most	DROPPED			

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
		Some None REFUSED				
Q14_C	<u>C.</u> For the employee's or his or her family members' routine medical appointments such as routine dental exams or yearly physicals	All Most Some None REFUSED	DROPPED			
Q14_D	<u>D.</u> For non-routine medical appointments, such as to see a specialist	All Most Some None REFUSED	DROPPED			
Q15	<u>All:</u> Does your company policy use a point or demerit system that tracks an employee's unscheduled absences?	Yes for all employees Yes for some employees No Depends on circumstances REFUSED	KEPT BUT CHANGED	Q15	<u>All:</u> Does your company policy use a point or demerit system that tracks an employee's unscheduled absences?	Yes for all employees Yes for some employees No Depends on circumstances REFUSED
			NEW	Q15A	<u>Follow-up to Q15: for those who have a point or demerit system to track employee's absences:</u> For what types of employees does your company policy use a point or demerit system to track absences? Does your company use this system to track absences for...? SELECT ALL THAT APPLY.	Hourly workers Part-time workers (less than 20 hours per week) Senior managers/professional staff
Q16	<u>All:</u> For employees at this location, does this site's policies allow for family or medical leave for the following reasons?		KEPT WITH MINOR CHANGE	Q16	<u>All:</u> For employees at this location, please tell me <u>indicate whether</u> does this site's policies allow for family or medical leave for the following reasons:?	
Q16_A	A. for the care of a newborn	Yes No	KEPT	Q16_A	A. for the care of a newborn	Yes No

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2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
		Depends on circumstances REFUSED				Depends on circumstances REFUSED
Q16_B	B. an adoption or foster care placement	Yes No Depends on circumstances REFUSED	KEPT	Q16_B	B. an adoption or foster care placement	Yes No Depends on circumstances REFUSED
Q16_C	C. For an employee's own serious health condition (not including maternity-related reasons)	Yes No Depends on circumstances REFUSED	KEPT BUT CHANGED	Q16_C	C. For an employee's own serious health condition (not including maternity pregnancy-related health reasons)	Yes No Depends on circumstances REFUSED
Q16_D	D. For a pregnancy-related reason	Yes No Depends on circumstances REFUSED	KEPT BUT CHANGED	Q16_D	D. For a pregnancy-related health reason	Yes No Depends on circumstances REFUSED
Q16_E	E. For the care of a child, spouse, or parent with a serious health condition	Yes No Depends on circumstances REFUSED	KEPT BUT CHANGED	Q16_E	E. For the care of a child, spouse or parent with a serious health condition [HYPERLINK "serious health condition"]	Yes No Depends on circumstances REFUSED
			NEW	Q16_F	F. For the care of a spouse or parent with a serious health condition [HYPERLINK "serious health condition"]	Yes No Depends on circumstances REFUSED
Q16_F	F. For the care of a parent or spouse who is elderly	Yes No Depends on circumstances REFUSED	KEPT BUT CHANGED	Q16_G	G. For the eldercare of a spouse or parent [HYPERLINK "eldercare"]	Yes No Depends on circumstances REFUSED
Q16_G	G. For the care of a military service member with a serious injury or illness	Yes No Depends on circumstances REFUSED	KEPT BUT CHANGED	Q16_H	H. For the care of a military service member with a serious injury or illness or a qualifying exigency while the employee's spouse, son, daughter, or parent is on covered active duty or call to covered active duty status [HYPERLINK "care of a military service member," "qualifying exigency"]	Yes No Depends on circumstances REFUSED

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
Q16_H	H. For reasons related to the deployment of a military service member	Yes No Depends on circumstances REFUSED	DROPPED			
Q16X_1	<u>If site offers leave for newborn/adoption/foster/care of child (Q16A/B/E=1 or 3):</u> Does this site's leave policies for these types of leave cover guardians and caregivers of a child regardless of their legal or biological relationship to that child?	Yes No REFUSED	KEPT	Q16X_1	<u>If site offers leave for newborn/adoption/foster/care of child (Q16A/B/E=1 or 3):</u> Does this site's leave policies for these types of leave cover guardians and caregivers of a child regardless of their legal or biological relationship to that child?	Yes No REFUSED
Q16X_2	<u>If worksite offers some type of family and medical leave (at least one component of Q16 = 1 or 3):</u> How much notification is needed for foreseeable absences? [If it differs by type of leave, what is the MAXIMUM notification needed?] Please respond in hours OR days OR weeks.	Hours [RANGE: 0 – 24] Days [RANGE: 0 – 180] Weeks [RANGE: 0 – 52] REFUSED	KEPT	Q16X_2	<u>If worksite offers some type of family and medical leave (at least one component of Q16 = 1 or 3):</u> How much notification is needed for foreseeable absences? [If it differs by type of leave, what is the MAXIMUM notification needed?] Please respond in hours OR days OR weeks.	Hours [RANGE: 0 – 24] Days [RANGE: 0 – 180] Weeks [RANGE: 0 – 52] REFUSED
Q16X_3	<u>If worksite offers some type of family and medical leave (at least one component of Q16 = 1 or 3):</u> Does this site have a WRITTEN policy for taking family and medical leave?	Yes No REFUSED	KEPT	Q16X_3	<u>If worksite offers some type of family and medical leave (at least one component of Q16 = 1 or 3):</u> Does this site have a WRITTEN policy for taking family and medical leave?	Yes No REFUSED
Q16X_4	<u>If worksite offers some type of family and medical leave (at least one component of Q16 = 1 or 3):</u> What is the MINIMUM time increment employees are permitted to take for these types of leave? Please respond in minutes OR hours OR days.	Minutes [RANGE: 0 – 59] Hours [RANGE: 0 – 24] Days [RANGE: 0 – 100] REFUSED	KEPT	Q16X_4	<u>If worksite offers some type of family and medical leave (at least one component of Q16 = 1 or 3):</u> What is the MINIMUM time increment employees are permitted to take for these types of leave? Please respond in minutes OR hours OR days.	Minutes [RANGE: 0 – 59] Hours [RANGE: 0 – 24] Days [RANGE: 0 – 100] REFUSED

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2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
Q16X_5	<u>If worksite offers some type of family and medical leave (at least one component of Q16 = 1 or 3):</u> Does this site provide full or partial pay during these types of leave? [We are only interested in wages provided by the employer, not any state assistance that may be provided.]	Yes, full Yes, partial No paid leave offered Other, please specify _____ [DO NOT FORCE RESPONSE, HOWEVER DO FORCE SPECIFY IF RESPONSE IS SELECTED] REFUSED	KEPT	Q16X_5	<u>If worksite offers some type of family and medical leave (at least one component of Q16 = 1 or 3):</u> Does this site provide full or partial pay during these types of leave? [We are only interested in wages provided by the employer, not any state assistance that may be provided.]	Yes, full Yes, partial No paid leave offered Other, please specify _____ [DO NOT FORCE RESPONSE, HOWEVER DO FORCE SPECIFY IF RESPONSE IS SELECTED] REFUSED
			NEW	Q57_1	<u>If worksite is not covered by FMLA (Q17 = 2,3, or 9) and offers some type of family and medical leave (at least one component of Q16 = 1 or 3):</u> For employees who have worked with your organization for one year, how much TOTAL time does this site allow for leave in a year for each of the following? How much TOTAL time does this site allow...?	
			NEW	Q57_1_A	<u>If non-covered worksite offers leave for birth of a child, adoption, or foster placement (Q16_A or Q16_B = 1 or 3):</u> A. For the birth of a child, or an adoption or foster placement	Hours [RANGE: 0 – 24] Days [RANGE: 0 – 180] Weeks [RANGE: 0 – 52] Months [RANGE: 0 – 6] REFUSED
			NEW	Q57_1_B	<u>If non-covered worksite offers leave for employee's serious health condition (Q16_C = 1 or 3):</u> B. For an employee's own serious health condition [HYPERLINK "serious health condition"]	Hours [RANGE: 0 – 24] Days [RANGE: 0 – 180] Weeks [RANGE: 0 – 52] Months [RANGE: 0 – 6] REFUSED
			NEW	Q57_1_C	<u>If non-covered worksite offers leave for pregnancy-related health reason (Q16_D = 1 or 3):</u>	Hours [RANGE: 0 – 24] Days [RANGE: 0 – 180] Weeks [RANGE: 0 – 52]

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
					C. For a pregnancy-related health reason	Months [RANGE: 0 – 6] REFUSED
			NEW	Q57_1_D	If non-covered worksite offers leave for care of a child, spouse, or parent with a serious health condition (Q16_E or Q16_F = 1 or 3): D. For the care of a child, spouse, or parent with a serious health condition [HYPERLINK “serious health condition”]	Hours [RANGE: 0 – 24] Days [RANGE: 0 – 180] Weeks [RANGE: 0 – 52] Months [RANGE: 0 – 6] REFUSED
			NEW	Q57_1_E	If non-covered worksite offers leave for care of eldercare of a parent or spouse (Q16_G = 1 or 3): E. For the care of a parent or spouse who is elderly regardless of any serious health condition [HYPERLINK “elderly”; “serious health condition”]	Hours [RANGE: 0 – 24] Days [RANGE: 0 – 180] Weeks [RANGE: 0 – 52] Months [RANGE: 0 – 6] REFUSED
Q16X_6a	If worksite offers some type of family and medical leave (at least one component of Q16 = 1 or 3): How much TOTAL time does this site allow the employee to take leave in a year FOR THE CARE OF A MILITARY SERVICE MEMBER with a serious injury or illness? Please respond in hours OR days OR weeks OR months.	Hours [RANGE: 0 – 24] Days [RANGE: 0 – 180] Weeks [RANGE: 0 – 52] Months [RANGE: 0 – 6] REFUSED	KEPT BUT CHANGED	Q57_1_F	If non-covered worksite offers leave related to a military service member (Q16_H = 1 or 3): F. For the care of a military service member with a serious injury or illness or a qualifying exigency while the employee’s spouse, son, daughter, or parent is on covered active duty or call to covered active duty status. [HYPERLINK “care of a military service member,” “qualifying exigency”]	Hours [RANGE: 0 – 24] Days [RANGE: 0 – 180] Weeks [RANGE: 0 – 52] Months [RANGE: 0 – 6] REFUSED
Q16X_6b	If worksite offers some type of family and medical leave (at least one component of Q16 = 1 or 3): How much TOTAL time does this site allow the employee to take leave in a year FOR ANY OF THE OTHER TYPES OF LEAVES? [Do not include leave for the care of a military service member.]	Hours [RANGE: 0 – 24] Days [RANGE: 0 – 180] Weeks [RANGE: 0 – 52] Months [RANGE: 0 – 6] REFUSED	DROPPED			

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
	Please respond in hours OR days OR weeks OR months.					
Q16X_7	<u>If worksite offers some type of family and medical leave (at least one component of Q16 = 1 or 3):</u> Are the health benefits that an employee receives while employed continued during these types of leave?	Yes No No health benefits offered REFUSED	KEPT BUT CHANGED	Q57_2	<u>If worksite is not covered by FMLA (Q17 = 2,3, or 9) and offers some type of family and medical leave (at least one component of Q16 = 1 or 3):</u> Are the health benefits that an employee receives while employed continued during these types of leave?	Yes No No health benefits offered REFUSED
Q16X_8	<u>If worksite offers some type of family and medical leave (at least one component of Q16 = 1 or 3):</u> Is there a guarantee for same or equivalent job upon return from these types of leave?	Yes No REFUSED	KEPT BUT CHANGED	Q57_3	<u>If worksite is not covered by FMLA (Q17 = 2,3, or 9) and offers some type of family and medical leave (at least one component of Q16 = 1 or 3):</u> Is there a guarantee for same or equivalent job upon return from these types of leave?	Yes No REFUSED
Q17	<u>All:</u> In 1993, the Federal Family and Medical Leave Act, or FMLA was passed. It gives some employees in organizations of a certain size the right to take unpaid, job-guaranteed leave for various family and medical reasons. Does the FMLA apply to [WORK SITE FILL], does it not apply, or are you not sure if it applies?	Applies Does not apply Not sure REFUSED	KEPT	Q17	<u>All:</u> In 1993, the Federal Family and Medical Leave Act, or FMLA was passed. It gives some employees in organizations of a certain size the right to take unpaid, job-guaranteed leave for various family and medical reasons. Does the FMLA apply to [WORK SITE FILL], does it not apply, or are you not sure if it applies?	Applies Does not apply Not sure REFUSED
Q18	<u>If worksite reports they are covered by FMLA:</u> Does your company process requests for FMLA internally, or do you utilize a third party for this?	Internally Outsource to a third party Other REFUSED	KEPT	Q18	<u>If worksite reports they are covered by FMLA:</u> Does your company process requests for FMLA internally, or do you utilize a third party for this?	Internally Outsource to a third party Other REFUSED

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
Q19	<p><u>If covered by FMLA, and reported # of employees in Q2:</u> At the beginning, you told us that [WORK SITE FILL] has a total of [INSERT # OF EMPLOYEES FROM Q2 UNLESS Q2 = zero or REF then insert RANGE FROM Q2.2] employees.</p> <p>[From [FILL 12-MONTH PERIOD HERE]], how many of those employees took leave that you classified as being under FMLA?</p>	[RANGE: 0-10,000] REFUSED	KEPT	Q19	<p><u>If covered by FMLA, and reported # of employees in Q2:</u> At the beginning, you told us that [WORK SITE FILL] has a total of [INSERT # OF EMPLOYEES FROM Q2 UNLESS Q2 = zero or REF then insert RANGE FROM Q2.2] employees.</p> <p>[From [FILL 12-MONTH PERIOD HERE]], how many of those employees took leave that you classified as being under FMLA?</p>	[RANGE: 0-10,000] REFUSED
Q19.1	<p><u>If covered by FMLA, and did not report # of employees in Q2:</u> [From [FILL 12-MONTH PERIOD HERE]], how many employees took leave that you classified as being under FMLA?</p>	[RANGE: 0-10,000] REFUSED	KEPT	Q19.1	<p><u>If covered by FMLA, and did not report # of employees in Q2:</u> [From [FILL 12-MONTH PERIOD HERE]], how many employees took leave that you classified as being under FMLA?</p>	[RANGE: 0-10,000] REFUSED
Q20	<p><u>If covered by FMLA, and any employees took FMLA leave:</u> We just asked you about the total number of EMPLOYEES that have taken leave [from [INSERT 12-MONTH REFERENCE PERIOD]]. Can you please provide the total number of separate LEAVES taken in this same time period? A leave is time taken off for a single reason; this time could be taken all at once or intermittently over time.</p>	[RANGE: 0-10,000] REFUSED	KEPT BUT CHANGED	Q20	<p><u>If covered by FMLA, and any employees took FMLA leave:</u> We just asked you about the total number of EMPLOYEES that have taken leave [from [INSERT 12-MONTH REFERENCE PERIOD]]. <u>Of the [FILL NUMBER FROM Q19] employees who took leave, how many</u> Can you please provide the total number of separate LEAVES did they take taken in this same time period? A leave is time taken off for a single reason; this time could be taken all at once or intermittently over time. <u>[HYPERLINK "intermittent"] [For example, one employee could take multiple leaves, such as one for their own surgery and another to care for a</u></p>	[RANGE: 0-10,000] REFUSED

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					sick spouse. This would count as two leaves.]	
Q21	<u>If covered by FMLA, and any employees took FMLA leave:</u> How many of the [FILL IN FROM Q19 OR Q19.1] employees took their leave on an intermittent basis? By intermittent, we mean taking leave a few hours or days at a time, on multiple occasions, but for the same reason.	[RANGE: 0-10,000] REFUSED	KEPT WITH MINOR CHANGE	Q21	If covered by FMLA, and any employees took FMLA leave: How many of the [FILL IN FROM Q19 OR Q19.1] employees took their leave on an intermittent basis? By intermittent, we mean taking leave a few hours or days at a time, on multiple occasions, but for the same reason. [HYPERLINK "intermittent" IN BOTH PLACES]	[RANGE: 0-10,000] REFUSED
Q21a	<u>If covered, and any employees took FMLA leave, AND any took intermittent leave:</u> How would you evaluate the ease or difficulty of administering intermittent leaves?	Very easy Somewhat easy Neither easy nor difficult Somewhat difficult Very difficult REFUSED	KEPT BUT CHANGED	Q21a	<u>If covered, and any employees took FMLA leave, AND any took intermittent leave:</u> How would you evaluate the ease or difficulty of administering intermittent leaves? Would you say administering intermittent leaves is...? [HYPERLINK "intermittent leaves"]	Very easy Somewhat easy Neither easy nor difficult Somewhat difficult Very difficult REFUSED
Q21b	<u>If any employees took FMLA leave AND any took intermittent leave:</u> Of the [FILL IN FROM Q20] FMLA granted LEAVE(S) taken during the last 12 months, what percent would you estimate were taken on an intermittent basis? [HYPERLINK "FMLA"]	None 1-5% 6-10% 11-15% 16-20% 21-50% MORE THAN 50% REFUSED	KEPT WITH MINOR CHANGE	Q21b	<u>If any employees took FMLA leave AND any took intermittent leave:</u> Of the [FILL IN FROM Q20] FMLA granted LEAVE(S) taken during the last 12 months, what percent would you estimate were taken on an intermittent basis? [HYPERLINK "FMLA", "intermittent"]	None 1-5% 6-10% 11-15% 16-20% 21-50% MORE THAN 50% REFUSED
Q22	<u>If covered and any employees took FMLA leave:</u> What is your policy on intermittent leave for shift workers; do you permit the employee to rejoin mid-shift or do you require the employee to take the entire shift as leave?	Rejoin mid-shift Require entire shift as leave Depends on supervisor This establishment does not have shift workers REFUSED	KEPT WITH MINOR CHANGE	Q22	<u>If covered and any employees took FMLA leave:</u> What is your policy on intermittent leave for shift workers; do you permit the employee to rejoin mid-shift or do you require the employee to take the entire	Rejoin mid-shift Require entire shift as leave Depends on supervisor This establishment organization does not have shift workers REFUSED

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					shift as leave? [HYPERLINK “intermittent leave”]	
Q23	<u>If covered and any employees took FMLA leave:</u> Did any of the [INSERT # OF EMPLOYEES FROM Q19 OR Q19.1] employees at [WORK SITE FILL] take leave under FMLA [from [INSERT 12-MONTH REFERENCE PERIOD]] and then choose NOT to return to work for you?	Yes No REFUSED	KEPT	Q23	<u>If covered and any employees took FMLA leave:</u> Did any of the [INSERT # OF EMPLOYEES FROM Q19 OR Q19.1] employees at [WORK SITE FILL] take leave under FMLA [from [INSERT 12-MONTH REFERENCE PERIOD]] and then choose NOT to return to work for you?	Yes No REFUSED
Q24	<u>If covered and any employees took FMLA leave, AND any employees did not return from leave:</u> How many employees chose not to return?	NUMBER [Q24 SHOULD BE LESS THAN OR EQUAL TO Q19 OR Q19.1] PERCENT REFUSED	KEPT	Q24	<u>If covered and any employees took FMLA leave, AND any employees did not return from leave:</u> How many employees chose not to return?	NUMBER [Q24 SHOULD BE LESS THAN OR EQUAL TO Q19 OR Q19.1] PERCENT REFUSED
Q25	<u>If covered and any employees took FMLA leave:</u> About how many leaves taken under FMLA are given with notice from the employee that is consistent with your company’s policies?	All Most About half Some None REFUSED	KEPT BUT CHANGED	Q25	<u>If covered and any employees took FMLA leave:</u> About how many leaves taken under FMLA are given with notice from the employee that is consistent with your company’s policies?	[RESPONSE OPTIONS FOR SAMPLE 1] All Most (half or more) About half Some (less than half) None REFUSED [RESPONSE OPTIONS FOR SAMPLE 2] All Half or more Less than half None REFUSED
Q26	<u>If covered and any employees took FMLA leave:</u> How many medical certifications for	[RANGE 0 – 10,000] REFUSED	KEPT WITH MINOR CHANGE	Q26	<u>If covered and any employees took FMLA leave:</u> How many medical certifications for	[RANGE 0 – 10,000] REFUSED

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
	FMLA leave did you accept as complete and sufficient [from [12-MONTH REFERENCE PERIOD]] at this location?				FMLA leave did you accept as complete and sufficient [from [12-MONTH REFERENCE PERIOD]] at this location? [HYPERLINK "complete and sufficient"]	
Q26a	<u>If covered and any employees took FMLA leave:</u> How many medical certifications for FMLA leave were returned to the employee to provide additional information [from [12-MONTH REFERENCE PERIOD]] at this location?	[RANGE 0 – 10,000] REFUSED	KEPT	Q26a	<u>If covered and any employees took FMLA leave:</u> How many medical certifications for FMLA leave were returned to the employee to provide additional information [from [12-MONTH REFERENCE PERIOD]] at this location?	[RANGE 0 – 10,000] REFUSED
Q27	<u>If covered by FMLA:</u> Now we would like to ask you about implementing FMLA. Let's start with denial of FMLA leave. How many FMLA leave applications were denied [from [INSERT 12-MONTH REFERENCE PERIOD]] for ANY reason?	All Most Some None REFUSED	KEPT BUT CHANGED	Q27	<u>If covered by FMLA:</u> Now we would like to ask you about implementing FMLA. Let's start with denial of FMLA leave. How many FMLA leave applications were denied [from [INSERT 12-MONTH REFERENCE PERIOD]] for ANY reason?	[RESPONSE OPTIONS FOR SAMPLE 1] All Most (half or more) Some (less than half) None REFUSED [RESPONSE OPTIONS FOR SAMPLE 2] All Half or more Less than half None REFUSED
Q28	<u>If covered, and any FMLA applications denied:</u> From [INSERT 12-MONTH REFERENCE PERIOD], have any eligible employees at [FILL WORKSITE] been denied Family and Medical Leave	Yes, all employees Yes, most employees Yes, some employees No, no employees REFUSED	KEPT BUT CHANGED	Q28	<u>If covered, and any FMLA applications denied:</u> [From [INSERT 12-MONTH REFERENCE PERIOD]], have Were any eligible employees at [WORK SITE FILL] been denied f Family and M medical L Leave...because they used	Yes, all employees Yes, most employees Yes, some employees No, no employees REFUSED

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
	because they used their entire time allotment covered by FMLA?				their entire time allotment covered by FMLA? [HYPERLINK “eligible employees”; “entire time allotment”; “FMLA”]	
			NEW	Q28_A	A. They used their entire time allotment covered by FMLA	Yes No REFUSED
Q30	If covered, and any FMLA applications denied: From [INSERT 12-MONTH REFERENCE PERIOD], have any eligible employees been denied Family and Medical Leave because FMLA did not cover the reason for their leave?	All Most Some None REFUSED	KEPT BUT CHANGED	Q28_B	B. The employee's care recipient was not a qualifying family member under the FMLA	Yes No REFUSED
			NEW	Q28_C	C. Because the medical condition did not meet the criteria for a serious health condition under the FMLA	Yes No REFUSED
Q32	If covered, and any FMLA applications denied: [From [INSERT 12-MONTH REFERENCE PERIOD]] have any eligible employees been denied Family and Medical Leave because they did not meet your establishment's notice requirements?	All Most Some None REFUSED	KEPT BUT CHANGED	Q28_D	D. They did not meet your organization's notice requirements	Yes No REFUSED
Q34	If covered by FMLA: Now we have a few questions about conditions for taking leave and for returning to work. How often do you require medical certification for employees that request FMLA leave?	Always Most of the time Half the time Sometimes Never REFUSED	KEPT WITH MINOR CHANGE	Q34	If covered by FMLA: Now we have a few questions about conditions for taking leave and for returning to work. How often do you require medical certification for employees that request FMLA leave?	Always Most of the time Often Half the time Sometimes Rarely Never REFUSED
			NEW	Q34A	If covered by FMLA and require medical certification often, half the time, or rarely (Q34 = 2,3, or 4):	Length of time for which leave was requested Nature of the medical

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					Which aspects of employee FMLA leave requests generate the need for medical certification? SELECT ALL THAT APPLY.	condition for which leave is requested Supervisor request Care is for employee's family member Care is for employee's own serious health condition Other (Specify)
Q35	<u>If covered, and ever require medical certification:</u> Does your establishment contact employees' health care providers as part of the certification process?	Yes No Depends REFUSED	KEPT WITH MINOR CHANGE	Q35	<u>If covered, and ever require medical certification:</u> Does your establishment organization contact employees' health care providers as part of the certification process?	Yes No Depends REFUSED
Q36	<u>If covered, and ever require medical certification, AND contact employee's healthcare provider:</u> Who makes contact with employees' health care providers on behalf of your establishment?	A third-party verification company HR personnel Manager Employees' direct supervisor Someone else, please specify: REFUSED	DROPPED			
Q37	<u>If covered, and ever require medical certification:</u> The FMLA generally permits employers to request re-certification of long term serious health conditions. How often do you require re-certification?	Less frequently than every 6 months Every 6 months More frequently than every 6 months Never REFUSED	KEPT	Q37	<u>If covered, and ever require medical certification:</u> The FMLA generally permits employers to request re-certification of long term serious health conditions. How often do you require re-certification?	Less frequently than every 6 months Every 6 months More frequently than every 6 months Never REFUSED
Q38	<u>If covered, and ever require medical certification:</u> Under certain circumstances, the FMLA permits employers to request "fitness for duty" certification before an employee	Always Most of the time Half the time Sometimes	DROPPED			

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	who has been on FMLA leave because of his or her own serious health condition can return to work. How often do you require a fitness for duty certification?	Never REFUSED				
Q39	<u>If covered, and ever require medical certification:</u> Who pays for each of the following types of certification visits? Please select all that apply for each type of certification visit.		KEPT BUT CHANGED	Q39	<u>If covered, and ever require medical certification:</u> Who pays for Does your organization pay for each of the following types of certification visits? Please select all that apply for each type of certification visit. Does your organization pay for...?	
Q39_A	A. Initial medical certification	Establishment/employer Employee Employee's insurance Other source REFUSED	KEPT BUT CHANGED	Q39_A	A. Initial medical certification	Yes No REFUSED
Q39B	B. Re-certification	Establishment/employer Employee Employee's insurance Other source REFUSED	KEPT BUT CHANGED	Q39B	B. Re-certification	Yes No REFUSED
Q39C	C. Second or third certifications	Establishment/employer Employee Employee's insurance Other source REFUSED	KEPT BUT CHANGED	Q39C	C. Second or third certifications	Yes No REFUSED
Q39D	D. Fitness for duty certification	Establishment/employer Employee Employee's insurance Other source REFUSED	KEPT BUT CHANGED	Q39D	D. Fitness for duty certification	Yes No REFUSED
Q39E	E. Insufficient certification correction	Establishment/employer Employee Employee's insurance	KEPT BUT CHANGED	Q39E	E. Insufficient certification correction	Yes No REFUSED

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		Other source REFUSED				
Q40_INTRO	<u>If covered by FMLA:</u> The next few questions are about employee misuse of FMLA.		KEPT	Q40_INTRO	<u>If covered by FMLA:</u> The next few questions are about employee misuse of FMLA.	
Q40	<u>If covered by FMLA:</u> You told me that approximately [INSERT # FROM Q20] leaves were taken over the 12-month reporting period. How many of these leaves do you suspect were misused? [HYPERLINK "FMLA"]	[RANGE: 0 – Q20] REFUSED	KEPT	Q40	<u>If covered by FMLA:</u> You told me that approximately [INSERT # FROM Q20] leaves were taken over the 12-month reporting period. How many of these leaves do you suspect were misused? [HYPERLINK "FMLA"]	[RANGE: 0 – Q20] REFUSED
Q40A	<u>If covered by FMLA (asked instead of Q40 if only reported 1 leave taken):</u> You told me that 1 leave was taken over the 12-month reporting period. Do you suspect this leave was misused?	Yes No REFUSED	KEPT WITH MINOR CHANGE	Q40A	You told me that <u>one</u> leave was taken over the 12-month reporting period. Do you suspect this leave was misused? [HYPERLINK "FMLA"]	Yes No REFUSED
Q41	<u>If covered, and suspected misuse (Q40/Q40a):</u> Why did you suspect this misuse? [SELECT ALL THAT APPLY]	Predictable leave pattern (around weekends, holidays, days off, etc.) Used leave to cover tardiness Used common excuses/doubting the reason for leave (migraines, back pain, etc.) Doubting the validity of a certification (heard information to the contrary, seen employee elsewhere performing allegedly restricted activity, etc.) Frequent leave with short or	KEPT BUT CHANGED	Q41	<u>If covered, and suspected misuse (Q40/Q40a):</u> Why did you suspect this misuse? <u>Did you suspect misuse because...?</u> [SELECT ALL THAT APPLY.]	<u>The employee had a</u> predictable leave pattern (around weekends, holidays, days off, etc.) <u>The employee</u> used leave to cover tardiness <u>The employee</u> used common excuses/doubting the reason for leave (migraines, back pain, etc.) <u>You doubted</u> the validity of a certification (heard information to the contrary, seen employee elsewhere performing allegedly restricted activity, etc.)

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		no advance notice provided or intermittent leave in general Past experience with employee (previous attendance problems, suspected of lying, past misuse, etc.) Some other reason not listed, please specify: REFUSED				The employee took frequent leave with short or no advance notice provided or intermittent leave in general [HYPERLINK "intermittent leave"] Of past experience with employee (previous attendance problems, suspected of lying, past misuse, etc.) Of some other reason not listed, please specify this reason: REFUSED
Q42	<u>If covered by FMLA:</u> Have you ever confirmed an employee's misuse of FMLA AT THIS LOCATION? [HYPERLINK "FMLA"]	Yes No REFUSED	KEPT	Q42	<u>If covered by FMLA:</u> Have you ever confirmed an employee's misuse of FMLA AT THIS LOCATION? [HYPERLINK "FMLA"]	Yes No REFUSED
Q43	<u>If covered, and ever confirmed an employee's misuse:</u> What disciplinary action was taken for the most recent case of FMLA misuse?		KEPT	Q43	<u>If covered, and ever confirmed an employee's misuse:</u> What disciplinary action was taken for the most recent case of FMLA misuse?	
Q43_A	A. The absence counted against the employee on your point system	Yes No REFUSED	KEPT	Q43_A	A. The absence counted against the employee on your point system	Yes No REFUSED
Q43_B	B. The employee was given a verbal warning/disciplinary notice	Yes No REFUSED	KEPT	Q43_B	B. The employee was given a verbal warning/disciplinary notice	Yes No REFUSED
Q43_C	C. The employee was given a written warning/disciplinary notice	Yes No REFUSED	KEPT	Q43_C	C. The employee was given a written warning/disciplinary notice	Yes No REFUSED
Q43_D	D. The employee was suspended	Yes No REFUSED	KEPT	Q43_D	D. The employee was suspended	Yes No REFUSED

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Q43_E	E. The employee was terminated	Yes No REFUSED	KEPT	Q43_E	E. The employee was terminated	Yes No REFUSED
Q43_F	F. Other, please specify	Yes No REFUSED	KEPT	Q43_F	F. Other, please specify	Yes No REFUSED
Q44	<u>If covered by FMLA:</u> Next we will ask a few additional questions about your organization as a whole. Are employees at [WORK SITE FILL] who are eligible for FMLA leave...?		KEPT	Q44	<u>If covered by FMLA:</u> Next we will ask a few additional questions about your organization as a whole. Are employees at [WORK SITE FILL] who are eligible for FMLA leave...?	
Q44_A	A. Provided with written guidance on how the Act is coordinated with existing leave and benefits policies?	Yes No Depends on circumstances REFUSED	KEPT	Q44_A	A. Provided with written guidance on how the Act is coordinated with existing leave and benefits policies?	Yes No Depends on circumstances REFUSED
Q44_B	B. Provided with written notice of how much of the leave taken was counted as FMLA leave? [HYPERLINK "FMLA"]	Yes No Depends on circumstances REFUSED	KEPT	Q44_B	B. Provided with written notice of how much of the leave taken was counted as FMLA leave? [HYPERLINK "FMLA"]	Yes No Depends on circumstances REFUSED
Q44_C	C. Required to use their paid leave before taking unpaid leave?	Yes No Depends on circumstances REFUSED	KEPT	Q44_C	C. Required to use their paid leave before taking unpaid leave?	Yes No Depends on circumstances REFUSED
Q44_D	D. Ever offered alternative work arrangements instead of leave?	Yes No Depends on circumstances REFUSED	KEPT	Q44_D	D. Ever offered alternative work arrangements instead of leave?	Yes No Depends on circumstances REFUSED
Q45	<u>If covered by FMLA:</u> In your entire organization, what types of employees do you consider to be eligible for FMLA leave?	Senior managers/Professional staff Staff who have worked at least a certain number of hours at the company Hourly staff	DROPPED			

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		None of these REFUSED				
Q46	<u>If covered, asked only of the classes of employees listed in Q45 that ARE offered FMLA:</u> Some employees are not eligible for FMLA leave for various reasons, such as the number of hours or months they have worked. Do you offer the same family and medical leave benefits to employees who are NOT eligible for FMLA because of their employee type or class, that is because they are...		DROPPED			
Q46_A	A. Senior managers/Professional staff	Yes No REFUSED	DROPPED			
Q46_B	B. Staff who have worked at least a certain number of hours at the company	Yes No REFUSED	DROPPED			
Q46_C	C. Hourly staff	Yes No REFUSED	DROPPED			
Q47	<u>If covered by FMLA:</u> From which of the following sources do you get information on FMLA? [SELECT ALL THAT APPLY]	The U.S. Department of Labor The media A trade or business group An attorney or consultant A union Your employees Existing company policies or procedures Some other source Do not use any source [exclusive choice] REFUSED	KEPT BUT CHANGED	Q47	<u>If covered by FMLA:</u> From which of the following sources do you get information on FMLA? <u>Do you get FMLA information from...?</u> [SELECT ALL THAT APPLY.]	The U.S. Department of Labor The media A trade or business group An attorney or consultant A union Your employees Existing company policies or procedures <u>Third party hired to process FMLA leave requests</u> Some other source Do not use any source

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						[exclusive choice] REFUSED
Q48	<u>If covered under FMLA:</u> Which of the following methods, if any, do you use to inform employees of their rights under FMLA? [SELECT ALL THAT APPLY]	Employee handbook Notice on bulletin board Memos Computer network, Intranet or Email Oral notification Employee orientation and/or other meetings with employees Some other method Do not inform employees of their rights REFUSED	KEPT WITH MINOR CHANGE	Q48	Which of the following methods, if any, do you use to inform employees of their rights under FMLA? Do you inform them using...? [SELECT ALL THAT APPLY.]	An employee handbook A notice on bulletin board Memos Computer network, Intranet or Email Oral notification Employee orientation and/or other meetings with employees Some other method Do not inform employees of their rights [exclusive choice] REFUSED
			NEW	Q48A	When do you notify employees about their rights under the FMLA? Do you notify them...? [HYPERLINK "FMLA"] SELECT ALL THAT APPLY.	When they are first hired Annually As soon as they provide notice of any event for which they may need FMLA-eligible leave DON'T KNOW REFUSED
Q49	<u>If covered under FMLA:</u> Now, a few questions on the possible effects of FMLA on your organization. Over the years, has complying with the FMLA increased, decreased, or not changed the following?		KEPT BUT CHANGED	Q49	<u>If covered under FMLA:</u> Over the years, has complying with the FMLA increased, decreased, or not changed each of the following? Has complying with FMLA increased, decreased, or not changed...? [HYPERLINK "FMLA"]	

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Q49_A	A. Administrative costs	Yes, increased Yes, decreased Not changed REFUSED	KEPT BUT CHANGED	Q49_A	A. Administrative costs	Yes , Increased Yes , Decreased Not changed REFUSED
Q49_B	B. Cost of continuing benefits such as health plans during leave	1 Yes, increased 2 Yes, decreased 3 Not changed 9 REF	KEPT BUT CHANGED	Q49_B	B. Cost of continuing benefits such as health plans during leave	Yes , Increased Yes , Decreased Not changed REFUSED
Q49_C	C. Hiring/training costs	1 Yes, increased 2 Yes, decreased 3 Not changed 9 REF	KEPT BUT CHANGED	Q49_C	C. Hiring/training costs	Yes , Increased Yes , Decreased Not changed REFUSED
Q49_D	D. Other costs, please specify: [DO NOT FORCE RESPONSE TO D, HOWEVER DO FORCE SPECIFY IF A RESPONSE IS SELECTED FOR D]	1 Yes, increased 2 Yes, decreased 3 Not changed 9 REF	KEPT BUT CHANGED	Q49_D	D. Other costs, please specify which costs : [DO NOT FORCE RESPONSE TO D, HOWEVER DO FORCE SPECIFY IF A RESPONSE IS SELECTED FOR D]	Yes , Increased Yes , Decreased Not changed REFUSED
Q49_E	E. Other costs, please specify: [DO NOT FORCE RESPONSE TO E, HOWEVER DO FORCE SPECIFY IF A RESPONSE IS SELECTED FOR E]	1 Yes, increased 2 Yes, decreased 3 Not changed 9 REF	KEPT BUT CHANGED	Q49_E	E. Any additional other costs, please specify which costs : [DO NOT FORCE RESPONSE TO E, HOWEVER DO FORCE SPECIFY IF A RESPONSE IS SELECTED FOR E]	Yes , Increased Yes , Decreased Not changed REFUSED
Q50	<u>If covered under FMLA:</u> How easy or difficult are each of the following activities for your organization?		KEPT BUT CHANGED	Q50	<u>If covered under FMLA:</u> How easy or difficult are each of the following activities for your organization? Would you say each activity is very easy, somewhat easy, somewhat difficult, or very difficult to do?	

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Q50_A	A. Coordinating state and federal leave policies	Very easy Somewhat easy Somewhat difficult Very difficult Not applicable REFUSED	KEPT BUT CHANGED	Q50_A	A. Coordinating your leave and attendance policies with FMLA state and federal leave policies or laws [HYPERLINK "FMLA"]	Very easy Somewhat easy Somewhat difficult Very difficult Not applicable REFUSED
Q50_B	B. Coordinating the Act with other federal laws	Very easy Somewhat easy Somewhat difficult Very difficult Not applicable REFUSED	KEPT BUT CHANGED	Q50_B	Coordinating the Act with other federal laws Coordinating your leave policies with Americans with Disabilities Act (ADA) requirements	Very easy Somewhat easy Somewhat difficult Very difficult Not applicable REFUSED
Q50_C	C. Coordinating the Act with other leave policies	Very easy Somewhat easy Somewhat difficult Very difficult Not applicable REFUSED	KEPT BUT CHANGED	Q50_C	Coordinating the Act with other leave policies your leave policies with state leave policies or laws	Very easy Somewhat easy Somewhat difficult Very difficult Not applicable REFUSED
Q50_D	D. Coordinating the Act with employee attendance policies	Very easy Somewhat easy Somewhat difficult Very difficult Not applicable REFUSED	KEPT BUT CHANGED	Q50_D	Coordinating the Act with employee attendance policies your leave policies with local (city or county) leave policies or laws	Very easy Somewhat easy Somewhat difficult Very difficult Not applicable REFUSED
Q50_E	E. Coordinating the Act with your Collective Bargaining Agreement	Very easy Somewhat easy Somewhat difficult Very difficult Not applicable REFUSED	KEPT WITH MINOR CHANGE	Q50_E	If any employees represented by a union (Q6>0 or Q6A=1): [DISPLAY ITEM E IF (Q6>0 EXCEPT REF) OR (Q6A=1)] Coordinating the Act FMLA with your Collective Bargaining Agreement	Very easy Somewhat easy Somewhat difficult Very difficult Not applicable REFUSED

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Q50_F	F. Administering FMLA's notification, designation, and certification requirements [HYPERLINK "FMLA"]	Very easy Somewhat easy Somewhat difficult Very difficult Not applicable REFUSED	KEPT	Q50_F	F. Administering FMLA's notification, designation, and certification requirements [HYPERLINK "FMLA"]	Very easy Somewhat easy Somewhat difficult Very difficult Not applicable REFUSED
Q50_G	G. Determining if a health condition is a serious health condition under FMLA [HYPERLINK "serious health condition" AND "FMLA"]	Very easy Somewhat easy Somewhat difficult Very difficult Not applicable REFUSED	KEPT	Q50_G	G. Determining if a health condition is a serious health condition under FMLA [HYPERLINK "serious health condition" AND "FMLA"]	Very easy Somewhat easy Somewhat difficult Very difficult Not applicable REFUSED
Q51	<u>If covered under FMLA:</u> The FMLA contains several provisions designed to assist in managing employees' use of FMLA leave. How helpful have the following provisions been in administering the FMLA at [WORK SITE FILL]? [HYPERLINK "FMLA"]		KEPT WITH MINOR CHANGE	Q51	The FMLA contains several provisions designed to assist in managing employees' use of FMLA leave. How helpful have each ^{ve} each of the following provisions been in administering the FMLA at [WORK SITE FILL]? [HYPERLINK "FMLA"]	
Q51_A	A. The exception for highly paid key employees	Very helpful Somewhat helpful Neither helpful nor unhelpful Somewhat unhelpful Very unhelpful Not applicable REFUSED	KEPT BUT CHANGED	Q51_A	A. The exception for highly paid key employees	Very helpful Somewhat helpful Neither helpful nor unhelpful Somewhat unhelpful Not at all Very unhelpful Not applicable REFUSED
Q51_B	B. Medical certifications for a serious health condition [HYPERLINK "serious health condition"]	Very helpful Somewhat helpful Neither helpful nor unhelpful Somewhat unhelpful Very unhelpful Not applicable REFUSED	KEPT BUT CHANGED	Q51_B	B. Medical certifications for a serious health condition [HYPERLINK "serious health condition"]	Very helpful Somewhat helpful Neither helpful nor unhelpful Somewhat unhelpful Not at all Very unhelpful Not applicable REFUSED

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Q51_C	C. Second and third medical opinions	Very helpful Somewhat helpful Neither helpful nor unhelpful Somewhat unhelpful Very unhelpful Not applicable REFUSED	KEPT BUT CHANGED	Q51_C	C. Second and third medical opinions	Very helpful Somewhat helpful Neither helpful nor unhelpful Somewhat unhelpful Not at all Very unhelpful Not applicable REFUSED
Q51_D	D. Advance notice of foreseeable leave	Very helpful Somewhat helpful Neither helpful nor unhelpful Somewhat unhelpful Very unhelpful Not applicable REFUSED	KEPT BUT CHANGED	Q51_D	D. Advance notice of foreseeable leave	Very helpful Somewhat helpful Neither helpful nor unhelpful Somewhat unhelpful Not at all Very unhelpful Not applicable REFUSED
Q51_E	E. Transfer to alternative position	Very helpful Somewhat helpful Neither helpful nor unhelpful Somewhat unhelpful Very unhelpful Not applicable REFUSED	KEPT BUT CHANGED	Q51_E	E. Transfer to alternative position	Very helpful Somewhat helpful Neither helpful nor unhelpful Somewhat unhelpful Not at all Very unhelpful Not applicable REFUSED
Q51_F	F. Medical re-certification	Very helpful Somewhat helpful Neither helpful nor unhelpful Somewhat unhelpful Very unhelpful Not applicable REFUSED	KEPT BUT CHANGED	Q51_F	F. Medical re-certification	Very helpful Somewhat helpful Neither helpful nor unhelpful Somewhat unhelpful Not at all Very unhelpful Not applicable REFUSED

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Q51_G	G. The fitness for duty certification for employees	Very helpful Somewhat helpful Neither helpful nor unhelpful Somewhat unhelpful Very unhelpful Not applicable REFUSED	KEPT BUT CHANGED	Q51_G	G. The fitness for duty certification for employees	Very helpful Somewhat helpful Neither helpful nor unhelpful Somewhat unhelpful Not at all Very unhelpful Not applicable REFUSED
Q51_H	H. Certification of leave for a reason related to the deployment of a military service member	Very helpful Somewhat helpful Neither helpful nor unhelpful Somewhat unhelpful Very unhelpful Not applicable REFUSED	KEPT BUT CHANGED	Q51_H	H. Certification of leave for the care of a military service member with a serious illness or injury or for a qualifying exigency while the employee's spouse, son, daughter, or parent is on covered active duty or call to covered active duty status [HYPERLINK "care of a military service member," "qualifying exigency"] a reason related to the deployment of a military service member or for a serious injury or illness of a military service member	Very helpful Somewhat helpful Neither helpful nor unhelpful Somewhat unhelpful Not at all Very unhelpful Not applicable REFUSED
Q51_I	I. Certification of a serious injury or illness of a military service member	Very helpful Somewhat helpful Neither helpful nor unhelpful Somewhat unhelpful Very unhelpful Not applicable REFUSED	DROPPED			

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Q52	<u>If covered under FMLA:</u> In general, how easy or difficult has it been for this location to comply with FMLA? [HYPERLINK "FMLA"]	Very easy Somewhat easy Somewhat difficult Very difficult No noticeable effect REFUSED	KEPT WITH MINOR CHANGE	Q52	<u>If covered under FMLA:</u> In general, how easy or difficult has it been for this location to comply with FMLA? [HYPERLINK "FMLA"]	[RESPONSE OPTIONS FOR SAMPLE 1] Very easy Somewhat easy Somewhat difficult Very difficult No noticeable effect Neither easy nor difficult REFUSED [RESPONSE OPTIONS FOR SAMPLE 2] Very easy Somewhat easy Neither easy nor difficult Somewhat difficult Very difficult No noticeable effect REFUSED
Q53	<u>If covered under FMLA:</u> Q53.Has complying with FMLA resulted in any cost savings at this location, for example, fewer training costs as a result of reduced employee turnover? [HYPERLINK "FMLA"]	Yes No REFUSED	KEPT BUT CHANGED	Q53	<u>If covered under FMLA:</u> Has complying with <u>the federal Family and Medical Leave Act</u> FMLA resulted in any cost savings at this location; for example, fewer training costs as a result of reduced employee turnover? [HYPERLINK "FMLA"]	Yes No REFUSED
Q54	<u>If covered under FMLA and had employees take intermittent leave:</u> FMLA allows employees to take intermittent leave. Has leave taken on an intermittent basis had an impact, either positive or negative, on this location's productivity? [HYPERLINK "FMLA"]	Yes No REFUSED	KEPT WITH MINOR CHANGE	Q54	<u>If covered under FMLA and had employees take intermittent leave:</u> FMLA allows employees to take intermittent leave. Has leave taken on an intermittent basis had an impact, either positive or negative, on this location's productivity? [HYPERLINK "FMLA", "intermittent leave"]	Yes No REFUSED

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Q54A	<u>If covered and intermittent leave has had an impact on productivity:</u> Has this impact on productivity been positive or negative?	Positive Negative Some positive some negative REFUSED	KEPT BUT CHANGED	Q54A	<u>If covered and intermittent leave has had an impact on productivity:</u> Has this impact on productivity been positive, or negative, or both positive and negative?	Positive Negative Some positive some negative Some positive some Negative REFUSED
Q54B	<u>If covered and intermittent leave has had a positive impact on productivity:</u> Would you say this impact on productivity has been small, moderate or large?	Small Moderate Large REFUSED	KEPT	Q54B	<u>If covered and intermittent leave has had a positive impact on productivity:</u> Would you say this impact on productivity has been small, moderate or large?	Small Moderate Large REFUSED
Q55	<u>If covered under FMLA and had employees take intermittent leave:</u> Has leave taken on an intermittent basis had an impact, either positive or negative, on this location's profitability?	Yes No REFUSED	KEPT WITH MINOR CHANGE	Q55	<u>If covered under FMLA and had employees take intermittent leave:</u> Has leave taken on an intermittent basis had an impact, either positive or negative, on this location's profitability? [HYPERLINK "intermittent"]	Yes No REFUSED
Q55A	<u>If covered and intermittent leave has had an impact on profitability:</u> Has this impact on profitability been positive or negative?	Positive Negative Some positive some negative REFUSED	KEPT BUT CHANGED	Q55A	<u>If covered and intermittent leave has had an impact on profitability:</u> Has this impact on profitability been positive, or negative, or both positive and negative?	Positive Negative Some positive some negative Some positive some Negative REFUSED
Q55B	<u>If covered and intermittent leave has had a positive impact on profitability:</u> Would you say this impact on profitability has been small, moderate or large?	Small Moderate Large REFUSED	KEPT	Q55B	<u>If covered and intermittent leave has had a positive impact on profitability:</u> Would you say this impact on profitability has been small, moderate or large?	Small Moderate Large REFUSED

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			NEW	Q55C	If covered under FMLA and had employees take intermittent leave: Has leave taken on an intermittent basis had an impact on this location's overall employee morale? [HYPERLINK "intermittent"]	Yes No REFUSED
			NEW	Q55D	If intermittent leave has had an impact on morale: Has leave taken on an intermittent basis had an impact on this location's overall employee morale? [HYPERLINK "intermittent"]	Positive Some positive some negative Negative REFUSED
Q56	If covered under FMLA: Thinking about employee productivity, absenteeism, turnover, career advancement and morale, as well as the business' profitability, what effect has complying with FMLA had on this location?	Very positive Somewhat positive Somewhat negative Very negative No noticeable effect REFUSED	KEPT BUT CHANGED	Q56	If covered under FMLA: Thinking about employee productivity, absenteeism, turnover, career advancement and morale, as well as the business' profitability, what effect has complying with FMLA had on this location?	[RESPONSE OPTIONS FOR SAMPLE 1] Very positive Somewhat positive Somewhat negative Very negative No noticeable effect Neither positive nor negative REFUSED [RESPONSE OPTIONS FOR SAMPLE 2] Very positive Somewhat positive Neither positive nor negative Somewhat negative Very negative REFUSED

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Q58	If NOT covered by FMLA: [From [INSERT 12-MONTH REFERENCE PERIOD]], how many employees at [WORK SITE FILL] have taken leave for family reasons or a serious health condition lasting more than 3 days? [HYPERLINK "serious health condition"]	[RANGE: 0-10,000] REFUSED	KEPT WITH MINOR CHANGE	Q58	If NOT covered by FMLA: [From [INSERT 12-MONTH REFERENCE PERIOD]], how many employees at [WORK SITE FILL] have taken leave for family reasons or a serious health condition lasting more than three 3 days? [HYPERLINK "serious health condition"]	[RANGE: 0-10,000] REFUSED
Q59	If NOT covered, and any employees have taken 3+ days of leave for family reasons or serious health condition: How many of these employees took leave to care for a military service member with a serious injury or illness because they were the service member's spouse, son, daughter, parent or next of kin?	[RANGE: 0 - Q58] REFUSED	KEPT	Q59	If NOT covered, and any employees have taken 3+ days of leave for family reasons or serious health condition: How many of these employees took leave to care for a military service member with a serious injury or illness because they were the service member's spouse, son, daughter, parent or next of kin?	[RANGE: 0 - Q58] REFUSED
Q60	If NOT covered, and any employees have taken 3+ days of leave for family reasons or serious health condition: How many of these employees took leave for reasons related to the deployment of a spouse, son, daughter, or parent who is a military service member?	[RANGE: 0 - Q58] REFUSED	KEPT BUT CHANGED	Q60	If NOT covered, and any employees have taken 3+ days of leave for family reasons or serious health condition: How many of these employees took leave for reasons related to the deployment of a spouse, son, daughter, or parent who is a military service member? a qualifying exigency while the employee's spouse, son, daughter, or parent was on covered active duty or call to covered active duty status? [HYPERLINK "qualifying exigency"]	[RANGE: 0 - Q58] REFUSED

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
Q61_INTRO	<u>All:</u> Now we'll list some ways that your organization may cover work when employees take leave for a week or longer, for a scheduled DAY or less, and for an unscheduled DAY or less.		KEPT	Q61_INTRO	<u>All:</u> Now we'll list some ways that your organization may cover work when employees take leave for a week or longer, for a scheduled DAY or less, and for an unscheduled DAY or less.	
Q61A	<u>All:</u> To cover work when employees take leave, do you ever...? A. Assign work temporarily to other employees?	Yes Depends No REFUSED	KEPT	Q61A	<u>All:</u> To cover work when employees take leave, do you ever...? A. Assign work temporarily to other employees?	Yes Depends No REFUSED
Q61A_A	<u>If ever assign work temporarily to other employees:</u> Do you ever assign work temporarily to other employees when employees take... A. Leave for a week or longer?	Yes No REFUSED	KEPT	Q61A_A	<u>If ever assign work temporarily to other employees:</u> Do you ever assign work temporarily to other employees when employees take... A. Leave for a week or longer?	Yes No REFUSED
Q61A_B	<u>If ever assign work temporarily to other employees:</u> Do you ever assign work temporarily to other employees when employees take... B. Scheduled leave for a day or less?	Yes No REFUSED	KEPT	Q61A_B	<u>If ever assign work temporarily to other employees:</u> Do you ever assign work temporarily to other employees when employees take... B. Scheduled leave for a day or less?	Yes No REFUSED
Q61A_C	<u>If ever assign work temporarily to other employees:</u> Do you ever assign work temporarily to other employees when employees take... C. Unscheduled leave for a day or less?	Yes No REFUSED	KEPT	Q61A_C	<u>If ever assign work temporarily to other employees:</u> Do you ever assign work temporarily to other employees when employees take... C. Unscheduled leave for a day or less?	Yes No REFUSED

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
Q61A_D	<u>If ever assign work temporarily to other employees:</u> Do you ever assign work temporarily to other employees when employees take... D. some other leave circumstance (SPECIFY)	Yes No REFUSED	KEPT	Q61A_D	<u>If ever assign work temporarily to other employees:</u> Do you ever assign work temporarily to other employees when employees take... D. some other leave circumstance (SPECIFY)	Yes No REFUSED
Q61B	<u>All:</u> To cover work when employees take leave, do you ever...? B. Hire an outside temporary replacement?	Yes Depends No REFUSED	KEPT	Q61B	<u>All:</u> To cover work when employees take leave, do you ever...? B. Hire an outside temporary replacement?	Yes Depends No REFUSED
Q61B_A	<u>If ever hire outside temporary replacement:</u> Do you ever hire an outside temporary replacment when employees take... A. Leave for a week or longer?	Yes No REFUSED	KEPT	Q61B_A	<u>If ever hire outside temporary replacement:</u> Do you ever hire an outside temporary replacment when employees take... A. Leave for a week or longer?	Yes No REFUSED
Q61B_B	<u>If ever hire outside temporary replacement:</u> Do you ever hire an outside temporary replacment when employees take... B. Scheduled leave for a day or less?	Yes No REFUSED	KEPT	Q61B_B	<u>If ever hire outside temporary replacement:</u> Do you ever hire an outside temporary replacment when employees take... B. Scheduled leave for a day or less?	Yes No REFUSED
Q61B_C	<u>If ever hire outside temporary replacement:</u> Do you ever hire an outside temporary replacment when employees take... C. Unscheduled leave for a day or less?	Yes No REFUSED	KEPT	Q61B_C	<u>If ever hire outside temporary replacement:</u> Do you ever hire an outside temporary replacment when employees take... C. Unscheduled leave for a day or less?	Yes No REFUSED
Q61B_D	<u>If ever hire outside temporary replacement:</u> Do you ever hire an outside temporary replacmeent when employees take... D. some other leave circumstance (SPECIFY)	Yes No REFUSED	KEPT	Q61B_D	<u>If ever hire outside temporary replacement:</u> Do you ever hire an outside temporary replacmeent when employees take... D. some other leave circumstance (SPECIFY)	Yes No REFUSED
Q61C	<u>All:</u> To cover work when employees take	Yes Depends	KEPT	Q61C	<u>All:</u> To cover work when employees take	Yes Depends

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
	leave, do you ever...? C. Call in an employee on vacation	No REFUSED			leave, do you ever...? C. Call in an employee on vacation	No REFUSED
Q61C_A	<u>If ever call in an employee on vacation:</u> Do you ever call in an employee on vacation when employees take... A. Leave for a week or longer?	Yes No REFUSED	KEPT	Q61C_A	<u>If ever call in an employee on vacation:</u> Do you ever call in an employee on vacation when employees take... A. Leave for a week or longer?	Yes No REFUSED
Q61C_B	<u>If ever call in an employee on vacation:</u> Do you ever call in an employee on vacation when employees take... B. Scheduled leave for a day or less?	Yes No REFUSED	KEPT	Q61C_B	<u>If ever call in an employee on vacation:</u> Do you ever call in an employee on vacation when employees take... B. Scheduled leave for a day or less?	Yes No REFUSED
Q61C_C	<u>If ever call in an employee on vacation:</u> Do you ever call in an employee on vacation when employees take... C. Unscheduled leave for a day or less?	Yes No REFUSED	KEPT	Q61C_C	<u>If ever call in an employee on vacation:</u> Do you ever call in an employee on vacation when employees take... C. Unscheduled leave for a day or less?	Yes No REFUSED
Q61C_D	<u>If ever call in an employee on vacation:</u> Do you ever call in an employee on vacation when employees take... D. some other leave circumstance (SPECIFY)	Yes No REFUSED	KEPT	Q61C_D	<u>If ever call in an employee on vacation:</u> Do you ever call in an employee on vacation when employees take... D. some other leave circumstance (SPECIFY)	Yes No REFUSED
Q61D	<u>All:</u> To cover work when employees take leave, do you ever...? D. Hire a permanent replacement?	Yes Depends No REFUSED	KEPT	Q61D	<u>All:</u> To cover work when employees take leave, do you ever...? D. Hire a permanent replacement?	Yes Depends No REFUSED
Q61D_A	<u>If ever hire a permanent replacement:</u> Do you ever hire a permanent replacement when employees take... A. Leave for a week or longer?	Yes No REFUSED	KEPT	Q61D_A	<u>If ever hire a permanent replacement:</u> Do you ever hire a permanent replacement when employees take... A. Leave for a week or longer?	Yes No REFUSED
Q61D_B	<u>If ever hire a permanent replacement:</u> Do you ever hire a permanent replacement when employees take... B. Scheduled leave for a day or less?	Yes No REFUSED	KEPT	Q61D_B	<u>If ever hire a permanent replacement:</u> Do you ever hire a permanent replacement when employees take... B. Scheduled leave for a day or less?	Yes No REFUSED
Q61D_C	<u>If ever hire a permanent replacement:</u> Do you ever hire a permanent replacement when employees take... C. Unscheduled leave for a day or less?	Yes No REFUSED	KEPT	Q61D_C	<u>If ever hire a permanent replacement:</u> Do you ever hire a permanent replacement when employees take... C. Unscheduled leave for a day or less?	Yes No REFUSED

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
Q61D_D	<u>If ever hire a permanent replacement:</u> Do you ever hire a permanent replacement when employees take... D. some other leave circumstance (SPECIFY)	Yes No REFUSED	KEPT	Q61D_D	<u>If ever hire a permanent replacement:</u> Do you ever hire a permanent replacement when employees take... D. some other leave circumstance (SPECIFY)	Yes No REFUSED
Q61E	<u>All:</u> To cover work when employees take leave, do you ever...? E. Put the work on hold until the employee returns from leave?	Yes Depends No REFUSED	KEPT	Q61E	<u>All:</u> To cover work when employees take leave, do you ever...? E. Put the work on hold until the employee returns from leave?	Yes Depends No REFUSED
Q61E_A	<u>If ever put work on hold until the employee returns:</u> Do you ever put the work on hold until the employee returns when employees take... A. Leave for a week or longer?	Yes No REFUSED	KEPT	Q61E_A	<u>If ever put work on hold until the employee returns:</u> Do you ever put the work on hold until the employee returns when employees take... A. Leave for a week or longer?	Yes No REFUSED
Q61E_B	<u>If ever put work on hold until the employee returns:</u> Do you ever put the work on hold until the employee returns when employees take... B. Scheduled leave for a day or less?	Yes No REFUSED	KEPT	Q61E_B	<u>If ever put work on hold until the employee returns:</u> Do you ever put the work on hold until the employee returns when employees take... B. Scheduled leave for a day or less?	Yes No REFUSED
Q61E_C	<u>If ever put work on hold until the employee returns:</u> Do you ever put the work on hold until the employee returns when employees take... C. Unscheduled leave for a day or less?	Yes No REFUSED	KEPT	Q61E_C	<u>If ever put work on hold until the employee returns:</u> Do you ever put the work on hold until the employee returns when employees take... C. Unscheduled leave for a day or less?	Yes No REFUSED
Q61E_D	<u>If ever put work on hold until the employee returns:</u> Do you ever put the work on hold until the employee returns when employees take... D. some other leave circumstance (SPECIFY)	Yes No REFUSED	KEPT	Q61E_D	<u>If ever put work on hold until the employee returns:</u> Do you ever put the work on hold until the employee returns when employees take... D. some other leave circumstance (SPECIFY)	Yes No REFUSED

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
Q61F	<u>All:</u> To cover work when employees take leave, do you ever...? F. Have the employee perform some work while on leave?	Yes Depends No REFUSED	KEPT	Q61F	<u>All:</u> To cover work when employees take leave, do you ever...? F. Have the employee perform some work while on leave?	Yes Depends No REFUSED
Q61F_A	<u>If ever have the employee perform some work while on leave:</u> Do you ever have the employee perform some work while on leave when employees take... A. Leave for a week or longer?	Yes No REFUSED	KEPT	Q61F_A	<u>If ever have the employee perform some work while on leave:</u> Do you ever have the employee perform some work while on leave when employees take... A. Leave for a week or longer?	Yes No REFUSED
Q61F_B	<u>If ever have the employee perform some work while on leave:</u> Do you ever have the employee perform some work while on leave when employees take... B. Scheduled leave for a day or less?	Yes No REFUSED	KEPT	Q61F_B	<u>If ever have the employee perform some work while on leave:</u> Do you ever have the employee perform some work while on leave when employees take... B. Scheduled leave for a day or less?	Yes No REFUSED
Q61F_C	<u>If ever have the employee perform some work while on leave:</u> Do you ever have the employee perform some work while on leave when employees take... C. Unscheduled leave for a day or less?	Yes No REFUSED	KEPT	Q61F_C	<u>If ever have the employee perform some work while on leave:</u> Do you ever have the employee perform some work while on leave when employees take... C. Unscheduled leave for a day or less?	Yes No REFUSED
Q61F_D	<u>If ever have the employee perform some work while on leave:</u> Do you ever have the employee perform some work while on leave when employees take... D. some other leave circumstance (SPECIFY)	Yes No REFUSED	KEPT	Q61F_D	<u>If ever have the employee perform some work while on leave:</u> Do you ever have the employee perform some work while on leave when employees take... D. some other leave circumstance (SPECIFY)	Yes No REFUSED
Q61G	<u>All:</u> To cover work when employees take leave, do you ever...? G. Cover work some other way? (SPECIFY)	Yes Depends No REFUSED	KEPT	Q61G	<u>All:</u> To cover work when employees take leave, do you ever...? G. Cover work some other way? (SPECIFY)	Yes Depends No REFUSED

APPENDIX C. REVISION MATRICES

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
Q61G_A	<u>If ever cover work some other way:</u> Do you ever cover work some other way when employees take... A. Leave for a week or longer?	Yes No REFUSED	KEPT	Q61G_A	<u>If ever cover work some other way:</u> Do you ever cover work some other way when employees take... A. Leave for a week or longer?	Yes No REFUSED
Q61G_B	<u>If ever cover work some other way:</u> Do you ever cover work some other way when employees take... B. Scheduled leave for a day or less?	Yes No REFUSED	KEPT	Q61G_B	<u>If ever cover work some other way:</u> Do you ever cover work some other way when employees take... B. Scheduled leave for a day or less?	Yes No REFUSED
Q61G_C	<u>If ever cover work some other way:</u> Do you ever cover work some other way when employees take... C. Unscheduled leave for a day or less?	Yes No REFUSED	KEPT	Q61G_C	<u>If ever cover work some other way:</u> Do you ever cover work some other way when employees take... C. Unscheduled leave for a day or less?	Yes No REFUSED
Q61G_D	<u>If ever cover work some other way:</u> Do you ever cover work some other way when employees take... D. some other leave circumstance (SPECIFY)	Yes No REFUSED	KEPT	Q61G_D	<u>If ever cover work some other way:</u> Do you ever cover work some other way when employees take... D. some other leave circumstance (SPECIFY)	Yes No REFUSED
Q61bX	Which of these ways does your organization use MOST FREQUENTLY to cover work when employees take leave for a WEEK or longer?	[DISPLAY WAYS TO COVER LEAVE FROM Q61X, THAT ARE USED WHEN EMPLOYEE TAKES LEAVE FOR A WEEK OR LONGER (WHERE Q61aA=1). IF Q61aA=1 FOR ONLY ONE WAY FROM Q61X, THEN AUTOPUNCH AND GO TO Q67.]	KEPT	Q61bX	Which of these ways does your organization use MOST FREQUENTLY to cover work when employees take leave for a WEEK or longer?	[DISPLAY WAYS TO COVER LEAVE FROM Q61X, THAT ARE USED WHEN EMPLOYEE TAKES LEAVE FOR A WEEK OR LONGER (WHERE Q61aA=1). IF Q61aA=1 FOR ONLY ONE WAY FROM Q61X, THEN AUTOPUNCH AND GO TO Q67.]
Q67	<u>All:</u> How easy or difficult is it for your company to deal with the following types of leaves?		KEPT WITH MINOR CHANGE	Q67	<u>All:</u> How easy or difficult is it for your company to deal with <u>each of</u> the following types of leaves?	
Q67_A	A. Planned long term leave for a family or medical reason	Very easy Somewhat easy Somewhat difficult	KEPT	Q67_A	A. Planned long term leave for a family or medical reason	Very easy Somewhat easy Somewhat difficult

APPENDIX C. REVISION MATRICES

2012 Question Number, in Original Order	2012 Question Text	2012 Response Categories	Disposition	2018 Question Number	2018 Question Text	2018 Response Categories
		Very difficult REFUSED				Very difficult REFUSED
Q67_B	B. Planned short term leave	Very easy Somewhat easy Somewhat difficult Very difficult REFUSED	KEPT	Q67_B	B. Planned short term leave	Very easy Somewhat easy Somewhat difficult Very difficult REFUSED
Q67_C	C. Planned episodic or intermittent leave	Very easy Somewhat easy Somewhat difficult Very difficult REFUSED	KEPT BUT CHANGED	Q67_C	C. Planned episodic or intermittent leave [HYPERLINK " episodic intermittent leave"]	Very easy Somewhat easy Somewhat difficult Very difficult REFUSED
Q67_D	D. Unplanned episodic or intermittent leave	Very easy Somewhat easy Somewhat difficult Very difficult REFUSED	KEPT BUT CHANGED	Q67_D	D. Unplanned episodic or intermittent leave [HYPERLINK " episodic intermittent leave"]	Very easy Somewhat easy Somewhat difficult Very difficult REFUSED
Q67_E	E. Unscheduled leave of any duration	Very easy Somewhat easy Somewhat difficult Very difficult REFUSED	KEPT WITH MINOR CHANGE	Q67_E	E. Unscheduled leave for of any duration	Very easy Somewhat easy Somewhat difficult Very difficult REFUSED
Q68	<u>All:</u> Do you have specific computer software or a person in human resources that tracks use of family and medical leave?	Computer software Designated person in human resources Both computer software and designated HR person Other method of tracking FMLA leave, please specify: [HYPERLINK "FMLA"] Do not track family and medical leave REFUSED	KEPT WITH MINOR CHANGE	Q68	<u>All:</u> Do you have a specific computer software or a person in h Human r Resources that tracks use of family and medical leave?	Computer software Designated person in h Human r Resources Both computer software and designated HR person Other method of tracking FMLA leave, please specify: [HYPERLINK "FMLA"] Do not track family and medical leave REFUSED

Appendix D. NRFU Employee Survey Materials

D.1 NRFU Survey Invitation Letter

[DEPARTMENT OF LABOR - CEO LETTERHEAD]

< hrname>

< hradd> < hrapt>

< hrcity>, < hrstate> < hrzip>

[DATE]

Dear < hrFname>,

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' views 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 Abt Associates, a private research firm in Bethesda, Maryland. An Abt telephone interviewer will call you regarding your participation. **Participants will receive \$40 as a token of appreciation, upon qualification and completion of the survey.** Participation is voluntary, and Abt is required to protect the privacy of all information collected, including the identity of respondents. In addition, the data provided by Abt Associates to the Department will not contain any information that would identify you. There are many procedures in place to reduce the minimal potential risk in loss of privacy in this study.

The interview will last about 10 minutes although some may be shorter depending on your circumstances. If an interviewer calls at an inconvenient time, he or she will be glad to call back at a more convenient time. Alternatively, you may call Abt Associates' phone centers directly at the following toll-free number **1-866-296-9644**. Give the operator reference number **30577x** and participant code (**qkey**). 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 1290-0015 and the expiration date is 2/28/2021. 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 privacy concerns, please contact Abt Associates at 1-866-296-9644.

Sincerely,

Christina Yancey
Acting Chief Evaluation Officer

According to the Paperwork Reduction Act (PRA), no persons are required to respond to a collection of information unless such collection displays an Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 1290-0015. The time required to complete this collection of information is estimated to average 10 minutes, including the time to review instructions, gather the data needed and complete and review the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Christina Yancey at 202-693-5910 or Yancey.Christina.L@DOL.gov and reference the OMB Control Number 1290-0015.

D.2 *NRFU Survey Questionnaire*

**2018 FAMILY AND MEDICAL LEAVE EMPLOYEE SURVEY
Nonresponse Follow-up (NRFU) Survey (CATI Version)**

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. “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.”

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 S2 = 3]

UP1. Is that a landline or cell phone?

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

INTRO2. Hello, my name is [INTERVIEWER] and I'm calling on behalf of the U.S. Department of Labor. We are conducting a national study to find out about employees' use of, and attitudes about, family and medical leave policies in their workplace.

If you are now driving a car or doing any activity requiring your full attention, I need to call you back later.

- 1 AVAILABLE/NOT DRIVING [GO TO S3]
- 2 NOT AVAILABLE/CURRENTLY DRIVING (CALLBACK – SAME NUMBER)
[SCHEDULE CALLBACK]
- 3 ALTERNATE NUMBER PROVIDED (CALLBACK – NEW NUMBER) [UPDATE NUMBER, GO TO UP2]
- 8 DK (VOL) [GO TO THANK02] [SOFT REFUSAL]
- 9 REF (VOL) [GO TO THANK02] [SOFT REFUSAL]

[CATI: Ask UP2 if INTRO2=3]

UP2. Is that a landline or cell phone?

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

S3. Are you at least 18 years old?

- 1 YES [GO TO S4]
- 2 NO [GO TO THANK01]
- 8 DK (VOL) [GO TO THANK01] [SOFT REFUSAL]
- 9 REF (VOL) [GO TO THANK01] [SOFT REFUSAL]

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

We estimate this survey will take about 5 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.

[IF FRAME=1 GO TO S7]

S5. How many adults age 18 or over live in your household? _____

[RANGE1-11, 99 DK/REF SOFT REFUSAL]

(PROGRAMMER: The recall period needs to be the 12 months prior to when we spoke with the R the first time. LDATE is the last contact date. Use that month, and go back 12 months, so the recall period is the Contact month 2017 through Contact Month 2018. i.e. if LDATE= APRIL 2, 2018, the recall period will be April 2017-April 2018.)

APPENDIX D. NRFU EMPLOYEE SURVEY MATERIALS

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)	TAKEN LEAVE IN LAST 12 MONTHS	NEEDED BUT DID NOT TAKE LEAVE IN LAST 12 MONTHS	FMLAFLG A1 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)	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
(ASK S9_MAIN IF S9b=1)

S9_MAIN. You said that you had more than one job. Throughout the rest of the survey, we will ask you questions about your “main” job. By “main” job, I mean the one where you usually worked the most hours. Or, if you worked the same hours at more than one job, then I mean the job where you had worked the longest.

DID RESPONDENT WORK TWO JOBS EQUAL HOURS AND EQUAL LENGTH?

- 1 YES GO TO S9B_A
- 2 NO SKIP TO S10

S9B_A Please give me names of both jobs and I will select one for the purposes of the survey.

S9B_A _____

S9b_B _____

[CATI, randomly select one job from S9b_A and S9B_B 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]

(PROGRAMMER: The recall period needs to be the 12 months prior to when we spoke with the R the first time. LDATE is the last contact date. Use that month, and go back 12 months, so the recall period is the Contact month 2017- Contact Month 2018. i.e. if LDATE= APRIL 2, 2018, the recall period will be April 2017-April 2018.)

S11. Between [LAST INTERVIEW DATE (LDATE)-12 MONTHS] and [LAST INTERVIEW DATE (LDATE)] 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)

S12. Between [LAST INTERVIEW DATE (LDATE)-12 MONTHS] and [LAST INTERVIEW DATE (LDATE)] did you NEED 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)

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)**

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)

T2 [S] (T1=1 or FRAME=1)

How many working cell phones do YOU personally have?

- 1. 0
- 2. 1
- 3. 2
- 4. 3
- 5. 4
- 6. 5
- 7. 6 or more
- 9. DK/REF

[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)

T5 [S] (T4=2 or FRAME=0)

How many different residential phone NUMBERS do you have coming into your household, not including lines dedicated to a fax machine, modem, or used strictly for business purposes? Do not include cellular phone numbers.

1. 0
2. 1
3. 2
4. 3
5. 4
6. 5
7. 6 or more
9. DK/REF

**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

INTRO_OMB

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. You can skip any questions you don't want to answer. The survey should take between 5 and 10 minutes to complete, depending on your answers.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays an Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 1290-0015 and it expires on 2/28/2021. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to, Christina Yancey at 202-693-5910 or Yancey.Christina.L@DOL.gov and reference the OMB Control Number 1290-0015.

- 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 between [LAST INTERVIEW DATE (LDATE)-12 MONTHS] and [LAST INTERVIEW DATE (LDATE)]??

[RANGE: 1-100]

DK (VOL) 888

REF (VOL) 999

[IF A4=1, CONFIRM: "So, that's just one leave between [LAST INTERVIEW DATE (LDATE)-12 MONTHS] and [LAST INTERVIEW DATE (LDATE)]?"]

[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 between [LAST INTERVIEW DATE (LDATE)-12 MONTHS] and [LAST INTERVIEW DATE (LDATE)].

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

- 1 OWN ILLNESS, DISABILITY OR OTHER SERIOUS HEALTH CONDITION, EXCEPT PREGNANCY-RELATED HEALTH REASON
[GO TO A10]
- 2 FOR PREGNANCY-RELATED HEALTH REASON PRIOR TO DELIVERY
[GO TO A10]
- 3 FOR PREGNANCY-RELATED HEALTH REASONS AND TO CARE FOR A 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 MEMBER [GO TO A14]
- 98 DK (VOL) [GO TO A10]
- 99 REF (VOL) [GO TO A10]

[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 NEEDER OR A1=2/8/9, BEGIN AT SECTION B, ELSE
Go To E2]**

SECTION B – LEAVE NEEDERS

B4. How many different times did you need leave but not take it, between [LAST INTERVIEW DATE (LDATE)-12 MONTHS] and [LAST INTERVIEW DATE (LDATE)]?

[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 between [LAST INTERVIEW DATE (LDATE)-12 MONTHS] and [LAST INTERVIEW DATE (LDATE)], 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 E2]
- 4 [IF (QS8=2):] MISCARRIAGE [GO TO E2]
- 5 TO CARE FOR NEWBORN [GO TO E2]
- 6 TO CARE FOR NEWLY ADOPTED OR NEWLY PLACED FOSTER CHILD [GO TO E0a]
- 7 TO BOND WITH NEWBORN [GO TO E2]
- 8 TO BOND WITH NEWLY ADOPTED CHILD [GO TO E2]
- 9 TO BOND WITH NEWLY PLACED FOSTER CHILD [GO TO E2]
- 10 CHILD’S HEALTH CONDITION [GO TO B11]
- 11 SPOUSE’S HEALTH CONDITION [GO TO B11]
- 12 PARENT’S HEALTH CONDITION [GO TO B11]
- 13 OTHER RELATIVE’S HEALTH CONDITION [GO TO B11]
- 14 OTHER NON-RELATIVE’S HEALTH CONDITION [GO TO B911]
- 15 DOMESTIC PARTNER’S HEALTH CONDITION [GO TO B11]
- 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 B11]
- 98 DK (VOL) [GO TO B11]
- 99 REF (VOL) [GO TO B11]

[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 E2

SECTION E – EMPLOYMENT (ALL RESPONDENTS)

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]

- f. Your own illness or medical care?
- g. The illness or medical care of another family member?
- h. Routine childcare, other than for illness (IF NECESSARY: snow days, school institute dates, or events at school)?
- i. 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.
- j. 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)

ASK D SECTION TO ALL RESPONDENTS**SECTION D – DEMOGRAPHICS (ALL RESPONDENTS)**

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

- 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]

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

1 YES
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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays an Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is XXXX-XXXX. The time required to complete this collection of information is estimated to average 10 minutes, including the time to review instructions, gather the data needed and complete and review the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Christina Yancey at 202-693-5910 or Yancey.Christina.L@DOL.gov and reference the OMB Control Number XXXX-XXXX.

Study Information

Project Title: Family and Medical Leave Act Survey (WEB VERSION)

Sample Variables

- KP standard demographics
- Xspanish: 1=English 2=Spanish
- Xacslang: 1=English Dominant, 2=Bilingual, 3=Spanish Dominant, 4=Hispanic missing data, 5=Non-Hispanic
- Xppracem: 1=White, 2=AA, 3=American Indian/Alaskan Native, 4=Asian, 5=Native American/Pacific Islander, 6=2+ Races, 9=Missing
- Xhispan: 1=No, I am not, 2=Yes, Mexican, Mexican-American, Chicano, 3=Puerto Rican, 4=Yes, Cuban, 8=Yes, Other Spanish.Hispanic.Latino
- NRFU = 1 Non-contact Sample (Non-contact sample = NRFU respondent who did not previously complete interview screener.)
- NRFU = 2 Non-cooperative Sample (Non-cooperative sample = NRFU respondents who previously completed the screener, but not the extended interview.)

Quota Description

300 completes

Subsample at 20% subsample rate

XX EE, XX Takers/Needers

Standard Question Type Descriptions

Standard question types include:

- *S = Single Select: Allows respondents to select one answer in a list of options.*
- *M = Multi-select: Allows respondents to select multiple answers from a list of options.*
- *DD = Dropdown Menu: Allows respondents to select one answer from a drop-down menu of options.*
- *Grid (including options for banked or accordion grids)*
- *S (Optional: Banked/Accordion) Grid: Allows respondents to select one answer in a 2-dimensional grid layout.*
- *M (Optional: Banked/Accordion) Grid: Allows respondents to select multiple answers in a 2-dimensional grid layout.*

- *N = Number: Allows respondents to enter a numeric response in an open-ended answer field (specify valid range or number of digits, e.g., up to three digits for age, five numbers for zip code)*
- *T = Text: Allows respondents to enter a text response in an open-ended answer field (specify size as Small, Medium, Large or a specific number of characters, e.g., two letters for U.S. state)*
- *DISP = Display/Descriptive Content: Displays text and/or multimedia elements to respondents without requiring interaction.*
- *RT = Ratings Thermometer: Allows respondents to select a numeric value (usually 0-100 on a visual scale resembling a thermometer)*
- *RS = Ratings Slider: Allows respondents to select a numeric value (usually 0-100 on a horizontal visual scale with the endpoints labelled)*

Main Questionnaire (including screener, if applicable)

SET VALUE BASED ON ELIGIBILITY LOGIC COLUMN FROM QUOTA DEFINITION

5. FMLA Leave Takers (Paid)
6. FMLA Leave Needers (Paid)
7. Dual (Paid)
8. Employed Only (Paid)
9. FMLA Leave Takers (NON Paid)
10. FMLA Leave Needers (NON Paid)
11. Dual (NON Paid)
12. Employed Only (NON Paid)

DATA ONLY VARIABLE: QUOTA_ASSIGN [S]

SET VALUE BASED ON ELIGIBILITY LOGIC COLUMN FROM QUOTA DEFINITION

5. FMLA Leave Takers (Paid)
6. FMLA Leave Needers (Paid)
7. Dual (Paid)
8. Employed Only (Paid) **AND QUOTA NOT MET and intake 20% of eligible cases from vQUOTA_ELIGIBLE**
9. FMLA Leave Takers (NON Paid)
10. FMLA Leave Needers (NON Paid)
11. Dual (NON Paid)
12. Employed Only (NON Paid) **AND QUOTA NOT MET and intake 20% of eligible cases from vQUOTA_ELIGIBLE**

IF QUOTA_ELIGIBLE AND QUOTA_ASSIGN MISSING, TERM AND INSERT STANDARD CLOSE.

Programming Notes:

- *Code all refusals as -1.*
- *Use default instruction text for each question type unless otherwise specified.*
- *Do not prompt on all questions.*

Screener Section

Base: all respondents

[PPSTATEN]

[PPREG4]

QSTATE [S]

In what state do you live?

63. Alabama

94. Alaska

86. Arizona

71. Arkansas

93. California

84. Colorado

16. Connecticut

51. Delaware

53. District of Columbia

59. Florida

58. Georgia

95. Hawaii

82. Idaho

33. Illinois

32. Indiana

42. Iowa

- 47. Kansas
- 61. Kentucky
- 72. Louisiana
- 11. Maine
- 52. Maryland
- 14. Massachusetts
- 34. Michigan
- 41. Minnesota
- 64. Mississippi
- 43. Missouri
- 81. Montana
- 46. Nebraska
- 88. Nevada
- 12. New Hampshire
- 22. New Jersey
- 85. New Mexico
- 21. New York
- 56. North Carolina
- 44. North Dakota
- 31. Ohio
- 73. Oklahoma
- 92. Oregon
- 23. Pennsylvania
- 15. Rhode Island
- 57. South Carolina
- 45. South Dakota
- 62. Tennessee

74. Texas
 87. Utah
 13. Vermont
 54. Virginia
 91. Washington
 55. West Virginia
 35. Wisconsin
 83. Wyoming

SCRIPTER: Assign numeric codes per list above, but show full state name in alphabetic order in programmed survey. Show as drop down of all states and Washington DC.

- *Create data-only variables.*

Variable name: PPREG4

Type: SP

Variable Text: Region 4 – based on State of residence

Response list:

1. Northeast
2. Midwest
3. South
4. West

PPSTATEN	PPREG4
11-23	1
31-47	2
51-74	3
81-95	4

Base: all respondents**[PPMSACAT]****QZIP [Q][PROMPT]**

What is the ZIP Code where you live?

SCRIPTER: min.=00000, max.=99999; require a 5-digit response.

Variable name: QZIP

Type: SP

[USE CROSSWALK TABLE BASED ON ZIP_LEVEL_TABLE. XLSX]**Base: All respondents****INTRO [DISP]**

This survey is being conducted on behalf of the U.S. Department of Labor. This is a national study to find out about employees' use of, and attitudes about, family and medical leave policies in their workplace. Results from this study will be used to assess the impact of family and medical leave policies on employees.

- *Scripter: show "Next" button*

Base: All respondents**S8b [S; PROMPT ONCE]**

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

Base: All respondents**S9 [S; PROMPT ONCE]**

Have you worked for pay or profit at any time in the last 12 months?

1. Yes
2. No

- *IF S9=2 OR REFUSED, QFLAG=2 AND SKIP TO THANK02*

Base: All respondents**S9b [S; PROMPT ONCE]**

In [INSERT CURRENT MONTH AND PREVIOUS YEAR], 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?

1. Yes, I had more than one job at the time.
2. No, I had only one job at the time.
3. No, I did not have a job at the time.

Base: S9b=1**S9_MAIN [S; PROMPT ONCE]**

You mentioned that you had more than one job.

Throughout the rest of the survey, we will ask you questions about your “main” job. By “main” job we mean the one where you usually worked the most hours. Or, if you worked the same hours at more than one job, then we mean the job where you had worked the longest.

In [INSERT CURRENT MONTH AND PREVIOUS YEAR], did you work the same hours at more than one job, and had you worked at both jobs the same length of time?

1. Yes
2. No

Base: S9_MAIN=1**S9B_A-B [T_medium][PROMPT]**

In order to randomly choose one of these two jobs as your “main” job for the purposes of this survey, please provide the names of both jobs below.

S9B_A _____ Job 1
S9B_B _____ Job 2

- *Scripter: Create DOV_JOB, AND RANDOMLY ASSIGN HALF OF THE SAMPLE TO 1 OR 2*
- *S9B_A, DOV_JOB=1 (Job A)*
- *S9B_b, DOV_JOB=2 (Job B)*

Base: S9_MAIN=1**DISPLAY2**

[IF S9B_A-B NE REFUSED SHOW:] For the purposes of the survey, we have selected [INSERT: DOV_JOB= 1 OR 2] as your “main” job.

[IF S9B_A-B REFUSED SHOW:] For the purposes of the survey, please think about your “main” job.

Base: S9B=1 and S9_MAIN=2

DISPLAY3

As a reminder, throughout the rest of the survey, we will ask you questions about your “main” job. By “main” job we mean the one where you usually worked the most hours. Or, if you worked the same hours at more than one job, then we mean the job where you had worked the longest.

Base: All respondents

S10 [S; PROMPT ONCE]

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 S9b = 1: Please think about your main job.]

1. Government
2. Private company
3. Non-profit organization
4. Self-employed

- IF S10=4 OR REFUSED, QFLAG=2 AND SKIP TO THANK02

Base: All respondents

S11 [S; PROMPT ONCE]

In the LAST 12 MONTHS, that is, since [INSERT CURRENT MONTH AND PREVIOUS YEAR] have you taken leave from work for ANY of the following reasons:

- to care for a newborn, newly adopted or new foster child; (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 PPGENDER=2: 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?

Since [INSERT CURRENT MONTH AND PREVIOUS YEAR] have you taken leave from work for any of these reasons?

1. Yes
2. No

Scripter: in second bullet point, create hover over for “serious health condition” showing the following text:

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.

Base: All respondents

S12 [S; PROMPT ONCE]

In the LAST 12 MONTHS have you NEEDED to take leave from work but DID NOT, for ANY of these same reasons?

- to care for a newborn, newly adopted or new foster child; (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 PPGENDER=2FEMALE: 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?

Since [INSERT CURRENT MONTH AND PREVIOUS YEAR], have you needed to take leave from work but did NOT for any of these reasons?

1. Yes
2. No

SCRIPTER: CREATE DOV_FMLA (MP)

IF S11=1, DOV_FMLA=1 (Leave taker)

IF S12=1, DOV_FMLA=2 (Leave needer)

IF (S11=2 AND S12=2) OR (S11=2 AND QS12=REFUSED) OR (S11=REFUSED AND QS12=2), DOV_FMLA=3 (Employed only)

Else, DOV_FMLA=0 (INELIGIBLE)

IF S11=2 and S12=2, subsample EMPLOYED ONLY at XX%.

ADD HERE: INCENTIVE INFORMATION

TERMINATIONS:

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

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

Telephone Usage**Base: All respondents****SECTION T INTRO**

We have a few questions about telephone use in your household. Your responses will be used for statistical purposes to make sure that all households in the country are represented in this study.

Base: All respondents**T2 [S]**

How many working cell phones do YOU personally have?

1. 0
2. 1
3. 2
4. 3
5. 4
6. 5
7. 6 or more

Base: T2>1 (1 or more working cell phones)**T4 [S]**

Do you have a regular landline telephone at home?

1. Cell phone is only phone
2. Have a landline telephone at home

Base: T2=1 (0 working cell phones)**T4a [S]**

Do you have a regular landline telephone at home?

2. Have a landline telephone at home
3. Don't have a landline telephone at home

Base: IF T4=2**T5 [S]**

How many different residential phone NUMBERS do you have coming into your household, not including lines dedicated to a fax machine, modem, or used strictly for business purposes? Do not include cellular phones.

1. 0
2. 1
3. 2
4. 3
5. 4
6. 5
7. 6 or more

Base: IF T4=2 AND T2=1 or MORE**T6 [S]**

Of all the telephone calls that you receive, are they:

1. All or almost all calls received on cell phones
2. Some received on cell phones and some on regular phones
3. Very few or none on cell phones

Leave Takers**Base: IF (FMLA=1) or (FMLA=1 AND 2)****INTRO_OMB**

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. You can skip any questions you don't want to answer. The survey should take about 5 minutes to complete, depending on your answers.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays an Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 1290-0015 and it expires on 2/28/2021. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to, Christina Yancey at 202-693-5910 or Yancey.Christina.L@DOL.gov and reference the OMB Control Number 1290-0015.

Base: FMLA=1**A4 [N][PROMPT]**

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.

For how many TOTAL reasons or conditions did you take leave from work since [INSERT CURRENT MONTH AND PREVIOUS YEAR]?

_____ [RANGE 1-100]

Base: FMLA=1**A5 [S][PROMPT]**

[IF A4 >1:] Let's begin by talking about the MOST RECENT time that you took leave from work since [INSERT CURRENT MONTH AND PREVIOUS YEAR].

What was the main reason you took this leave from work?

1. Own illness, disability or other serious health condition, except pregnancy-related health reason [go to qa10]
2. [IF PPGENDER=2]For pregnancy-related health reason prior to delivery [go to qa10]
3. [IF PPGENDER=2]For pregnancy-related health reasons and to care for a newborn [go to qa14]
4. [IF PPGENDER=2] Miscarriage [go to qa14]
5. To care for newborn [go to qa14]
6. To care for newly adopted child [go to qa14]
7. To care for newly placed foster child [go to qa14]
8. To bond with newborn [go to qa14]
9. To bond with newly adopted child [go to qa14]
10. To bond with newly placed foster child [go to qa14]
11. Child's health condition [go to qa10]
12. Spouse's health condition [go to qa10]
13. Parent's health condition [go to qa10]

- | | |
|--|--------------|
| 14. Other relative's health condition | [go to qa10] |
| 15. Other non-relative's health condition | [go to qa10] |
| 16. Domestic partner's health condition | [go to qa10] |
| 17. To address issues arising from the deployment of a
military family member | [go to qa14] |

- *Scripter: in items 5, 6, 7 create hover over for "care" showing the following text:*
-
- *To care for a child who has a serious medical condition*
-
- *Scripter: in items 8, 9, 10 create hover over for "bond" showing the following text:*
-
- *To bond with a child within the first 12 months after birth or adoption*
-

Base: FMLA=1 AND A5 1 2, 11 16

A10 [S]

What was the nature of the health condition for which you took this leave? Was it:

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 (Please specify) **[text box]**

- *Scripter: in item 4 create hover over for "serious health condition" showing the following text:*
- *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.*

Base: FMLA=1**A14 [S]**

Did you take this time off continuously -- that is, all in a row without returning to work-- or did you take leave on separate occasions?

1. One continuous block of time
2. Separate Occasions

Base: FMLA=1**A59 [S]**

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
2. New employer
3. Did not return to work

Leave Needers**Base: IF FMLA=2 (Leave Needers) AND NOT FMLA=1****INTRO_OMB_2**

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. The survey should take about 5 minutes to complete, depending on your answers.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays an Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 1290-0015 and it expires on 2/28/2021. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to, Christina Yancey at 202-693-5910 or Yancey.Christina.L@DOL.gov and reference the OMB Control Number 1290-0015.

Base: IF FMLA=2 (Leave Needers)**B4 [N]**

How many different times did you need leave but not take it, since **[INSERT CURRENT MONTH AND PREVIOUS YEAR]**?

_____ [RANGE 1-100]

Base: FMLA=2**B6 [S][PROMPT]**

Thinking of the **[IF B4>1:most recent]** reason you needed leave since **[INSERT CURRENT MONTH AND PREVIOUS YEAR]**, what was the main reason for which you needed to take leave from work?

1. Own illness, disability or other serious health condition, except pregnancy-related health reason [GO TO QB11]
2. **[IF PPGENDER=2]**For pregnancy-related health reason prior to delivery [GO TO QB11]
3. **[IF PPGENDER=2]**For pregnancy-related health reasons **and** to care for a newborn [GO TO QE2]
4. **[IF PPGENDER=2]** Miscarriage [GO TO QE2]
5. To care for newborn [GO TO QE2]
6. To care for newly adopted child [GO TO QE2]
7. To care for newly placed foster child [GO TO QE2]
8. To bond with newborn [GO TO QE2]
9. To bond with newly adopted child [GO TO QE2]
10. To bond with newly placed foster child [GO TO QE2]
11. Child's health condition [GO TO QB11]
12. Spouse's health condition [GO TO QB11]
13. Parent's health condition [GO TO QB11]

14. Other relative's health condition [GO TO QB11]
 15. Other non-relative's health condition [GO TO QB11]
 16. Domestic partner's health condition [GO TO QB11]
 17. To address issues arising from the deployment of a military family member [GO TO QB11]

- *Scripter: in items 5, 6, 7 create hover over for "care" showing the following text:*
-
- *To care for a child who has a serious medical condition*
-
- *Scripter: in items 8, 9, 10 create hover over for "bond" showing the following text:*
-
- *To bond with a child within the first 12 months after birth or adoption*
-

Base: FMLA=2 AND B6 1 2, 11 16

B11 [S]

What was the nature of the health condition for which you needed to take this leave? Was it:

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 (Please specify) **[text box]**

- *Scripter: in item 4 create hover over for "serious health condition" showing the following text:*
- *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.*

GO TO E2

Employed Only**Base: IF FMLA=3 (Employed Only)****INTRO_OMB_C**

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. The survey should take about 5 minutes to complete, depending on your answers.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays an Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 1290-0015 and it expires on 2/28/2021. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to, Christina Yancey at 202-693-5910 or Yancey.Christina.L@DOL.gov and reference the OMB Control Number 1290-0015.

Employment**Base: All respondents****E2 [S]**

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

- 1 Yes
- 2 No

Base: All respondents**E8 [[S across each line of grid; accordion grid]**

Below is a list of reasons why you might have to miss work. For each please indicate whether or not you can take *paid* leave from your current job for:

- *Statements in row (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 (e.g.: 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?

- *Answers in column:*

1. Yes
2. No/Benefit not offered by employer
3. Depends on circumstances
4. Not currently employed (SKIP TO DEMO_DISPLAY)

Demographics

Base: All qualified respondents

DEMO_DISPLAY

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

Base: All qualified respondents

D4 [S]

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.

\$ _____
[RANGE 0.00 – 9,999,999.99]

Base: D4 does not equal 0.00 9,999,999.99

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

- 1 Yes
- 2 No

Base: All respondents

D7 [N]

How many children under 18 years old are in your care?

_____ [RANGE 0-7]

Base: All qualified respondents

D10 [S]

Are you currently

1. Married,
2. Living with a partner,
3. Separated,
4. Divorced,
5. Widowed, or
6. Never married

Base: All respondents

END3

Thank you very much for your time. If you have any questions or would like further information about this study, you can call Stan Hsieh at (1- 646-486-8406) during normal business hours.

SCRIPTER: CREATE DOV_CLASSIFICATION

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

Appendix E. Employer Survey Response Option Experiment, Detailed Findings

E.1 Summary

Variable	N	Pr > F	Question	SAMP1=1	SAMP1=2	Rank	FDR cutoff	Significant?
q27	1546	0.0059	How many FMLA leave applications were denied [from [INSERT 12-MONTH REFERENCE PERIOD]] for ANY reason?	1 All, 2 Most (half or more), 3 Some (less than half), 4 None, 9 REF	1 All, 2 Half or more, 3 Less than half, 4 None, 9 REF	1	0.003333333	Yes
q11_b	2206	0.0084	How many employees are provided with paid disability leave?	1 All, 2 Most (half or more), 3 Some (less than half), 4 None, 9 REF	1 All, 2 Half or more, 3 Less than half, 4 None, 9 REF	2	0.006666667	Yes
q11_g	2206	0.0086	How many employees are provided with paid leave for eldercare?	1 All, 2 Most (half or more), 3 Some (less than half), 4 None, 9 REF	1 All, 2 Half or more, 3 Less than half, 4 None, 9 REF	3	0.01	Yes
q11_e	2206	0.0181	How many employees are provided with paid paternity leave?	1 All, 2 Most (half or more), 3 Some (less than half), 4 None, 9 REF	1 All, 2 Half or more, 3 Less than half, 4 None, 9 REF	4	0.013333333	No
q11_f	2206	0.0358	How many employees are provided with paid leave for another family member's illness or medical care?	1 All, 2 Most (half or more), 3 Some (less than half), 4 None, 9 REF	1 All, 2 Half or more, 3 Less than half, 4 None, 9 REF	5	0.016666667	No
q14a	1937	0.0455	How many of your hourly workers earn an hourly wage below \$15.00 per hour?	1 All, 2 Most (half or more), 3 Some (less than half), 4 None, 9 REF	1 All, 2 Half or more, 3 Less than half, 4 None, 9 REF	6	0.02	No
q11_h	2206	0.0656	How many employees are provided with flex time?	1 All, 2 Most (half or more), 3 Some (less than half), 4 None, 9 REF	1 All, 2 Half or more, 3 Less than half, 4 None, 9 REF	7	0.023333333	No
q11_i	2206	0.1077	How many employees are provided with other paid time off, excluding paid holidays?	1 All, 2 Most (half or more), 3 Some (less than half), 4 None, 9 REF	1 All, 2 Half or more, 3 Less than half, 4 None, 9 REF	8	0.026666667	No
q11_c	2206	0.1196	How many employees are provided with paid vacation?	1 All, 2 Most (half or more), 3 Some (less than half), 4 None, 9 REF	1 All, 2 Half or more, 3 Less than half, 4 None, 9 REF	9	0.03	No

APPENDIX E. EMPLOYER SURVEY RESPONSE OPTION EXPERIMENT, DETAILED FINDINGS

Variable	N	Pr > F	Question	SAMP1=1	SAMP1=2	Rank	FDR cutoff	Significant?
q25	1128	0.2485	About how many leaves taken under FMLA are given with notice from the employee that is consistent with your company's policies?	1 All, 2 Most (half or more), 3 Some (less than half), 4 None, 9 REF	1 All, 2 Half or more, 3 Less than half, 4 None, 9 REF	10	0.033333333	No
q52	1546	0.3092	In general, how easy or difficult has it been for this location to comply with FMLA?	1 Very easy, 2 Somewhat easy, 3 Somewhat difficult, 4 Very difficult, 5 Neither easy nor difficult, 9 REF	1 Very easy, 2 Somewhat easy, 5 Neither easy nor difficult, 3 Somewhat difficult, 4 Very difficult, 9 REF	11	0.036666667	No
q11_a	2206	0.3574	How many employees are provided with paid sick leave?	1 All, 2 Most (half or more), 3 Some (less than half), 4 None, 9 REF	1 All, 2 Half or more, 3 Less than half, 4 None, 9 REF	12	0.04	No
q11_d	2206	0.3694	How many employees are provided with paid maternity leave?	1 All, 2 Most (half or more), 3 Some (less than half), 4 None, 9 REF	1 All, 2 Half or more, 3 Less than half, 4 None, 9 REF	13	0.043333333	No
q11a	936	0.5271	How many employees are provided paid time off or PTO?	1 All, 2 Most (half or more), 3 Some (less than half), 4 None, 9 REF	1 All, 2 Half or more, 3 Less than half, 4 None, 9 REF	14	0.046666667	No
q56	1546	0.6063	Thinking about employee productivity, absenteeism, turnover, career advancement and morale, as well as the business' profitability, what effect has complying with FMLA had on this location?	1 Very positive, 2 Somewhat positive, 3 Somewhat negative, 4 Very negative, 5 Neither positive nor negative, 9 REF	1 Very positive, 2 Somewhat positive, 5 Neither positive nor negative, 3 Somewhat negative, 4 Very negative, 9 REF	15	0.05	No
Target overall p-value							0.05	

E.2 Table Q27

q27	samp1	Frequency	Weighted Frequency	Std Err of Wgt Freq	Percent	Std Err of Percent
1	All	1	322.98912	348.36733	0.0144	0.0157
	All	2	14335	13785	0.6388	0.6045
	Total	3	14658	13811	0.6532	0.6059
2	Most (half or more)	2	1432	1816	0.0638	0.0789
	Half or more	4	736.27567	437.0038	0.0328	0.0197
	Total	6	2169	1817	0.0966	0.0791
3	Some (less than half)	156	27603	4008	1.23	0.1976
	Less than half	154	33742	6760	1.5035	0.2954
	Total	310	61345	7841	2.7335	0.3682
4	None	624	1085198	117161	48.3553	3.843
	None	571	1063851	120414	47.4041	3.8458
	Total	1195	2149050	160456	95.7594	0.7549
9	REF	16	4571	1795	0.2037	0.0807
	REF	16	12425	8181	0.5537	0.3527
	Total	32	16997	8367	0.7574	0.3613
Total	1	799	1119128	117248	49.8672	3.8308
	2	747	1125091	122161	50.1328	3.8308
	Total	1546	2244219	163096	100	

Frequency Missing = 660

Rao Scott Chi Square Test	
Pearson Chi-Square	12.4399
Design Correction	0.853
Rao-Scott Chi-Square	14.5842
DF	4
Pr > ChiSq	0.0056
F Value	3.6461
Num DF	4
Den DF	1000
Pr > F	0.0059

Sample Size = 1546

E.3 Table Q11_b

q11_b	samp1	Frequency	Weighted Frequency	Std Err of Wgt Freq	Percent	Std Err of Percent
1	All	311	877727	123687	9.2914	1.3093
	All	301	844871	118076	8.9436	1.2499
	Total	612	1722599	165761	18.235	1.7547
2	Most (half or more)	180	160105	47985	1.6948	0.508
	Half or more	190	301824	56364	3.195	0.5967
	Total	370	461929	73480	4.8899	0.7778
3	Some (less than half)	102	268770	57660	2.8451	0.6104
	Less than half	73	131416	41900	1.3911	0.4435
	Total	175	400186	74030	4.2363	0.7837
4	None	496	3137869	198839	33.2167	2.1049
	None	484	3422848	206540	36.2334	2.1864
	Total	980	6560717	181176	69.4501	1.9179
9	REF	28	57604	26667	0.6098	0.2823
	REF	41	243626	68097	2.579	0.7209
	Total	69	301230	73081	3.1887	0.7736
Total	1	1117	4502075	213116	47.6578	2.256
	2	1089	4944585	213116	52.3422	2.256
	Total	2206	9446660	0.0000223	100	

Rao Scott Chi Square Test	
Pearson Chi-Square	46.2862
Design Correction	3.3652
Rao-Scott Chi-Square	13.7544
DF	4
Pr > ChiSq	0.0081
F Value	3.4386
Num DF	4
Den DF	1000
Pr > F	0.0084

Sample Size = 2206

E.4 Table Q11_g

q11_g	samp1	Frequency	Weighted Frequency	Std Err of Wgt Freq	Percent	Std Err of Percent
1	All	88	354174	78642	3.7492	0.8325
	All	104	546123	98088	5.7811	1.0383
	Total	192	900298	126969	9.5303	1.3441
2	Most (half or more)	38	29118	15915	0.3082	0.1685
	Half or more	59	160901	43954	1.7033	0.4653
	Total	97	190019	45558	2.0115	0.4823
3	Some (less than half)	33	161318	44005	1.7077	0.4658
	Less than half	36	84841	38289	0.8981	0.4053
	Total	69	246160	57952	2.6058	0.6135
4	None	920	3881877	208200	41.0926	2.204
	None	842	3947092	217699	41.7829	2.3045
	Total	1762	7828969	142998	82.8755	1.5137
9	REF	38	75588	32700	0.8002	0.3462
	REF	48	205627	55884	2.1767	0.5916
	Total	86	281215	66829	2.9769	0.7074
Total	1	1117	4502075	213116	47.6578	2.256
	2	1089	4944585	213116	52.3422	2.256
	Total	2206	9446660	0.0000223	100	

Rao Scott Chi Square Test	
Pearson Chi-Square	45.8773
Design Correction	3.3458
Rao-Scott Chi-Square	13.7117
DF	4
Pr > ChiSq	0.0083
F Value	3.4279
Num DF	4
Den DF	1000
Pr > F	0.0086

Sample Size = 2206

E.5 Table Q11_e

q11_e	samp1	Frequency	Weighted Frequency	Std Err of Wgt Freq	Percent	Std Err of Percent
1	All	145	547338	95994	5.794	1.0162
	All	147	565067	93376	5.9817	0.9885
	Total	292	1112405	138028	11.7756	1.4611
2	Most (half or more)	67	39688	13971	0.4201	0.1479
	Half or more	97	208166	52737	2.2036	0.5583
	Total	164	247854	53374	2.6237	0.565
3	Some (less than half)	60	192820	52302	2.0411	0.5537
	Less than half	56	115713	42251	1.2249	0.4473
	Total	116	308533	65869	3.2661	0.6973
4	None	812	3620497	198414	38.3257	2.1004
	None	750	3847123	213859	40.7247	2.2639
	Total	1562	7467620	164153	79.0504	1.7377
9	REF	33	101732	40227	1.0769	0.4258
	REF	39	208517	56197	2.2073	0.5949
	Total	72	310249	69933	3.2842	0.7403
Total	1	1117	4502075	213116	47.6578	2.256
	2	1089	4944585	213116	52.3422	2.256
	Total	2206	9446660	0.0000223	100	

Rao Scott Chi Square Test	
Pearson Chi-Square	36.7384
Design Correction	3.072
Rao-Scott Chi-Square	11.959
DF	4
Pr > ChiSq	0.0177
F Value	2.9898
Num DF	4
Den DF	1000
Pr > F	0.0181

Sample Size = 2206

E.6 Table Q11_f

q11_f	samp1	Frequency	Weighted Frequency	Std Err of Wgt Freq	Percent	Std Err of Percent
1	All	167	701523	103301	7.4261	1.0935
	All	178	813111	116892	8.6074	1.2374
	Total	345	1514634	154342	16.0335	1.6338
2	Most (half or more)	76	123665	51657	1.3091	0.5468
	Half or more	96	214068	48961	2.2661	0.5183
	Total	172	337734	69694	3.5752	0.7378
3	Some (less than half)	58	169221	42285	1.7913	0.4476
	Less than half	52	140674	48914	1.4891	0.5178
	Total	110	309895	64029	3.2805	0.6778
4	None	788	3469827	202571	36.7307	2.1444
	None	727	3547975	212615	37.558	2.2507
	Total	1515	7017802	167652	74.2887	1.7747
9	REF	28	37838	17507	0.4005	0.1853
	REF	36	228757	61851	2.4216	0.6547
	Total	64	266595	65686	2.8221	0.6953
Total	1	1117	4502075	213116	47.6578	2.256
	2	1089	4944585	213116	52.3422	2.256
	Total	2206	9446660	0.0000223	100	

Rao Scott Chi Square Test	
Pearson Chi-Square	35.5533
Design Correction	3.4403
Rao-Scott Chi-Square	10.3345
DF	4
Pr > ChiSq	0.0352
F Value	2.5836
Num DF	4
Den DF	1000
Pr > F	0.0358

Sample Size = 2206

E.7 Table Q14a

q14a	samp1	Frequency	Weighted Frequency	Std Err of Wgt Freq	Percent	Std Err of Percent
1	All	59	503436	91345	8.0663	1.4159
	All	70	879947	119539	14.0989	1.8117
	Total	129	1383383	148101	22.1652	2.154
2	Most (half or more)	215	591549	79715	9.4781	1.2971
	Half or more	194	570661	97895	9.1434	1.5324
	Total	409	1162210	124761	18.6215	1.968
3	Some (less than half)	407	1004084	124528	16.0879	2.0066
	Less than half	414	826810	96843	13.2475	1.5385
	Total	821	1830894	143424	29.3354	2.2859
4	None	286	932716	131825	14.9444	1.9815
	None	268	927734	120997	14.8646	1.9019
	Total	554	1860450	168356	29.809	2.4248
9	REF	9	1093	645.2335	0.0175	0.0102
	REF	15	3209	1318	0.0514	0.0212
	Total	24	4302	1435	0.0689	0.0231
Total	1	976	3032878	196300	48.5942	2.7424
	2	961	3208360	199467	51.4058	2.7424
	Total	1937	6241238	199749	100	

Frequency Missing = 269

Rao Scott Chi Square Test	
Pearson Chi-Square	36.0714
Design Correction	3.6976
Rao-Scott Chi-Square	9.7554
DF	4
Pr > ChiSq	0.0448
F Value	2.4388
Num DF	4
Den DF	1000
Pr > F	0.0455

Sample Size = 1937

E.8 Table Q11_h

q11_h	samp1	Frequency	Weighted Frequency	Std Err of Wgt Freq	Percent	Std Err of Percent
1	All	132	841706	135689	8.9101	1.4364
	All	126	915670	123779	9.6931	1.3103
	Total	258	1757376	168929	18.6031	1.7882
2	Most (half or more)	62	137055	44820	1.4508	0.4745
	Half or more	76	258693	71423	2.7385	0.7561
	Total	138	395748	81979	4.1893	0.8678
3	Some (less than half)	138	233177	57162	2.4684	0.6051
	Less than half	128	167016	50846	1.768	0.5382
	Total	266	400193	76042	4.2363	0.805
4	None	748	3226342	209132	34.1533	2.2138
	None	716	3346621	210288	35.4265	2.2261
	Total	1464	6572963	205086	69.5798	2.171
9	REF	37	63795	28357	0.6753	0.3002
	REF	43	256584	61201	2.7161	0.6479
	Total	80	320380	70828	3.3915	0.7498
Total	1	1117	4502075	213116	47.6578	2.256
	2	1089	4944585	213116	52.3422	2.256
	Total	2206	9446660	0.0000223	100	

APPENDIX E. EMPLOYER SURVEY RESPONSE OPTION EXPERIMENT, DETAILED FINDINGS

Rao Scott Chi Square Test	
Pearson Chi-Square	34.853
Design Correction	3.9358
Rao-Scott Chi-Square	8.8554
DF	4
Pr > ChiSq	0.0648
F Value	2.2138
Num DF	4
Den DF	1000
Pr > F	0.0656

Sample Size = 2206

E.9 Table Q11_i

q11_i	samp1	Frequency	Weighted Frequency	Std Err of Wgt Freq	Percent	Std Err of Percent
1	All	205	601262	96829	6.3648	1.025
	All	186	719934	100418	7.621	1.063
	Total	391	1321196	139541	13.9859	1.4771
2	Most (half or more)	130	175094	47912	1.8535	0.5072
	Half or more	142	282341	70416	2.9888	0.7454
	Total	272	457435	84326	4.8423	0.8926
3	Some (less than half)	77	263128	56427	2.7854	0.5973
	Less than half	52	109992	41778	1.1643	0.4423
	Total	129	373120	68670	3.9498	0.7269
4	None	668	3354145	199693	35.5061	2.1139
	None	661	3638266	212395	38.5138	2.2484
	Total	1329	6992411	167514	74.0199	1.7733
9	REF	37	108446	39101	1.148	0.4139
	REF	48	194052	50474	2.0542	0.5343
	Total	85	302498	64275	3.2022	0.6804
Total	1	1117	4502075	213116	47.6578	2.256
	2	1089	4944585	213116	52.3422	2.256
	Total	2206	9446660	0.0000223	100	

Rao Scott Chi Square Test	
Pearson Chi-Square	26.609
Design Correction	3.4949
Rao-Scott Chi-Square	7.6137
DF	4
Pr > ChiSq	0.1068
F Value	1.9034
Num DF	4
Den DF	1000
Pr > F	0.1077

Sample Size = 2206

E.10 Table Q11_c

q11_c	samp1	Frequency	Weighted Frequency	Std Err of Wgt Freq	Percent	Std Err of Percent
1	All	544	1633385	156627	17.2906	1.658
	All	515	1879447	155157	19.8954	1.6424
	Total	1059	3512832	196255	37.186	2.0775
2	Most (half or more)	303	708144	94352	7.4962	0.9988
	Half or more	331	781282	97493	8.2705	1.032
	Total	634	1489425	123248	15.7667	1.3047
3	Some (less than half)	125	438565	71661	4.6425	0.7586
	Less than half	102	352367	76812	3.7301	0.8131
	Total	227	790931	100028	8.3726	1.0589
4	None	129	1715486	157085	18.1597	1.6629
	None	125	1831545	178504	19.3883	1.8896
	Total	254	3547031	194735	37.548	2.0614
9	REF	16	6496	3658	0.0688	0.0387
	REF	16	99945	41938	1.058	0.4439
	Total	32	106441	42084	1.1268	0.4455
Total	1	1117	4502075	213116	47.6578	2.256
	2	1089	4944585	213116	52.3422	2.256
	Total	2206	9446660	0.0000223	100	

Rao Scott Chi Square Test	
Pearson Chi-Square	22.3113
Design Correction	3.0367
Rao-Scott Chi-Square	7.3471
DF	4
Pr > ChiSq	0.1186
F Value	1.8368
Num DF	4
Den DF	1000
Pr > F	0.1196

Sample Size = 2206

E.11 Table Q25

q25	samp1	Frequency	Weighted Frequency	Std Err of Wgt Freq	Percent	Std Err of Percent
1	All	277	239878	47532	33.0869	5.1512
	All	278	233418	49406	32.1958	5.3
	Total	555	473297	68833	65.2827	4.9722
2	Most (half or more)	233	109029	33996	15.0386	4.5236
	Half or more	202	71462	10895	9.8569	1.5939
	Total	435	180491	35096	24.8955	4.6651
3	Some (less than half)	60	40668	23783	5.6095	3.0392
	Less than half	53	13780	3719	1.9006	0.5202
	Total	113	54448	24139	7.5101	3.0331
4	None	12	4180	1560	0.5765	0.2243
	None	6	9710	8957	1.3393	1.2109
	Total	18	13889	9105	1.9158	1.2357
9	REF	3	918.27093	758.15362	0.1267	0.1031
	REF	4	1952	1412	0.2692	0.1944
	Total	7	2870	1619	0.3959	0.2215
Total	1	585	394674	61396	54.4381	5.5296
	2	543	330322	53001	45.5619	5.5296
	Total	1128	724996	80185	100	

Frequency Missing = 1078

Rao Scott Chi Square Test	
Pearson Chi-Square	28.3032
Design Correction	5.2311
Rao-Scott Chi-Square	5.4105
DF	4
Pr > ChiSq	0.2477
F Value	1.3526
Num DF	4
Den DF	1000
Pr > F	0.2485

Sample Size = 1128

E.12 Table Q52

q52	samp1	Frequency	Weighted Frequency	Std Err of Wgt Freq	Percent	Std Err of Percent
1	Very easy	313	453552	77265	20.2098	3.0092
	Very easy	298	546032	87604	24.3306	3.1838
	Total	611	999583	121107	44.5404	3.8267
2	Somewhat easy	307	287456	60490	12.8088	2.5504
	Somewhat easy	198	242912	60462	10.8239	2.5334
	Total	505	530369	84407	23.6327	3.3659
3	Somewhat difficult	85	103447	33841	4.6095	1.4679
	Somewhat difficult	59	44683	15951	1.991	0.7023
	Total	144	148130	37759	6.6005	1.6381
4	Very difficult	10	3228	2620	0.1438	0.1135
	Very difficult	9	31348	21311	1.3968	0.9528
	Total	19	34576	21214	1.5407	0.9485
5	Neither easy nor difficult	80	249797	63611	11.1307	2.6417
	Neither easy nor difficult*	181	248137	63273	11.0567	2.6696
	Total	261	497934	87831	22.1874	3.4792
9	REF	4	21648	18362	0.9646	0.8111
	REF	2	11978	10996	0.5337	0.4759
	Total	6	33627	21196	1.4984	0.9338
Total	1	799	1119128	117248	49.8672	3.8308
	2	747	1125091	122161	50.1328	3.8308
	Total	1546	2244219	163096	100	

Frequency Missing = 660

* Displayed as midpoint

Rao Scott Chi Square Test	
Pearson Chi-Square	42.1937
Design Correction	7.0601
Rao-Scott Chi-Square	5.9764
DF	5
Pr > ChiSq	0.3085
F Value	1.1953
Num DF	5
Den DF	1250
Pr > F	0.3092

Sample Size = 1546

E.13 Table Q11_a

q11_a	samp1	Frequency	Weighted Frequency	Std Err of Wgt Freq	Percent	Std Err of Percent
1	All	480	1717828	164577	18.1845	1.7422
	All	490	1728410	153806	18.2965	1.6282
	Total	970	3446238	200099	36.481	2.1182
2	Most (half or more)	214	460417	82107	4.8739	0.8692
	Half or more	209	506295	80934	5.3595	0.8567
	Total	423	966711	111214	10.2334	1.1773
3	Some (less than half)	122	298653	62967	3.1615	0.6666
	Less than half	103	277089	66760	2.9332	0.7067
	Total	225	575742	92891	6.0947	0.9833
4	None	284	2002698	168801	21.2001	1.7869
	None	269	2327905	186059	24.6426	1.9696
	Total	553	4330603	205766	45.8427	2.1782
9	REF	17	22479	12015	0.238	0.1272
	REF	18	104886	41147	1.1103	0.4356
	Total	35	127365	43222	1.3483	0.4575
Total	1	1117	4502075	213116	47.6578	2.256
	2	1089	4944585	213116	52.3422	2.256
	Total	2206	9446660	0.0000223	100	

Rao Scott Chi Square Test	
Pearson Chi-Square	14.0491
Design Correction	3.2059
Rao-Scott Chi-Square	4.3822
DF	4
Pr > ChiSq	0.3567
F Value	1.0955
Num DF	4
Den DF	1000
Pr > F	0.3574

Sample Size = 2206

E.14 Table Q11_d

q11_d	samp1	Frequency	Weighted Frequency	Std Err of Wgt Freq	Percent	Std Err of Percent
1	All	219	666087	110276	7.051	1.1674
	All	206	600462	93637	6.3563	0.9912
	Total	425	1266548	139800	13.4074	1.4799
2	Most (half or more)	107	106033	29816	1.1224	0.3156
	Half or more	134	227642	46931	2.4098	0.4968
	Total	241	333675	55709	3.5322	0.5897
3	Some (less than half)	73	205266	52012	2.1729	0.5506
	Less than half	62	167602	48251	1.7742	0.5108
	Total	135	372868	69546	3.9471	0.7362
4	None	689	3382149	189002	35.8026	2.0007
	None	651	3732030	211922	39.5063	2.2433
	Total	1340	7114179	169684	75.3089	1.7962
9	REF	29	142540	56237	1.5089	0.5953
	REF	36	216849	63128	2.2955	0.6683
	Total	65	359390	86498	3.8044	0.9156
Total	1	1117	4502075	213116	47.6578	2.256
	2	1089	4944585	213116	52.3422	2.256
	Total	2206	9446660	0.0000223	100	

Rao Scott Chi Square Test	
Pearson Chi-Square	14.8305
Design Correction	3.4608
Rao-Scott Chi-Square	4.2853
DF	4
Pr > ChiSq	0.3688
F Value	1.0713
Num DF	4
Den DF	1000
Pr > F	0.3694

Sample Size = 2206

E.15 Table Q11a

q11a	samp1	Frequency	Weighted Frequency	Std Err of Wgt Freq	Percent	Std Err of Percent
1	All	29	145438	48359	2.7532	0.8995
	All	33	119025	42409	2.2532	0.7959
	Total	62	264463	68718	5.0063	1.2688
2	Most (half or more)	212	421569	73176	7.9804	1.4177
	Half or more	225	518979	83470	9.8244	1.5665
	Total	437	940548	101544	17.8048	1.9379
3	Some (less than half)	70	250937	67389	4.7503	1.2586
	Less than half	68	250053	57640	4.7336	1.1021
	Total	138	500990	86475	9.4838	1.6101
4	None	149	1683639	159873	31.8716	2.7369
	None	132	1852870	169599	35.0752	2.7751
	Total	281	3536509	199766	66.9469	2.4366
9	REF	10	2626	967.55714	0.0497	0.0183
	REF	8	37426	24427	0.7085	0.4638
	Total	18	40052	24451	0.7582	0.4642
Total	1	470	2504208	187593	47.4052	3.0572
	2	466	2778353	195503	52.5948	3.0572
	Total	936	5282561	204111	100	

Frequency Missing = 1270

Rao Scott Chi Square Test	
Pearson Chi-Square	6.5442
Design Correction	2.0523
Rao-Scott Chi-Square	3.1887
DF	4
Pr > ChiSq	0.5268
F Value	0.7972
Num DF	4
Den DF	1000
Pr > F	0.5271

Sample Size = 936

APPENDIX E. EMPLOYER SURVEY RESPONSE OPTION EXPERIMENT, DETAILED FINDINGS

E.16 Table Q56

0	samp1	Frequency	Weighted Frequency	Std Err of Wgt Freq	Percent	Std Err of Percent
1	Very positive	100	173146	51322	7.7152	2.2135
	Very positive	109	255156	63096	11.3695	2.6182
	Total	209	428302	77767	19.0847	3.141
2	Somewhat positive	176	118903	46123	5.2982	2.0101
	Somewhat positive	113	154947	51430	6.9043	2.174
	Total	289	273850	67530	12.2025	2.8395
3	Somewhat negative	71	20675	6329	0.9213	0.274
	Somewhat negative	65	21483	7919	0.9573	0.3448
	Total	136	42158	10062	1.8785	0.4349
4	Very negative	17	25846	20938	1.1517	0.9165
	Very negative	10	10707	8812	0.4771	0.3883
	Total	27	36553	22603	1.6288	0.9906
5	Neither positive nor negative	420	776550	100950	34.6022	3.6906
	Neither positive nor negative*	436	677391	94283	30.1838	3.4669
	Total	856	1453941	139022	64.7861	3.8946
9	REF	15	4008	1388	0.1786	0.0618
	REF	14	5406	3317	0.2409	0.1457
	Total	29	9414	3520	0.4195	0.1557
Total	1	799	1119128	117248	49.8672	3.8308
	2	747	1125091	122161	50.1328	3.8308
	Total	1546	2244219	163096	100	

Frequency Missing = 660

* Displayed as midpoint

Rao Scott Chi Square Test	
Pearson Chi-Square	23.2066
Design Correction	6.4204
Rao-Scott Chi-Square	3.6145
DF	5
Pr > ChiSq	0.6061
F Value	0.7229
Num DF	5
Den DF	1250
Pr > F	0.6063

Sample Size = 1546

E.17 Data Summary

Data Summary	
Number of Observations	2206
Sum of Weights	9446660
Variance Estimation	
Method	BRR
Replicate Weights	EXP4
Number of Replicates	250