

**Dependent Care Survey
Ci3 Instrument**

CATION

Q:HELLO1

T:

Hello. May I please speak with _____?

1 R ON LINE
CTRL-END R UNAVAILABLE, SCHEDULE CALL-BACK

T:14

Hello. May I please speak with _____?

This is ____ calling from the University of Oregon Survey Research Laboratory. I'd like to complete the survey we began a day or two ago about dependent care.

PRESS 1 TO CONTINUE

I:

Key 1

Q:HELLO2

T:

Hello. This is ____ calling from the University of Oregon Survey Research Laboratory. The Oregon Department of Administrative Services (a state agency) has asked us to conduct a 9-minute survey about state employees' present and future needs for the care of children, and elderly or disabled family members. I want to assure you that I am not selling a thing, and that this survey is completely confidential and voluntary.

PRESS 1 TO CONTINUE

I:

Key 1

Q:HELLO3

T:

Do you have any questions about the survey before we begin?

YES --> REFER TO INTERVIEWER INSTRUCTIONS
NO --> PRESS 1 TO CONTINUE

I:

Key 1

Q:FAMFR1

T:

The first group of questions has to do with various family-related

policies in your workplace, even if you have never used them. If a member of your family suddenly became sick or injured in the middle of your work day, would you be able to leave work to take care of him or her?

- 1 YES
- 2 NO

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:

Key 1,2, 7-9

Q:FAMFR2

T:

If a family member had a special event that you needed to attend in the middle of a work day, could you go if you made arrangements in advance?

PROBE: (An event) such as a parent-teacher conference, sports game, wedding, funeral, or picking someone up at the airport.

- 1 YES
- 2 NO

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:

mdi GROUP import.dat 225 3
mdi SAMPNUM import.dat 257 10

Key 1,2, 7-9

QAL NOQAL

Q:FAMFR3

T:

Could you work at home sometimes, for example if you had a sick child, the weather was bad, or if you needed a stretch of uninterrupted time to complete a special work project?

- 1 YES
- 2 NO
- 3 IF VOLUNTEERED: JOB DUTIES DO NOT ALLOW TELECOMMUTING

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:

SHOW GROUP 22 1 3
SHOW SAMPNUM 23 1 10

Key 1-3, 7-9

Q:FAMFR4

T:

If you had a computer, modem, or fax at home, could you telecommute from home to work ((for example) if you had a sick child, the weather was bad, or if you needed a stretch of uninterrupted time to complete a special project)?

PROBE: Telecommuting involves using a computer, modem, telephone or fax machine to communicate between home and work.

1 YES

2 NO

3 IF VOLUNTEERED: JOB DUTIES DO NOT ALLOW TELECOMMUTING

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

Key 1-3, 7-9

Q:FAMFR5

T:

Could you use sick leave if a family member got very ill?

PROBE: If you had any accumulated sick leave, could you use it?

NOTE: INCLUDES R'S OWN SICK LEAVE OR DONATED SICK LEAVE FROM OTHER WORKERS.

1 YES

2 NO

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

Key 1,2, 7-9

Q:FAMFR6

T:

Could you use vacation time if a family member got very ill?

PROBE: If you had any accumulated vacation time, could you use it?

1 YES

2 NO

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

Key 1,2, 7-9

Q:FAMFR7

T:

Could you take a leave without pay if a sick or injured family member needed your help for an extended period of time?

1 YES

2 NO

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

Key 1,2, 7-9

Q:FAMFR8

T:

If you needed to take a child or elderly relative to the doctor at the beginning or end of your work day, could you go to work late and leave late, or go to work early and leave early (in order to do this)?

PROBE: Is flex-time available to you in your job?

1 YES

2 NO

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

Key 1,2, 7-9

Q:FAMFR9

T:

If you needed to go from full-time work to part-time work for a year in order to care for children or elderly or disabled relatives, could you arrange a job share?

PROBE: Job sharing involves dividing a full-time job in half, so you might work mornings and another person would do the other half of your job in the afternoon.

PROBE: If you worked full-time, could you arrange (this/a job share)?

1 YES

2 NO

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:
Key 1,2, 7-9

Q:FAMFR10

T:
In the past 12 months, have you used any of the (family-related) work policies I just asked about in order to meet the needs of children and relatives who depend upon you?

- 1 YES
- 2 NO
- 3 IF VOLUNTEERED: YES, BUT NOT FOR FAMILY REASONS

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

NOTE - POLICIES MENTIONED:

- > SUDDENLY LEAVE WORK MIDDAY
- > ARRANGE IN ADVANCE TO LEAVE WORK MIDDAY
- > WORK AT HOME
- > TELECOMMUTE
- > SICK LEAVE TO CARE FOR A RELATIVE (NOT FOR SELF)
- > VACATION TIME TO CARE FOR RELATIVE (NOT FOR SELF)
- > LEAVE WITHOUT PAY TO CARE FOR RELATIVE (NOT FOR SELF)
- > FLEX TIME
- > JOB SHARE

I:
Key 1-3, 7-9
IF (ANS = 2) SKIPTO FAMFR11

Q:FAMFR10A

T:
Which ones?

PROBE FROM LIST; PRESS ENTER ON ALL THAT APPLY

- 11 SUDDENLY LEAVE WORK MIDDAY
- 12 ARRANGE IN ADVANCE TO LEAVE WORK MIDDAY
- 13 WORK AT HOME
- 14 TELECOMMUTE
- 15 SICK LEAVE TO CARE FOR A RELATIVE (NOT SICK LEAVE FOR SELF)
- 16 VACATION TIME TO CARE FOR RELATIVE (NOT VACATION FOR SELF)
- 17 LEAVE WITHOUT PAY TO CARE FOR RELATIVE (NOT LEAVE W/OUT PAY FOR SELF)
- 18 FLEX TIME
- 19 JOB SHARE
- 20 ***ENTER HERE TO EXIT***

97 REFUSED
98 DON'T KNOW
99 NO ANSWER

I:
loc 4 13 1 n
sel 14 0 9 4 off enter

Q:FAMFR10B

T:
In the past 12 months, how easy or difficult has it been for you to arrange to use these policies on your job (in order to meet the needs of children and relatives who depend upon you) -- (would you say) very easy, somewhat easy, somewhat difficult or very difficult?

1 VERY EASY
2 SOMEWHAT EASY
3 SOMEWHAT DIFFICULT
4 VERY DIFFICULT
5 IF VOLUNTEERED: IT VARIES

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
Key 1-5, 7-9
IF (ANS = 1) SKIPTO FAMFR11
IF (ANS = 2) SKIPTO FAMFR11

Q:FAMFR10C

T:
What difficulties have you had (making arrangements to use family-related policies)?

PROBE: Is there anything else?

PROBE: I would like to remind you that the survey is completely confidential (and your name will not be attached to any of your answers).

TYPE EXACT RESPONSE BELOW

I:
opn 13 5 22 60 m n

Q:FAMFR11

T:
Which one of these policies is most important to you (in meeting the needs of children and relatives who depend upon you)?

PROBE: I can only record one answer. Which one has been *most*

important to you (in the last 12 months)?

PROBE FROM LIST

- 1 SUDDENLY LEAVE WORK MIDDAY
- 2 ARRANGE IN ADVANCE TO LEAVE WORK MIDDAY
- 3 WORK AT HOME
- 4 TELECOMMUTE
- 5 SICK LEAVE TO CARE FOR A RELATIVE (NOT OWN SICK LEAVE)
- 6 VACATION TIME TO CARE FOR RELATIVE (NOT OWN VACATION)
- 7 LEAVE WITHOUT PAY TO CARE FOR RELATIVE (NOT LEAVE WITHOUT PAY FOR SELF)
- 8 FLEX TIME
- 9 JOB SHARE

97 REFUSED

98 DON'T KNOW

99 NO ANSWER

I:

num 1 99 2 0 23 10

IF (ANS > 9)

IF (ANS < 97) REASK

ENDIF

Q:FAMFR12

T:

Do you think people at work who use any of these policies are seen as less committed to their job than people who don't?

1 YES

2 NO

3 IF VOLUNTEERED: SOMETIMES

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

Key 1-3, 7-9

Q:NUMKIDS1

T:

The next group of questions is about your own situation. How many children age 18 or younger live in your home?

NOTE: INCLUDE CHILDREN R HAS PART TIME

RECORD EXACT NUMBER

97 REFUSED

98 DON'T KNOW

99 NO ANSWER

I:

num 0 99 2 0 20 10

IF (ANS > 15)
IF (ANS < 97) REASK
ENDIF
IF (ANS = 0) SKIPTO NUMDC

Q:DISABKID

T:
(Does that child/Do any of the children) have lasting mental or physical disabilities?

1 YES
2 NO

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
Key 1,2, 7-9
IF (NUMKIDS1 > 1) SKIPTO NUMKIDS2

Q:NUMKID1A

T:
Is your child age 13 or younger?

1 YES
2 NO

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
Key 1,2, 7-9
IF (ANS = 1) NUMYOUNG = 1
IF (ANS = 2) NUMYOUNG = 0
IF (ANS = 2) SKIPTO NUMDC
SKIPTO CC1

Q:NUMKIDS2

T:
How many of your children are ages 13 or younger?

RECORD EXACT NUMBER

97 REFUSED
98 DON'T KNOW
99 NO ANSWER

I:
num 0 99 2 0 20 10
IF (ANS > NUMKIDS1)
IF (ANS < 97) REASK

ENDIF
NUMYOUNG = NUMKIDS2
if (ans = 0) skipto NUMDC

Q:CC1

T:

Now I would like to ask a few questions about your child(ren) age 13 or younger at home.

Is that child male or female?

1 MALE
2 FEMALE

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:

If (NUMYOUNG > 1)

SHOW "Think about the one who has had the most recent birthday." 3 1 59
endif

Key 1,2, 7-9

Q:CC2

T:

How old is (he/she)?

RECORD EXACT AGE

0 LESS THAN 6 MONTHS

97 REFUSED
98 DON'T KNOW
99 NO ANSWER

I:

num 0 99 2 0 20 10

if (ans > 13)

if (ans < 97) reask

endif

Q:CC3A

T:

Does (he/she) have any regular child care, inside or outside the home (not including regular school)?

PROBE: Such as a day care center, care in your home by a babysitter, in a relative's or non-relative's home, or group activities?

NOTE: DO NOT INCLUDE OCCASIONAL BABYSITTING

1 YES

2 NO

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
Key 1,2, 7-9
If (ans = 2) Skipto NUMDC

Q:CC3B

T:
What type of child care arrangements do you have for (him/her)?

PROBE: Is it paid care in a day care center, paid care in your home by a babysitter, in a relative's home, in a non-relative's home, or other paid group activities?

PROBE IF MORE THAN ONE TYPE: Which of these is the main type of child care used for (him/her)?

1 DAY CARE CENTER
2 PAID CARE IN HOME/BABYSITTER IN HOME
3 PAID CARE IN RELATIVE'S HOME
4 PAID CARE IN NON-RELATIVE'S HOME
5 PAID GROUP ACTIVITIES
6 UNPAID CARE, ANY TYPE
7 OTHER

97 REFUSED
98 DON'T KNOW
99 NO ANSWER

I:
num 1 99 2 0 22 10
If (ANS > 7)
If (ANS < 97) reask
EndIf

Q:CC4

T:
How many hours altogether in a typical week does (she/he) spend in child care?

TYPE IN EXACT NUMBER OF HOURS, 3 DIGIT

997 REFUSED
998 DON'T KNOW
999 NO ANSWER

I:
num 0 999 3 0 20 10
if (ans > 168)

if (ans < 997) reask
endif

Q:CC5

T:
How satisfied are you with the quality of (his/her) current child care situation - very satisfied, somewhat satisfied, not very satisfied, or not at all satisfied?

PROBE IF R WAFFLES: Overall, how satisfied are you (very satisfied, somewhat satisfied, not very satisfied, or not at all satisfied)?

1 VERY SATISFIED
2 SOMEWHAT SATISFIED
3 NOT VERY SATISFIED
4 NOT AT ALL SATISFIED
5 IT DEPENDS/IT VARIES

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
Key 1-5, 7-9
IF (CC3B = 6) SKIPTO CCEASE

Q:CCCOST

T:

Overall, how much does your household spend on child care in an average month (for all your children)?

PROBE: Including babysitters, day care centers, and all other paid child care arrangements.

NOTE: INCLUDE GROSS AMOUNT TO HOUSEHOLD, EXCLUDING ANY TAX BREAKS OR SUBSIDIES.

ENTER DOLLAR AMOUNT, NO CENTS, 4 DIGITS

9996 9996 OR MORE

9997 REFUSED
9998 DON'T KNOW
9999 NO ANSWER

I:
IF (NUMKIDS1 > 1)
SHOW "Thinking about all children in your household" 1 1 50
ENDIF
num 0 9999 4 0 20 10

Q:FSA

T:

Do you use a Flexible Spending Account through an employer to help pay for child care?

PROBE: A Flexible Spending Account is a program offered by some employers to set aside a certain amount of your (or your spouse's) earnings prior to taxes and it is used to pay for dependent care expenses.

NOTE: The FSA may be through R's spouse's employer.

PROBE, IF INTERESTED IN FSA: We have been told that if you would like to find out about Flexible Spending Accounts, you should get in contact with your personnel office.

1 YES
2 NO

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:

Key 1,2, 7-9

Q:CCEASE

T:

Overall, how easy or difficult (has it been/was it) for you to find quality child care for (all) your (child/children) -- very easy, somewhat easy, somewhat difficult or very difficult?

NOTE: R MAY TAKE INTO ACCOUNT COST, QUALITY, TRANSPORTATION, SCHEDULES, MANY YEARS PAST, ETC.

PROBE: When you needed child care for your (child/children), how easy or difficult was it to find?

PROBE: very easy, somewhat easy, somewhat difficult or very difficult?

1 VERY EASY
2 SOMEWHAT EASY
3 SOMEWHAT DIFFICULT
4 VERY DIFFICULT
5 IF VOLUNTEERED: USE NO CHILD CARE/HAVE NOT LOOKED

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:

Key 1-5, 7-9

Q:NUMDC

T:

How many elderly or disabled relatives do you have major responsibility for (altogether, including your disabled (child/children))?

RECORD EXACT NUMBER

97 REFUSED
98 DON'T KNOW
99 NO ANSWER

I:

num 0 99 2 0 20 10

IF (ANS > 15)

IF (ANS < 97) REASK

ENDIF

IF (ANS = 0)

IF (NUMKIDS2 = 0) SKIPTO EXPECT

ENDIF

IF (ANS = 0)

IF (NUMKIDS2 > 0) SKIPTO ADEQUAT1

ENDIF

Q:DCHRS

T:

How many hours per week do you spend, on average, caring for (this person/these people)?

RECORD EXACT NUMBER OF HOURS

997 REFUSED
998 DON'T KNOW
999 NO ANSWER

I:

num 0 999 3 0 20 10

IF (ANS > 168)

IF (ANS < 997) REASK

ENDIF

Q:DC1

T:

Now I would like to ask a few questions about your dependent elderly or disabled relative(s).

Is that person male or female?

1 MALE
2 FEMALE

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
IF (NUMDC > 1)
SHOW "Think about the one who has had the most recent birthday." 3 1 59
endif
Key 1,2, 7-9

Q:DC2

T:
How old is (he/she)?

RECORD EXACT AGE

997 REFUSED
998 DON'T KNOW
999 NO ANSWER

I:
num 0 999 2 0 20 10
if (ans > 120)
if (ans < 997) reask
endif

Q:DC3A

T:
Does (he/she) receive any regular elder care or disabled care services,
inside or outside the home?

PROBE: Such as a day care center, care in their own home, in your home
by a sitter, or in a non-relative's home, or group activities?

NOTE: DO NOT INCLUDE OCCASIONAL SITTING OR R'S CARE

1 YES
2 NO

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
Key 1,2, 7-9
If (ans = 2) skipto ADEQUAT1

Q:DC3B

T:
What type of dependent care arrangements do you have for (him/her)?

PROBE: Is it paid care in your home, in (his/her) home, or in someone
else's home; is it a nursing home, residential care facility, day care
center, or paid group activities; is it unpaid care; or none, paid or
unpaid?

PROBE IF MORE THAN ONE TYPE: Which of these is the main type of

dependent care used for (him/her)?

- 1 PAID CARE IN R'S HOME
- 2 PAID CARE IN DEPENDENT'S HOME
- 3 PAID CARE IN OTHER'S HOME
- 4 NURSING HOME/RESIDENTIAL CARE FACILITY
- 5 DAY CARE CENTER
- 6 PAID GROUP ACTIVITIES
- 7 UNPAID CARE/ACTIVITY, ANY TYPE
- 8 OTHER

- 97 REFUSED
- 98 DON'T KNOW
- 99 NO ANSWER

I:

num 1 99 2 0 24 10

If (ANS > 8)

 If (ANS < 97) reask

EndIf

Q:DC4

T:

How many hours altogether in a typical week does (she/he) spend in dependent care?

TYPE IN EXACT NUMBER OF HOURS, 3 DIGIT

NOTE: 24 HOURS PER DAY = 168 HOURS PER WEEK

- 997 REFUSED
- 998 DON'T KNOW
- 999 NO ANSWER

I:

num 0 999 3 0 20 10

IF (ANS > 168)

 IF (ANS < 997) REASK

ENDIF

Q:DC5

T:

How satisfied are you with the quality of (his/her) current dependent care situation - very satisfied, somewhat satisfied, not very satisfied, or not at all satisfied?

PROBE: Overall, how satisfied are you (very satisfied, somewhat satisfied, not very satisfied, or not at all satisfied)?

- 1 VERY SATISFIED
- 2 SOMEWHAT SATISFIED
- 3 NOT VERY SATISFIED
- 4 NOT AT ALL SATISFIED
- 5 IT DEPENDS/IT VARIES

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:
Key 1-5, 7-9

Q:DCCOST

T:
Overall, how much does your household spend on dependent care in an average month for (this person/all of the elderly or disabled dependents you mentioned before) (not including child care)?

PROBE: Include all paid dependent care arrangements. Include gross amount to your own household, excluding any tax breaks or subsidies. Exclude costs paid by the dependent, Medicare, and insurance. Do not include the value of your time.

ENTER DOLLAR AMOUNT, NO CENTS, 4 DIGITS

9996 9996 OR MORE

- 9997 REFUSED
- 9998 DON'T KNOW
- 9999 NO ANSWER

I:
num 0 9999 4 0 20 10

Q:DCEASE

T:
Overall, how easy or difficult has it been for you to find quality dependent care for (him/her/all of your dependent elderly or disabled relatives) -- (has it been) very easy, somewhat easy, somewhat difficult or very difficult?

NOTE: R MAY TAKE INTO ACCOUNT COST, QUALITY, TRANSPORTATION, SCHEDULES, ETC.

PROBE: When you needed dependent care for your elderly or disabled relatives, how easy or difficult was it to find?

PROBE: very easy, somewhat easy, somewhat difficult or very difficult?

- 1 VERY EASY
- 2 SOMEWHAT EASY
- 3 SOMEWHAT DIFFICULT
- 4 VERY DIFFICULT
- 5 IF VOLUNTEERED: USE NO DEPENDENT CARE/HAVE NOT LOOKED

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:
Key 1-5, 7-9

Q:ADEQUAT1

T:
Overall, are the present family-related policies in your workplace, and how they are implemented, adequate to meet your needs?

- 1 YES
- 2 NO

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:
Key 1,2, 7-9
If (ans = 1) skipto adequat3

Q:ADEQUAT2

T:
How could they be improved?

TYPE EXACT RESPONSE BELOW

I:
opn 13 5 22 60 m n

Q:ADEQUAT3

T:
Have you ever needed any services for your dependent(s) which you have found difficult or impossible to obtain?

NOTE: ANYTHING GOES HERE

PROBE: This can include day care, physical therapy, special tests, surgery, doctor's appointments or anything else.

- 1 YES
- 2 NO

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:
Key 1,2, 7-9
If (ans = 2) skipto EXPECT

Q:ADEQUAT4

T:
What were those services (which you have found difficult

or impossible to obtain)?

TYPE EXACT RESPONSE BELOW

I:
opn 13 5 22 60 m n

Q:EXPECT

T:
Thinking ahead five years from now, how many elderly or disabled relatives and/or children under age 14 do you expect to have major responsibility for?

CODE EXACT NUMBER

97 REFUSED
98 DON'T KNOW
99 NO ANSWER

I:
num 0 99 2 0 20 10
IF (ANS > 15)
If (ans < 97) Reask
ENDIF

Q:DOMORE1

T:
Do you think the state, as your employer, could do more to assist you and other state employees in meeting child care and dependent care needs?

1 YES
2 NO

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
Key 1,2, 7-9
If (ans = 2) skipto SUPPORT1

Q:DOMORE1A

T:
What more could the state do (more to assist you and other state employees in meeting child care and dependent care needs)?

TYPE EXACT RESPONSE BELOW

I:
opn 13 5 22 60 m n

Q:SUPPORT1

T:

Overall, how much do you support the family-related work policies this survey has asked about (even if you do not use them yourself) -- a lot, some, a little, or not at all?

1 A LOT
2 SOME
3 A LITTLE
4 NOT AT ALL

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:

Key 1-4, 7-9

IF (ANS = 4) SKIPTO SUPPORT3

Q:SUPPORT2

T:

Why (do you support such policies)?

TYPE EXACT RESPONSE BELOW

I:

opn 13 5 22 60 m n

SKIPTO AGE

Q:SUPPORT3

T:

Why (do you not support such policies)?

PROBE: (What/Which policies) do you see as particularly problematic, and why?

TYPE EXACT RESPONSE BELOW

I:

opn 13 5 22 60 m n

Q:AGE

T:

I would like to end the survey by asking a few questions about yourself.
First, how old are you?

CODE EXACT AGE

97 REFUSED
98 DON'T KNOW

99 NO ANSWER

I:

num 1 99 2 0 20 10

IF (ANS < 17) reask

Q:MARSTAT

T:

What is your marital status?

PROBE: Are you currently married, never married, divorced, separated, or widowed?

PROBE IF R SAYS "SINGLE": Are you never married, divorced, separated, or widowed?

- 1 MARRIED
- 2 NEVER MARRIED
- 3 DIVORCED/ANNULLED
- 4 SEPARATED
- 5 WIDOWED
- 6 COHABITING

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:

Key 1-9

Q:WORKHRS

T:

How many hours per week do you usually work?

NOTE: INCLUDE HOURS WORKED AT JOBS OTHER THAN STATE JOBS

CODE ACTUAL NUMBER OF HOURS, NO DECIMALS

96 96 OR MORE

- 97 REFUSED
- 98 DON'T KNOW
- 99 NO ANSWER

I:

num 0 99 2 0 20 10

Q:WORKWK1

T:

What are your regularly scheduled work days?

PROBE: (Do you regularly work) Monday through Friday, or some other schedule?

NOTE: DO NOT INCLUDE WORK R DOES VOLUNTARILY AT HOME ON WEEKENDS

- 1 MON-FRI
- 2 OTHER
- 3 IT VARIES; IT DEPENDS

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:

Key 1-3, 7-9

If (ans = 1) skipto SHIFT

Q:WORKWK2

T:

PROBE: (What days do you usually work?)

PROBE: (How does your regular work week vary?)

TYPE EXACT RESPONSE BELOW

I:

opn 13 5 22 60 m n

Q:SHIFT

T:

Do you usually work day, swing, or graveyard shift?

- 1 DAY
- 2 SWING
- 3 GRAVEYARD
- 4 IT VARIES; IT DEPENDS

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:

Key 1-4, 7-9

Q:INSUR

T:

Many people have disability insurance, but there is another kind of insurance for people who become seriously ill or disabled, called long-term care insurance. Do you currently have long-term care insurance for (yourself/you and your family)?

PROBE: (This/Long-term care insurance) is not the same as disability insurance. It is special insurance for long-term care.

1 YES
2 NO

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
Key 1,2, 7-9

Q:ENDING

T:
That's the end of the survey! On behalf of the Oregon Department of Administrative Services, I'd like to thank you sincerely for your time. Good-bye.

PRESS 1 TO CONTINUE

I:
Key 1

Q:INTOBS

T:
INTERVIEWER OBSERVATION: PLEASE RECORD HERE ANY *PERTINENT* COMMENTS BY R NOT ADEQUATELY CAPTURED IN THE SURVEY.

TYPE EXACT RESPONSE BELOW

I:
opn 13 5 22 60 m n

Q:INTID

T:
ENTER YOUR INTERVIEWER ID NUMBER

I:
num 1 999 2 0 20 10
cpl
dispos = 26
endquest

Q:NOQAL

T:

Dummy qualify command loop-all respondents *should* be prequalified

I:
key
ctrlend