

# **APPENDIX F: READY MADE MULTI-TOPIC SURVEY INSTRUMENTS**

Appendix F contains multi-topic survey instruments developed expressly for LTC DCWs from many tested survey instruments (such as those included in Chapter 3). These instruments do not meet criteria for inclusion in Chapter 3, however, because they have not yet been tested for reliability and validity. The multi-topic survey instruments included in this Appendix are:

1. Better Jobs Better Care Survey of Direct Care Workers
2. National Nursing Assistant Survey (NNAS) Nursing Assistant Questionnaire

## Better Jobs Better Care Survey of Direct Care Workers

*Better Jobs, Better Care* (BJBC) is a 4-year, \$15.5 million program funded by The Robert Wood Johnson Foundation and The Atlantic Philanthropies, and is managed by a national program office at the Institute for the Future of Aging Services/AAHSA. The goal of the program is to promote changes in policy and workplace practices that will improve recruitment and retention of direct care workers -- nursing assistants, home health aides and personal care attendants -- in the long-term care field.

Five demonstration grants were awarded under the program to lead agencies in five states, on behalf of coalitions of long term care providers, consumers and workers. Each grantee is undertaking a variety of policy and workplace change initiatives designed to improve the recruitment and retention of direct care workers in their state. To maximize what can be learned from these demonstration programs, the Foundations have committed funds for a three-and-a-half year evaluation by researchers at Penn State University. The evaluation is designed to:

1. document and analyze the implementation of Demonstration activities across the five states, articulate the successes and challenges encountered, and provide formative feedback to the lead agencies; and,
2. assess the impacts of policy and practice changes on job turnover and retention, quality of DCWs' jobs, and workers' perceptions of quality of care.

The evaluation is intended to draw lessons on successful implementation for the benefit of states and provider organizations that want to improve DCW's jobs through policy and practice changes. In addition, it will provide evidence on the effectiveness of the provider practice changes that will be tested by the demonstration. The evaluation will rely on information from a variety of sources, including: site visit and telephone interviews with coalition members and provider organizations; employee hiring and termination MIS data; and surveys of DCWs and managers of clinical services (e.g., the Director of Nursing in a nursing facility) of provider organizations.

The self-administered survey included in this Appendix is the instrument to be given to DCWs through BJBC program evaluations to get their perceptions of their jobs and work environment. Please note that this instrument is a Microsoft Word version of the scannable instrument being used for the BJBC evaluation; thus, instructions within the survey instrument are relevant to a scannable form (e.g., "fill in the appropriate circle, etc.). If organizations use subscales from this instrument, they will need to reformat the items for their purposes. For example, organizations can change instructions currently relevant for the scannable instrument to meet their needs (e.g., "circle the appropriate response").

For more information on the Better Jobs Better Care program, visit [www.bjbc.org](http://www.bjbc.org).

## Survey Items

1a. How long have you worked as a direct care worker?

\_\_\_\_\_ years \_\_\_\_\_ months

1b. How long have you worked as a direct care worker for this employer?

\_\_\_\_\_ years \_\_\_\_\_ months

2. Overall, how satisfied are you with your job?

- 1-Extremely satisfied
- 2-Somewhat satisfied
- 3-Somewhat dissatisfied
- 4-Extremely dissatisfied
- 5-Don't know

3. Think about your job right now. Fill in the circle that best indicates how much, if at all, each of the following is a rewarding part of your job. Is it not at all rewarding, somewhat rewarding, very rewarding, or extremely rewarding?

	Does not apply to my job	Not at all rewarding	Somewhat rewarding	Very rewarding	Extremely rewarding
a. Helping others is...		1	2	3	4
b. Being able to work on your own is ..		1	2	3	4
c. Getting credit for your work is...		1	2	3	4
d. Finding your work interesting is...		1	2	3	4
e. Liking your coworkers is...		1	2	3	4
f. Making a difference in other people's lives is...		1	2	3	4
g. Feeling a sense of accomplishment and competence from doing your job is...		1	2	3	4
h. Having your job fit your skills is...		1	2	3	4
i. Having the chance to learn new things is...		1	2	3	4
j. Being valued by supervisors and management is...		1	2	3	4
k. Being needed by others is...		1	2	3	4
l. Having the power you need to get your job done without getting permission from someone else is...		1	2	3	4
m. Having a lot of different things to do is...		1	2	3	4
n. Getting support from coworkers is...		1	2	3	4
o. Having your job fit your interests is...		1	2	3	4
p. The income you earn is...		1	2	3	4
q. Being valued by residents or clients and their families is...		1	2	3	4
r. Having the freedom to decide how to do your work is...		1	2	3	4
s. The team spirit in your work group is...		1	2	3	4

4. Continue thinking about your job right now. Indicate how much, if at all, each of the following is a problem or concern in your job. Is it not at all a problem, somewhat a problem, a big problem, or an extremely big problem?

	Not at all a problem	Somewhat a problem	A big problem	An extremely big problem
a. Having too much work to do is...	1	2	3	4
b. Having to deal with emotionally hard situations is...	1	2	3	4
c. Not having support from your supervisor in your job is...	1	2	3	4
d. Finding your job boring or doing too much of the same thing is...	1	2	3	4
e. Having your job take too much out of you is...	1	2	3	4
f. Having little chance to get promoted is...	1	2	3	4
g. Dealing with unrealistic expectations from your supervisor for your work is...	1	2	3	4
h. Not having the job use your skills is...	1	2	3	4
i. Catching an illness is...	1	2	3	4
j. Not having the chance to develop job skills is...	1	2	3	4
k. Not being valued by your supervisor for your work is...	1	2	3	4
l. Being on your own too much is...	1	2	3	4
m. Getting hurt is...	1	2	3	4
o. The physical conditions (equipment, temperature, smell, etc.) at your job is...	1	2	3	4
p. Not having enough help when you need it is...	1	2	3	4
q. Facing difficulties because of your race or ethnic background is...	1	2	3	4
r. Facing difficulties because of your sex is...	1	2	3	4
s. That your supervisor is not good at her job is...	1	2	3	4
t. That the job is physically hard is...	1	2	3	4
u. The time it takes to get work is...	1	2	3	4

5. Please think about your direct supervisor. Indicate if you strongly disagree, somewhat disagree, somewhat agree, or strongly agree with each statement.

<b>My supervisor...</b>	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
a. provides clear instructions when assigning work.	01	02	03	04
c. listens to me when I am worried about a resident's or client's care.	01	02	03	04
d. supports direct care workers working in groups or teams with other health care workers such as physical therapists, dieticians, RNs, LPNs or other nurses	01	02	03	04
e. disciplines or removes other direct care workers who do not do their jobs well or their share of the work.	01	02	03	04
f. tells me when I am doing a good job.	01	02	03	04
g. gives me useful criticism to help me improve my work	01	02	03	04
h. is interested in my development in my job.	01	02	03	04

6. In general, are you encouraged by supervisors to discuss the care and well-being of residents and/or clients with their families?

Yes  
No

7. Please indicate the degree to which you agree with the following statements by filling in the appropriate circle.

	Not at all agree	Agree Somewhat	Agree a great deal
a. My supervisor respects me as part of the health care team?	01	02	03
b. Residents or clients respects you as part of the health care team?	01	02	03
c. Residents' or clients' families respects you as part of the health care team?	01	02	03

8. For each statement, please indicate if you strongly disagree, somewhat disagree, somewhat agree, or strongly agree.

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
a. I have learned the skills necessary to do my job well.	01	02	03	04
b. I have the opportunity to work in teams	01	02	03	04
c. I am confident in my ability to do my job	01	02	03	04
d. I could get a job that paid more than this job.	01	02	03	04

9. The following is a list of training program topics that are sometimes offered by employers. Please indicate whether or not you have attended each of the following program topics in the past 2 years as part of an inservice or formal training program offered by your employer. If you attended the program, please indicate how useful the program was to you by filling in the appropriate circle.

	Offered at your workplace?		If yes, how useful was it??			
	Yes	No	Not at all useful	Somewhat useful	Very useful	Extremely useful
a. resident or client care skills such as helping with bathing, eating, dressing.						
b. specialized clinical training such as caring for bed sores, pain management, incontinence.						
c. communicating with residents or clients						
d. communicating with coworkers						
e. working with residents' or clients' family members						
f. working with supervisors						
g. recording residents' or clients' information						
h. organizing your work tasks.						
i. how to mentor other direct care workers?						
j. how to work in teams.						
k. Dealing with problems at work.						
l. Dealing with personal problems outside of work such as money management, parenting skills, etc.						
l. other (Please specify in the box below) _____						

10. How likely is it that you will leave this job in the next year?

1. Very likely
2. Somewhat likely
3. Not at all likely

11. How often do you think about quitting?

1. All of the time
2. Some of the time
3. Rarely
4. Never

12. When you think about your job as a direct care worker, do you view it as:

- A short-term job
- A long-term career



21. What is your sex?

Female  
Male

22. Did you earn a high school diploma or GED?

Yes  
No

If yes, what is your highest level of education?

High School or GED  
Some college/trade school  
College graduate or post-college

23. Please indicate your race/ethnicity (choose all that apply)

White  
Hispanic or Latina/Latino  
African American or Black  
American Indian or Alaska Native  
Asian  
Native Hawaiian or Pacific Islander  
Other \_\_\_\_\_

24. On your current job, have you ever been discriminated against because of your race or ethnic origin?

Yes  
No



## **National Nursing Assistant Survey (NNAS) Nursing Assistant Questionnaire**

The National Nursing Assistant Survey (NNAS) represents the first time the government -- through the Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (ASPE) -- will collect data on a nationally representative sample of CNAs. The goal of the survey is to provide a "landscape" of CNAs and their perceptions on benefits, the impact of training and supervision, nature of their work, the work environment and employment history.

The NNAS was first fielded in June 2004 in conjunction with the National Center for Health Statistics (NCHS) National Nursing Home Survey. The goal is to survey a sample of 3,000 nursing assistants from approximately 700 participating nursing facilities. From this survey, ASPE hopes to get valuable information to improve the recruitment and retention of nursing assistants across the country.

Through pretesting, it was found that the survey instrument included here is difficult to self-administer. It was determined that the instrument be administered best via computer-assisted telephone interviewing (CATI); therefore, it is presented in the CATI format.

## **Survey Items**

# **National Nursing Assistant Survey (NNAS)**

## **Nursing Assistant Questionnaire**

### **Final CATI Specifications**

Prepared by Westat

September 2004

#### **Paperwork Reduction Act Statement**

A federal agency may not conduct or sponsor, and a person is not required to respond to this collection of information, unless it displays a currently valid OMB control number. Sample persons' obligation to reply to this survey is voluntary. Public burden for this survey is estimated to average 40 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection of information.

#### **Privacy Act Statement**

In compliance with the Privacy Act of 1974, the following information is being provided to you: The questions asked on these forms are authorized by (INSERT). The evaluation contractor, (INSERT), is studying characteristics of nursing assistants in nursing homes. The information you provide will not affect your eligibility for any federal, state, or local government program or receipt of benefits from such programs. The information you provide will be kept confidential and the answers you give will not be identified as yours in any published material.

## TABLE OF CONTENTS

<b>Section</b>	<b>Page</b>
<b>INTRODUCTION.....</b>	<b>A.</b>
<b>SCREENING.....</b>	<b>B.</b>
<b>RECRUITMENT .....</b>	<b>C.</b>
<b>EDUCATION/TRAINING/LICENSURE .....</b>	<b>D.</b>
<b>JOB HISTORY .....</b>	<b>E.</b>
<b>FAMILY LIFE .....</b>	<b>F.</b>
<b>MANAGEMENT/SUPERVISION.....</b>	<b>G.</b>
<b>CLIENT RELATIONS.....</b>	<b>H.</b>
<b>ORGANIZATIONAL COMMITMENT/JOB SATISFACTION .....</b>	<b>I.</b>
<b>WORKPLACE ENVIRONMENT .....</b>	<b>J.</b>
<b>WORK-RELATED INJURIES .....</b>	<b>K.</b>
<b>DEMOGRAPHICS.....</b>	<b>L.</b>
<b>FACILITY LEAVERS .....</b>	<b>M.</b>
<b>CLOSING</b>	

## GLOBAL SPECIFICATIONS

1. The NAS Questionnaire is consists of 14 sections:

<b>INTRO. INTRODUCTION .....</b>	<b>A.</b>
<b>SCREENING.....</b>	<b>B.</b>
<b>RECRUITMENT .....</b>	<b>C.</b>
<b>EDUCATION/TRAINING/LICENSURE .....</b>	<b>D.</b>
<b>JOB HISTORY .....</b>	<b>E.</b>
<b>FAMILY LIFE .....</b>	<b>F.</b>
<b>MANAGEMENT/SUPERVISION.....</b>	<b>G.</b>
<b>CLIENT RELATIONS.....</b>	<b>H.</b>
<b>ORGANIZATIONAL COMMITMENT/JOB SATISFACTION .....</b>	<b>I.</b>
<b>WORKPLACE ENVIRONMENT .....</b>	<b>J.</b>
<b>WORK-RELATED INJURIES.....</b>	<b>K.</b>
<b>DEMOGRAPHICS .....</b>	<b>L.</b>
<b>FACILITY LEAVERS .....</b>	<b>M.</b>
<b>CLOSING</b>	

The Help screens are located at the end.

**2. Preload data for the display of the following:**

Display	Source
{SAMPLE PERSON}	NNAS Sampling module
{SAMPLED FACILITY}	NNHS
{DATE OF SAMPLE LIST}	NNHS (Interview date minus 1 day)
{Address line 1}	NNHS
{Address line 2}	NNHS
{City}	NNHS
{State}	NNHS
{Zip}	NNHS

### 3. Prefills for {STATE SPECIFIC MEDICAID NAME} for D9:

State	Text fill
Alabama	Medical Assistance
Alaska	Medical Assistance
Arizona	Health Care Cost Containment System (AHCCCS)
Arkansas	Medical Services
California	Medi-Cal
Colorado	-
Connecticut	Medical Assistance
Delaware	Medical Assistance
Washington, D.C.	Medical Assistance
Florida	MediPass
Georgia	Medical Assistance
Hawaii	Medical Assistance / Medicaid or Quest (Maluhia)
Idaho	Medical Assistance
Illinois	MediPlan
Indiana	-
Iowa	Medical Assistance, Medical Services, or MediPass
Kansas	Medical Assistance, Title XIX, Medikan
Kentucky	Medical Assistance
Louisiana	Medical Assistance
Maine	Medical Assistance, Maine Care
Maryland	Medical Assistance, Maryland Access to Care, MD Health Choice
Massachusetts	MassHealth, Medical Assistance
Michigan	Medical Assistance
Minnesota	Medical Assistance
Mississippi	HealthMACS . Medical Assistance
Missouri	Medical Services, Mcplus, Title 19
Montana	-
Nebraska	Medical Assistance
Nevada	MAPNET
New Hampshire	Title 19
New Jersey	Medical Assistance
New Mexico	Medical Assistance or SALUD!
New York	Medical Assistance, MAX

North Carolina	Medical Assistance
North Dakota	Medical Services
Ohio	-
Oklahoma	SoonerCare
Oregon	Medical Assistance
Pennsylvania	Medical Assistance
Rhode Island	Medical Assistance, RiteCare
South Carolina	Medical Assistance
South Dakota	Medical Assistance
Tennessee	TennCare
Texas	Medical Assistance
Utah	Medical Assistance
Vermont	-
Virginia	Medical Assistance
Washington	Medical Assistance
West Virginia	Medical Services
Wisconsin	Medical Assistance or Title 19
Wyoming	Medical Assistance Program

## INTRODUCTION

### INFORMED CONSENT

Before we get to questions about nursing assistants, I'd like you to know that your answers will be kept strictly private, as authorized by the Public Health Service Act. Your participation in this research is voluntary. You may choose not to answer any question you don't want to answer or stop at any time without penalty. Whether or not you decide to take part in the survey will not affect your employment or certification in any way.

The answers you provide will be combined with answers from other nursing assistants and used for statistical research and reporting purposes only. Although the estimated time to complete the survey is about 40 minutes, time varies from person to person. You should have received \$5 cash and a check for \$30 will be mailed to you as a token of appreciation after you complete the survey.

If you have any questions about the survey that I can not answer, you can contact Brad Edwards at 1-800-937-8281. I'd like to continue now unless you have any questions.

**GO TO A1**



**A. SCREENING**

A1. Are you currently working at {SAMPLED FACILITY}?

- YES..... 1
- NO..... 2
- DON'T KNOW ..... d
- REFUSED..... r

Box A1 If A1 = 1, go to A2a. Else continue with A2.

A2. Were you working there on {DATE OF SAMPLE LIST}?

[IF NEEDED: Even if you were not scheduled to work that day, we are interested in whether or not you were employed at the nursing facility at that time.]

- YES..... 1
- NO..... 2
- DON'T KNOW ..... d
- REFUSED..... r

Box A2 If A2 = 1, continue with A2a. Else go to M1.

A2a. {Are/Were} you employed directly by the facility, or through an agency?

- EMPLOYED BY FACILITY..... 1
- AGENCY..... 2
- DON'T KNOW ..... d
- REFUSED..... r

Box A3        If A2a = 1, continue with A3. Else go to M1.

A3.        {Are/Were} you working as . . .

[STOP READING WHEN RESPONDENT ANSWERS.]

- a certified nursing assistant or CNA, .. 1
- a CNA II or CNA supervisor, ..... 2
- a certified nurse aide, ..... 3
- a licensed nursing assistant, ..... 4
- a state tested nursing assistant, ..... 5
- a geriatric nursing assistant, ..... 6
- a nurse aide, or ..... 7
- something else? ..... 91
- DON'T KNOW ..... d
- REFUSED ..... r

Box A4        If A3 = 91, go to A3a. If A3 = DK or RF, go to A5.  
Else go to A4.

A3a.        [What {are/were} you working as?]

[SPECIFY:]

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CATI INSTRUCTION: Disallow DK and RF.

Box A5        Go to A5.

A4.        Did you become a {JOB TITLE FROM A3} before 1987?

[IF NEEDED: Were you trained as a {JOB TITLE FROM A3} in the U.S.?)

YES..... 1  
NO..... 2  
DON'T KNOW ..... d  
REFUSED..... r

Box A6        If A4 = 1, go to A8. Else go to A5.

A5.        Did you complete nursing assistant training or a course on becoming a nursing assistant or nurse aide?

YES..... 1  
NO..... 2  
DON'T KNOW ..... d  
REFUSED..... r

Box A7        If A5 = 1, go to A7. Else continue with A6.

A6. Are you in the process of going through nursing assistant or nurse aide training?

- YES..... 1
- NO..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

Box A8 If A6 = 1, go to A8. Else, go to M1.

A7. When you completed the training course, did you take a final test or competency evaluation?

- YES..... 1
- NO..... 2
- DON'T KNOW ..... d
- REFUSED..... r

Box A9 If A7 = 2 or RF, go to M1. Else continue with A8.

A8. {Do/Did} you work 16 hours a week or more as a {JOB TITLE FROM A3} at {SAMPLED FACILITY}?

- YES, 16 HOURS OR MORE ..... 1
- NO, LESS THAN 16 HOURS ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

Box A10 If A8 = 1:

- If A1 = 1, go to B1.
- If A2 = 1, go to D1a.

Else go to M1.

## B. RECRUITMENT

### CATI INSTRUCTIONS:

- Randomize the starting point for B1a through B1g.
- When not on the starting point, enclose 'The first section...work' in square brackets.
- When on the starting point, display 'For each item...'. Else do not display.
- When on the starting point, display 'First, was it...' Otherwise, display 'Was it...'

**B1.**     {[}The first section is about why you initially decided to become a nursing assistant.{}] {For each item I read, please tell me whether this is a reason you chose this type of work.} {First, w/W}as it . . .

Modified from  
Capital District  
Home Care Survey  
(Q.B2)

	YES	NO	DON'T KNOW	REFUSED
a. because you like helping other people? ...	1	2	d	r
b. because a family member or friend was also a nursing assistant? .....	1	2	d	r
c. because you wanted to work in health care?.....	1	2	d	r
d. because the job was steady and secure? .....	1	2	d	r
e. because there were nursing assistant jobs readily available? .....	1	2	d	r
f. because there were nursing assistant jobs close to home?.....	1	2	d	r
g. because the work hours fit your schedule, or .....	1	2	d	r
h. Is there any other reason you chose this type of work? .....	1	2	d	r

Box B1     If B1h = 1, go to B1h1. Else go to Box B2.

B1h1. [Is there any other reason you chose this type of work?]

SPECIFY:

---

---

CATI INSTRUCTION: Disallow DK and RF.

Box B2            If more than 1 item among B1a through B1h = 1, continue with B2.  
Else go to B3.

Display Instructions:

Display this response category # for	If this item = 1 (yes)
B2	
1	B1a
2	B1b
3	B1c
4	B1d
5	B1e
6	B1f
7	B1g
91	B1h (display response entered at B1h1)

B2. Which of the reasons you gave me was the most important reason for becoming a nursing assistant?

[READ LIST OF RESPONSES IF NECESSARY.]

- {LIKE HELPING OTHER PEOPLE..... 1}
- {FAMILY/FRIEND A NURSING ASSISTANT . 2}
- {WANTED TO WORK IN HEALTH CARE..... 3}
- {JOB SECURITY ..... 4}
- {JOB READILY AVAILABLE ..... 5}
- {JOB CLOSE TO HOME ..... 6}
- {WORK HOURS FIT SCHEDULE ..... 7}
- {B1h1} ..... 8}
- DON'T KNOW ..... d
- REFUSED ..... r

B3. How did you learn about being a nursing assistant as a possible job?

[SELECT ALL THAT APPLY. PROBE: Anything else?]

- NEWSPAPER ADVERTISEMENT/  
ARTICLE ..... 10
- FAMILY MEMBER OR FRIEND WAS ONE/  
RECOMMENDED IT ..... 11
- SCHOOL OR JOB TRAINING PROGRAM .... 12
- TEMPORARY ASSISTANCE FOR NEEDY  
FAMILIES (TANF)/WORK FIRST AGENCY... 13
- JOB FAIR ..... 14
- INTERNET/ONLINE EMPLOYMENT  
SERVICE ..... 15
- PROVIDING CARE TO A RELATIVE/  
FRIEND AND BECAME INTERESTED ..... 16
- OTHER..... 17
- DON'T KNOW ..... d
- REFUSED ..... r

B4.

IOWA  
caregivers

Since you first became a nursing assistant, how long have you been doing this kind of work including the time at your current job? Do not count time between jobs or time spent on a leave of absence.

[READ CATEGORIES IF NECESSARY.]

- 6 MONTHS OR LESS ..... 1
- MORE THAN 6 MONTHS BUT  
LESS THAN ONE YEAR..... 2
- 1 YEAR BUT LESS THAN 2 YEARS ..... 3
- 2 - 5 YEARS..... 4
- 6 -10 YEARS..... 5
- 11 - 20 YEARS..... 6
- MORE THAN 20 YEARS..... 7
- DON'T KNOW ..... d
- REFUSED ..... r

B5.

What were you doing before you became a nursing assistant? Were you mainly . . .

- working at another job, ..... 1
- going to school, ..... 2
- staying home with children..... 3
- unemployed, or ..... 4
- doing something else? ..... 5
- DON'T KNOW ..... d
- REFUSED ..... r

Box B3

If B5 = 1, continue with B5a. Else go to B7.



B5a. What kind of work were you doing?

[IF MORE THAN ONE JOB, ASK:] Which one did you consider your main or primary job?

---

---

DON'T KNOW ..... d  
REFUSED ..... r

B5b. What were your most important activities or duties?

---

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DON'T KNOW ..... d  
REFUSED ..... r

B6. What kind of business or industry did you work for?

WtW

[PROBE:] What did they make, sell, or do?

[IF SELF-EMPLOYED:] What kind of business was it?

---

---

DON'T KNOW ..... d  
REFUSED ..... r

B7. If you had to decide whether to become a nursing assistant again, would you . .

- definitely become one, ..... 1
- probably become one,.....2
- probably not become one, or.....3
- would you definitely not become one? .....4
- DON'T KNOW .....d
- REFUSED .....r

**C. EDUCATION/TRAINING/LICENSURE**

C1. Next, I'd like to ask you a few questions about the training you initially received to become a nursing assistant.

Where did you receive your initial training? Was it . . .

Modified from  
Onondaga  
County  
Employee  
Survey (Q.11)

[IF RESPONDENT RECEIVED TRAINING IN ANOTHER COUNTRY,  
PROBE: Where did you receive training in the U.S. to become a nursing  
assistant? Was it...]

- at a nursing facility, ..... 1
- at a community college, ..... 2
- in high school, or ..... 3
- somewhere else? ..... 91
- DON'T KNOW ..... d
- REFUSED ..... r

Box C1      If C1 = 91, go to C1a. Else go to C2.

C1a. [Where did you receive your initial training?]

[SPECIFY:]

---

---

CATI INSTRUCTION: Disallow DK and RF.

C2. Did you pay for all, part, or none of the training and testing costs yourself?

- ALL..... 1
- PART ..... 2
- NONE..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

Box C2 If C2 = 1, go to C4. Else continue with C3.

Display instruction for C3 and C3a:  
If C2 = 2, display 'else'. Otherwise, do not display.

C3. Who {else} paid for your training? Was it. . .

- your employer, or ..... 1
- someone else? ..... 91
- DON'T KNOW ..... d
- REFUSED ..... r

Box C3 If C3 = 91, go to C3a. If C3 = 1, go to C5. Else go to C4.

C3a. [Who {else} paid for your training?]

[SPECIFY:]

---

---

CATI INSTRUCTION: Disallow DK and RF.

C4. Were you reimbursed by your employer for any of the money you spent on your initial training?

- YES..... 1
- NO..... 2
- DON'T KNOW ..... d
- REFUSED..... r

Display instructions:

- When on C5a, display 'Next...poor' and 'The first area...?'
- When on C5b through C5k, display '[I'd like you...your job.]'

C5. {Next, I'd like to ask you to rate how well your initial nursing assistant training prepared you to perform in different areas of your job. For each area, please tell me whether the training you received was excellent, good, fair, or poor./[I'd like you to rate how well your initial nursing assistant training prepared you to perform in different areas of your job.]}

Modified from  
Onondaga County  
Employee Survey  
(Q.13)

{The first area is resident care skills such as helping with bathing, eating, dressing, and moving. Would you say your initial training was...?}

	excellent	good	fair, or	poor?	NOT OFFERED	DON'T KNOW	REFUSED
a. resident care skills such as helping with bathing, eating, dressing, and moving.....	1	2	3	4	5	d	r
b. Talking with residents?.....	1	2	3	4	5	d	r
c. Working with co-workers? .....	1	2	3	4	5	d	r
d. Discussing resident care with residents' family members? .....	1	2	3	4	5	d	r
e. Working with supervisors? .....	1	2	3	4	5	d	r
f. Straightening out or dealing with problems at work? .....	1	2	3	4	5	d	r
g. Recording residents' information?.....	1	2	3	4	5	d	r
h. Organizing your work tasks so that everything gets done on time? .....	1	2	3	4	5	d	r
i. Dementia care?.....	1	2	3	4	5	d	r
j. Working with residents that act out or are abusive?.....	1	2	3	4	5	d	r
k. Preventing injuries at work? .....	1	2	3	4	5	d	r

C6. How well do you feel your initial nursing assistant training prepared you for what it is actually like to work in a nursing home? Did you feel . . .

- well prepared,..... 1
- somewhat prepared, or ..... 2
- not at all prepared? ..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

C7. Were there any topics that were not covered which you felt would have been helpful to you starting work as a nursing assistant?

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

Box C5      If C7 = 1, continue with C8. Else go to C9.

C8. What topics do you feel should have been covered?

[SELECT ALL THAT APPLY. PROBE: Any other topics?]

RESIDENT CARE SKILLS ( <i>such as bathing, eating, dressing, and moving</i> ).....	10
DEMENTIA CARE.....	11
WORKING WITH RESIDENTS THAT ACT OUT, ARE ABUSIVE...	12
TALKING WITH RESIDENTS.....	13
TALKING WITH FAMILY ABOUT RESIDENT'S CARE .....	14
WORKING WITH CO-WORKERS.....	15
WORKING WITH SUPERVISORS.....	16
DEALING WITH PROBLEMS AT WORK.....	17
PREVENTING WORK INJURIES.....	18
ORGANIZING WORK TASKS TO GET EVERYTHING DONE ON TIME.....	19
RECORDING RESIDENTS' INFORMATION.....	20
OTHER.....	91
DON'T KNOW .....	d
REFUSED .....	r

Box C6      If C8 = 91, go to C8a. Else go to C9.



C8a. [What topics do you feel should have been covered?]

[SPECIFY:]

---

---

CATI INSTRUCTION: Disallow DK and RF.

C9. Would you describe your initial nursing assistant training as . .

- mostly spent doing or observing hands-on work with residents,..... 1
- evenly split between hands-on work and classroom study, or ..... 2
- mostly spent doing classroom study? ..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

C10. In your first job as a nursing assistant, were you assigned a mentor or buddy to answer your questions about the work and procedures at the facility?

[IF RESPONDENT ANSWERS "DID NOT WORK AT A FACILITY," ASK:] Was there a more experienced co-worker who was assigned to help you by answering questions?

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

Box C7 If C10 = 1, go to C10a. Else go to Box C8.

C10a. Was having a mentor or buddy helpful to you in your first job as a nursing assistant?

- YES..... 1
- NO..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

Box C8 If B4 = 1, 2, or 3, go to C15. Else continue with C11a.

C11a. Have you taken any nursing assistant continuing education classes in the past 2 years? This would include yearly 12 hour re-certification training, monthly videos, or other training activities.

[PROBE: That would be since {CURRENT MONTH 2 YEARS AGO}.]

- YES..... 1
- NO..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

Box C9 If C11a = 1, continue with C12a. Else go to C15.

Display instruction:  
When on C12b through C12l, enclose 'Have..covered...' in square brackets.

C12. {}Have your continuing education classes covered . . . {}

	YES	NO	DON'T KNOW	REFUSED
a. resident care skills such as helping with bathing, eating, dressing, and moving? .....	1	2	d	r
b. talking with residents? .....	1	2	d	r
c. working with co-workers? .....	1	2	d	r
d. discussing resident care with residents' family members? .....	1	2	d	r
e. working with supervisors? .....	1	2	d	r
<span style="border: 1px solid black; padding: 2px;">PESD</span> f. straightening out or dealing with problems at work? .....	1	2	d	r
g. recording residents' information? .....	1	2	d	r
h. organizing your work tasks so that everything gets done on time? .....	1	2	d	r
i. training to mentor other nursing assistants? .....	1	2	d	r
j. dementia care? .....	1	2	d	r
k. working with residents that act out or are abusive? .....	1	2	d	r
l. preventing injuries at work? .....	1	2	d	r
m. Has anything else been covered? .....	1	2	d	r

Box C10 If C12m = 1, continue with C12m1. Else go to C13.

C12m1. [CONTINUING EDUCATION CLASSES.]

[Has anything else been covered?]

[SPECIFY:]

---



---

CATI INSTRUCTION: Disallow DK and RF.

C13. Where have you taken continuing education classes? Have they been...

[PROBE:] Anywhere else?

[SELECT ALL THAT APPLY.]

- at a nursing facility, ..... 10
- at a community college, ..... 11
- in high school, or ..... 12
- somewhere else? ..... 91
- DON'T KNOW ..... d
- REFUSED ..... r

Box C11 If C13 = 91, continue with C13a. Else go to C14.

C13a. [Where have you taken continuing education classes?]

[SPECIFY:]

---

---

CATI INSTRUCTION: Disallow DK and RF.

C14. In general, how useful have your nursing assistant continuing education classes been in helping you do your job? Would you say . . .

[IF NEEDED: How useful were the classes overall?]

- very useful, ..... 1
- somewhat useful, or ..... 2
- not at all useful? ..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

C15. Does {SAMPLED FACILITY} pay for or offer any training or continuing education classes?

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

Box C12 If C15 = 1, continue with C16. Else go to C17.

C16. How much say do you feel you have in deciding which topics are covered or offered in the classes your employer pays for or offers? Would you say . . .

- a lot, ..... 1
- some, ..... 2
- a little, or ..... 3
- none? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

C17. What types of topics would you like to see covered in training classes at your current job?

[SELECT ALL THAT APPLY. PROBE: Any other topics?]

MEDICATION MANAGEMENT .....	10
PAIN MANAGEMENT .....	11
WORKING WITH RESIDENTS WITH DEMENTIA .....	12
WORKING WITH RESIDENTS WITH MENTAL ILLNESS.....	13
MOVING/LIFTING RESIDENTS.....	14
COMMUNICATING WITH RESIDENTS .....	15
WORKING WITH RESIDENTS' FAMILY MEMBERS .....	16
END OF LIFE ISSUES/ COPING WITH GRIEF .....	17
WORKING WITH SUPERVISORS.....	18
DEALING WITH PROBLEMS AT WORK .....	19
TIME MANAGEMENT/ORGANIZING WORK TASKS .....	20
WORKPLACE INJURY PREVENTION .....	21
OTHER.....	91
NONE/NO TOPICS .....	0
DON'T KNOW .....	d
REFUSED .....	r

CATI INSTRUCTION: Option 0 cannot be selected with other options. Otherwise, display error message: 'INVALID RESPONSE. NONE CANNOT BE SELECTED WITH OTHER TOPICS. CLICK <GO TO> AND RE-ASK QUESTIONS.] Let me check what I have recorded.'

Box C13 If C17 = 91, continue with C17a. Else go to C18.

C17a. [What types of topics would you like to see covered in training classes at your current job?]

[SPECIFY:]

---

---

CATI INSTRUCTION: Disallow DK and RF.

C18. Could {SAMPLED FACILITY} do anything to encourage you to take more training besides your yearly re-certification training?

- YES ..... 1
- NO ..... 2
- MAYBE/DEPENDS ..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

Box C14      If C18 = 2 or RF, go to D1. Else continue with C19.

C19. What types of things would encourage you to take more training at your current job?

[SELECT ALL THAT APPLY. PROBE: Any others?]

[PRESS F1 FOR HELP SCREEN.]

- TUITION REIMBURSEMENT/FREE TRAINING/PAID TO ATTEND TRAINING ..... 10
- INCREASE IN (SALARY/HOURLY WAGE) ... 11
- ONE-TIME BONUS..... 12
- NEW/BETTER BENEFITS ..... 13
- PROMOTION..... 14
- CHANGE IN JOB TITLE..... 15
- ADDITIONAL JOB RESPONSIBILITIES..... 16
- CONVENIENCE OF TRAINING (TIME/LOCATION)..... 17
- OTHER..... 91
- DON'T KNOW ..... d
- REFUSED ..... r

Box C15 If C19 = 91, continue with C19a. Else go to D1a.

C19a. [What types of things would encourage you to take more training at your current job?]

[SPECIFY:]

---

---

CATI INSTRUCTION: Disallow DK and RF.



## D. JOB HISTORY

D1\_PRE. The next questions are about the jobs you have had including those in health care and those in other areas.

[PRESS 1 AND ENTER TO CONTINUE.]

CONTINUE ..... 1

D1a. About how many full-time or part-time jobs have you had during the past five years? Please include your current job and include military duty, self-employment, or your own business, such as babysitting or doing hair.

[READ CATEGORIES IF NECESSARY.]

1 .....	1
2 - 4.....	2
5 - 7.....	3
8 - 10.....	4
MORE THAN 10.....	5
DON'T KNOW .....	d
REFUSED.....	r

D1b. About how many full-time or part-time jobs have you had during the past two years? That would be since {MONTH, YEAR TWO YEARS PRIOR TO INTERVIEW DATE}. Please include your current job.

[ENTER NUMBER OF JOBS.]

|\_|\_|

DON'T KNOW.....d

REFUSED.....r

CATI INSTRUCTIONS:

- Soft range check: 1..10. Otherwise, display error message, '[UNLIKELY RESPONSE. VERIFY WITH RESPONDENT AND RE-ASK QUESTIONS.]  
Let me check what I have recorded.'
- Hard edit checks:

If D1a =

1  
2  
3  
4

Then D1b cannot be greater than

1  
4  
7  
10

D2/D3c.

{I have some more questions about the jobs you have had during the past 2 years.}

{Let's start with your job at {SAMPLED FACILITY}.}

{[PRESS 1 AND ENTER TO CONTINUE.]}

{Where else have you worked since {MONTH/YEAR TWO YEARS AGO}? Again, include full-time and part-time work and any other current jobs.}

{[RECORD EMPLOYER NAME. IF NO OTHER JOB, PRESS ENTER TO EXIT.]}

{[PROBE:] We only need the employer name to make this section easier to go through. It will not be kept with the rest of your answers.}

Job	Company	Start Month	Start Year	Stop Month	Stop Year
[1]	{SAMPLED FACILITY}				
[2]					
[3]					
[4]					
[5]					

#### CATI INSTRUCTIONS:

1. Display a 5 x 6 matrix.
2. Navigation is restrictive. Users have to complete one row before moving to the next.
3. Preload name of sampled facility for {SAMPLED FACILITY} on the 1<sup>st</sup> row of the 'Company' column. Disallow change of data.
4. The cursor should be on the 1<sup>st</sup> row of the 'Company' column when users first arrive at the matrix.
5. If on 1<sup>st</sup> row of the 'Company' column:
  - If D1a = 1, display '[PRESS 1 AND ENTER TO CONTINUE.]'.
  - Else, display 'I have...2 years', 'Let's...FACILITY}' and '[PRESS 1 AND ENTER TO CONTINUE.]'
6. If on 2<sup>nd</sup> – 5<sup>th</sup> rows of this column, display 'Where...jobs', '[RECORD...TO EXIT]', and '[PROBE:]...'
7. Allow users to leave the matrix by pressing ENTER on any empty field in the 'Company' column.

D3a1. When did you start working for {SAMPLED FACILITY/EMPLOYER}?

[ENTER MONTH.]

|\_|\_|

DON'T KNOW ..... d

REFUSED ..... r

CATI INSTRUCTION:

Hard range: 1 – 12.

D3a2. [When did you start working for {SAMPLED FACILITY/EMPLOYER}?]

[ENTER A 4-DIGIT YEAR.]

|\_|\_|\_|

DON'T KNOW ..... d

REFUSED ..... r

CATI INSTRUCTION:

Hard edit check: If neither D3a1 nor D3a2 = DK or RF, and date formed by D3a1 and D3a2 is later than interview date, display error message ('INVALID RESPONSE, CANNOT BE LATER THAN INTERVIEW DATE. VERIFY ANSWERS OR RE-ASK QUESTION').

Box D1            If on the 1<sup>st</sup> row and A1 = 2, or if on the 2<sup>nd</sup> – 5<sup>th</sup> rows, continue with D3b1.  
Else, go to D3c for the next row (see matrix at D2).

Display instruction: If on the 2<sup>nd</sup> – 5<sup>th</sup> rows, display 'IF STILL AT JOB..' Else do not display.

D3b1. When did you stop working there?

[ENTER MONTH. {IF STILL AT JOB, ENTER 96.}]

|\_|\_|

DON'T KNOW ..... d

REFUSED ..... r

CATI INSTRUCTION:

Hard ranges: 1..12 if on the 1<sup>st</sup> row. 1..12, 96 if on the 2<sup>nd</sup> – 5<sup>th</sup> rows.

Box D1A If D3b1 = 96, go to D3c for the next row (see matrix at D2).  
Else, continue with D3b2.

D3b2. [When did you stop working there?]

[ENTER A 4-DIGIT YEAR.]

|\_|\_|\_|

DON'T KNOW ..... d

REFUSED ..... r

CATI INSTRUCTIONS:

Hard edit checks:

If neither D3b1 nor D3b2 = DK or RF:

- If date formed by D3b1 and D3b2 is later than interview date, display error message (('INVALID RESPONSE. CANNOT BE LATER THAN INTERVIEW DATE. VERIFY ANSWERS OR RE-ASK QUESTIONS').
- If neither D3a1 nor D3a2 = DK or RF, and date formed by D3b1 and D3b2 is earlier than start date (D3a1, D3a2), display error message (INVALID RESPONSE. CANNOT BE EARLIER THAN START DATE. VERIFY ANSWERS OR RE-ASK QUESTIONS.).

Box D2 If on the 1<sup>st</sup> – 4<sup>th</sup> rows, go to D3c for the next row (see matrix at D2).  
Else, go to D4 (next matrix).

D4a.

{The next few questions are about your job at {SAMPLED FACILITY/EMPLOYER[2-5]}.

[PRESS 1 AND ENTER TO CONTINUE.]

Job	Company	Number of hours	Paid by hour	Hourly rate	Wage amount	Wage unit	Wage unit OS	Why stop work
[1]	{SAMPLED FACILITY}							
[2]	{EMPLOYER[2]}							
[3]	{EMPLOYER[3]}							
[4]	{EMPLOYER[4]}							
[5]	{EMPLOYER[5]}							

CATI INSTRUCTIONS:

1. Display a matrix with 9 columns and up to 5 rows. The number of rows should correspond to the number of jobs entered at the previous matrix.
2. Navigation is restrictive. Users must complete one row before moving to the next.
3. Display 'The next few question...' if D1a not = 1. Else do not display.
4. For 'The next few question...', display name of sampled facility for {SAMPLED FACILITY} on the 1<sup>st</sup> row of the 'Company' column. Display name of employers entered at the previous matrix for {EMPLOYER[2-5]} on the 2<sup>nd</sup> – 5<sup>th</sup> rows of the 'Company' column.
5. The cursor should be on the 1<sup>st</sup> row of the 'Company' column when users first arrive at the matrix.
6. Gray out the columns of 'Employer' and 'Company' of the 1<sup>st</sup> row of the matrix.

Box D3            If on the 1<sup>st</sup> row, go to D6. Else, continue with D4a2.

Display instructions for D4a2 through D6b2a:

If D3b1 not = 96, display 'did', 'was', 'were', and 'just before you left that job'. Else display 'do', 'is', 'are'.

D4a2. What kind of work {are/were} you doing?

[IF CNA, TYPE CNA.]

---

DON'T KNOW ..... d

REFUSED ..... r

D4b. What {are/were} your most important activities or duties?

[PROBE FOR CLEAR AND DESCRIPTIVE ACTIVITIES.]

---

DON'T KNOW ..... d

REFUSED ..... r

D5. What kind of business or industry is this?

[PROBE:] What {do/did} (they/you) make, sell, or do?

[PROBE FOR PRODUCT OR SERVICE.]

---

DON'T KNOW ..... d

REFUSED ..... r

D6. How many hours {do/did} you usually work in an average week for {SAMPLED FACILITY/EMPLOYER}?

[ENTER NUMBER OF HOURS PER WEEK. IF MORE THAN 99 HOURS PER WEEK, ENTER 99.]

□□□

DON'T KNOW ..... d

REFUSED ..... r

CATI INSTRUCTIONS:

- Soft range check: 16..50 hours; else display error message, '[UNLIKELY RESPONSE. LESS THAN 16 HOURS. CLICK <GOTO> AND VERIFY RESPONSES. SUPPRESS SOFT CHECK IF CORRECT.] I have recorded [READ INITIAL RESPONSE]. Is this correct?'

D6a. [EMPLOYER NAME: {SAMPLED FACILITY/EMPLOYER}]

{Are/Were} you paid by the hour while working there?

[IF GET DIFFERENTIAL, CODE 'NO'.]

YES ..... 1

NO ..... 2

DON'T KNOW ..... d

REFUSED ..... r

Box D4            If D6a = 1, go to D6a1. Else, go to D6b1.



D6a2. [EMPLOYER NAME: {SAMPLED FACILITY/EMPLOYER}]

What {is/was} your hourly rate, {just before you left that job} before taxes and deductions?

[ENTER HOURLY RATE UP TO 2 DECIMAL PLACES.]

\$|\_|\_|\_|.|\_|\_|\_|

DON'T KNOW ..... d

REFUSED ..... r

CATI INSTRUCTIONS:

- Soft range check: 4.50..18.00; else display error message, '[UNLIKELY RESPONSE. CLICK <GOTO> AND VERIFY RESPONSES. SUPPRESS SOFT CHECK IF CORRECT.] I have recorded [READ INITIAL RESPONSE]. Is this correct?'

Box D5            If on the 1<sup>st</sup> row and A1 = 2, or if on the 2<sup>nd</sup> – 5<sup>th</sup> rows and D3b1 not = 96, DK, or RF, go to D6d. Else go to Box D8.

D6b1. [EMPLOYER NAME: {SAMPLED FACILITY/EMPLOYER}]

How much {are/were} your weekly or monthly earnings, before taxes and other deductions {just before you left that job}? Please include tips, commissions, and regular overtime pay.

[ENTER AMOUNT IN WHOLE DOLLAR. ROUND UP IF HALF OR MORE. ROUND DOWN IF LESS THAN HALF.]

\$|\_|\_|\_|,|\_|\_|\_|\_|

DON'T KNOW ..... d

REFUSED ..... r

Box D6A        If D6b1 = DK or RF, go to Box D7. Else continue with D6b2.

D6b2. [How much {are/were} your weekly or monthly earnings, before taxes and other deductions {just before you left that job}? Please include tips, commissions, and regular overtime pay.]

[ENTER UNIT. SELECT MOST CONVENIENT TIME PERIOD.]

PER DAY.....	1
PER WEEK .....	2
ONCE EVERY TWO WEEKS.....	3
TWICE A MONTH .....	4
PER MONTH.....	5
PER YEAR .....	6
OTHER.....	91

CATI INSTRUCTIONS:

1. Disallow DK and RF.
2. Soft range checks:

If D6b2 =	D6b1 should = :
1	30..120
2	150..600
3	300..1200
4	300..1200
5	650..2600
6	8000..30000

3. Error message for soft edit check: [UNLIKELY RESPONSE. CLICK <GOTO> AND VERIFY RESPONSES. SUPPRESS SOFT CHECK IF CORRECT.] I have recorded [READ INITIAL RESPONSE]. Is this correct?

Box D6B        If D6b2 = 91, go to D6b2a. Else go to Box D7.

D6b2a. [How much {are/were} your weekly or monthly earnings, before taxes and other deductions {just before you left that job}? Please include tips, commissions, and regular overtime pay.]

[SPECIFY UNIT.]

---

CATI INSTRUCTION: Disallow DK and RF.

Box D7            If on the 1<sup>st</sup> row and A1 = 2, or if on the 2<sup>nd</sup> – 5<sup>th</sup> rows and D3b1 not = 96, DK, or RF, go to D6d.  
Else go to Box D8.

D6d. [EMPLOYER NAME: {SAMPLED FACILITY/EMPLOYER}]

Why did you stop working at this job? Did the job end or were you laid off, did you quit, or were you fired?

LAID OFF OR JOB ENDED..... 1  
QUIT..... 2  
FIRED..... 3  
DON'T KNOW ..... d  
REFUSED ..... r

Box D8            If there is another row in this matrix, continue with D4 of the next row.  
Else if A1 = 1, go to D7.  
Else go to K1.

D7. I'd like to ask you some more questions about your current job at {SAMPLED FACILITY}.

Modified from  
Capital District  
Home Care Survey  
(Q.C3)

How did you find your current job?

[SELECT ALL THAT APPLY.]

[PROBE:] How did you hear about it?

[PROBE:] Anything else?

- NEWSPAPER ..... 10
- PHONEBOOK.....11
- FAMILY MEMBER OR FRIEND WAS ONE/  
RECOMMENDED IT ..... 12
- FACILITY WAS PART OF TRAINING  
PROGRAM..... 13
- SCHOOL OR JOB TRAINING PROGRAM  
(INCLUDING CNA TRAINING) ..... 14
- JOB FAIR ..... 15
- INTERNET/ ONLINE EMPLOYMENT  
SERVICE ..... 16
- TEMPORARY ASSISTANCE FOR NEEDY  
FAMILIES (TANF)/WORK FIRST AGENCY... 17
- OTHER..... 18
- DON'T KNOW ..... d
- REFUSED ..... r

Display instruction:

- When on D8b through D8g, enclose 'The next question...you...' in square brackets.
- Display '[PROBE:] This...job' and '[PROBE:] Whether...you?' only when on D8a.

D8. {}The next questions are about benefits that are available at {SAMPLED FACILITY}. Does your current employer offer you . . . {}

WFNJ  
(mod)

{[PROBE:]This would include benefits that are offered after a certain number of months on the job.}

{[PROBE:]Whether you use the benefit or not, is it available to you?}

	YES	NO	DON'T KNOW	REFUSED
a. paid sick leave? .....	1	2	d	r
b. paid holidays off? .....	1	2	d	r
c. any other paid time off, such as vacation or personal days? .....	1	2	d	r
d. extra pay for working on holidays? .....	1	2	d	r
e. a retirement or pension plan? .....	1	2	d	r
[PROBE:]This would <u>not</u> include social security or railroad retirement benefits.				
f. paid child care or child care subsidies or assistance? .....	1	2	d	r
g. paid transportation or transportation subsidies or assistance? .....	1	2	d	r

D8a. Is there health insurance coverage available to you at your current job?

WtW

YES ..... 1  
 NO ..... 2  
 DON'T KNOW ..... d  
 REFUSED ..... r

Box D9            If D8a = 1, continue with D8b. Else go to D9.

D8b.            Are you currently participating in the health insurance plan?

WtW

[IF PARTIALLY PARTICIPATING, FOR EXAMPLE,  
DENTAL OR VISION, CODE "NO".]

- YES..... 1
- NO..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

Box D10            If D8b = 2, continue with D8c. Else go to D8d.

D8c.            Why aren't you participating in the health insurance plan at your job?

- CAN'T AFFORD IT; TOO EXPENSIVE..... 1
- ALREADY COVERED BY ANOTHER  
PRIVATE HEALTH INSURANCE PLAN ..... 2
- COVERED BY MEDICAID; MEDICARE ..... 3
- HAVEN'T WORKED LONG ENOUGH  
TO BE ELIGIBLE FOR HEALTH  
INSURANCE ..... 4
- DON'T NEED HEALTH INSURANCE ..... 5
- OTHER..... 91
- DON'T KNOW ..... d
- REFUSED ..... r

Box D11            If D8c = 91, continue with D8c1. Else go to D8d.

D8c1.[Why aren't you participating in the health insurance at your job?]

[SPECIFY REASON:]

---

---

CATI INSTRUCTION: Disallow DK and RF.

D8d. Is there health insurance coverage available for other family members?

wtw

- YES..... 1
- NO..... 2
- DON'T KNOW ..... d
- REFUSED..... r

Box D11A If D8c = 3, go to Box D11B.  
Else if preloaded address contains state, go to D9.  
Else continue with D8e.

D8e. What state are you living in?

[ENTER A 2-LETTER STATE ABBREVIATION].

[TYPE THE TWO LETTER STATE ABBREVIATION. THEN USE ARROW KEYS IF NEEDED TO LOCATE STATE, AND PRESS ENTER TO SELECT.]

|||

- DON'T KNOW ..... d
- REFUSED..... r

CATI INSTRUCTIONS:

Hard edit check: Allow the following state abbreviations only:

AK AL AR AZ CA CO CT DC DE FL GA HI IA ID IL IN KS KY LA MA MD ME MI MN  
MO MS MT NC ND NE NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT VA  
VT WA WI WV WY

Otherwise, display error message: '[INVALID RESPONSE. CLICK <GO TO> AND RE-ASK QUESTIONS.] Let me check what I have recorded.'

Display instructions:

- Refer to the Global specs for display for {STATE SPECIFIC MEDICAID NAME}, based on response at D8e.
- If D8e **not** = DK or RF, display ', or {STATE SPECIFIC MEDICAID NAME}'. Else do not display.

D9. Do you participate in any government programs that pay for medical care such as Medicare, Medicaid{, or {STATE SPECIFIC MEDICAID NAME}}?

WFNJ  
(mod)

[PROBE:] Medicaid is a public-assistance program that pays for medical care.

[PRESS F1 FOR HELP SCREEN.]

YES..... 1  
NO..... 2  
DON'T KNOW ..... d  
REFUSED..... r

Box D11B If D8c = 2, go to D10. Else continue with D9a.

Display instruction:

If D8b or D9 = 1, display 'also' and 'other'. Else do not display.

D9a. Do you {also} have health insurance coverage either through your spouse or partner's job or employer, or {other} health insurance that you have purchased on your own?

WFNJ  
(mod)

[PROBE:] Include coverage on parent's plan.

YES..... 1  
NO..... 2  
DON'T KNOW ..... d  
REFUSED..... r



D10. The next questions are about the hours you work on your current job at {SAMPLED FACILITY}.

IOWA

Would you prefer to work more or fewer hours on this job, or is the amount of hours you work about right?

- MORE HOURS ..... 1
- FEWER HOURS ..... 2
- ABOUT RIGHT..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

Box D12 If D10 = 1, continue with D10a. Else go to D11.

D10a. What are the reasons you cannot work more hours on this job?  
[SELECT ALL THAT APPLY.]  
[PROBE:] Anything else?

- THE FACILITY HAS ENOUGH EMPLOYEES/DOES NOT REQUIRE MORE HOURS/NO OVERTIME ..... 10
- CHILD CARE OR FAMILY ISSUES PREVENT WORKING MORE HOURS ..... 11
- HEALTH ISSUES..... 12
- OTHER..... 91
- DON'T KNOW ..... d
- REFUSED ..... r

Box D13 If D10a = 91, continue with D10a1. Else go to D11.

D10a1. [What are the reasons why you cannot work more hours on this job?]

[SPECIFY REASON:]

---



---

CATI INSTRUCTION: Disallow DK and RF.

D11. Are you ever required to work mandatory overtime at {SAMPLED FACILITY} even if you do not want to?

- YES..... 1
- NO..... 2
- DON'T KNOW ..... d
- REFUSED..... r

Box D14 If D11 = 1, continue with D12. Else go to D13a.

D12. How many times in the past month have you been required to work mandatory overtime?

[INTERVIEWER: READ CATEGORIES IF NECESSARY.]

- NONE..... 0
- 1 TO 2 TIMES ..... 1
- 3 TO 5 TIMES ..... 2
- OVER 5 TIMES ..... 3
- DON'T KNOW ..... d
- REFUSED..... r

Display instructions:

Calculate the difference in number of months between start month and year and stop month and year for Job # 1 (sampled facility). If the number of months  $\leq 12$ , display 'Since..increase?' Else display 'During...'

D13a. {Since you started your job at {SAMPLED FACILITY}, have you been given a pay increase?/During the past year, were you given a pay increase while working at {SAMPLED FACILITY}??}

- YES..... 1
- NO..... 2
- DON'T KNOW ..... d
- REFUSED..... r

Display instructions:

- Display 'Does your employer offer...' when on D14a. Else do not display.
- If on D14a, display '[PRESS F1 FOR HELP SCREEN]'. Else do not display.

D14. Does your employer offer . . .

{[PRESS F1 FOR HELP SCREEN.]}

	YES	NO	DON'T KNOW	REFUSED
a. bonuses?.....	1	2	d	r
b. Time off for good work?.....	1	2	d	r
c. Tuition reimbursement or subsidy? .....	1	2	d	r
d. Anything else? .....	1	2	d	r

Box D15 If D14d = 1, continue with D14d1. Else go to D15.

D14d1. [Anything else?]

[SPECIFY:]

---

---

CATI INSTRUCTION: Disallow DK and RF.

D15. If you had to decide whether to take your current job again, would you . . .

Job  
Content  
Survey  
Mod.

- take it without hesitation, ..... 1
- have second thoughts about it, or ..... 2
- definitely not take it? ..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

Box D16 If D3b1 = 96 for more than 1 job, continue with D16a. Else go to E1.

Display instruction:

- The number of other jobs displayed for {one/two/three/four} should be calculated as the number of jobs entered at the D3 job grid minus 1.
- If the number of other job is > 1, display 's'. Else do not display.

D16a. In addition to your job at {SAMPLED FACILITY}, you told me you also have {one/two/three/four} other job{s}. Why do you have more than one job currently?

[PROBE:] Anything else?

[SELECT ALL THAT APPLY.]

- NEED THE MONEY ..... 10
- LIKE THE VARIETY OF JOBS..... 11
- CANNOT GET ENOUGH HOURS  
ON ANY ONE JOB..... 12
- CAN GET HEALTH BENEFITS.....13
- OTHER..... 14
- DON'T KNOW ..... d
- REFUSED ..... r

D17. If you could work the same number of hours and make the same amount of money at just one job, would you prefer that more than working at several jobs?

- YES ..... 1
- NO..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

**E. FAMILY LIFE**

E1. Over the past month, how have you been traveling to and from your current job?

WFNJ

[IF MORE THAN ONE MODE, PROBE:] Which is your main form of transportation that you use most often to travel to and from this job?

[IF RESPONDENT SAYS "CAR," PROBE:] Do you drive yourself, carpool, or get a ride from someone?

[IF MODE HAS CHANGED OVER TIME, PROBE:] What have you used most recently?

- DRIVE SELF ..... 1
- CAR POOL/GET A RIDE FROM OTHERS ... 2
- PUBLIC TRANSPORTATION ..... 3
- WALKS/BICYCLE ..... 4
- TAXI ..... 5
- OTHER..... 6
- DON'T KNOW ..... d
- REFUSED ..... r

E1a1. How long does it usually take you to get to work?

wtw

[ENTER UNIT. IF RESPONSE IS ONLY IN HOURS, CODE 1.]

[HOURS] [MINS]

- HOURS ..... 1
- HOURS AND MINUTES..... 2
- MINUTES ..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

Box E1      If E1a1 = DK or RF, go to E2.  
                  Else if E1a1 = 3, go to E1a3.  
                  Else, continue with E1a2.

E1a2. [How long does it usually take you to get to work?]

wtw

[PROBE:] Just one way, not round trip.

[UNIT: {E1a1}] [ENTER HOURS] [MINS]

|||

CATI INSTRUCTIONS:

- Disallow DK or RF.
- Soft range check: 1..3. If E1a2 >= 3 and, display error message, '[UNLIKELY RESPONSE. CLICK <GO TO> AND VERIFY WITH RESPONSES.] Let me check what I have recorded.'

Box E2        If E1a1 = 2, continue with E1a3. Else, go to E2.

E1a3.    [How long does it usually take you to get to work?]

WtW

[UNIT: {E1a1}]    [HOURS: {E1a2}]    [ENTER MINUTES]

  |  |  |

CATI INSTRUCTIONS:

- Disallow DK or RF.
- Hard edit checks: 0..99. If E1a1 = 2, E1a3 cannot exceed 59. If E1a1 = 3, E1a3 has to be <= 99. Otherwise, display error message for hard edit check.

E2.        During the past month, did you miss any time from work because of problems with transportation?

YES..... 1  
NO..... 2  
DON'T KNOW ..... d  
REFUSED..... r

Box E1        If E2 = 1, continue with E3a. Else go to E4.



E3a. How much time from work did you miss because of transportation problems?

[PROBE:] During the past month.

[PROBE:] Your best estimate is fine.

[ENTER NUMBER.]

|||

DON'T KNOW ..... d

REFUSED ..... r

Box E2 If E3a = DK or RF, go to E4. Else continue with E3b.

E3b. [How much time from work did you miss because of transportation problems?]

[ENTER UNIT.]

DAYS ..... 1

HOURS ..... 2

CATI INSTRUCTIONS:

- Disallow DK and RF.
- Soft range check: If E3a >=15 and E3b = 1, display error message, '[UNLIKELY RESPONSE. CLICK <GOTO> AND VERIFY RESPONSES.] Let me check what I have recorded.'
- Hard range checks: If E3b = 1, then E3a should = 1..31. If E3b = 2, then E3a should = 1..99.

Illinois  
TANF

E4. The next questions are about you and the people living with you in your household. Again, I'd like to remind you that all of your answers will be kept strictly confidential.

How many people in your household are adults, age 18 or older, not including yourself? Please count people who normally stay with you for at least 2 nights per week.

[ENTER NUMBER OF ADULTS.]

[IF NONE 18 OR OLDER, ENTER 0.]

\_\_\_\_

NUMBER OF ADULTS

DON'T KNOW ..... d

REFUSED ..... r

CATI INSTRUCTIONS:

- Soft range check: If E4 is > 9, display error message, '[UNLIKELY RESPONSE. CLICK <GOTO> AND VERIFY RESPONSES.] Let me check what I have recorded.'
- Hard range check: 0..19.

Box E3      If E4 = 0, DK, or RF, go to E6. Else continue with E5.

Display instructions: If E4 = 1, display 'Is the person' the 'is'. Else display 'Are any of the people' and 'are'.

E5. {Are any of the people/Is the person} in your household that {are/is} over age 18 currently working full-time or part-time?

YES ..... 1

NO ..... 2

DON'T KNOW ..... d

REFUSED ..... r

E6. And how many people in your household are children age 17 or younger?

[ENTER NUMBER OF CHILDREN.]



|\_|\_|

NUMBER OF CHILDREN

DON'T KNOW ..... d

REFUSED ..... r

CATI INSTRUCTIONS:

- Soft range check: If E6 is > 9, display error message, '[UNLIKELY RESPONSE. CLICK <GOTO> AND VERIFY RESPONSES.] Let me check what I have recorded.'
- Hard range check: 0..19.

Box E4 If E6 = 0, DK, or RF, go to E9. If E6 = 1, go to E6c. Else go to E6a.

E6a. Of those {NUMBER OF CHILDREN FROM E6}, how many are your own children or children you are responsible for?

[ENTER NUMBER OF CHILDREN RESPONSIBLE FOR.]

|\_|\_|

NUMBER OF CHILDREN RESPONSIBLE FOR

DON'T KNOW ..... d

REFUSED ..... r

CATI INSTRUCTIONS:

- Hard range check: Lower limit = 0; upper limit should be <= E6.

Box E5        If E6a = 0, DK, or RF, go to E9. If E6a = 1, go to E6d.  
Else go to E6b.

E6b.        Of those {NUMBER OF CHILDREN FROM E6a} children, how many of  
them require child care while you are working at {SAMPLED FACILITY}?

[ENTER NUMBER OF CHILDREN REQUIRING CHILD CARE.]

  |\_|\_|  
NUMBER OF CHILDREN REQUIRING CHILD CARE

DON'T KNOW ..... d

REFUSED ..... r

CATI INSTRUCTIONS:

- Hard range check: Lower limit = 0; upper limit should be <= E6a. Else display error message, ' [INVALID RESPONSE. CLICK <GO TO> AND RE-ASK QUESTIONS.] Let me check what I have recorded.'

Box E6        If E6b = 0, DK, or RF, go to E9. Else go to E7.

E6c. Is that your own child or a child you are responsible for?

RESPONDENT'S OWN CHILD..... 1  
NOT RESPONDENT'S CHILD..... 2  
DON'T KNOW ..... d  
REFUSED ..... r

Box E7 If E6c = 1 or 2, continue with E6d. Else go to E9.

E6d. Does this child require child care while you are working at {SAMPLED FACILITY}?

YES..... 1  
NO..... 2  
DON'T KNOW ..... d  
REFUSED..... r

Box E8 If E6d = 1, continue with E7. Else go to E9.

E7. During the past month, did you miss any time from work because of problems with child care arrangements?

YES..... 1  
NO..... 2  
DON'T KNOW ..... d  
REFUSED..... r

Box E9 If E7 = 1, continue with E8a. Else go to E9.

E8a. How much time from work did you miss because of problems with child care?

[PROBE:] During the past month.

[PROBE:] Your best estimate is fine.

[ENTER NUMBER.]

|||

DON'T KNOW ..... d

REFUSED ..... r

Box E10 If E8a = DK or RF, go to E9. Else continue with E8b.

E8b. [How much time from work did you miss because problems with child care?]

[ENTER UNIT.]

DAYS ..... 1

HOURS ..... 2

CATI INSTRUCTIONS:

- Disallow DK and RF.
- Soft range checks for E8a: 1..15 if E8b = 1; 1..80 if E8b = 2. Else, display error message, '[UNLIKELY RESPONSE. CLICK <GOTO> AND VERIFY RESPONSES.] Let me check what I have recorded.'
- Hard range check: E8a = 1..31 if E8b = 1. Else, display error message, '[INVALID RESPONSE. MUST BE 31 DAYS OR LESS. CLICK <GO TO> AND RE-ASK QUESTIONS.] Let me check what I have recorded.'
- Hard range check: If E8b = 2, E8a must = 1..99.

E9. Not counting care you get paid for, are you currently taking care of a family member, relative, or friend who has a disability or health problem?

YES..... 1  
NO..... 2  
DON'T KNOW ..... d  
REFUSED ..... r

Box E11 If E9 = 1, continue with E10. Else go to E12.

E10. During the past month, did you miss any time from work because of having to take care of a family member, relative, or friend?

YES..... 1  
NO..... 2  
DON'T KNOW ..... d  
REFUSED ..... r

Box E12 If E10 = 1, continue with E11a. Else go to E12.

E11a. How much time did you miss?

[PROBE:] During the past month.

[PROBE:] Your best estimate is fine.

[ENTER NUMBER.]

\_\_\_\_\_  
DON'T KNOW ..... d  
REFUSED ..... r

Box E13 If E11a = DK or RF, go to E12. Else continue with E11b.

E11b. [How much time did you miss?]

[ENTER UNIT.]

DAYS ..... 1

HOURS ..... 2

CATI INSTRUCTIONS:

- Disallow DK and RF.
- Soft range checks for E11a: 1..15 if E11b = 1; 1..80 if E11b = 2. Else, display error message, '[UNLIKELY RESPONSE. CLICK <GOTO> AND VERIFY RESPONSES.] Let me check what I have recorded.
- Hard range check: E11a = 1..31 if E11b = 1. Else, display error message, '[INVALID RESPONSE. MUST BE 31 DAYS OR LESS. CLICK <GO TO> AND RE-ASK QUESTIONS.] Let me check what I have recorded.
- Hard range check: E11a = 1..99 if E11b = 2.

E12. Now I would like to ask you about sources of income and support you may have received.

WFNJ

Have you ever received cash welfare for families and children, which is also known as TANF or Temporary Assistance for Needy Families? TANF used to be called AFDC, or Aid to Families with Dependent Children.



[PROBE:] Please include electronically transferred benefits.

[INTERVIEWER: TANF GRANT MAY BE SHARED WITH WORKER'S SPOUSE/BOYFRIEND/GIRLFRIEND.]

YES ..... 1  
NO ..... 2  
DON'T KNOW ..... d  
REFUSED ..... r

Box E14      If E12 = 1, continue with E13. Else go to E14.

E13.      Are you currently receiving cash welfare or TANF?

YES ..... 1  
NO ..... 2  
DON'T KNOW ..... d  
REFUSED ..... r

E14.      Have you ever received Food Vouchers or food items from WIC which is  
the Women, Infants, and Children Program?

WFNJ

YES ..... 1  
NO ..... 2  
DON'T KNOW ..... d  
REFUSED ..... r

Box E15      If E14 = 1, continue with E14b. Else go to E15a.

E14b. Are you currently receiving food vouchers or food items from WIC?

- YES..... 1
- NO..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

E15a. Have you or your child ever received disability insurance such as Supplemental Security Income or SSI?

WFNJ

[PROBE:] Please include electronically transferred benefits.

- YES..... 1
- NO..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

Box E16 If E15a = 1, continue with E15b. Else go to E16a.

E15b. Are you currently receiving disability insurance such as SSI?

- YES..... 1
- NO..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

E16a. Have you ever received food stamp benefits?

WFNJ

[PROBE:] Please include electronically transferred benefits.

- YES..... 1
- NO..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

Box E17 If E16a = 1, continue with E16b. Else go to E17.

E16b. Are you currently receiving food stamps?

- YES..... 1
- NO..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

E17. Do you currently live in public housing, receive a rent subsidy such as Section Eight, or pay a lower rent because the government pays part of the cost?

[PRESS F1 FOR HELP SCREEN.]

WFNJ

- YES..... 1
- NO..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

## F. MANAGEMENT/SUPERVISION

F1. The next questions are about your supervisor at {SAMPLED FACILITY}. This is the person who oversees you on a daily basis and instructs you on job tasks.

[PROBE:] Please remember this survey is confidential.

[PRESS F1 FOR HELP SCREEN.]

[PRESS 1 AND ENTER TO CONTINUE.]

CONTINUE ..... 1

Display instructions:

- Randomize the starting point for F1a through F1j.
- When on the starting point, display 'The first statement is...' Else, do not display.
- When not on the starting point, enclose 'I'm going to...statement.' In square brackets.

F1. {} I'm going to read you some statements about your supervisor. Please tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each statement.{} {The first statement is:}

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED
a. my supervisor provides clear instructions when assigning work .....	1	2	3	4	d	r
b. My supervisor treats all nursing assistants equally .....	1	2	3	4	d	r
c. My supervisor deals with the complaints and concerns of nursing assistants .....	1	2	3	4	d	r
d. (My supervisor) is open to new and different ideas, such as a new or better way of dealing with resident care .....	1	2	3	4	d	r
e. (My supervisor) is supportive of progress in my career, such as further training .....	1	2	3	4	d	r
f. (My supervisor) helps me with my job tasks when help is needed .....	1	2	3	4	d	r
g. (My supervisor) listens to me when I am worried about a resident's care .....	1	2	3	4	d	r
h. (My supervisor) supports nursing assistants working in groups or teams with other health care workers, such as physical therapists, dieticians, RNs, LPNs, or other nurses .....	1	2	3	4	d	r
i. (My supervisor) disciplines or removes other nursing assistants who do not do their job well or their share of the work.....	1	2	3	4	d	r
j. (My supervisor) tells me when I am doing a good job....	1	2	3	4	d	r

## G. CLIENT RELATIONS

G\_PRE. The next questions are about the amount of time available to spend with the residents on your current job at {SAMPLED FACILITY}.

[PRESS 1 AND ENTER TO CONTINUE.]

CONTINUE ..... 1

G1. First, I want to ask you about things you do directly with residents such as helping them dress, bathe, get in and out of bed, or use the toilet. During a typical work week, how much time do you have to give individual attention to residents who need this type of assistance? Would you say you have . . .

more than enough time, ..... 1  
enough time, or ..... 2  
not enough time? ..... 3  
DON'T KNOW ..... d  
REFUSED ..... r

G2. Again, during a typical work week, how much time do you have to complete other duties that don't directly involve the residents? This would be things like cleaning the tub room, making beds, restocking supplies, or record keeping. Would you say you have . . .

more than enough time, ..... 1  
enough time, or ..... 2  
not enough time? ..... 3  
DON'T KNOW ..... d  
REFUSED ..... r

G3. In general, are you encouraged by supervisors to discuss the care and well-being of residents with their families?

- YES ..... 1
- NO..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

G4. Are you assigned to care for the same residents on most days you work, or do the residents you are assigned to change each day or week you work?

- SAME RESIDENTS ..... 1
- RESIDENTS CHANGE ..... 2
- COMBINATION ..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

G5. To what degree do you feel residents respect you, as part of their health care team? Would you say . . .

Onondaga County  
Dept of Long-Term  
Care—Employer  
Survey in Home  
Care Agencies &  
Nursing Homes

- a great deal, ..... 1
- somewhat, or..... 2
- not at all?..... 3
- NOT APPLICABLE ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

**G6.** To what degree do you feel residents' families respect you, as part of the health care team? Would you say . . .

Onondaga County  
 Dept of Long-Term  
 Care—Employer  
 Survey in Home  
 Care Agencies &  
 Nursing Homes

- a great deal, ..... 1
- somewhat, or..... 2
- not at all?..... 3
- RESIDENTS' FAMILIES
- DON'T KNOW ME..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

**G7.** To what degree do you feel your supervisor respects you, as part of the health care team? Would you say . . .

Onondaga-  
 Modified BJBC

- a great deal, ..... 1
- somewhat, or..... 2
- not at all?..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

**G8.** In general, how often do the residents you care for let you know when you are doing a good job? Would you say . . .

Certified Nursing  
 Assistant Survey  
 Instrument (Iowa  
 Caregivers)

- Always or most of the time, ..... 1
- sometimes, or..... 2
- that never happens? ..... 3
- DON'T KNOW ..... d
- REFUSED ..... r



## H. ORGANIZATIONAL COMMITMENT/JOB SATISFACTION

H1. Now I'd like to ask you a few questions about how satisfied you are with your current job at {SAMPLED FACILITY}. Again, your answers are completely confidential.

(Job  
Content  
Survey)

Overall, how satisfied are you with your job? Are you . . .

- extremely satisfied, ..... 1
- somewhat satisfied,..... 2
- somewhat dissatisfied, or ..... 3
- extremely dissatisfied? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

Display instructions:

- Randomize starting point among H2a through H2j.
- When on the starting point, display 'Please...position' and 'First...position?'
- Otherwise, enclose 'Please...position' in square brackets. Do not display 'First...position?'
- When an item is the starting point, display the first letter in caps (i.e. 'C', 'F', 'T', 'Y'). Else display the first letter in lower case.

H2. {{}}Please tell me whether or not each of the following items is a reason why you continue to work in your current position.{{}}

[PRESS 1 AND ENTER TO CONTINUE.]

Onondaga County  
Dept. of  
Long-Term Care

CONTINUE ..... 1

H2a-k. {First, is {STARTING POINT} a reason why you continue to work in your current position?}

	YES	NO	NA	DON'T KNOW	REFUSED
a. {C/c}aring for others?.....	1	2	-	d	r
b. {T/t}he flexible schedule or hours? .....	1	2	3	d	r
c. {T/t}he salary or pay is good? .....	1	2	-	d	r
d. {T/t}he benefits?.....	1	2	3	d	r
e. {C/c}o-workers you like? .....	1	2	-	d	r
f. {Y/y}our supervisor? .....	1	2	-	d	r
g. {T/t}he opportunity for overtime? .....	1	2	3	d	r
h. {F/f}eeling good about the work you do?.....	1	2	-	d	r
i. {T/t}he work location? .....	1	2	-	d	r
j. {C/c}areer advancement? .....	1	2	3	d	r
k. Any other reasons?.....	1	2	-	d	r

Box H1            If H2k = 1, continue with H2k1. Else go to H3a.

H2k1. [Please tell me whether or not each of the following items is a reason why you continue to work in your current position.]

[SPECIFY REASON:]

---



---

CATI INSTRUCTION: Disallow DK and RF.

Box H2            If more than 1 item among H2a through H2k = 1, continue with H3a. Else go to H4.

Display Instructions:

Display this response category # for	If this item = 1 (yes)
H3a	
1	H1a
2	H1b
3	H1c
4	H1d
5	H1e
6	H1f
7	H1g
8	H1h
9	H1i
10	H1j
11	H1k (display response entered at H1k1)

H3a. Which one of these is the main reason why you continue to work at your job?

[READ RESPONSE CATEGORIES IF NECESSARY.]

- {CARE FOR OTHERS ..... 1}
- {FLEXIBLE SCHEDULE..... 2}
- {GOOD SALARY ..... 3}
- {BENEFITS ..... 4}
- {CO-WORKERS..... 5}
- {SUPERVISOR ..... 6}
- {OPPORTUNITY FOR OVERTIME ..... 7}
- {FEEL GOOD ABOUT WORK..... 8}
- {WORK LOCATION ..... 9}
- {CAREER ADVANCEMENT..... 10}
- {H1k1} ..... 11}
- DON'T KNOW ..... d
- REFUSED ..... r

Display instruction:

- When on H4b through H4e, enclose 'Are you...job?' in square brackets.
- When on H4a, display 'First..'. Else do not display.

H4. {[}Are you extremely satisfied, somewhat satisfied, somewhat dissatisfied, or extremely dissatisfied with the following aspects of your current job?{]}  
 {First, . . }.

(South Central  
 Michigan Works;  
 Health Care Industry  
 Sector Study)

[REPEAT SCALE AS NECESSARY.]

	EXTREMELY SATISFIED	SOMEWHAT SATISFIED	SOMEWHAT DISSATISFIE D	EXTREMELY DISSATISFIE D	DON'T KNOW	REFUSED
a. work place morale? .....	1	2	3	4	d	r
b. Doing challenging work? ....	1	2	3	4	d	r
c. The benefits? .....	1	2	3	4	d	r
d. The salary or wages? .....	1	2	3	4	d	r
e. Learning new skills? .....	1	2	3	4	d	r

H5. There are usually things that people like and dislike about their jobs. Please tell me the types of problems or incidents at work that make it difficult for you to work there or cause you to dislike your job.

[PROBE:] Anything else?

[SELECT ALL THAT APPLY.]

[PRESS F1 FOR HELP SCREEN.]

PROBLEMS WITH SUPERVISOR OR NURSES .....	10
PROBLEMS WITH CO-WORKERS .....	11
LACK OF RESPECT/APPRECIATION FOR WORK .....	12
PAY OR BENEFITS .....	13
PROBLEMS WITH SCHEDULE.....	14
NEW RULES/ PROCEDURES.....	15
WORKLOAD .....	16
HEALTH OR PERSONAL ISSUES .....	17
NATURE OF JOB .....	18
NOTHING/NO COMPLAINTS .....	19
OTHER.....	91
DON'T KNOW .....	d
REFUSED .....	r

CAPI INSTRUCTION:

- Option 19 (nothing) cannot be selected with other options. Else display error message: '[INVALID RESPONSE. "NOTHING/NO COMPLAINTS" CANNOT BE SELECTED WITH OTHER OPTIONS. CLICK <GO TO> AND RE-ASK QUESTIONS.] Let me check what I have recorded.

Box H3        If H5 = 91, continue with H5a. Else go to H6.

(Job Content  
Survey) Mod.

H5a. [There are usually things that people like and dislike about their jobs. Please tell me the types of problems or incidents at work that make it difficult for you to work there or cause you to dislike your job.]

[SPECIFY:]

---

---

CATI INSTRUCTION: Disallow DK and RF.

H6. If a friend or family member needed care and asked your advice about staying at {SAMPLED FACILITY}, would you . . .

BJBC

- definitely recommend it, ..... 1
- probably recommend it,..... 2
- probably not recommend it, or..... 3
- would you definitely not recommend it? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

H6a. If a friend or family member asked your advice about taking a nursing assistant job at {SAMPLED FACILITY}, would you . . .

(Job Content  
Survey)

- definitely recommend it, ..... 1
- probably recommend it,..... 2
- probably not recommend it, or..... 3
- would you definitely not recommend it? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

H7. If a friend or family member asked your advice, in general, about becoming a nursing assistant, would you . . .

- definitely recommend it, ..... 1
- probably recommend it,..... 2
- probably not recommend it, or..... 3
- would you definitely not recommend it? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

H8. At your facility how much turnover among nursing assistants would you say there is? By turnover we mean assistants quitting or leaving and new nursing assistants starting work. Would you say there is . . .

- a lot, ..... 1
- some, ..... 2
- a little, or..... 3
- none? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

Box H4 If H8 = 1 or 2, continue with H9. Else go to H11.

H9. How much does this turnover interfere with your ability to do your job? Would you say . . .

- a lot, ..... 1
- some, ..... 2
- a little, or..... 3
- none? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

Box H5            If H9 = 3, 4, DK, or RF, go to H11. Else continue with H10.

H10.    Why is that?

[SELECT ALL THAT APPLY.]

- WORKLOAD/TOO MANY PATIENTS/  
NOT ENOUGH TIME TO DO WORK..... 10
- HAVE TO SPEND TIME TRAINING  
OTHER CNAs ..... 11
- AFFECTS WORK PLACE MORALE ..... 12
- OTHER REASON ..... 91
- DON'T KNOW ..... d
- REFUSED ..... r

Box H6            If H10 = 91, continue with H10a. Else go to H11.

H10a.   [Why is that?]

[SPECIFY:]

---

---

CATI INSTRUCTION: Disallow DK and RF.



H11. Are you currently looking for a different job either as a nursing assistant or doing something else? Please remember, this survey is confidential.

- YES..... 1
- NO..... 2
- NO, BUT THINKING ABOUT IT ..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

H12. How likely is it that you will leave this job at {SAMPLED FACILITY} in the next year? Would you say . . .

(Job  
Content

- very likely, ..... 1
- somewhat likely, or..... 2
- not at all likely?..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

Box H7 If H12 = 3 or RF, go to H14. Else continue with H13.

H13. What are the main reasons why you think you would leave?

WIN A  
STEP  
UP

[PROBE:] Any other reasons?

[SELECT ALL THAT APPLY.]

- POOR PAY ..... 10
- POOR BENEFITS (*health insurance, vacation days, etc.*) ..... 11
- PROBLEMS WITH SUPERVISORS ..... 12
- PROBLEMS WITH CO-WORKERS ..... 13
- PROBLEMS WITH THE FACILITY WORKING CONDITIONS, POLICIES, OR PRACTICES ..... 14
- PROBLEMS DEALING WITH RESIDENTS' FAMILIES..... 15
- PROBLEMS DEALING WITH DYING RESIDENTS..... 16
  
- TOO MANY RESIDENTS TO CARE FOR ..... 17
- ILL HEALTH ..... 18
- CHILD CARE ISSUES ..... 19
- CARE FOR AN ELDERLY FAMILY MEMBER ..... 20
- MOVING TO A DIFFERENT AREA (*you, your family*)..... 21
- FOUND A NEW/BETTER JOB..... 22
- OTHER..... 91
- DON'T KNOW ..... d
- REFUSED ..... r

Box H8 If H13 = 91, continue with H13a. Else go to H14.

H13a. [What are the main reasons why you think you would leave?]

[SPECIFY:]

---

---

CATI INSTRUCTION: Disallow DK and RF.

H14. Do you think your next job will be as a nursing assistant or doing something else?

- NURSING ASSISTANT ..... 1
- SOMETHING ELSE ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

## I. WORKPLACE ENVIRONMENT

Display instructions:

- Randomize the starting point among I1a through I1g.
- When on the starting point, display 'The first statement is...' Else, do not display.
- Otherwise, enclose 'I'd like you...disagree' in square brackets. Display '[REPEAT SCALE AS NECESSARY.]'

I1.        {{}}I'd like you to continue thinking about {SAMPLED FACILITY}. I'm going to read you a few statements, and for each one tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree.{{}} {The first statement is... }

{{[REPEAT SCALE AS NECESSARY.]}}

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED
a. I am appropriately respected or rewarded by my nursing facility for my work.....	1	2	3	4	d	r
b. I can decide on my own how to go about doing my work.....	1	2	3	4	d	r
c. I am involved in challenging work .....	1	2	3	4	d	r
d. I have a chance to gain new skills and knowledge on the job .....	1	2	3	4	d	r
e. I am trusted to make resident care decisions ...	1	2	3	4	d	r
f. I have the opportunity to work in teams .....	1	2	3	4	d	r
g. I am confident in my ability to do my job .....	1	2	3	4	d	r

BJBC

12. Now I'd like to ask you a few questions about how you think people view the work you do as a nursing assistant.

How much do you think society values or appreciates your work as a nursing assistant? Would you say . . .

very much,..... 1  
somewhat, or..... 2  
not at all?..... 3  
DON'T KNOW ..... d  
REFUSED ..... r

13. How much do you think your supervisor values or appreciates the work that you do as a nursing assistant? Would you say . . .

very much,..... 1  
somewhat, or..... 2  
not at all?..... 3  
DON'T KNOW ..... d  
REFUSED ..... r

14. How much do you think the organization at {SAMPLED FACILITY} values or appreciates the work that you do as a nursing assistant? Would you say...

very much,..... 1  
somewhat, or..... 2  
not at all?..... 3  
DON'T KNOW ..... d  
REFUSED ..... r

15. How important do you think your work is? Would you say . . .

- very important, ..... 1
- somewhat important, or..... 2
- not important at all?..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

16. How often do you ask other nursing assistants for help with problems that relate to your current job? Would you say . . .

CWEQ  
Modified

- frequently, ..... 1
- sometimes, ..... 2
- once in awhile or ..... 3
- never? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

17. How often do you ask other employees, besides other nursing assistants, for help with problems that relate to your current job? Would you say . . .

- frequently, ..... 1
- sometimes, ..... 2
- once in awhile or ..... 3
- never? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

18. On your current job, have you ever been discriminated against because of your race or ethnic origin?

- YES ..... 1
- NO..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

## J. WORK-RELATED INJURIES

J\_PRE. The next questions are about any times you may have been hurt or injured while working at your job as a nursing assistant.

[PRESS 1 AND ENTER TO CONTINUE.]

CONTINUE ..... 1

Display instructions for J2 through J2g1:

- Calculate the difference in number of months between start month and year and the current interview date for Job # 1 (sampled facility). If the number of months  $\leq 12$ , display 'Since..any...?' Else display 'During...'
- If on J2b through J2g, enclose 'Since...' or 'During...' in square brackets.

J2. {{{ Since you started your job at {SAMPLED FACILITY}, have you had any . . ./ During the past 12 months at {SAMPLED FACILITY}, did you have any . . .{}}}

	YES	NO	DON'T KNOW	REFUSED
a. back injuries including pulled back muscles?..	1	2	d	r
b. other strains or pulled muscles? .....	1	2	d	r
c. human bites? .....	1	2	d	r
d. scratches, open wounds, or cuts?.....	1	2	d	r
e. black eyes or other types of bruising, or .....	1	2	d	r
f. other injuries from your job? .....	1	2	d	r

Box J1      If J2f = 1, continue with J2f1. Else go to Box J2.



J2f1. [{ Since you started your job at {SAMPLED FACILITY}, have you had any . . ./ During the past 12 months at {SAMPLED FACILITY}, did you have any . . .}?)

[other injuries from your job?]

[SPECIFY:]

---

---

CATI INSTRUCTION: Disallow DK and RF.

Box J2 If all items from J2a through J2f = 2, DK or RF, go to J9. Else continue with J3.

Display instructions for J3, J5:

Calculate the difference in number of months between start month and year and stop month and year for Job # 1 (sampled facility). If the number of months <= 12, display 'Since..' Else display 'During...'

J3. {Since you started your job/During the past 12 months}, how many different times were you hurt or injured while working at this facility?

[ENTER NUMBER OF TIMES.]

|\_|\_|  
TIMES

DON'T KNOW ..... d

REFUSED ..... r

CATI INSTRUCTIONS:

- Soft range check: If J3 is > 12, display error message, '[UNLIKELY RESPONSE. CLICK <GOTO> AND VERIFY RESPONSES.] Let me check what I have recorded.'
- Hard range check: 1..50.

J4. How did these injuries happen?

[PROBE:] Anything else?

[SELECT ALL THAT APPLY.]

- LIFTING, REPOSITIONING, BATHING OR HANDLING RESIDENTS ..... 10
- SLIPS/TRIPS/FALLS ..... 11
- AGGRESSION/VIOLENCE/ ABUSE BY RESIDENT(S) ..... 12
- BUMPING INTO OR HITTING EQUIPMENT ..... 13
- CONCERN WITH RESIDENTS' HEALTH/ LOSS OF LIFE ..... 14
- OTHER..... 91
- DON'T KNOW ..... d
- REFUSED ..... r

Box J3        If J4 = 91, continue with J4a. Else go to J5.

J4a.        [How did these injuries happen?]

[SPECIFY:]



CATI INSTRUCTION: Disallow DK and RF.

J5. {Since you started your job/During the past 12 months}, in total, how many days were you unable to work because of the injuries?

[PROBE FOR PARTIAL DAYS:] Count a missed day if you were out for one-half day or more.

[ENTER NUMBER OF DAYS.]

|\_|\_|\_| DAYS

DON'T KNOW ..... d  
REFUSED ..... r

CATI INSTRUCTIONS:

- Soft range check: If J5 is > 60, display error message, '[UNLIKELY RESPONSE. CLICK <GOTO> AND VERIFY RESPONSES.] Let me check what I have recorded.'
- Hard range check: 0..365.

J6. Because of the injuries, were you given restricted duties or a different job?

YES ..... 1  
NO ..... 2  
DON'T KNOW ..... d  
REFUSED ..... r

Box J4      If J6 = 1, continue with J7. Else go to J8b.

J7. In total, how many days were you given restricted duties or a different job because of the injuries?

[ENTER NUMBER OF DAYS. IF LESS THAN 1 DAY, ENTER 0.]

|\_|\_|\_| DAYS

DON'T KNOW ..... d

REFUSED ..... r

CATI INSTRUCTIONS:

- Soft range check: If J7 is > 90, display error message, '[UNLIKELY RESPONSE. CLICK <GOTO> AND VERIFY RESPONSES.] Let me check what I have recorded.'
- Hard range check: 0..365.

J8b. {Since you started your job at {SAMPLED FACILITY}/During the past 12 months} how many times were you accidentally stuck with a needle while working?

[PROBE:] Since {CURRENT MONTH} of last year.

[PROBE:] Your best estimate is fine.

[ENTER NUMBER OF TIMES.]

|\_|\_|  
TIMES

DON'T KNOW ..... d

REFUSED ..... r

CATI INSTRUCTIONS:

- Soft range check: If J8b is > 9, display error message, '[UNLIKELY RESPONSE. CLICK <GOTO> AND VERIFY RESPONSES.] Let me check what I have recorded.'

J9. How often would you say you use lifting devices when moving or lifting residents who cannot move around on their own? Is it . . .

- always, ..... 1
- sometimes, or..... 2
- never? ..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

Box J5 If J9 = 2 or 3, continue with J10. Else go to J11.

J10. How often is a lifting device available when you actually need to use one? Would you say . . .

- always, ..... 1
- sometimes, ..... 2
- almost never, or ..... 3
- never? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

J11. Have you been trained to use lifts to move residents that cannot move around on their own?

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

J12. Aside from lifts, is there any other equipment or devices that your facility does not have or does not have enough of that would make your job safer?

- YES..... 1
- NO..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

Box J6            If J12 = 1, continue with J13. Else go to J14.

J13.    What types of equipment or devices?

[SELECT ALL THAT APPLY.]

[PRESS F1 FOR HELP SCREEN.]

- BATHING AIDS- (Shower chairs, adapted shower stalls, Other bathing systems)..... 10
- TOILET SEAT RISERS..... 11
- ELECTRIC BEDS (Height adjustable) ..... 12
- TRAPEZE BARS (residents use to reposition themselves)..... 13
- BELTS- WALKING/GAIT BELTS (with handles)..... 14
- BELTS - BACK..... 15
- WHEELCHAIRS with removable arms; sitting/standing ..... 16
- SLIDING BOARDS (to move resident from bed to chair) ..... 17
- SHEETS – (slip or roller; reduces friction when moving resident in bed)..... 18
- SCALES – ROLL ON (to weight patients in Wheelchairs)..... 19
- OTHER ..... 91
- DON'T KNOW..... d
- REFUSED..... r

Box J7            If J13 = 91, continue with J13a. Else go to J14.

J13a. [What types of equipment or devices?]

[SPECIFY:]

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---

CATI INSTRUCTION: Disallow DK and RF.

J14. Does {SAMPLED FACILITY} provide training on how to reduce workplace injuries?

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

**K. DEMOGRAPHICS**

K\_PRE. The remaining questions are about your background. Again, everything you tell me is confidential.

[PRESS 1 AND ENTER TO CONTINUE.]

CONTINUE ..... 1

K1\_aa. What is your date of birth?

[ENTER MONTH.]

Census

|\_|\_|

DON'T KNOW ..... d

REFUSED ..... r

CATI INSTRUCTION: Hard range check: 1..12

Box K1      If K1\_aa = DK or RF, go to K1a. Else continue with K1\_ab.



K1\_ab. [What is your date of birth?]

[ENTER DAY.]

Census

|\_|\_|

Box K2 If K1\_ab = DK or RF, go to K1a. Else continue with K1\_ac.

K1\_ac. [What is your date of birth?]

[ENTER YEAR.]

Census

|\_|\_|\_|\_|

DON'T KNOW ..... d

REFUSED ..... r

CATI INSTRUCTIONS:

Hard edit checks:

- 1..28 if K1\_aa = 2 and K1\_ac is **not** a leap year. Else display error message, '[INVALID RESPONSE. FEBRUARY HAS ONLY 28 DAYS IN A NON-LEAP YEAR. CLICK <GO TO> AND RE-ASK QUESTIONS.] Let me check what I have recorded.'
- 1..29 if K1\_aa = 2 and K1\_ac is a leap year. Else display error message, '[INVALID RESPONSE. FEBRUARY HAS ONLY 29 DAYS IN A LEAP YEAR. CLICK <GO TO> AND RE-ASK QUESTIONS.] Let me check what I have recorded.'
- 1..30 if K1\_aa = 4, 6, 9, 11. Else display error message, '[INVALID RESPONSE. CANNOT EXCEED 30 DAYS. CLICK <GO TO> AND RE-ASK QUESTIONS.] Let me check what I have recorded.'
- Hard range for K1\_ac: 1925..1990.

Box K1A If K1\_ac = DK or RF, continue with K1a. Else go to K1b.

K1a. Approximately, how old are you?  
[ENTER AGE.]

|\_|\_|  
AGE

REFUSED ..... r

CATI INSTRUCTIONS:

- Disallow DK.
- Soft range check: 16..69. Else display error message, '[UNLIKELY RESPONSE. CLICK <GOTO> AND VERIFY RESPONSES.] Let me check what I have recorded.'
- Hard range check: 14..79.

K1b. [INTERVIEWER, CODE SEX, OR ASK IF NOT KNOWN:] Are you female or male?

FEMALE ..... 1  
MALE ..... 2

Display instruction:  
If K1b = 1, display 'Latina'. Else display 'Latino'.

K2. Are you Hispanic or {Latina/Latino}?

Census

YES ..... 1  
NO ..... 2  
DON'T KNOW ..... d  
REFUSED ..... r

K3.

Census

I'm going to read you a list of five race categories. Please choose one or more races that you consider yourself to be. Do you consider yourself . . . .

[PROBE FOR REFUSALS:] I understand that these questions may be sensitive. We are asking these questions to help understand differences in the nursing assistant workforce.

[PROBE IF R ANSWERS HISPANIC OR LATINO:] Would that be White Hispanic/Latino, African American Hispanic/Latino or something else?

[INTERVIEWER: READ ALL CATEGORIES.]

[SELECT ALL THAT APPLY.]

- White, ..... 10
- African American or Black, ..... 11
- American Indian or Alaska Native, ..... 12
- Asian, or ..... 13
- Native Hawaiian or Pacific Islander ..... 14
- OTHER..... 91
- DON'T KNOW ..... d
- REFUSED ..... r

Box K1B If K3 = 91, continue with K3a. Else go to K4.

K3a. [I'm going to read you a list of five race categories. Please choose one or more races that you consider yourself to be.]

[SPECIFY:]

---



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CATI INSTRUCTION: Disallow DK and RF.

K4. Are you currently married, living with a partner in a marriage-like relationship, separated, divorced, widowed, or have you never been married?

WFNJ

- MARRIED..... 1
- LIVING WITH PARTNER ..... 2
- SEPARATED ..... 3
- DIVORCED ..... 4
- WIDOWED ..... 5
- NEVER MARRIED ..... 6
- DON'T KNOW ..... d
- REFUSED ..... r

K5. Did you get your high school diploma or did you receive your G.E.D.?

[PROBE FOR WHICH ONE.]

- HIGH SCHOOL DIPLOMA ..... 1
- GED ..... 2
- NEITHER/NO ..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

Display instruction: K5 = 1, 3, DK, or RF, display 'What is...school' and '[INTERVIEWER...ASK:]'. Otherwise, do not display.

K6. {What is the highest grade or year you completed in school?}

WFNJ  
Mod

{[INTERVIEWER, IF THE RESPONDENT ANSWERS "GED," ASK:]}  
Before you received your GED, what was the highest grade of school you completed?

[IF EDUCATED IN ANOTHER COUNTRY:] And what is the highest equivalent year of school you completed?

NONE .....	0
1 <sup>st</sup> GRADE .....	1
2 <sup>nd</sup> GRADE .....	2
3 <sup>rd</sup> GRADE .....	3
4 <sup>th</sup> GRADE .....	4
5 <sup>th</sup> GRADE .....	5
6 <sup>th</sup> GRADE .....	6
7 <sup>th</sup> GRADE .....	7
8 <sup>th</sup> GRADE .....	8
9 <sup>th</sup> GRADE .....	9
10 <sup>th</sup> GRADE .....	10
11 <sup>th</sup> GRADE .....	11
12 <sup>th</sup> GRADE .....	12
1 YEAR OF COLLEGE / TRADE SCHOOL .....	13
2 YEARS OF COLLEGE / TRADE SCHOOL .....	14
3 YEARS OF COLLEGE / TRADE SCHOOL .....	15
COLLEGE GRADUATE .....	16
POST COLLEGE .....	17
DON'T KNOW .....	d
REFUSED .....	r

**CATI INSTRUCTION:**

Soft edit check: If K5 = 1, K6 cannot be < 12. Otherwise, display error message, '[INCONSISTENT ANSWERS. CLICK <GO TO> AND RE-ASK QUESTIONS.] Let me check what I have recorded.'

K7. Which of the following categories best describes your total household income last year, before taxes? Please include any income you and other family members may have received from jobs, public assistance, interest, or any other sources. Please stop me when I get to the right category . . .

[PROBE:] Your best estimate is fine.

- less than \$10,000, ..... 1
- \$10,000 to under \$20,000, ..... 2
- \$20,000 to under \$30,000, ..... 3
- \$30,000 to under \$40,000, ..... 4
- \$40,000 to under \$50,000, ..... 5
- \$50,000 to under \$60,000, ..... 6
- \$60,000 to under \$70,000, ..... 7
- \$70,000 to under \$80,000, or ..... 8
- \$80,000 or over? ..... 9
- DON'T KNOW ..... d
- REFUSED ..... r

K7a. During the past 12 months (that is, since {12 MONTHS BEFORE INTERVIEW DATE}), did you receive a flu shot?

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

Box K2        If A1 = 1, continue with K8. Else go to L1.

K8. Are you a citizen of the United States?

CTS

[PROBE:] Please remember this survey is confidential.

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

Box K3 If K8 = 1, continue with K8a. Else go to K9.

K8a. Were you born a citizen of the United States, or did you become a citizen of the US through naturalization?

CTS

- BORN ..... 1
- NATURALIZED ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

Box K4 Go to K9a.

Display instruction:

Display the 'NAS Questionnaire Item K9 Country List' as lookup file.

K9. Where are you currently a citizen? What country?

[TYPE THE FIRST 3 LETTERS OF THE COUNTRY. THEN USE ARROW KEYS TO LOCATE COUNTRY, AND PRESS ENTER TO SELECT. IF COUNTRY IS NOT LISTED, SELECT 'OTHER' ON THE LIST.]

- DON'T KNOW ..... d
- REFUSED ..... r

CATI INSTRUCTION:

Allow interviewers to use alphabetic search to select answer.

Box K5            If K9 = 'other', continue with K9aa. Else go to K9a.

K9aa.    [Where are you currently a citizen? What country?]

[SPECIFY COUNTRY. RECORD VERBATIM AND VERIFY SPELLING.]

CATI INSTRUCTION: Disallow DK and RF.

K9a.    Were you trained as a nursing assistant or as some other type of health professional outside of the United States?

[IF YES, PROBE:] What were you trained at?

- YES, TRAINED AS MD (medical doctor)..... 1
- YES, TRAINED AS RN/LPN (nurse) ..... 2
- YES, TRAINED AS NURSING ASSISTANT ..... 3
- YES, OTHER..... 91
- NO ..... 99
- DON'T KNOW ..... d
- REFUSED ..... r

Box K6            If K9a = 91, continue with K9a1. Else go to K9b.

K9a1.    [Were you trained as a nursing assistant or as some other type of health professional outside of the United States?]

[SPECIFY JOB TITLE.]

CATI INSTRUCTION: Disallow DK and RF.



K9b. What languages do you speak?

[PROBE:] Any others?

[SELECT ALL THAT APPLY.]

CAMBODIAN .....	10
CANTONESE/MANDARIN.....	11
CZECH.....	12
ENGLISH .....	13
FRENCH .....	14
HAITIAN CREOLE .....	15
HINDI .....	16
KOREAN.....	17
POLISH.....	18
PORTUGUESE .....	19
RUSSIAN .....	20
SPANISH .....	21
TAGALOG.....	22
URDU.....	23
VIETNAMESE .....	24
OTHER.....	91
DON'T KNOW .....	d
REFUSED.....	r

CATI INSTRUCTION:

Hard edit check: If a language is not selected at K9b, it cannot be selected at K9e. Otherwise, display error message, '[INCONSISTENT RESPONSES. CLICK <GO TO> AND RE-ASK QUESTIONS.] Let me check what I have recorded.'

Box K7            If K9b = 91, continue with K9b1. If K9b = DK or RF, go to K9e.  
                     Else go to Box K8.

K9b1. [What languages do you speak?]

[SPECIFY LANGUAGE. VERIFY SPELLING.]

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CATI INSTRUCTION: Disallow DK and RF.

Box K8      If more than 1 answer selected at K9b, go to K9e.  
              Else if K9b = 13 (English), continue with K10.  
              Else go to K9f.

K9e.      What do you consider to be your primary language?

WtW
-----

- CAMBODIAN ..... 1
- CANTONESE/MANDARIN ..... 2
- CZECH ..... 3
- ENGLISH ..... 4
- FRENCH ..... 5
- HAITIAN CREOLE ..... 6
- HINDI ..... 7
- KOREAN ..... 8
- POLISH ..... 9
- PORTUGUESE ..... 10
- RUSSIAN ..... 11
- SPANISH ..... 12
- TAGALOG ..... 13
- URDU ..... 14
- VIETNAMESE ..... 15
- OTHER ..... 91
- DON'T KNOW ..... d
- REFUSED ..... r

CATI INSTRUCTION:

Hard edit check: If a language is not selected at K9b but is selected at K9e, display error message, '[INCONSISTENT RESPONSES. CLICK <GO TO> AND RE-ASK QUESTIONS.] Let me check what I have recorded.'

Box K9

If K9b = DK or RF, go to K10. Else continue with K9f.

K9f. How often do you use {INSERT FROM K9b LANGUAGE(S) OTHER THAN ENGLISH} on your nursing assistant job at {SAMPLED FACILITY}? Would you say . . .

- always, ..... 1
- sometimes, or..... 2
- never? ..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

K10. How often do you have difficulty communicating with residents because they speak a different language than you? Would you say . . .

CHI

- always, ..... 1
- sometimes, or..... 2
- never? ..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

K10a. How often do you have difficulty communicating with nurses or other nursing assistants because they speak a different language than you? Would you say . . .

- always, ..... 1
- sometimes, or..... 2
- never? ..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

Box K10 Go to M1.

•

**L. FACILITY LEAVERS**

L\_PRE. Now, I have some questions about being a nursing assistant.

[PRESS 1 AND ENTER TO CONTINUE.]

CONTINUE ..... 1

CATI INSTRUCTION: Disallow DK and RF

L1. First, are you still working as a nursing assistant?

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

Box L1 If L1 = 1, go to L1b. Else continue with L1a.

L1a. How likely is it that you will work as a nursing assistant again some day?  
Would you say . . .

- very likely, ..... 1
- somewhat likely, ..... 2
- somewhat unlikely, or ..... 3
- extremely unlikely? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

Box L2 Go to L2.

L1b. Are you working in . . .

[SELECT ALL THAT APPLY.]

- long-term care, such as a nursing home? ..... 10
- acute care? ..... 11
- ambulatory care? ..... 12
- home care? ..... 13
- DON'T KNOW ..... d
- REFUSED ..... r

L2. Since you first became a nursing assistant, how long have you been doing this kind of work including your time at {SAMPLED FACILITY}? Do not count time between jobs or time spent on a leave of absence.

[READ CATEGORIES IF NECESSARY.]

- 6 MONTHS OR LESS ..... 1
- MORE THAN 6 MONTHS BUT  
LESS THAN ONE YEAR ..... 2
- 1 YEAR BUT LESS THAN 2 YEARS ..... 3
- 2 - 5 YEARS ..... 4
- 6 -10 YEARS ..... 5
- 11 - 20 YEARS ..... 6
- MORE THAN 20 YEARS ..... 7
- DON'T KNOW ..... d
- REFUSED ..... r

L3. If you had to decide whether to become a nursing assistant again, would you . . .

- definitely become one, ..... 1
- probably become one, ..... 2
- probably not become one, or ..... 3
- would you definitely not become one? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

L4. If a friend or family member asked your advice, in general, about becoming a nursing assistant, would you . . .

- definitely recommend it, ..... 1
- probably recommend it,..... 2
- probably not recommend it, or..... 3
- would you definitely not recommend it? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

L7\_PRE.

Next, I'd like to ask you some questions about your nursing assistant job at {SAMPLED FACILITY}.

[PRESS 1 AND ENTER TO CONTINUE.]

CONTINUE ..... 1

CATI INSTRUCTION: Disallow DK and RF

Box L3 If D6d at Job # 1 = 1, go to Box L5. Else continue with L7.

Display instruction for L7 and L7a:

At Job # 1 in Section D, if D6d = 2, display 'quit.' Else if D6d = 3, display 'get fired at.' Else display 'leave.'

L7. For what reasons did you {quit/get fired at/leave} {SAMPLED FACILITY}?

[SELECT ALL THAT APPLY.]

PROBLEMS WITH SUPERVISOR/MANAGEMENT...	10
PROBLEMS WITH CO-WORKERS.....	11
LOW PAY/ POOR BENEFITS (health insurance, vacation days, etc.) .....	12
SCHEDULING PROBLEM (not enough/too many/ not regular hours) .....	13
WORKLOAD (took care of too many residents).....	14
FAMILY CONFLICTS (care for child/elderly family member).....	15
NO OPPORTUNITY FOR ADVANCEMENT.....	16
NATURE OF THE JOB (difficult dealing with residents/ their families/ dying residents).....	17
ILL HEALTH.....	18
YOU/YOUR FAMILY MOVED.....	19
TOOK ANOTHER JOB.....	20
TO GO BACK TO SCHOOL.....	21
OTHER.....	91
DON'T KNOW .....	d
REFUSED.....	r

Box L4 If L7 = 91, go to L7a. Else go to Box L5.

L7a. [For what reasons did you {quit/get fired at/leave} {SAMPLED FACILITY}??]

[SPECIFY REASON.]

---

CATI INSTRUCTION: Disallow DK and RF.

Box L5

If D6d at Job # 1 = 1 or 3, go to L9. Else continue with L8a.

L8a. What would have made you stay working as a nursing assistant at {SAMPLED FACILITY}?

[PROBE:] Any other kinds of benefits or incentives?

[SELECT ALL THAT APPLY.]

WIN A  
STEP  
UP

[PRESS F1 FOR HELP SCREEN.]

- DIFFERENT SUPERVISOR/MANAGEMENT.....10
- DIFFERENT OR BETTER CO-WORKERS .....11
- BETTER WORKING CONDITIONS/LIGHTER WORKLOAD..... 12
- BETTER PAY/ BENEFITS..... 13
- BETTER HOURS (more/less/regular)..... 14
- HELP WITH CHILD/ELDER CARE ..... 15
- OPPORTUNITIES FOR ADVANCEMENT ..... 16
- MORE STAFF APPRECIATION ACTIVITIES (employee  
recognition)..... 17
- MORE TRAINING/EDUCATION OFFERED..... 18
- NOTHING WOULD MAKE ME STAY..... 19
- OTHER.....91
- DON'T KNOW.....d
- REFUSED.....r

CATI INSTRUCTION: Option 19 (nothing) cannot be selected with other options. Otherwise, display error message: '[INVALID RESPONSE. "NOTHING WOULD MAKE ME STAY" CANNOT BE SELECTED WITH OTHER REASONS. CLICK <GO TO> AND RE-ASK QUESTIONS.] Let me check what I have recorded.

Box L6

If L8a = 91, go to L8a1. Else go to L9.

L8a1. [What would have made you stay working as a nursing assistant at {SAMPLED FACILITY}??]  
[SPECIFY REASON.]

\_\_\_\_\_



CATI INSTRUCTION: Disallow DK and RF.

L9. On this job, were you ever discriminated against because of your race or ethnic origin?

WES

- YES ..... 1
- NO..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

Box L7 If L9 = 2, go to L11. Else continue with L10.

L10. To what degree did this discrimination contribute to why you left this job? Would you say . . .

- it was the main reason, ..... 1
- it was one of a number of different reasons, or ..... 2
- it was not a reason at all?..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

L11. Finally, if a friend or family member asked your advice about taking a nursing assistant job at {SAMPLED FACILITY}, would you . . .

- definitely recommend it, ..... 1
- probably recommend it,..... 2
- probably not recommend it, or..... 3
- would you definitely not recommend it? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

**M. END**

Display instructions:

Display preloaded data for {Address line 1}, {Address line 2}, {City}, and {Zip}. If D8e not = DK or RF, display response at D8e for {State}.

M1. Those are all the questions I have. Thank you very much for participating. Let me verify your address so that I can send your \$30 check.

{Address line 1}  
{Address line 2}  
{City} {State} {Zip}

[IF COMPLETE ADDRESS IS NOT DISPLAYED, ENTER 2.]

(Is that correct?)

YES..... 1

NO..... 2

CATI INSTRUCTION: Disallow DK and RF.

Box M1 If M1 = 2, continue with M1a. Else go to M1f.

Display instruction:

Display preloaded address line 1 on the response field if available.

M1a. What is your address?

[VERIFY SPELLING.]

[ENTER ADDRESS LINE 1.]

---

CATI INSTRUCTION: Disallow DK and RF.

Display instruction:

Display preloaded address line 2 on the response field if available.

M1b. [What is your address?]

[ENTER APT OR SUITE NUMBER. IF NO APT/SUITE NUMBER, PRESS ENTER TO CONTINUE.]

---

CATI INSTRUCTION: Allow empty in the response field. Disallow DK and RF.

Display instruction:

Display preloaded city on the response field if available.

M1c. [What is your address?]

[ENTER CITY. VERIFY SPELLING.]

---

CATI INSTRUCTION: Disallow DK and RF.

Display instruction:

Display response at D8e on the response field. If D8e = DK or RF, do not display.

M1d. [What is your address?]

[ENTER STATE ABBREVIATION.]

[TYPE THE TWO LETTER STATE ABBREVIATION. THEN USE ARROW KEYS IF NEEDED TO LOCATE STATE, AND PRESS ENTER TO SELECT.]

|\_|\_|

CATI INSTRUCTIONS:

- Disallow DK and RF.

- Hard edit check: Allow the following state abbreviations only:

AK AL AR AZ CA CO CT DC DE FL GA HI IA ID IL IN KS KY LA MA MD ME MI MN  
MO MS MT NC ND NE NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT VA  
VT WA WI WV WY

Otherwise, display error message: '[INVALID RESPONSE. CLICK <GO TO> AND RE-ASK QUESTIONS.] Let me check what I have recorded.'

Display instruction:

Display preloaded zip code on the response field if available.

M1e. [What is your address?]

[ENTER A 5-DIGIT ZIP CODE.]

|\_|\_|\_|\_|

CATI INSTRUCTION: Disallow DK and RF.

M1f. Let me make sure I have the correct spelling of your name.

[IF FIRST OR LAST NAME IS NOT DISPLAYED, ENTER 2.]

[SPELL OUT RESPONDENT'S NAME.]

(It's spelled {SAMPLE PERSON}. Is that correct?)

YES..... 1

NO..... 2

CATI INSTRUCTION: Disallow DK and RF.

Box M3 If M1f = 2, continue with M1g. Else, go to M1h.

Display instruction:

Display preloaded respondent name on the response field if available.

M1g. What is the correct spelling of your first and last names?

[{SAMPLED PERSON}]

[ENTER CORRECT FIRST NAME. VERIFY SPELLING.]

---

CATI INSTRUCTION: Disallow DK and RF.

M1g1. [What is the correct spelling of your first and last names?]

[{SAMPLED PERSON}]

[ENTER CORRECT LAST NAME. VERIFY SPELLING.]

[CORRECT FIRST NAME: {CORRECT FIRST NAME FROM M1G}]

---

CATI INSTRUCTION: Disallow DK and RF.

M1h. I have your phone number as {AREA CODE AND PHONE NUMBER}. Is that correct?

YES..... 1  
NO..... 2

CATI INSTRUCTION: Disallow DK and RF.

Box M4 If M1h = 2, continue with M1i. Else, go to M2.

Display instruction:

Display preloaded area code and phone number (if available) on the response fields of M1i, M1i1, and M1i2.

M1i. What is the correct area code and phone number?

[{PRELOADED PHONE NUMBER}]

[ENTER AREA CODE AND PHONE NUMBER.]

|\_|\_|\_|

DON'T KNOW ..... d  
REFUSED ..... r

M1i1. [What is the correct area code and phone number?]

[{PRELOADED PHONE NUMBER}]

[ENTER AREA CODE AND PHONE NUMBER.]

[AREA CODE: {CORRECT AREA CODE FROM M1i}]

|\_|\_|\_|

DON'T KNOW ..... d  
REFUSED ..... r

M1i2. [What is the correct area code and phone number?]

[{PRELOADED PHONE NUMBER}]

[ENTER AREA CODE AND PHONE NUMBER.]

[AREA CODE: {CORRECT AREA CODE FROM M1i}]

[EXCHANGE: {CORRECT PHONE EXCHANGE FROM M1i1}]

|\_|\_|\_|\_|

DON'T KNOW ..... d

REFUSED ..... r

CATI INSTRUCTION:

- Hard edit check: If the combined answer from M1i, M1i1, and M1i2 contains less than 10 digits, display error message, '[INVALID RESPONSE. NEED AREA CODE AND MUST HAVE AT LEAST 7 DIGITS. CLICK <GO TO> AND RE-ASK QUESTIONS.] Let me check what I have recorded.'

M2. Thank you again for your participation. Good-bye.

[PRESS 1 AND ENTER TO END QUESTIONNAIRE.]

CONTINUE ..... 1

CATI INSTRUCTION: Disallow DK and RF.

M3 omitted

M4. DID THE NNAS RESPONDENT EITHER REQUEST TO BE SENT THE NNAS REPORT WHEN IT'S AVAILABLE OR CHECK THE BOX ON THE RETURN POSTCARD TO BE SENT THE NNAS REPORT WHEN IT'S AVAILABLE?

YES ..... 1

NO ..... 2

CATI INSTRUCTION: Disallow DK and RF.

M5. WHAT LANGUAGE DID YOU USE TO CONDUCT THIS INTERVIEW?

ENGLISH ..... 1  
SPANISH ..... 2  
OTHER..... 91

CATI INSTRUCTION: Disallow DK and RF.

Box M4A If M5 = 91, continue with M5a. Otherwise, go to Box M5.

M5a. [WHAT LANGUAGE DID YOU USE TO CONDUCT THIS INTERVIEW?]

[SPECIFY LANGUAGE:]

---

CATI INSTRUCTION: Disallow DK and RF.

Box M5 End of Questionnaire.

## HELP SCREENS

### **C19.**

**Promotion:** *An increase in job responsibilities and/or change in title that may or may not be accompanied by an increase in salary/wages.*

*Example:* A raise associated with moving from a CNA I to CNAII is a promotion since the new job title indicates greater responsibility although still performing CNA duties.

**Increase in salary/hourly wage:** An increase in salary or hourly wage, *without an increase in job responsibility or change in title*. This could include an annual raise, a cost of living adjustment (COLA), or a merit pay raise for good work.

*Example:* A raise associated with an annual review/length of service is an increase in salary/hourly wage because the CNA is getting the raise without greater responsibilities.

### **D9.**

Code 'NO' if respondent mentions having money taken out of their paycheck for Medicare. This, by itself, is not considered 'participating' in Medicare.

### **D14a.**

Do not count a promotion or raise as 'bonuses.'

### **E17.**

**Section 8:** A government program that provides a subsidy for housing. This may include vouchers or certificates for housing or lower-cost housing that a person must qualify for through the government.



## **F1.**

If NA has more than 1 supervisor, select the supervisor for which the respondent works the **most hours**.

OR

If NA works the same number of hours for each supervisor, select the supervisor that the NA worked with **most recently**.

## **H5.**

### **Examples:**

**PROBLEMS WITH SUPERVISOR OR NURSES:** Acts better than me, talks down to me, ignores my input, no say in what goes on.

**PROBLEMS WITH CO-WORKERS:** Don't do jobs correctly, personality conflicts.

**LACK OF RESPECT/APPRECIATION FOR WORK:** No recognition for good work, no appreciation for hard work from residents, families, organization, community.

**THE PAY OR BENEFITS:** Poor or unfair raises, salary/benefits not good enough, benefits cost money.

**PROBLEMS WITH SCHEDULE:** Does not like schedule or shift, wants to work more/less hours.

**WORKLOAD:** Too many patients, not enough staff.

**HEALTH OR PERSONAL ISSUES:** Emotional attachments to residents and coping with loss, sample member's own physical/mental health problem.

**NATURE OF JOB:** Physically demanding work, not prepared for the reality of the job, difficult clientele.

### **J13.**

#### **Examples:**

**Bathing aids** include shower chairs, adapted shower stalls, and other bathing systems.

**Electric beds** include those that are height adjustable.

**Trapeze** bars allow residents to reposition themselves.

**Belts** (walking/gait belts) are those with handles.

**Wheelchairs** include those with removable arms, and sitting/standing wheelchairs.

**Sliding boards** allow nursing staff to move residents from bed to chair.

**Sheets:** include slip or roller. They reduce friction when moving resident in bed.

**Scales** (roll-on) are used to weigh patients in wheelchairs.

### **L7a.**

#### **Examples:**

**Low pay/poor benefits:** include health insurance, vacation days, etc.

**Scheduling problem:** such as not enough / too many / not regular hours.

**Family conflicts:** such as the need to care for child/elderly family member.

**Nature of the job:** such as difficult dealing with residents/ their families/ dying residents.

### **L8a.**

#### **Examples:**

**Better hours** may include more hours, less hours, or regular hours.

Staff appreciation activities **may include employee recognition.**

**M1d.**

<b>State</b>	<b>Abbreviation</b>
Alabama	AL
Alaska	AK
Arizona	AZ
Arkansas	AR
California	CA
Colorado	CO
Connecticut	CT
Delaware	DE
Dist. of Columbia	DC
Florida	FL
Georgia	GA
Hawaii	HI
Idaho	ID
Illinois	IL
Indiana	IN
Iowa	IA
Kansas	KS
Kentucky	KY
Louisiana	LA
Maine	ME
Maryland	MD
Massachusetts	MA
Michigan	MI
Minnesota	MN
Mississippi	MS
Missouri	MO
Montana	MT
Nebraska	NE
Nevada	NV
New Hampshire	NH
New Jersey	NJ
New Mexico	NM
New York	NY

North Carolina	NC
North Dakota	ND
Ohio	OH
Oklahoma	OK
Oregon	OR
Pennsylvania	PA
Rhode Island	RI
South Carolina	SC
South Dakota	SD
Tennessee	TN
Texas	TX
Utah	UT
Vermont	VT
Virginia	VA
Virgin Islands	VI
Washington	WA
West Virginia	WV
Wisconsin	WI
Wyoming	WY

# MEASURING LONG-TERM CARE WORK: A Guide to Selected Instruments to Examine Direct Care Worker Experiences and Outcome

## PDF Files Available for This Report

Cover, Table of Contents, Acknowledgments and Executive Summary

<http://aspe.hhs.gov/daltcp/reports/dcwguide.pdf>

CHAPTER 1: Introduction and Purpose of Guide

<http://aspe.hhs.gov/daltcp/reports/dcwguide1.pdf>

CHAPTER 2: How This Guide Can Help Organizations Use Information to Address the Challenges of Job Retention and Performance Among DCWs

<http://aspe.hhs.gov/daltcp/reports/dcwguide2.pdf>

CHAPTER 3: Ready to Use Instruments <http://aspe.hhs.gov/daltcp/reports/dcwguide3.pdf>

References <http://aspe.hhs.gov/daltcp/reports/dcwguide4.pdf>

APPENDIX A: From Start to Finish -- Sample Scenarios of Using and/or Constructing Survey Instruments <http://aspe.hhs.gov/daltcp/reports/dcwguideA.pdf>

APPENDIX B: Overview Charts of Chapter 3 Measures, By Topic

<http://aspe.hhs.gov/daltcp/reports/dcwguideB.pdf>

APPENDIX C: Data Collection Planning and Implementation Issues

<http://aspe.hhs.gov/daltcp/reports/dcwguideC.pdf>

APPENDIX D: Resources for Providers Considering Use of Employee Surveys

<http://aspe.hhs.gov/daltcp/reports/dcwguideD.pdf>

APPENDIX E: Individual Measures from Chapter 3 that Use Survey Instruments to Collect Data, By Topic <http://aspe.hhs.gov/daltcp/reports/dcwguideE.pdf>

APPENDIX F: Ready Made Multi-Topic Survey Instruments

<http://aspe.hhs.gov/daltcp/reports/dcwguideF.pdf>

APPENDIX G: Instruments Needing Work <http://aspe.hhs.gov/daltcp/reports/dcwguideG.pdf>

APPENDIX H: Guide Reviewers <http://aspe.hhs.gov/daltcp/reports/dcwguideH.pdf>