Pretest Report on
The English
and Spanish
Questionnaires for the
National Survey of
Nursing Aides and
Assistants

Final Report
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ACKNOWLEDGMENTS

Margarita Lopez, Sylvia Trzesinski, Zayonara Morales-Hale, and Enrique Campos of Mathematica Policy Research, Inc. (MPR) served as members of the translation team. They combined their experience as survey research interviewers with their knowledge of the Spanish language to improve the quality of the Spanish-language questionnaire. Each put a great deal of thought and effort into the team review by working to ensure that the translation conveyed the same meaning as the English source document and that the Spanish wording was at a level, and in terms, that would be understood by the majority of Spanish-speaking people interviewed in a national survey. Their contribution was key to the process, and is greatly appreciated.
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I. INTRODUCTION

The final phase in this survey design project completes the work that has been done by Mathematica Policy Research, Inc. (MPR) for the Office of the Assistant Secretary for Planning and Evaluation (ASPE) in their efforts to understand more about direct care workers in long-term care settings. The current contract with MPR seeks to field a Direct Care Worker survey in 2004 as a component of the National Nursing Home Survey (NNHS) which is sponsored by the National Center for Health Statistics (NCHS). MPR designed a survey instrument and a Spanish translation that will be administered to selected certified nurse aides or nursing assistants (CNAs) working in facilities sampled by the NNHS. The instrument was designed with input from ASPE and members of the Technical Advisory Group (TAG), as well as representatives from NIOSH, OSHA and CMS. The draft survey instrument was pretested for timing, basic comprehension, and flow with nurse aides working in nursing homes. Formal cognitive testing was not part of this pretesting process. This report details the methods and results of those pretest interviews.
II. ENGLISH PRETESTS

A. SAMPLE

Respondents for the English pretest interviews were nurse aides working in facilities MPR had previously selected for exploratory interviews with facility administrators (see Sinclair et al., Working Paper on Sampling and Data Collection Options for a Survey of Direct Care Workers in Nursing Home Settings Final Report, August 2003). Facilities were selected from the Provider of Services (POS) file, with six nursing homes selected from New Jersey and eight from the rest of the United States.

B. METHODOLOGY

An initial call was made to each facility to reestablish rapport with the administrators and to inform them that some materials about the pretest were to be mailed to them. Personalized letters from the Technical Officer at ASPE were sent to each administrator, along with fliers to be posted in an area of the facility where nurse aides would be likely to see them. The fliers encouraged nurse aides to call a contact at MPR, who would set up interview appointments.

Telephone interviewers conducted all pretest interviews on hard-copy instruments. All pretest interviews were monitored by MPR project staff who developed the instrument; most of the interviews were monitored by staff from ASPE and/or NCHS. MPR staff monitoring the interviews collected information on the length of the interviews and filled out a small number of questions that rated how well each interview went and elaborated on any problems encountered during the interview. A total of nine pretest interviews were conducted with English-speaking CNAs. The interviews were done in stages, with a few interviews being completed, followed by changes being applied for the next group of interviews.
C. TRAINING

The project-specific training for the telephone interviewers included a description of the goals of the pretest, followed by a question-by-question review of the survey instrument. During this review, the informed consent and each question were reviewed, as well as the appropriate probes. The training session included time for interviewers to work together in pairs, with one interviewer playing the role of the respondent, while the other administered the interview. Finally, interviewers conducted a practice interview monitored by project staff. After demonstrating proficiency with the informed consent and the instrument, interviewers began working on live interviews.
III. SPANISH PRETESTS

A. SAMPLE

The first step in recruiting Spanish-speaking pretest respondents was to contact the facilities that had reported employing at least some Spanish-speaking nurse aides during the previous exploratory interviews. After speaking to the administrators of these facilities, however, it was learned that all but one facility in Washington State actually employed nurse aides who spoke Spanish as their primary language (by “primary” we mean the language they are most comfortable speaking). The other facilities reported that, while they did employ bilingual nurse aides, all of them felt more comfortable speaking English. It was important to interview nurse aides whose first language was Spanish, so as not to confuse the complexity of question text with misinterpretations related to language. Therefore, interviews with bilingual nurse aides at these facilities were not pursued. Instead, we conducted an Internet search for facilities in the Los Angeles region of California which is known to have a high concentration of Spanish-speaking populations.

B. METHODOLOGY

Administrators at these facilities were faxed the same ASPE endorsement letter and flier (in Spanish) from MPR, describing the study and its purpose. As with the English pretest, the letter urged administrators to either post the flier in an area where nurse aides would be likely to see it, or designate nurse aides who spoke Spanish as their primary language, and encourage them to call in to a contact at MPR and set up an appointment for the interview. The fax was followed up by a phone call to confirm that the administrators had received the fax and to determine whether, in fact, they employed primarily Spanish-speaking nurse aides, as well as whether they were willing to participate. A total of eight Spanish pretests were conducted from three different
facilities. Five of the pretest interviews were done with nurse aides in California, and three in Washington State.

As with the English version, telephone interviewers conducted all interviews on hard-copy instruments. The interviewers were all fluent in Spanish, and each had experience conducting interviews with Spanish-speaking respondents. Training on the Spanish instrument followed the same format as that of the English, except that the Spanish training took slightly longer to accommodate the translation process (described below).

C. SPANISH TRANSLATION PRETESTING PROCESS

The approach we used for translating and pretesting the Spanish-language version of the questionnaire utilized guidelines that are under development and are part of ongoing research by the U.S. Census Bureau. Rather than back-translating, or adopting a translation from a source document, the Census Bureau acknowledges the importance of adapting a translation from the source language (in our case, English). Adaptation allows for parts of a question to be altered from the source document in order to capture cross-cultural differences across languages. The Census Bureau guideline further recommends that the translation of data collection instruments be conducted using a translation team rather than a lone translator isolated from the rest of the design team. The team should consist of individuals with complementary skills and should include designated translators, translation reviewers, and translation adjudicators (de la Puenta and Pan 2003).

To implement this process, we began by establishing a team to work on the translation and the pretest. We first identified a translation service. The service selected to translate the questionnaire uses only active members of the American Translator’s Association. The questionnaire was translated by a translator that was experienced in English to Spanish
translations. The translation was then proofread by a proofreader-editor. We explained that since the survey would be national, the translation should be targeted to the general Spanish-speaking population of the United States, rather than to dialects from specific regions, such as Mexico, Puerto Rico, or South America. We also requested that the translation capture the “functional equivalence” of the source document, rather than represent a direct translation of the source document (Carrasco and de la Puerta and Pan 2003). The telephone interviewers who were ultimately trained on the instrument served as translation reviewers. The project director (a non-Spanish-speaking survey researcher) and the project manager (a Spanish-speaking survey specialist) served as translation adjudicators.

Once the initial translation had been completed, the project’s Spanish-speaking survey specialist reviewed the document for completeness. Specifically, the translation captured all items from the source document; no new or extraneous items were added. As the next step, the project director and survey specialist met as a team with the Spanish-speaking interviewers. Over approximately 12 hours, the team went through each item in the questionnaire, first reading the English item to ensure the intent of the source document and then that of the translated item. Each item was evaluated based on the team’s expertise in survey research, interview administration, and knowledge of the Spanish language. Potential revisions were discussed, documented and implemented.¹ The interviewers then did paired practice sessions with the revised version of the questionnaire until each interviewer had demonstrated proficiency with the interview.

¹Changes to the original translation were documented by using the “track changes” feature in Microsoft Word.
Eight interviews and two partial interviews were conducted with Spanish-speaking nurse aides. Changes made during the pretesting phase were documented along with the changes from the initial team review. For the final phase of the translation process, the translated document, showing all the changes and revisions, was sent to the original translation service for review and comment.
IV. FINDINGS

Overall, both the English and Spanish pretest interviews with nurse aides were conducted with few problems. Respondents were able to understand the intent of the questions, and there were very few instances of item nonresponse due to question sensitivity. Interviewers displayed little difficulty in administering the questionnaire due to skip patterns or question wording; as a result, there was a limited number of missed skips and interviewer errors. This section documents the changes that were made during the pretest interviews, as well as the timing information for the interviews. Although we have separate sections devoted to the English and Spanish findings, some changes initiated during the Spanish pretests were questionnaire issues, not Spanish language issues, and therefore required changes to the English questionnaire. These overlaps are noted in the section on Spanish findings.

A. QUESTIONNAIRE CHANGES

1. English

Areas of the instrument that were improved based on the interviewer-respondent interactions during the English pretest interviews included:

- Screening questions were added to screen out nurse aides employed by agencies (Question A2a), and to screen out nurse aides who were working fewer than 16 hours per week at the sampled facility (Question A8).

- The response category, “a state-tested nursing assistant,” was added to Question A3 ("Job Title").

- An interviewer check box was added at the end of Section A (Question A9) so that nurse aides who were no longer working at the sampled facility were skipped to Section L ("Facility Leavers").

- Question B4 ("Length of time working as a nurse aide") was changed so that the interviewer would read only the response categories, if necessary, rather than reading all categories to the respondent.
• A new question was added in Section B to determine whether the respondent was working prior to becoming a nurse aide (Question B5), as opposed to some other activity, such as being in school or staying home with children. Only those respondents who reported that they worked at another job prior to becoming a nurse aide were asked the occupation and industry follow-up questions, with other respondents skipping these questions.

• At the nurse aide continuing education question (Question C11a), the time period for attending classes was limited to the past two years, and the definition of continuing education was expanded to include yearly 12-hour recertification training, monthly videos, and other training activities. Also, an interviewer check box was added (as Question C11), so that respondents who first became nurse aides within the past two years would skip over the follow-up questions about specific continuing education classes taken.

• A response option “NONE/NO TOPICS” was added to Question C17 (“Types of topics would like to see covered in training classes”).

• Question C18 was changed to “Could your employer do anything to encourage you to take more training besides your yearly re-certification training?”

• Question C19 was changed to “What types of things would encourage you to take more training at your current job?” Also, the response category “NEW BENEFITS (TUITION REIMBURSEMENT)” was broken up into two response options (“NEW/BETTER BENEFITS” and “TUITION REIMBURSEMENT/FREE TRAINING/PAID TO ATTEND TRAINING”). Finally, the interviewer instruction READ CATEGORIES IF NECESSARY was added at this question.

• The first two response options at Question D1 (“Number of jobs held in past 5 years”) were changed to “1 (CURRENT JOB ONLY)”, and “2-4” so that those respondents who had held only their current jobs in the past 5 years would skip directly to the job grid.

• In the job grid, a “CHECK IF CNA” box was added to the occupation question (Question D4) for previous jobs (Columns 02-05), so that interviewers could indicate the previous job was as a nurse aide, rather than writing out the response.

• At Question D6d in the job grid (“Why did you stop working at this job?”), the response options were changed to the following:
  - LAID OFF OR JOB ENDED
  - QUIT
  - FIRED

• At Question D7 (“How found current job”), the third response option was changed to “SCHOOL OR JOB TRAINING PROGRAM (INCLUDING CNA TRAINING)”. 
• At Question D8b ("Are you currently participating in the health insurance plan"), the interviewer instruction "IF PARTIALLY PARTICIPATING, FOR EXAMPLE, DENTAL OR VISION, CODE NO" was added.

• The question wording of Question D9 ("Participation in government health care programs") was changed to: "Do you participate in any government health insurance programs that pay for medical care such as Medicare, Medicaid, or (INSERT STATE SPECIFIC MEDICAID NAME)?"

• At Question D9a ("Other insurance through spouse or privately purchased"), the probe "Include coverage on parent's plan" was added.

• In order to make the time scale appropriate for all respondents, an interviewer check box was added above Question D13a ("Given a pay increase in the past year/Since starting work at the facility"), directing the interviewer to check the job grid for the respondent's length of tenure at the sampled facility. For those respondents employed for 12 months or less, Question D13a asks, "Since you started your job at (FACILITY), have you been given a pay increase?" Those respondents employed for one year or longer were asked "During the past year, were you given a pay increase while working at (FACILITY)?"

• The skip pattern structure at Question E6 ("Number of people age 17 or younger in household") was changed so that the section on child care could be more easily administered. If the respondent reported one child in the household, the interviewer would check the "ONLY ONE" box and skip to the child care questions appropriate for one-child households (Questions E6c-E8). For respondents reporting two or more children, the interviewer marked the "TWO OR MORE" box, entered the number of children in the space provided, and continued to Question E6a ("Number of children responsible for").

• At Question E6a ("Number of children responsible for"), a skip instruction was added so that respondents who reported one child skip to the appropriate child care questions (Questions E6d-E8).

• At Question E12 ("Ever received TANF benefits"), the sentence "TANF used to be called AFDC" was moved from an optional probe to the question stem to be read to all respondents.

• A new question was added as Question G8, which asks respondents, "To what degree do you feel your supervisor respects you as part of the health care team?" The response categories included "a great deal," "somewhat, or" "not at all."

• At Question H2 ("Reasons why you continue to work in your current position"), the list of items was refined after several pretest interviews. Specifically, the reason "you haven't found a better job or line of work" was removed, and "working with people you like" was changed to "co-workers you like."
• The response options at Question H5 ("Types of problems or incidents which cause you to dislike your job") were restructured so that only major categories (such as "PROBLEMS WITH SUPERVISOR OR NURSES," "THE PAY OR BENEFITS," "NATURE OF JOB") are coded, and more specific reasons for dislike are listed in parentheses under the major category. This approach will allow more responses to be coded into the major categories rather than the "Other – Specify" option. Some reasons—for example, "TRANSPORTATION PROBLEMS"—were dropped from the list, and others were added ("WORKLOAD," "LACK OF RESPECT/APPRECIATION FOR WORK"), based on the responses received during the pretest interviews.

• A question about the quality of care at the sampled facility was added as Question H6, which asks respondents: "If a friend or family member needed care and asked your advice about staying at (FACILITY), would you definitely recommend it, probably recommend it, probably not recommend it, or definitely not recommend it?"

• New questions were added after Question H12 ("Intent to leave current job") to gain a greater understanding of why respondents reported being "very likely" or "somewhat likely" to leave during the next year. The added questions collect information on the main reasons for potentially leaving their current job (Question H13), and whether their next job will be as a nurse aide or some other position (Question H14).

• At Question I1 ("Agree/Disagree statements on workplace environment"), a statement was added asking respondents to rate how confident they were in their ability to do their jobs.

• A question was added asking whether or not respondents had been discriminated against due to their race or ethnic origin (as Question I8).

• At Question J2 ("Types of workplace injuries"), the list of work-related injuries and conditions was altered, with some common injuries added to the list and other items removed. Specifically, items "human bites" and "scratches, open wounds, or cuts" were added, and "infections" and "depression or other mental health issues" were removed.

• At Question J9 ("How often use resident handling lifts"), skip instructions were added so that respondents who answered "always" were not asked Question J10 about the availability of lifts.

• The gender question was moved from Question K11 to Question K1a.

• An interviewer check box was added as Question K7a, so that respondents who were no longer working at the sampled facility would skip to Section L (Facility Leavers).

• A question was added (as Question K9a) asking respondents who were non-U.S. citizens whether or not they were trained as a nurse aide or medical professional outside the United States. Those who answer "yes" are asked to specify the type of medical training they received.
The Facility Leavers section (Section L) of the questionnaire was added, which asks a subset of similar questions of nurse aides who had left their jobs at the sample facilities prior to being interviewed.²

2. Spanish

There were few, but significant, changes that resulted from the Spanish translation process and pretest interviews. Findings from each level of review are discussed in this section.

a. Translation Team Review

The original translator used the word “capacitación” to signify “training.” From experience, MPR has found that using the word “entrenamiento” is better understood by respondents. For the same reason, “convertirse”—meaning “to become”—was changed to “llegar a ser” or “seguir la carrera de” in all places where it appeared in the questionnaire; and “clases avanzadas”—meaning “continuing education classes”—was changed to “clases adicionales.” Likewise, the probe, “Haga el mejor cálculo posible”—which signifies “Your best estimate is fine”—was changed to “Su mejor estimado está bien.”

Additional changes resulting from the MPR team review included the addition of “usted” more frequently for clarity (even though, grammatically, it is not needed), using both feminine and masculine forms of a word for interviewers to choose when they refer to the respondent (references to other people, such as friends and supervisors, was kept in the masculine form), and keeping the wording of scales consistent throughout the questionnaire.

b. Pretest Findings

Several respondents reported having had nurse aide training in their native country (in addition to training they received in the United States). As such, questions A4 and C1 were

²This section was added after the English pretest interviews, and has not been pretested.
changed to include clarification that the question refers to training received in the United States. For the English version, rather than make this reference part of the question text since it is less likely to occur, the reference is made in the form of a probe and will be utilized as needed.

Another change unique to the Spanish instrument concerns question D7, which asks how the respondent found his or her current job at the sampled facility. Respondents were answering this question literally, giving replies such as, “I walked in and applied” or “I filled out an application.” Therefore, we added a second sentence to the question that asks the respondent how she or he heard about the job. Since this did not pose the same problem for English respondents, this clarifying question was added as a probe and not part of the question in the English version.

During one of the pretest interviews, during the job history section, a respondent indicated that she was currently working full time as a CNA in two different nursing homes. References in later questions to “current job” then became unclear and confusing to both the respondent and the interviewer. Therefore, the phrase “in/at (SAMPLED FACILITY)” was added to questions where it seemed most pressing, such as D7 which is the first question after the job grid and the first question in each section. Furthermore, for further interviewer clarification, all references to FACILITY were changed consistently to “SAMPLED FACILITY”. These changes also affected the English version.

Other questionnaire changes resulting from the Spanish pretest interviews are outlined below:

- At B1 (“Reasons for becoming a nurse aide”), “porqué” meaning “because” was moved to read before each item a through g. This change was also implemented in the English version.

- In both English and Spanish versions, “HAS ENOUGH EMPLOYEES” and “NO OVERTIME” was added to response category 3 at D10a (“Reasons can’t work more hours at job”).
• At H2 ("Reasons continue working at current job"), the appropriate Spanish article was added at the beginning of the item, where applicable.

• At H13 ("Reasons for thinking of leaving current job"); response categories in both versions were changed to the present tense.

• BATHING and AGGRESSION were added to response categories 1 and 3 respectively at J4 ("Incidents that caused injuries") for both the English and Spanish versions.

• Also, in both versions, K9a ("Training received in another country"), if a respondent answered "yes," a follow-up probe was added to elicit a specific response, such as, "What were you trained as?"

**c. Translator Review of Final Document**

After reviewing MPR’s changes to the original translated document, which was based upon team review and pretesting, the original translator provided MPR with comments and suggestions. The MPR team met again to discuss all the comments and decide whether or not to implement them. Below are the translator's comments and suggestions, and the decision for each.

• The original translator believed that the Spanish word we selected to signify "training" (entrenamiento) is used when referring to training animals. The translator felt that the original word used, "capacitación," refers to training people and therefore would be more appropriate. The translation adjudicators at MPR disagreed. A few had never even heard of the word "capacitación" but, rather, were familiar with "entrenamiento" which was often used in other surveys when referring to training people. Furthermore, both words were looked up in a Spanish-to-English dictionary to see if there was a distinction or if there was any reference to training animals for "entrenamiento," but no such reference was found. For these reasons, and because there was no confusion on the part of respondents during any of the pretest interviews when they heard "entrenamiento," the term was kept in the questionnaire to signify "training."

• Because the plural includes the singular, the translator felt that it was potentially confusing and not necessary to show the word in the singular form with the plural extension in parentheses—that is, herida(s). However, surveys are usually written in this manner because experienced interviewers are trained to be able to choose the correct form of the word with minimal effort. The questionnaire, therefore, was not changed to reflect this recommendation.
• For C5a and C12a, the translator suggested saying “ayudarles a comer, bañarse, vestirse, y moverse” because “ayudar con bañarse” was too colloquial. The MPR team agreed and made the recommended change.

• For scales that use the “mucho, algo, poco, nada”—which translates to “a lot, some, a little, or none”—the translator suggested using “mucho, algo, muy poco, nada” since “algo” and “poco” may not draw enough of a distinction in Spanish. The MPR team agreed, and the change was implemented.

• The translator indicated that “escuchar” (to listen) is different from “oyó” (to hear). As such, at D7 they suggested, “Como oyó Ud. sobre este trabajo?” Although these may be the literal translations of the words, the adjudicators felt these words are used interchangeably and that escuchar is used more often in this context. The question was therefore left as is.

• The original translator felt, when saying, “Your best estimate is fine/Su mejor estimado está bien” that “cálculo” is more common than “estimado” when referring to “estimate.” The translator felt that many native speakers would not understand “estimado,” and suggested saying instead, “Su mejor estimado o cálculo está bien.” Although there did not seem to be any confusion during the pretest interviews with saying “estimado,” it was decided to make the change as suggested.

• For E6a, the translator suggested adding “jóvenes” for older children, since “niños” is not correct for older children in Spanish. This suggestion was not accepted because “teenagers” specifically was not used in the English to account for older children. “Children” is used generally to account for any child of the respondent.

For the ethnicity question, “Are you Hispanic or Latino(a)/Es usted hispano(a) o latino(a)?”, the translators felt that only one form (Are you Hispanic?) be used. Using both terms, they felt, would make the respondent consider if there is any difference between the two terms and lead the respondent to choose one or the other. This was indeed the case during the Spanish pretest interviews. Instead of “yes” or “no,” respondents felt they had to choose one or the other. One respondent asked, “What is the difference?” OMB requires that both terms be used; therefore, this change could not be made.
B. INTERVIEW TIMING

1. English

The English pretest interviews averaged 44 minutes in length, ranging from 34 to 61 minutes. The sections of the questionnaire that tended to take the most time to administer were Job History (Section D), which took 10 minutes on average to administer, and Education/Training/Licensure, which averaged 8 minutes. The Facility Leavers section (Section L) was not tested, but the majority of the questions in that section are taken from the other sections. A complete breakdown of the English pretest interview timing is provided in Table 1.

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<th>Section</th>
<th>Pretest Interview Time (in minutes)</th>
<th>Average</th>
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<tr>
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<td>#1</td>
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<tr>
<td>A. Introduction/Informed Consent/Screening</td>
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<tr>
<td>B. Recruitment</td>
<td>3</td>
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<td>C. Education/Training/Licensure</td>
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<tr>
<td>D. Job History</td>
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<td>10</td>
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<tr>
<td>E. Family Life</td>
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<td>3</td>
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<tr>
<td>F. Management/Supervision</td>
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<tr>
<td>G. Client Relations</td>
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<td>H. Organizational Commitment/Job Satisfaction</td>
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<td>I. Workplace Environment</td>
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<td><strong>Total</strong></td>
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2. Spanish

The Spanish pretest interviews ranged from 47 to 67 minutes, running slightly longer than the English interviews and averaging 58 minutes. As with the English pretest interviews, the sections that took the most time to administer were Job History (Section D), averaging 10 minutes; and the Education/Training/Licensure (Section C), averaging 9 minutes. The Spanish
pretest interviews. Section H (Organizational Commitment/Job Satisfaction), also ran significantly longer, averaging 8 minutes. A complete breakdown of the Spanish pretest interview timing is provided in Table 2.

TABLE 2
SPANISH PRETEST INTERVIEW TIMING

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<th>Section</th>
<th>Pretest Interview Time (in minutes)</th>
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<td>C. Education/Training/Licensure</td>
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<td>D. Job History</td>
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<td>E. Family Life</td>
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<td>F. Management/Supervision</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>G. Client Relations</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>H. Organizational Commitment/Job Satisfaction</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>I. Workplace Environment</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>J. Work-Related Injuries</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>K. Demographics</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>L. Facility Leavers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>67</td>
<td>67</td>
</tr>
</tbody>
</table>

\(^3\)The two partial interviews are not included in the overall average for interview length.
V. TRAINING ISSUES AND RECOMMENDATIONS

During the pretest interviews, some observations were made that did not affect the questionnaire design but would benefit the interviewer training. The following recommendations are based on pretest observations:

- “at (SAMPLED FACILITY)” is not specifically written into each question where relevant in order to facilitate interview flow. While we believe that we specified the sampled facility often enough for respondent clarity, interviewers should keep in mind that questions refer to the facility that was sampled. This is particularly relevant for respondents who work at more than one nursing home.

- All references to “initial training” refer to training received in the United States to become certified.

- During training, it would be helpful to review various types of devices used in nursing homes. For example, when interviewers ask J13, they should have some awareness of the devices used, as well as the “lingo” used to describe them. One respondent answered “Hoyers.” It would be helpful for interviewers to know that Hoyer Lifts are commonly used devices in nursing homes.

- Many nurse aides received training at the facility where they work. This confused some of the interviewers. In training, emphasize when asking C13, the response “where I work,” or “at this facility” should be coded 01 (“at a nursing facility”).

- At C17, many respondents reported wanting more training on working with residents who have illnesses such as Alzheimer’s. In training, emphasize that this should be coded 02 (WORKING WITH RESIDENTS WITH DEMENTIA).

- While OMB requires use of “Latino or Hispanic” for the ethnicity question, the pretest interviewers had difficulty reading the question in a way that would elicit the required “yes” or “no” response. With training and monitoring, this problem should be overcome.
VI. FURTHER RESEARCH

To meet the Institutional Review Board (IRB) guidelines for this project, the English version of the informed consent was written at an eighth-grade reading level. As recommended by the IRB, this was verified by the Grammatik feature in Word which uses the Flesch method.

There is less certainty in the literature on verifying Spanish readability. The Flesch method has not been validated for Spanish; whereas, the Frye method has been validated for both English and Spanish languages. However, the Frye method is based on longer documents and requires the tester to sample 100 words from the beginning, middle, and end of the document. Since the informed consent is approximately 300 words in length, this technique is difficult to apply. Others have encountered this problem when testing the readability of questionnaires, since they typically do not have sections of text containing 100 words. It is recommended that this question be presented to the IRB for their direction on how to assess the grade level at which the Spanish Informed Consent is written.

Finally, the Census Bureau work on the translation of data collection documents shows that there is much work yet to be done to advance the reliability of instruments in languages other than English. In addition to testing the replicable nature of the “translation team approach,” which we feel was used successfully on this study, further work could be done with cognitive testing of both the English and Spanish versions of this questionnaire. If future waves of data collection are undertaken, cognitive testing would be the next step toward greater reliability of, and between, the English and Spanish versions of this questionnaire.
REFERENCES


APPENDIX A

FINAL ENGLISH SURVEY INSTRUMENT
National Survey of Nursing Aides and Assistants in Nursing Home Settings

Final Questionnaire

January 26, 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 members' obligation to reply to this survey is voluntary. Public burden for this survey is estimated to average XX 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 nurse aides 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.
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<td>B. RECRUITMENT</td>
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</tr>
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<td>C. EDUCATION/TRAINING/LICENSURE</td>
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<tr>
<td>I. WORKPLACE ENVIRONMENT</td>
<td>45</td>
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<td>J. WORK-RELATED INJURIES</td>
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<td>L. FACILITY LEAVERS</td>
<td>61</td>
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<td>M. END</td>
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</tr>
</tbody>
</table>
INTRODUCTION

INTRO1. Hello, my name is (INTERVIEWER NAME) and I'm calling from Westat in Rockville, Maryland. May I please speak with (SAMPLE MEMBER'S NAME)?

SAMPLE MEMBER AVAILABLE.......01 → GO TO INTRO 2

SAMPLE MEMBER NOT AVAILABLE/NOT HOME.............02 → GO TO INTRO 4, CALL BACK

SAMPLE MEMBER DOES NOT LIVE HERE..........................03 → GO TO INTRO1a, LOCATING

LOCATING

INTRO1a. Do you have a new phone number or address for (SAMPLE MEMBER)?

YES..................................................01 → INTERVIEWER, RECORD ALL AVAILABLE INFORMATION, RETRY CASE.

NO..................................................00

Do you know anybody else I could call that may know how to reach (him/her)?

YES..................................................01 → INTERVIEWER, RECORD ALL AVAILABLE INFORMATION, RETRY CASE.

NO..................................................00 → (FOLLOW OPERATION CENTER PROCEDURES FOR LOCATING)
INTRO2. We are conducting a survey of nurse aides and assistants all across the country. Since the demand for nurse aides is growing, we hope to learn what encourages people to become a nurse aide and stay working in the field. This survey is being sponsored by the U.S. Department of Health and Human Services and it will take between 30 and 40 minutes to complete. You should have received a letter recently that explained the study and that we would be calling you as part of the National Nursing Home Survey. You will receive $35 as a token of appreciation after you complete the interview.

I would like to first go over our consent form so you can decide if you would like to participate. Is now a convenient time?

YES .................................................. 01 ➔ GO TO INFORMED CONSENT

NO .................................................. 00 ➔ SKIP TO INTRO 4, CALL BACK

DID NOT RECEIVE ADVANCE LETTER ............................................ 02 ➔ GO TO INTRO 3, NO ADVANCE LETTER

NO ADVANCE LETTER

INTRO3. The letter explained who we were and that we would be calling to do a survey on nurse aides. It also explained that your participation in this study is voluntary. I would like to review our informed consent form now which explains all of this fully. Is now a convenient time?

YES .................................................. 01 ➔ GO TO INFORMED CONSENT

NO .................................................. 00 ➔ GO TO INTRO 4, CALL BACK

CALL BACK

INTRO4. When would be a good time for me to call back and speak with (SAMPLE MEMBER)?

<table>
<thead>
<tr>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

(FOLLOW OPERATION CENTER PROCEDURES FOR CALL BACK)
INFORMED CONSENT

You have been chosen to take part in the National Survey of Nursing Aides and Assistants. The study is funded by the Assistant Secretary for Planning and Evaluation or ASPE. ASPE is part of the U.S. Department of Health and Human Services. Your answers will help public leaders and nursing homes better address issues facing nurse aides working in the long-term care field.

Taking part in the survey involves an interview with a trained interviewer from Westat. Westat is a social science research firm based in Rockville, MD. You will be asked questions about your career path, training, jobs you have had, and the management and supervision at your facility. We will also ask how you feel about your job and background details such as age and family makeup. The interview takes about 30-40 minutes on average. The total time it takes to complete the survey varies from person to person. You will receive a check for $35 after you complete the survey.

There are no known risks for taking part. You can stop the survey at any time. You can refuse to answer any and all questions. Your name, the facility where you work, and your answers will be kept private. Your answers will not be reported in any way that identifies you personally.

If you have any questions about the survey, you can contact (NAME, TITLE) at 1-800-XXX-XXXX. If you have any questions about the rights while taking part in this survey, please contact (IRB CONTACT) at 1-800-XXX-XXXX. By answering any of the questions in this survey you will have agreed to take part in this study.

GO TO A1
A. SCREENING

A1. Are you currently working at (INSERT NAME OF SAMPLED NURSING FACILITY)?

   YES ..............................................01 ➔ GO TO A2a

   NO .............................................00

   DON'T KNOW ..................................d

   REFUSED .......................................r

A2. Were you working there on (INSERT DATE OF SAMPLE LIST)?

   PROBE: 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 ..............................................01

   NO .............................................00

   DON'T KNOW ..................................d ➔ THANK AND TERMINATE

   REFUSED .......................................r

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

   EMPLOYED BY FACILITY .........................01

   AGENCY .........................................02 ➔ THANK AND TERMINATE

   DON'T KNOW ..................................d

   REFUSED .......................................r
A3. (Are you/Were you) working as . . .

READ LIST; STOP WHEN RESPONDENT ANSWERS.

CIRCLE ONLY ONE

a certified nursing assistant or CNA, . . .01
a CNA II or CNA supervisor, ............02
a certified nurse aide, ....................03
a licensed nursing assistant, ..........04
a state tested nursing assistant, ......05
a geriatric nursing assistant, ..........06
a nurse aide, or ...........................07
something else? (SPECIFY) ............00 \(\rightarrow\) GO TO A5

DON'T KNOW .................d
REFUSED ............................r \(\rightarrow\) THANK AND TERMINATE

A4. Did you become a (INSERT JOB TITLE FROM A3) before 1987?

PROBE: Training as a (INSERT JOB TITLE FROM A3) in the U.S.

YES ...........................................01
NO ..........................................00
DON'T KNOW ............................d
REFUSED .................................r \(\rightarrow\) GO TO A5

A4a. INTERVIEWER: IS RESPONDENT STILL WORKING AT SAMPLED FACILITY, A1=01, "YES"?

YES, STILL AT SAMPLED FACILITY ..........01 \(\rightarrow\) GO TO B1
NO, NO LONGER AT SAMPLED FACILITY ..00 \(\rightarrow\) GO TO K1

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

YES ...........................................01 \(\rightarrow\) GO TO A7
NO ..........................................00
DON'T KNOW ............................d
REFUSED .................................r
A6. Are you in the process of going through nurse aide training?

YES ............................................. 01
NO ............................................. 00
DON'T KNOW .................................. d
REFUSED ........................................ r
→ THANK AND TERMINATE

A6a. INTERVIEWER: IS RESPONDENT STILL WORKING AT SAMPLED FACILITY, A1=01, “YES”?

YES, STILL AT SAMPLED FACILITY .......... 01 → GO TO B1
NO, NO LONGER AT SAMPLED FACILITY .. 00 → GO TO K1

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

YES ............................................. 01
NO ............................................. 00 → THANK AND TERMINATE
DON'T KNOW/DON'T REMEMBER... d
REFUSED ........................................ r → THANK AND TERMINATE

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

YES, 16 HOURS OR MORE ............. 01
NO, LESS THAN 16 HOURS ............. 00
DON'T KNOW .................................. d
REFUSED ........................................ r
→ THANK AND TERMINATE

A9. INTERVIEWER: IS THE RESPONDENT CURRENTLY WORKING AT SAMPLED FACILITY, A1=01, “YES”?

YES, STILL AT SAMPLED FACILITY .......... 01 → GO TO B1
NO, NO LONGER AT SAMPLED FACILITY .. 00 → GO TO K1
B. RECRUITMENT

The first section is about why you initially decided to become a nurse aide. For each item I read, please tell me whether this is a reason you chose this type of work. First, was it . . . (READ DOWN LIST AND CIRCLE ONE FOR EACH)

NOTE: Consider randomizing start point.

<table>
<thead>
<tr>
<th>B1.</th>
<th>CIRCLE ONE FOR EACH</th>
<th>B2.</th>
<th>MOST IMPORTANT REASON</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td>DON'T KNOW</td>
<td>REFUSED</td>
</tr>
<tr>
<td>a.</td>
<td>01</td>
<td>00</td>
<td>d</td>
</tr>
<tr>
<td>b.</td>
<td>01</td>
<td>00</td>
<td>d</td>
</tr>
<tr>
<td>c.</td>
<td>01</td>
<td>00</td>
<td>d</td>
</tr>
<tr>
<td>d.</td>
<td>01</td>
<td>00</td>
<td>d</td>
</tr>
<tr>
<td>e.</td>
<td>01</td>
<td>00</td>
<td>d</td>
</tr>
<tr>
<td>f.</td>
<td>01</td>
<td>00</td>
<td>d</td>
</tr>
<tr>
<td>g.</td>
<td>01</td>
<td>00</td>
<td>d</td>
</tr>
<tr>
<td>h.</td>
<td>01</td>
<td>00</td>
<td>d</td>
</tr>
</tbody>
</table>

B1a. INTERVIEWER: IS MORE THAN ONE ITEM (a-h) CODED 01 "YES" IN B1?

YES ......................................................... 01
NO ......................................................... 00 → GO TO B3

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

READ LIST OF "YES" RESPONSES FROM QUESTION B1, IF NECESSARY.
B3. How did you first learn about being a nurse aide as a possible job?

**PROBE:** Anything else?

**CIRCLE ALL THAT APPLY**

- NEWSPAPER ADVERTISEMENT/ARTICLE ........................................... 01
- FAMILY MEMBER OR FRIEND WAS ONE/RECOMMENDED IT .......................... 02
- SCHOOL OR JOB TRAINING PROGRAM ........................................ 03
- TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)/WORK FIRST AGENCY ... 04
- JOB FAIR .................................................................................. 05
- ONLINE EMPLOYMENT SERVICE ............................................... 06
- PROVIDING CARE TO A RELATIVE/FRIEND AND BECAME INTERESTED .............. 07
- OTHER (SPECIFY) ................................................................. 00

DONT KNOW ................................................................. d
REFUSED ................................................................. r

B4. Since you first became a nurse aide, 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.**

**CIRCLE ONLY ONE**

- 6 MONTHS OR LESS .......................................................... 01
- MORE THAN 6 MONTHS BUT LESS THAN ONE YEAR .................. 02
- 1 YEAR BUT LESS THAN 2 YEARS ........................................... 03
- 2 - 5 YEARS ......................................................................... 04
- 6 - 10 YEARS ....................................................................... 05
- 11 - 20 YEARS ..................................................................... 06
- MORE THAN 20 YEARS ..................................................... 07
- DONT KNOW ................................................................. d
- REFUSED ................................................................. r

B5. What were you doing before you became a nurse aide? Were you mainly...

CIRCLE ONLY ONE

working at another job,..........................01
going to school,.................................02
staying home with children, or..............03
doing something else? (SPECIFY)............04

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

GO TO B7

B5a. What was your job before you became a nurse aide? What were your job duties?

☐ CHECK IF NURSE AIDE WAS THEIR FIRST JOB

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

______________________________________

B6. What kind of company did you work for?

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

IF SELF-EMPLOYED: What kind of company was it?

______________________________________

B7. If you had to decide whether to become a nurse aide again, would you...

CIRCLE ONLY ONE

become one without hesitation,..................01
have second thoughts about it, or.............02
would you definitely not become one? .......03
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 nurse aide.

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

**IF RESPONDENT RECEIVED TRAINING IN ANOTHER COUNTRY, PROBE:**
This is the training you received in the U.S. to become a nurse aide.

CIRCLE ONLY ONE

- at a nursing facility, ..............................................01
- at a community college, .......................................02
- in high school, or ..............................................03
- somewhere else? (SPECIFY) .................................04

______________________________

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

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

CIRCLE ONLY ONE

- ALL ........................................................................01 ➔ GO TO C4
- PART ......................................................................02
- NONE .................................................................03
- DON'T KNOW ....................................................d
- REFUSED ............................................................r
C3. Who (else) paid for your training? Was it your...
   employer, or ..................................................01
   someone else? (SPECIFY) ..............................02
   
   DON'T KNOW ............................................d
   REFUSED ..................................................r

C3a. INTERVIEWER: WHAT IS THE ANSWER TO C2?
   “PART,” CODE 02..........................................01
   “NONE,” CODE 03, DK, OR REF.....................02 → GO TO C5

C4. Were you reimbursed by your employer for any of the money you spent on
    your initial training?
   YES .........................................................01
   NO .........................................................00
   DON'T KNOW ...........................................d
   REFUSED ..................................................r
C5. Next, I'd like to ask you to rate how well your initial nurse aide 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. The first area is **READ DOWN LIST AND CIRCLE ONE FOR EACH**. Would you say your initial training was **REPEAT SCALE AS NECESSARY**?

<table>
<thead>
<tr>
<th>CIRCLE ONE FOR EACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXCELLENT</td>
</tr>
</tbody>
</table>

| a. resident care skills such as helping with bathing, eating, dressing, and moving | 04 | 03 | 02 | 01 | -7 | d | r |
| b. talking with residents | 04 | 03 | 02 | 01 | -7 | d | r |
| c. working with co-workers | 04 | 03 | 02 | 01 | -7 | d | r |
| d. discussing resident care with residents' family members | 04 | 03 | 02 | 01 | -7 | d | r |
| e. working with supervisors | 04 | 03 | 02 | 01 | -7 | d | r |
| f. straightening out or dealing with problems at work | 04 | 03 | 02 | 01 | -7 | d | r |
| g. recording residents' information | 04 | 03 | 02 | 01 | -7 | d | r |
| h. organizing your work tasks so that everything gets done on time | 04 | 03 | 02 | 01 | -7 | d | r |
| i. dementia care | 04 | 03 | 02 | 01 | -7 | d | r |
| j. working with residents that act out or are abusive | 04 | 03 | 02 | 01 | -7 | d | r |
| k. preventing injuries at work | 04 | 03 | 02 | 01 | -7 | d | r |

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

**CIRCLE ONLY ONE**

- well prepared...........................................01
- somewhat prepared, or..............................02
- not at all prepared? ..................................03
- 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 nurse aide?

YES ................................................................. 01
NO ................................................................. 00
DON'T KNOW .................................................. d
REFUSED .......................................................... r

GO TO C9

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


C9. Would you describe your initial nurse aide training as . . .

CIRCLE ONLY ONE

mostly spent doing or observing
hands-on work with residents, .................. 01
evenly split between hands-on work and
classroom study, or ........................................ 02
mostly spent doing classroom study? ............ 03
DON'T KNOW .................................................. d
REFUSED .......................................................... r

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

IF SM 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 ................................................................. 01
NO ................................................................. 00
DON'T KNOW .................................................. d
REFUSED .......................................................... r

GO TO C11
C10a. Was having a mentor or buddy helpful to you in your first job as a nurse aide?

YES .............................................. 01
NO ............................................. 00
DON'T KNOW .................................. d
REFUSED ....................................... r

C11. INTERVIEWER: IS QUESTION B4 CODED 01, 02, OR 03?

YES .............................................. 01 ➔ GO TO C15
NO ............................................. 00

C11a. Have you taken any nurse aide 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 .............................................. 01
NO ............................................. 00
DON'T KNOW .................................. d ➔ GO TO C15
REFUSED ....................................... r
C12. Have your continuing education classes covered . . . (READ DOWN LIST AND CIRCLE ONE FOR EACH)

<table>
<thead>
<tr>
<th>CIRCLE ONE FOR EACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>a.</td>
</tr>
<tr>
<td>resident care skills such as helping with bathing, eating, dressing, and moving?</td>
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<tr>
<td>b.</td>
</tr>
<tr>
<td>talking with residents?</td>
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<tr>
<td>c.</td>
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<td>working with co-workers?</td>
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<tr>
<td>d.</td>
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<td>discussing resident care with residents' family members?</td>
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<td>e.</td>
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<td>working with supervisors?</td>
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<tr>
<td>f.</td>
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<tr>
<td>straightening out or dealing with problems at work?</td>
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<tr>
<td>g.</td>
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<tr>
<td>recording residents' information?</td>
</tr>
<tr>
<td>h.</td>
</tr>
<tr>
<td>organizing your work tasks so that everything gets done on time?</td>
</tr>
<tr>
<td>i.</td>
</tr>
<tr>
<td>training to mentor other nurse aides?</td>
</tr>
<tr>
<td>j.</td>
</tr>
<tr>
<td>dementia care?</td>
</tr>
<tr>
<td>k.</td>
</tr>
<tr>
<td>working with residents that act out or are abusive?</td>
</tr>
<tr>
<td>l.</td>
</tr>
<tr>
<td>preventing injuries at work?</td>
</tr>
<tr>
<td>m.</td>
</tr>
<tr>
<td>has anything else been covered? (SPECIFY)</td>
</tr>
</tbody>
</table>

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

**PROBE:** Anywhere else?

CIRCLE ALL THAT APPLY

- at a nursing facility, .................................. 01
- at a community college, .................................. 02
- in high school, or ...................................... 03
- somewhere else? (SPECIFY) .............................. 04

DON'T KNOW ............................................ d
REFUSED ................................................. r
C14. In general, how useful have your nurse aide continuing education classes been in helping you do your job? Would you say . . .

PROBE: Overall.

CIRCLE ONLY ONE

very useful, .............................................. 01
somewhat useful, or ................................... 02
not at all useful? ........................................ 03
DON'T KNOW ......................................... d
REFUSED ............................................... r

C15. Does (SAMPLED FACILITY) pay for or offer any training or continuing education classes?

YES ......................................................... 01
NO .......................................................... 00
DON'T KNOW ......................................... d
REFUSED ............................................... r → 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 . . .

CIRCLE ONLY ONE

a lot, .......................................................... 01
some,........................................................ 02
a little, or.................................................. 03
none? ..................................................... 04
DON'T KNOW ......................................... d
REFUSED ............................................... r
C17. What types of topics would you like to see covered in training classes at your current job?

**PROBE:** Any other topics?

CIRCLE ALL THAT APPLY

<table>
<thead>
<tr>
<th>Topic</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Management</td>
<td>01</td>
</tr>
<tr>
<td>Working with Residents With Dementia</td>
<td>02</td>
</tr>
<tr>
<td>Working with Residents With Mental Illness</td>
<td>03</td>
</tr>
<tr>
<td>Time Management/Organizing Work Tasks</td>
<td>04</td>
</tr>
<tr>
<td>Working with Residents’ Family Members</td>
<td>05</td>
</tr>
<tr>
<td>Working with Supervisors</td>
<td>06</td>
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<tr>
<td>Straightening Out or Dealing with Problems at Work</td>
<td>07</td>
</tr>
<tr>
<td>Communicating with Residents</td>
<td>08</td>
</tr>
<tr>
<td>Pain Management</td>
<td>09</td>
</tr>
<tr>
<td>End of Life Issues/ Coping with Grief</td>
<td>10</td>
</tr>
<tr>
<td>Workplace Injury Prevention</td>
<td>11</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>12</td>
</tr>
</tbody>
</table>

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None/No Topics 13
Don't Know 14
Refused 15
C18. Could (SAMPLED FACILITY) do anything to encourage you to take more training besides your yearly re-certification training?

CIRCLE ONLY ONE

YES.................................................................01
MAYBE/DEPENDS .............................................02
NO.................................................................00
DON'T KNOW ..................................................d
REFUSED .........................................................r

GO TO D1

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

PROBE: Any others?

CIRCLE ALL THAT APPLY

PROMOTION .....................................................01
CHANGE IN JOB TITLE ........................................02
ADDITIONAL JOB RESPONSIBILITIES ...............03
INCREASE IN (SALARY/HOURLY WAGE) ...04
ONE-TIME BONUS .............................................05
NEW/BETTER BENEFITS ....................................06
TUITION REIMBURSEMENT/FREE TRAINING/PAID TO ATTEND TRAINING.....07
CONVENIENCE OF TRAINING (TIME/LOCATION) ...........................................08
OTHER (SPECIFY) ...........................................09

DON'T KNOW ..................................................d
REFUSED .........................................................r
D. JOB HISTORY

D1. The next questions are about the jobs you have had including those in health care and those in other areas. In total, how many full-time or part-time jobs have you had during the past five years? Please include your current job. READ CATEGORIES IF NECESSARY.

CIRCLE ONLY ONE

1 (CURRENT JOB ONLY)..............................01 ➔ GO TO D3a
2 - 4......................................................02
5 - 7......................................................03
8 - 10.....................................................04
MORE THAN 10.........................................05
DON'T KNOW.........................................d
REFUSED.............................................r

D2. Now I would like to ask you about the jobs you have had during the past 2 years; that would be since (MONTH, YEAR TWO YEARS PRIOR TO INTERVIEW DATE). Please include full-time and part-time work as well as military duty. Also include self-employment or your own business, such as babysitting or doing hair.

Let's start with your job at (SAMPLED FACILITY).

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.

INTERVIEWER: GO TO D3, RECORD EMPLOYER NAME FOR THIS JOB IN COLUMN 1, AS JOB 1.

NOTE: This version allows for 5 jobs in the job grid. When fielding, decide if max at 5 jobs or if you want to take more. If you max at 5, add an instruction on which 5 jobs (i.e., the 5 most recent jobs.)
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>D3. RECORD EMPLOYER NAME AND ASK &quot;BEGIN&quot; (D3a) AND &quot;END&quot; (D3b) DATES</td>
<td></td>
</tr>
<tr>
<td>FIRST, THEN D3c PROBING FOR OTHER JOBS. THEN D4 THROUGH D6b DOWN FOR</td>
<td></td>
</tr>
<tr>
<td>EACH JOB.</td>
<td></td>
</tr>
<tr>
<td>D3a. When did you start working for (EMPLOYER)?</td>
<td></td>
</tr>
<tr>
<td>START: <strong><strong>/</strong></strong>/____ MONTH YEAR</td>
<td></td>
</tr>
<tr>
<td>D3b. When did you stop working there?</td>
<td></td>
</tr>
<tr>
<td>STOP: <strong><strong>/</strong></strong>/____ MONTH YEAR</td>
<td></td>
</tr>
<tr>
<td>D3c. Where else have you worked since (MONTH/YEAR TWO YEARS AGO)?</td>
<td></td>
</tr>
<tr>
<td>Again, include full-time and part-time work and any other current jobs.</td>
<td></td>
</tr>
<tr>
<td>RECORD EMPLOYER(S) NAME(S) IN D3.</td>
<td></td>
</tr>
<tr>
<td>IF STILL WORKING AT JOB, CIRCLE &quot;n.&quot;</td>
<td></td>
</tr>
<tr>
<td>STILL AT JOB: n</td>
<td></td>
</tr>
<tr>
<td>D4. The next few questions are about your job at (EMPLOYER). What (did)</td>
<td></td>
</tr>
<tr>
<td>(do) you do there? What (does) your job? PROBE FOR CLEAR AND DESCRIPTIVE</td>
<td></td>
</tr>
<tr>
<td>ACTIVITIES.</td>
<td></td>
</tr>
<tr>
<td>INTERVIEWER: DO NOT ASK FOR JOB 01.</td>
<td></td>
</tr>
<tr>
<td>D5. What kind of company (did) you work for?</td>
<td></td>
</tr>
<tr>
<td>What (did) they make, sell, or do? IF SELF-EMPLOYED: What kind of</td>
<td></td>
</tr>
<tr>
<td>company (is/was) it? What (did) you make, sell, or do? PROBE FOR</td>
<td></td>
</tr>
<tr>
<td>PRODUCT OR SERVICE.</td>
<td></td>
</tr>
<tr>
<td>INTERVIEWER: DO NOT ASK FOR JOB 01.</td>
<td></td>
</tr>
<tr>
<td>D6a. How many hours (did) you usually work in an average week for</td>
<td></td>
</tr>
<tr>
<td>(EMPLOYER)? PROBE: Your best estimate is fine.</td>
<td></td>
</tr>
<tr>
<td>HOURS PER WEEK</td>
<td></td>
</tr>
<tr>
<td>D6b. What is/was your hourly rate of pay, (just before you left that</td>
<td></td>
</tr>
<tr>
<td>job) before taxes and deductions? WATCH THE DEcimal POINT.</td>
<td></td>
</tr>
<tr>
<td>PER HOUR $ <strong><strong>/</strong></strong>/____ GO TO D6c</td>
<td></td>
</tr>
<tr>
<td>D6c. INTERVIEWER: IS D3b CODED &quot;n,&quot; SM STILL WORKING AT THIS JOB?</td>
<td></td>
</tr>
<tr>
<td>YES: (GO TO TD7)             CIRCLE ONLY ONE</td>
<td></td>
</tr>
<tr>
<td>NO:                          PER DAY</td>
<td></td>
</tr>
<tr>
<td>D6d. Why did you stop working at this job? Did the job end or were you</td>
<td></td>
</tr>
<tr>
<td>laid off, did you quit, or were you fired?</td>
<td></td>
</tr>
<tr>
<td>LAID OFF OR JOB ENDED  CIRCLE ONLY ONE</td>
<td></td>
</tr>
<tr>
<td>QUIT                        PER WEEK</td>
<td></td>
</tr>
<tr>
<td>FIRED                       PER MONTH</td>
<td></td>
</tr>
<tr>
<td>PER YEAR                    PER MONTH</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW                  PER MONTH</td>
<td></td>
</tr>
<tr>
<td>CIRCLE ONLY ONE             PER MONTH</td>
<td></td>
</tr>
<tr>
<td>01                           PER MONTH</td>
<td></td>
</tr>
<tr>
<td>NO                           PER WEEK</td>
<td></td>
</tr>
<tr>
<td>(GO TO TD7)                 PER WEEK</td>
<td></td>
</tr>
<tr>
<td>D7. INTERVIEWER: CHECK D3. IS THERE ANOTHER JOB TO ASK ABOUT?</td>
<td></td>
</tr>
<tr>
<td>YES: (GO TO D4, JOB 02)      CIRCLE ONLY ONE</td>
<td></td>
</tr>
<tr>
<td>NO:                          (GO TO D7)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>THIRD MOST RECENT JOB</th>
<th>FOURTH MOST RECENT JOB</th>
<th>FIFTH MOST RECENT JOB</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**START:**

- **MONTH YEAR**

**STOP:**

- **MONTH YEAR**

**STILL AT JOB:**

- 

**CHECK IF CNA ➔ GO TO D5**

- 

**HOURS PER WEEK**

- **99 OR MORE HOURS PER WEEK: 99**
- **DON'T KNOW: d**
- **REFUSED: r**
- **PER HOUR: $**
- **PER HOUR NOT PAID BY HOUR/GETS DIFFERENTIAL: d**
- **REFUSED: r**

**CIRCLE ONLY ONE**

- **PER DAY:** 01
- **PER WEEK:** 02
- **ONCE EVERY TWO WEEKS:** 03
- **TWICE A MONTH:** 04
- **PER MONTH:** 05
- **PER YEAR:** 06
- **DON'T KNOW:** 07
- **REFUSED:** 08

- 

**GO TO D5**
I'd like to ask you some more questions about your current job at (SAMPLED FACILITY).

How did you find your current job?

PROBE: How did you hear about it?

PROBE: Anything else?

**CIRCLE ALL THAT APPLY**

NEWSPAPER ADVERTISEMENT ..................01

FAMILY MEMBER OR FRIEND WAS ONE/
RECOMMENDED IT ............................02

SCHOOL OR JOB TRAINING PROGRAM
(INCLUDING CNA TRAINING) .............03

TEMPORARY ASSISTANCE FOR NEEDY
FAMILIES (TANF)/WORK FIRST AGENCY...04

JOB FAIR ........................................05

ONLINE EMPLOYMENT SERVICE .............06

FACILITY WAS PART OF TRAINING
PROGRAM ........................................07

OTHER (SPECIFY) .............................00

_____________________________________

don't know ......................................d

REFUSED .........................................r
The next questions are about benefits that are available at (SAMPLED FACILITY). Does your current employer offer you... (READ DOWN LIST AND CIRCLE ONE FOR EACH.)

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?

<table>
<thead>
<tr>
<th>CIRCLE ONE FOR EACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>01</td>
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<tr>
<td>01</td>
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<tr>
<td>01</td>
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<tr>
<td>01</td>
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<tr>
<td>01</td>
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</tbody>
</table>

PROBE: This would not include social security or railroad retirement benefits.

f. paid child care or child care subsidies or assistance?

01 00 d r

g. paid transportation or transportation subsidies or assistance?

01 00 d r

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

YES ................................................. 01
NO ................................................. 00
DON'T KNOW ..................................... d
REFUSED ........................................... r

GO TO D9

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

IF PARTIALLY PARTICIPATING, FOR EXAMPLE, DENTAL OR VISION—CODE "NO"

YES ................................................. 01
NO ................................................. 00
DON'T KNOW ..................................... d
REFUSED ........................................... r

GO TO D8d

GO TO D8d
D8c. Why are you not participating in the health insurance at your job?

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

YES .................................................. 01
NO .................................................. 00
DON'T KNOW ...................................... d
REFUSED ........................................... r

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

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

YES .................................................. 01
NO .................................................. 00
DON'T KNOW ...................................... d
REFUSED ........................................... r

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?

PROBE: Include coverage on parent's plan.

YES .................................................. 01
NO .................................................. 00
DON'T KNOW ...................................... d
REFUSED ........................................... r
The next questions are about the hours you work on your current job at (SAMPLED FACILITY).

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

CIRCLE ONLY ONE

PREFER MORE HOURS ........................................... 01
PREFER FEWER HOURS ........................................... 02
ABOUT RIGHT ...................................................... 03
DON'T KNOW ...................................................... d
REFUSED .............................................................. r

GO TO D11

What are the reasons why you cannot work more hours on this job?

PROBE: Anything else?

CIRCLE ALL THAT APPLY

CHILD CARE OR FAMILY ISSUES
PREVENT WORKING MORE HOURS ........... 01
HEALTH ISSUES .................................................. 02
THE FACILITY HAS ENOUGH
EMPLOYEES/DOES NOT REQUIRE
MORE HOURS/NO OT ...................................... 03
OTHER (SPECIFY) ............................................. 04

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

Are you ever required to work mandatory overtime at (SAMPLED FACILITY)
even if you do not want to?

YES ................................................................. 01
NO ................................................................. 00
DON'T KNOW ...................................................... d
REFUSED .............................................................. r

GO TO D13
D12. How many times in the past month have you been required to work mandatory overtime?

INTERVIEWER: READ CATEGORIES IF NECESSARY.

CIRCLE ONLY ONE

NONE ..........................................................00
1 TO 2 TIMES .............................................01
3 TO 5 TIMES .............................................02
OVER 5 TIMES .............................................03
DON'T KNOW ..............................................d
REFUSED .....................................................r

Now, I'd like to ask about pay and incentives.

D13. INTERVIEWER: CHECK D3a,b JOB 1. HAS SAMPLE MEMBER BEEN AT CURRENT JOB FOR 12 MONTHS OR LESS?

YES ..........................................................01→GO TO D13a INTRO A
NO ............................................................00→GO TO D13a INTRO B

D13a. INTRO A: Since you started your job at (SAMPLED FACILITY), have you been given a pay increase?

INTRO B: During the past year, were you given a pay increase while working at (SAMPLED FACILITY)?

CIRCLE ONLY ONE

YES ..........................................................01
NO ............................................................00
DON'T KNOW ..............................................d
REFUSED .....................................................r

D14. Does your employer offer... (READ DOWN LIST AND CIRCLE ONE FOR EACH.)

<table>
<thead>
<tr>
<th>CIRCLE ONE FOR EACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>01</td>
</tr>
<tr>
<td>01</td>
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<tr>
<td>01</td>
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<tr>
<td>01</td>
</tr>
</tbody>
</table>

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

**CIRCLE ONLY ONE**

- take it without hesitation, .........................01
- have second thoughts about it, or ..............02
- definitely not take it? ...............................03
- DON'T KNOW ......................................d
- REFUSED ..........................................r

**D16. INTERVIEWER:** REVIEW JOB GRID FOR ALL JOBS LISTED. DOES SM HAVE MORE THAN ONE CURRENT JOB, D3b=n?

- YES .....................................................01
- NO ....................................................00 ➔ GO TO E1

**D16a.** In addition to your job at (SAMPLED FACILITY), you told me you also have (NUMBER OF JOBS) other job(s). Why do you have more than one job currently?

**PROBE:** Anything else?

**CIRCLE ALL THAT APPLY**

- A. NEED THE MONEY ...............................01
- B. LIKE THE VARIETY OF JOBS ..................02
- C. CANNOT GET ENOUGH HOURS
  ON ANY ONE JOB ..................................03
- D. OTHER (SPECIFY) ...............................04

**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 .....................................................01
- NO ....................................................00
- 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?

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 SM 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?

CIRCLE ONLY ONE

DRIVE SELF .............................................. 01
CAR POOL .................................................. 02
GET A RIDE FROM FAMILY
OR FRIENDS ........................................ 03
PUBLIC TRANSPORTATION ...................... 04
WALKS ....................................................... 05
EMPLOYER PROVIDES RIDE .................... 06
TAXI .......................................................... 07
BICYCLE ...................................................... 08
OTHER (SPECIFY) ...................................... 00

d DON'T KNOW ............................................

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

YES ............................................................. 01
NO .............................................................. 00
DON'T KNOW ............................................... d
REFUSED ...................................................... r

GO TO E4

E3. How much time from work did you miss because of transportation problems?

PROBE: During the past month.

PROBE: Your best estimate is fine.

|   | DAYS MISSED WORK |
|   | HOURS MISSED WORK |

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

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.

|   | NUMBER OF ADULTS |

ZERO/NONE 18 OR OLDER ......................... 00
DON'T KNOW ........................................... d
REFUSED ................................................... r

GO TO E6

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 ............................................................. 01
NO .............................................................. 00
DON'T KNOW ............................................... d
REFUSED ...................................................... r
E6. And how many people in your household are children age 17 or younger?

CHECK ONE

☐ ONLY ONE → GO TO E6c

OR

TWO OR MORE

▱ ▱ ▱ NUMBER OF CHILDREN → GO TO E6a

ZERO/NONE ............................................00

DON'T KNOW ..........................................d

REFUSED .................................................r → GO TO E9

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

INTERVIEWER: IF ONLY ONE CHILD, GO TO E6d.

▱ ▱ ▱ NUMBER OF CHILDREN RESPONSIBLE FOR

ZERO/NONE OF THEM ..................................00 → GO TO E9

DON'T KNOW ..........................................d

REFUSED .................................................r

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

▱ ▱ ▱ NUMBER OF CHILDREN REQUIRING CHILD CARE → GO TO E7

ZERO/NONE OF THEM ..................................00 → GO TO E9

DON'T KNOW ..........................................d

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

- SM'S OWN CHILD ...............................................01
- NOT SM'S CHILD ..................................................00
- DON'T KNOW .......................................................d
- REFUSED ..........................................................r

→ GO TO E9

E6d. Does this child require child care while you are working at (SAMPLED FACILITY)?

- YES .................................................................01
- NO .................................................................00
- DON'T KNOW .......................................................d
- REFUSED ..........................................................r

→ GO TO E9

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

- YES .................................................................01
- NO .................................................................00
- DON'T KNOW .......................................................d
- REFUSED ..........................................................r

→ GO TO E9

E8. 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.

- _ _ _ _ DAYS MISSED WORK
- _ _ _ _ HOURS MISSED WORK
- DON'T KNOW .......................................................d
- REFUSED ..........................................................r
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 ............................................. 01
   NO ............................................. 00
   DON'T KNOW .................................. d
   REFUSED ....................................... r
   → 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 ............................................. 01
   NO ............................................. 00
   DON'T KNOW .................................. d
   REFUSED ....................................... r
   → GO TO E12

E11. How much time from work did you miss?

   PROBE: During the past month.

   PROBE: Your best estimate is fine.

   ___ ___ | DAYS MISSED WORK
   ___ ___ | HOURS MISSED WORK
   DON'T KNOW .................................. d
   REFUSED ....................................... r
E12. Now I would like to ask you about sources of income and support you may have received.

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.

PROBE: Please include electronically transferred benefits.

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

YES ..................................................... 01
NO ..................................................... 00
DON'T KNOW ....................................... d
REFUSED ............................................. r

GO TO E14

E13. Are you currently receiving cash welfare or TANF?

YES ..................................................... 01
NO ..................................................... 00
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?

YES ..................................................... 01
NO ..................................................... 00
DON'T KNOW ....................................... d
REFUSED ............................................. r

GO TO E15a

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

YES ..................................................... 01
NO ..................................................... 00
DON'T KNOW ....................................... d
REFUSED ............................................. r
E15a. Have you or your child ever received disability insurance such as Supplemental Security Income or SSI?

PROBE: Please include electronically transferred benefits.

YES ......................................................01
NO .....................................................00
DON'T KNOW .......................................d
REFUSED .............................................r

→ GO TO E16a

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

YES ......................................................01
NO .....................................................00
DON'T KNOW .......................................d
REFUSED .............................................r

E16a. Have you ever received food stamp benefits?

PROBE: Please include electronically transferred benefits.

YES ......................................................01
NO .....................................................00
DON'T KNOW .......................................d
REFUSED .............................................r

→ GO TO E17

E16b. Are you currently receiving food stamps?

YES ......................................................01
NO .....................................................00
DON'T KNOW .......................................d
REFUSED .............................................r
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?

YES .........................................................01
NO .............................................................00
DON'T KNOW ..............................................d
REFUSED ....................................................r
F. MANAGEMENT/SUPERVISION

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.

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:

[NOTE: These items should have a random starting point.]

<table>
<thead>
<tr>
<th></th>
<th>STRONGLY AGREE</th>
<th>SOMewhat AGREE</th>
<th>SOMewhat DISAGREE</th>
<th>STRONGLY DISAGREE</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>b.</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>c.</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>d</td>
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</tr>
<tr>
<td>d.</td>
<td>01</td>
<td>02</td>
<td>03</td>
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<tr>
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</table>
G. CLIENT RELATIONS

The next questions are about the amount of time available to spend with the residents on your current job at (SAMPLED FACILITY).

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 . . .

CIRCLE ONLY ONE

more than enough time,.................................01
enough time, or ........................................02
not enough time?.......................................03
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 . . .

CIRCLE ONLY ONE

more than enough time,.................................01
enough time, or ........................................02
not enough time?.......................................03
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 .......................................................01
NO .......................................................00
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?

CIRCLE ONLY ONE

SAME RESIDENTS...........................................01
RESIDENTS CHANGE...........................................02
COMBINATION...........................................03
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 . . .

CIRCLE ONLY ONE

a great deal, ...........................................01
somewhat, or...........................................02
not at all?...........................................03
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 . . .

CIRCLE ONLY ONE

a great deal, ...........................................01
somewhat, or...........................................02
not at all?...........................................03
RESIDENTS' FAMILIES DON'T KNOW ME...........................................04
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 . . .

CIRCLE ONLY ONE

- a great deal, ........................................01
- somewhat, or...........................................02
- not at all?.................................................03
- 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 . . .

CIRCLE ONLY ONE

- always, ....................................................01
- sometimes, or..........................................02
- does that never happen?...............................03
- 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.

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

CIRCLE ONLY ONE

- extremely satisfied, ........................................01
- somewhat satisfied, .......................................02
- somewhat dissatisfied, or ...............................03
- extremely dissatisfied? .................................04
- DON'T KNOW ...........................................d
- REFUSED ...............................................r
H2. Please tell me whether or not each of the following items is a reason why you continue to work in your current position.

First, is (ITEM) a reason why you continue to work in your current position? READ DOWN LIST AND CIRCLE ONE RESPONSE FOR EACH. REPEAT STEM AS NECESSARY.

**NOTE:** Consider randomizing start point.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
<th>NA</th>
<th>CIRCLE ONLY ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>01</td>
<td>00</td>
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<td>r</td>
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<td>b.</td>
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<td>g.</td>
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<td>01</td>
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<td>j.</td>
<td>01</td>
<td>00</td>
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<td>k.</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
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</tbody>
</table>

H3. INTERVIEWER: IS MORE THAN ONE ANSWER CODED 01, "YES" IN H2?

YES ...................................................... 01
NO ...................................................... 00 → GO TO H4

H3a. Which one of these is the main reason why you continue to work at your job? READ LIST OF "YES" RESPONSES FROM H2 IF NECESSARY.

Prepared by Mathematica Policy Research, Inc. (REV--1/26/04)
Are you extremely satisfied, somewhat satisfied, somewhat dissatisfied, or extremely dissatisfied with the following aspects of your current job? First, ... READ DOWN LIST AND CIRCLE ONE FOR EACH. REPEAT SCALE AS NECESSARY.

<table>
<thead>
<tr>
<th>CIRCLE ONE FOR EACH</th>
<th>EXTREMELY SATISFIED</th>
<th>SOMEWHAT SATISFIED</th>
<th>SOMEWHAT DISSATISFIED</th>
<th>EXTREMELY DISSATISFIED</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. workplace morale?</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>b. doing challenging work?</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>c. the benefits?</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>d. the salary or wages?</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>e. learning new skills?</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>d</td>
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</tbody>
</table>
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?

---

<table>
<thead>
<tr>
<th>CIRCLE ALL THAT APPLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROBLEMS WITH SUPERVISOR OR NURSES ................................................. 01</td>
</tr>
<tr>
<td>(Acts better than me, Talks down to me, Ignores my input, No say in what goes on)</td>
</tr>
<tr>
<td>PROBLEMS WITH CO-WORKERS ......................................................... 02</td>
</tr>
<tr>
<td>(Don't do jobs correctly, Personality conflicts)</td>
</tr>
<tr>
<td>LACK OF RESPECT/APPRECIATION FOR WORK ............................................ 03</td>
</tr>
<tr>
<td>(No recognition for good work, No appreciation for hard work from residents, families, organization, community)</td>
</tr>
<tr>
<td>THE PAY OR BENEFITS ................................................................. 04</td>
</tr>
<tr>
<td>(Poor or unfair raises, Salary/benefits not good enough, Benefits cost money)</td>
</tr>
<tr>
<td>PROBLEMS WITH SCHEDULE ............................................................. 05</td>
</tr>
<tr>
<td>(Does not like schedule or shift, Wants to work more/less hours)</td>
</tr>
<tr>
<td>WORKLOAD .................................................................................. 06</td>
</tr>
<tr>
<td>(Too many patients, Not enough staff)</td>
</tr>
<tr>
<td>HEALTH OR PERSONAL ISSUES ......................................................... 07</td>
</tr>
<tr>
<td>(Emotional attachments to residents and coping with loss, Sample member's own physical/mental health problem)</td>
</tr>
<tr>
<td>NATURE OF JOB ........................................................................... 08</td>
</tr>
<tr>
<td>(Physically demanding work, Not prepared for the reality of the job, Difficult clientele)</td>
</tr>
<tr>
<td>NOTHING/NO COMPLAINTS .............................................................. 09</td>
</tr>
<tr>
<td>OTHER (SPECIFY) .......................................................................... 00</td>
</tr>
</tbody>
</table>

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| DON'T KNOW .................................................. d |
| REFUSED ..................................................... r |
H6. If a friend or family member needed care and asked your advice about staying at (SAMPLED FACILITY), would you . . .

**PROBE:** The (SAMPLED FACILITY) facility where you work.

**CIRCLE ONLY ONE**
- definitely recommend it, .......................01
- probably recommend it, .......................02
- probably not recommend it, or ...............03
- would you definitely not recommend it? .......04
- DON'T KNOW .....................................d
- REFUSED ..........................................r

H6a. If a friend or family member asked your advice about taking a nurse aide job at (SAMPLED FACILITY), would you . . .

**PROBE:** The (SAMPLED FACILITY) facility where you work.

**CIRCLE ONLY ONE**
- definitely recommend it, .......................01
- probably recommend it, .......................02
- probably not recommend it, or ...............03
- would you definitely not recommend it? .......04
- DON'T KNOW .....................................d
- REFUSED ..........................................r

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

**CIRCLE ONLY ONE**
- definitely recommend it, .......................01
- probably recommend it, .......................02
- probably not recommend it, or ...............03
- would you definitely not recommend it? .......04
- DON'T KNOW .....................................d
- REFUSED ..........................................r
H8. At your facility how much turnover among nurse aides would you say there is? By turnover we mean aides quitting or leaving and new aides starting work. Would you say there is . . .

PROBE: The (SAMPLED FACILITY) facility where you work.

CIRCLE ONLY ONE

a lot, .................................................................01
some, ..................................................................02
a little, or ............................................................03
none? .................................................................04
DON'T KNOW ..................................................d
REFUSED .........................................................r

GO TO H11

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

CIRCLE ONLY ONE

a lot, .................................................................01
some, ..................................................................02
a little, or ............................................................03
none? .................................................................04
DON'T KNOW ..................................................d
REFUSED .........................................................r

H10. Why is that? RECORD VERBATIM

____________________________________________________

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

YES ................................................................. 01
NO ................................................................. 00
NO, BUT THINKING ABOUT IT ....................... 02
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 ... 

PROBE: Either as a nurse aide, or doing something else?

CIRCLE ONLY ONE

very likely ....................................................... 01
somewhat likely, or ......................................... 02
not at all likely? ............................................... 03
DON'T KNOW ................................................. d
REFUSED ....................................................... r

GO TO II
What are the main reasons why you think you would leave?

PROBE: Any other reasons?

CIRCLE ALL THAT APPLY

CONFLICTS WITH THE SUPERVISORS ..... 01
TOO MANY RESIDENTS TO CARE FOR ..... 02
LITTLE OR NO BENEFITS (HEALTH INSURANCE, VACATION DAYS, ETC.) ..... 03
LOW PAY ............................................ 04
DISAGREEMENT WITH THE FACILITY WORKING CONDITIONS OR POLICIES AND PRACTICES ........................................... 05
PROBLEMS WITH CO-WORKERS .......... 06
ILL HEALTH ........................................ 07
CHILD CARE ISSUES ............................. 08
NEED TO CARE FOR AN ELDERLY FAMILY MEMBER ................................. 09
MOVING TO A DIFFERENT AREA
(YOU/YOUR FAMILY) ......................... 10
FOUND A NEW/BETTER JOB ................. 11
DIFFICULTY DEALING WITH CLIENT/
RESIDENTS' FAMILIES .......................... 12
HARD TO DEAL WITH DYING CLIENTS/
RESIDENTS ........................................ 13
OTHER (SPECIFY) .............................. 14

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

Do you think your next job will be as a nurse aide or doing something else?

NURSE AIDE ......................................... 01
SOMETHING ELSE ................................. 02
DON'T KNOW ..................................... d
REFUSED ......................................... r
I. WORKPLACE ENVIRONMENT

I1. I’d like you to continue thinking about (SAMPLED FACILITY). I’m going to read you a few statements, and for each one I’d like you to tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree. The first statement is . . . READ DOWN LIST AND CIRCLE ONE RESPONSE FOR EACH. REPEAT SCALE AS NECESSARY.

**NOTE:** These items should have a random starting point.

<table>
<thead>
<tr>
<th>CIRCLE ONE FOR EACH</th>
<th>STRONGLY AGREE</th>
<th>SOMewhat AGREE</th>
<th>SOMewhat DISAGREE</th>
<th>STRONGLY DISAGREE</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
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</thead>
<tbody>
<tr>
<td>a. I am appropriately respected or rewarded by my nursing facility for my work</td>
<td>01 02 03 04 d r</td>
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<td>b. I can decide on my own how to go about doing my work</td>
<td>01 02 03 04 d r</td>
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<tr>
<td>c. I am involved in challenging work</td>
<td>01 02 03 04 d r</td>
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<td>d. I have a chance to gain new skills and knowledge on the job</td>
<td>01 02 03 04 d r</td>
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<tr>
<td>e. I am trusted to make resident care decisions</td>
<td>01 02 03 04 d r</td>
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<td>f. I have the opportunity to work in teams</td>
<td>01 02 03 04 d r</td>
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<tr>
<td>g. I am confident in my ability to do my job</td>
<td>01 02 03 04 d r</td>
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</table>
12. Now I’d like to ask you a few questions about how you think people view the work you do as a nurse aide.

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

CIRCLE ONLY ONE

very much, .................................................. 01
somewhat, or .............................................. 02
not at all? .................................................... 03
DON’T KNOW .............................................. d
REFUSED ...................................................... r

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

CIRCLE ONLY ONE

very much, .................................................. 01
somewhat, or .............................................. 02
not at all? .................................................... 03
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 nurse aide? Would you say . . .

CIRCLE ONLY ONE

very much, .................................................. 01
somewhat, or .............................................. 02
not at all? .................................................... 03
DON’T KNOW .............................................. d
REFUSED ...................................................... r
I5. How important do you think your work is? Would you say...

   CIRCLE ONLY ONE
   very important, ........................................... 01
   somewhat important, or ................................ 02
   not important at all? .................................... 03
   DON'T KNOW .............................................. d
   REFUSED .................................................. r

I6. How much do you seek out other nurse aides for help with problems that relate to your current job? Would you say...

   CIRCLE ONLY ONE
   none, ...................................................... 00
   a little, ................................................... 01
   some, or .................................................. 02
   a lot? ...................................................... 03
   DON'T KNOW ............................................. d
   REFUSED .................................................. r

I7. How much do you seek out other employees, besides other nurse aides, for help with problems that relate to your current job? Would you say...

   CIRCLE ONLY ONE
   none, ...................................................... 00
   a little, ................................................... 01
   some, or .................................................. 02
   a lot? ...................................................... 03
   DON'T KNOW ............................................. d
   REFUSED .................................................. r

I8. On your current job, have you ever been discriminated against because of your race or ethnic origin?

   YES ......................................................... 01
   NO ......................................................... 00
   DON'T KNOW ............................................. d
   REFUSED .................................................. r
J. WORK-RELATED INJURIES

The next questions are about any times you may have been hurt or injured while working at your job as a nurse aide.

J1. INTERVIEWER: CHECK D3a,b JOB 1. HAS SAMPLE MEMBER BEEN AT CURRENT JOB FOR 12 MONTHS OR LESS?

YES .............................................................................. 01 ➔ GO TO J2 INTRO A
NO ............................................................................... 00 ➔ GO TO J2 INTRO B

J2. INTRO A:
Since you started your job at (SAMPLED FACILITY), have you had any...

INTRO B:
During the past 12 months at (SAMPLED FACILITY), did you have any...

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
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</thead>
<tbody>
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<td>01</td>
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</tbody>
</table>

INTERVIEWER: IF "NO" TO ALL ITEMS AT J2, GO TO J9.
J3. How many separate incidents caused (this/these) injuries?

|___| INCIDENTS

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

J4. What (was/were) the (activity or incident/activities or incidents) that caused your (injury/injuries)?

PROBE: Anything else?

CIRCLE ALL THAT APPLY

LIFTING, REPOSITIONING, BATHING OR HANDLING RESIDENTS ......................01
SLIPS/TRIPS/FALLS ..................................................02
AGGRESSION/VIOLENCE/ABUSE BY RESIDENT(S) ...........................................03
BUMPING INTO OR HITTING EQUIPMENT ......................................................04
CONCERN WITH RESIDENTS' HEALTH/LOSS OF LIFE .....................................05
NEEDLE STICK ..............................................................06
OTHER (SPECIFY) ..........................................................07

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

J5. In total, how many days were you unable to work because of the (injury/injuries)?

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

|___|___|___| DAYS

NONE .................................................................00
DON'T KNOW ...........................................d
REFUSED ......................................................r

49

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

YES..............................................................01
NO.............................................................00
DON'T KNOW..............................................d
REFUSED ......................................................r ➔ GO TO J8a

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

_______ DAYS

NONE..........................................................00
DON'T KNOW..............................................d
REFUSED ......................................................r

J8a. INTERVIEWER: IS J2e (NEEDLE STICK) CODED “YES”?

YES..............................................................01
NO.............................................................00 ➔ GO TO J9

J8b. How many times during the last 12 months were you accidentally stuck with a needle or other sharp medical equipment while working?

PROBE: Since (ENTER CURRENT MONTH) of last year.

PROBE: Your best estimate is fine.

_______ TIMES

DON'T KNOW..............................................d
REFUSED ......................................................r
J9. How often would you say you use resident handling lifts when moving or lifting residents who cannot move around on their own? Is it...

CIRCLE ONLY ONE

always, ................................................. .01  ➔ GO TO J11
sometimes, or ........................................... .02
never? ....................................................... .03
DON'T KNOW ............................................ .d
REFUSED ................................................... .r  ➔ GO TO J11

J10. How often is a resident handling lift available when you actually need to use one? Would you say...

CIRCLE ONLY ONE

always, ................................................. .01
sometimes, ................................................. .02
almost never, or ........................................... .03
never? ....................................................... .04
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 ............................................................. .01
NO .............................................................. .00
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 ............................................................. .01
NO .............................................................. .00
DON'T KNOW ............................................ .d  ➔ GO TO J14
REFUSED ................................................... .r
J13. What types of equipment or devices?


J14. Does (SAMPLED FACILITY) provide training on how to reduce workplace injuries?

YES ................................................................. 01
NO ................................................................. 00
DON'T KNOW .................................................. d
REFUSED ......................................................... r
K. DEMOGRAPHICS

The last few questions are about your background. Again, everything you tell me is confidential.

K1. What age did you turn at your last birthday?

<table>
<thead>
<tr>
<th>AGE AT LAST BIRTHDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>DON'T KNOW</td>
</tr>
<tr>
<td>REFUSED</td>
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</tbody>
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K1a. INTERVIEWER, CODE SEX, OR ASK IF NOT KNOWN: Are you female or male?

<table>
<thead>
<tr>
<th>FEMALE</th>
<th>MALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>02</td>
</tr>
</tbody>
</table>

K2. Are you Hispanic or (Latina/Latino)?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
</tbody>
</table>
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 nurse aide 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. SPECIFY RESPONDENT OFFERED CATEGORIES IN "OTHER."

CIRCLE ALL THAT APPLY

White, .................................................. 01
African American or Black, .......................... 02
American Indian or Alaska Native, ............... 03
Asian, or .................................................. 04
Native Hawaiian or Pacific Islander ............... 05
OTHER (SPECIFY) .................................... 06

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

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

CIRCLE ONLY ONE

MARRIED .............................................. 01
LIVING WITH A PARTNER ............................ 02
SEPARATED .......................................... 03
DIVORCED ............................................ 04
WIDOWED ............................................. 05
NEVER BEEN MARRIED .............................. 06
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.**

*CIRCLE ONLY ONE*

HIGH SCHOOL DIPLOMA .................. 01
GED ........................................ 02
NEITHER/NO ............................. 00
DON'T KNOW ............................. d
REFUSED ................................... r

K6. What is the **highest** grade or year of school that you have completed?

**INTERVIEWER, IF THE SAMPLE MEMBER 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 grade you completed? **IF RESPONDENT SAYS “DK,” CODE “d.”**

*CIRCLE ONLY ONE*

NONE ........................................ 00
ELEMENTARY, MIDDLE, OR JUNIOR HIGH SCHOOL ........ 01 02 03 04 05 06 07 08
HIGH SCHOOL ............................ 09 10 11 12
SOME COLLEGE/TRADE SCHOOL ............... 13 14 15
COLLEGE GRADUATE ..................... 16
POST-COLLEGE .......................... 17
DON'T KNOW ................................ d
REFUSED ................................... r
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.

<table>
<thead>
<tr>
<th>CIRCLE ONLY ONE</th>
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<tr>
<td>less than $10,000, ........................................... 01</td>
</tr>
<tr>
<td>$10,000 to under $20,000, .................................... 02</td>
</tr>
<tr>
<td>$20,000 to under $30,000, .................................... 03</td>
</tr>
<tr>
<td>$30,000 to under $40,000, .................................... 04</td>
</tr>
<tr>
<td>$40,000 to under $50,000, .................................... 05</td>
</tr>
<tr>
<td>$50,000 to under $60,000, .................................... 06</td>
</tr>
<tr>
<td>$60,000 to under $70,000, .................................... 07</td>
</tr>
<tr>
<td>$70,000 to under $80,000, or .................................... 08</td>
</tr>
<tr>
<td>$80,000 or over? ............................................. 09</td>
</tr>
<tr>
<td>DON'T KNOW ................................................... d</td>
</tr>
<tr>
<td>REFUSED ....................................................... r</td>
</tr>
</tbody>
</table>

---

**K7a.**

**INTERVIEWER:** IS SAMPLE MEMBER STILL WORKING AT THE SAMPLLED FACILITY, A1 “YES”?

| YES ......................................................... 01 |
| NO ......................................................... 00 ➔ GO TO SECTION L |

---

**K8.**

Are you a citizen of the United States?

**PROBE:** Please remember this survey is confidential.

| YES ......................................................... 01 |
| NO ......................................................... 00 ➔ GO TO K9 |
| DON'T KNOW ............................................. d |
| REFUSED ................................................... r |
K8a. Were you born a citizen of the United States, or did you become a citizen of the US through naturalization?

BORN.........................................................01
NATURALIZED...........................................00
DON'T KNOW ...........................................d
REFUSED ..................................................r

GO TO K9a

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

______________________________

______________________________

______________________________

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

YES, (SPECIFY: What were you trained as?) .....................01

☐ MD (medical doctor)
☐ RN/LPN (nurse)
☐ NURSE AIDE
☐ OTHER:

______________________________

NO.........................................................00
DON'T KNOW ...........................................d
REFUSED ..................................................r
K9b. What languages do you speak?

PROBE: Any others?

CIRCLE ALL THAT APPLY

CAMBODIAN ................................................. 01
CHINESE .................................................. 02
CZECH .................................................... 03
ENGLISH ................................................... 04
FRENCH .................................................... 05
HAITIAN CREOLE ......................................... 06
HINDI ....................................................... 07
KOREAN .................................................... 08
POLISH ..................................................... 09
PORTUGUESE ................................ ............. 10
RUSSIAN ................................................... 11
SPANISH .................................................. 12
TAGALOG ................................................... 13
URDU ....................................................... 14
VIETNAMESE ............................................... 15
OTHER (SPECIFY) ......................................... 00

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

K9c. INTERVIEWER: IS MORE THAN ONE LANGUAGE CODED IN K9b?

YES—MORE THAN ONE LANGUAGE .............. 01 \(\rightarrow\) GO TO K9e

NO—ONLY ONE LANGUAGE ......................... 00

K9d. INTERVIEWER: IS THE LANGUAGE ENGLISH OR SOMETHING ELSE?

ENGLISH ................................................... 01 \(\rightarrow\) GO TO K10

SOMETHING ELSE ....................................... 02 \(\rightarrow\) GO TO K9f
K9e. Which do you consider to be your primary language?

<table>
<thead>
<tr>
<th>Language</th>
<th>Code</th>
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<tbody>
<tr>
<td>CAMBODIAN</td>
<td>01</td>
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<td>11</td>
</tr>
<tr>
<td>SPANISH</td>
<td>12</td>
</tr>
<tr>
<td>TAGALOG</td>
<td>13</td>
</tr>
<tr>
<td>URDU</td>
<td>14</td>
</tr>
<tr>
<td>VIETNAMESE</td>
<td>15</td>
</tr>
<tr>
<td>OTHER (SPECIFY)</td>
<td>00</td>
</tr>
</tbody>
</table>

CIRCLE ONLY ONE

DON'T KNOW            d
REFUSED               r

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

CIRCLE ONLY ONE

always,               01
sometimes, or         02
never?               03
DON'T KNOW         d
REFUSED             r
K10. How often do you have difficulty communicating with residents because they do not speak the same language as you? Would you say...

CIRCLE ONLY ONE

always, ..................................................01
sometimes, or ........................................02
never? ..................................................03
DON'T KNOW .........................................d
REFUSED ...............................................r

K10a. How often do you have difficulty communicating with nurses or other nurse aides because they do not speak the same language as you? Would you say...

CIRCLE ONLY ONE

always, ..................................................01
sometimes, or ........................................02
never? ..................................................03
DON'T KNOW .........................................d
REFUSED ...............................................r

GO TO END
L. FACILITY LEAVERS

I have some questions about being a nurse aide and some questions about the job you had at (SAMPLED FACILITY).

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

YES ............................................................... 01 → GO TO L1c
NO ................................................................. 00
DON'T KNOW .................................................. d
REFUSED ......................................................... r

L1a. What are you doing now; what are your job duties?


L1b. How likely is it that you will work as a nurse aide again some day? Would you say ...

CIRCLE ONLY ONE

very likely, ..................................................... 01
somewhat likely, ............................................. 02
somewhat unlikely, or ..................................... 03
extremely unlikely? ......................................... 04
DON'T KNOW .................................................. d
REFUSED ......................................................... r

GO TO L2
L1c. Are you working in . . .

CIRCLE ALL THAT APPLY

long-term care, such as a nursing home? ..... 01
acute care? ........................................... 02
ambulatory care? ...................................... 03
home care? .............................................. 04
DON'T KNOW ...................................... d
REFUSED ............................................. r

L2. Since you first became a nurse aide, 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.

CIRCLE ONLY ONE

6 MONTHS OR LESS .................................. 01
MORE THAN 6 MONTHS BUT LESS THAN ONE YEAR .......... 02
1 YEAR BUT LESS THAN 2 YEARS ........... 03
2 - 5 YEARS ........................................... 04
6 -10 YEARS .......................................... 05
11 - 20 YEARS ......................................... 06
MORE THAN 20 YEARS ................................ 07
DON'T KNOW ...................................... d
REFUSED ............................................. r

L3. If you had to decide whether to become a nurse aide again, would you . . .

CIRCLE ONLY ONE

become one without hesitation, ...................... 01
have second thoughts about it, or .................. 02
would you definitely not become one? ........... 03
DON'T KNOW ...................................... d
REFUSED ............................................. r
L4. If a friend or family member asked your advice, in general, about becoming a nurse aide, would you . . .

**CIRCLE ONLY ONE**

- definitely recommend it, .........................01
- probably recommend it, .........................02
- probably not recommend it, or ..................03
- would you definitely not recommend it? ........04
- DON'T KNOW ......................................d
- REFUSED ..........................................r

Next, I'd like to ask you some questions about your nurse aide job at (SAMPLED FACILITY).

L5. First, how long had you worked at this facility?

**READ CATEGORIES IF NECESSARY.**

**CIRCLE ONLY ONE**

- 6 MONTHS OR LESS ..............................01
- MORE THAN 6 MONTHS BUT
- LESS THAN ONE YEAR ..........................02
- 1 YEAR BUT LESS THAN 2 YEARS ..........03
- 2 - 5 YEARS ......................................04
- 6 -10 YEARS .....................................05
- 11 - 20 YEARS ..................................06
- MORE THAN 20 YEARS .......................07
- DON'T KNOW ..................................d
- REFUSED ........................................r

L6. What was your hourly rate of pay as a nurse aide just before you left that job, before taxes and other deductions?

PER HOUR ......................................$ |___| |____| ______$ \(\rightarrow\) GO TO L7

- DON'T KNOW/NOT PAID BY HOUR/ GETS DIFFERENTIAL ..................................d
- REFUSED ........................................r
L6a. How much 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.

ACCEPT MOST CONVENIENT TIME PERIOD.

CIRCLE CODE FOR TIME PERIOD.

$ |__|__,|____|____

CIRCLE ONLY ONE

PER DAY.............................................01
PER WEEK..........................................02
ONCE EVERY TWO WEEKS....................03
TWICE A MONTH................................04
PER MONTH..................................05
PER YEAR....................................06
DON'T KNOW....................................d
REFUSED..........................................r

L7. 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 .............................01 ➔ GO TO L9
QUIT....................................................02
FIRED.................................................03
L7a. For what reasons did you (quit/get fired)?

CIRCLE ALL THAT APPLY

CONFLICTS WITH THE SUPERVISORS......01
HAD TO TAKE CARE OF TOO MANY RESIDENTS .................................................02
LITTLE OR NO BENEFITS (HEALTH INSURANCE, VACATION DAYS, ETC.)........03
PAY WAS TOO LOW ......................................04
DID NOT AGREE WITH THE FACILITY WORKING CONDITIONS OR POLICIES AND PRACTICES ..................................................05
PROBLEMS WITH CO-WORKERS ..................06
LEFT BECAUSE OF ILL HEALTH .....................07
LEFT BECAUSE YOU HAD TO CARE FOR YOUR CHILDREN .................................08
LEFT BECAUSE YOU HAD TO CARE FOR AN ELDERLY FAMILY MEMBER ...........09
LEFT BECAUSE YOU/YOUR FAMILY MOVED .................................................10
YOUR CURRENT JOB BECAME AVAILABLE ...................................................11
DIFFICULT DEALING WITH CLIENT/ RESIDENTS' FAMILIES .............................12
HARD TO DEAL WITH DYING CLIENTS/ RESIDENTS ......................................13
MOVED TO A DIFFERENT AREA .......................14
OTHER (SPECIFY) ......................................15

DON'T KNOW .............................................d
REFUSED ...............................................r
L8.

INTERVIEWER: WAS SAMPLE MEMBER FIRED, QUESTION L7=03?

YES ........................................ 01 ➔ GO TO L9
NO ........................................ 00

L8a.

What would have made you stay working as a nurse aide at (SAMPLED FACILITY)?

CIRCLE ALL THAT APPLY

- BETTER PAY ........................................ 01
- BETTER WORKING CONDITIONS .............. 02
- BETTER BENEFITS ................................ 03
- FEWER HOURS PER WEEK ...................... 04
- MORE STABLE HOURS ............................ 05
- OPPORTUNITIES TO GO TO COLLEGE ....... 06
- OPPORTUNITIES FOR ADVANCEMENT ........ 07
- HELP WITH CHILD CARE ....................... 08
- HELP WITH ELDER CARE ...................... 09
- TRANSPORTATION TO WORK MADE AVAILABLE ........................................ 10
- MORE STAFF APPRECIATION
  ACTIVITIES (E.G., EMPLOYEE RECOGNITION) ........................................ 11
- MORE TRAINING/EDUCATION OFFERED .... 12
- NOTHING WOULD MAKE ME STAY .......... 13
- DON'T KNOW ...................................... d
- REFUSED ......................................... r

L9.

On this job had you ever been discriminated against because of your race or ethnic origin?

YES ........................................ 01
NO ........................................ 00 ➔ GO TO L11
DON'T KNOW ...................................... d
REFUSED ......................................... r

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

**CIRCLE ONLY ONE**

- it was the main reason, ........................................... 01
- it was one of a number of different reasons, or .................................................. 02
- it was not a reason at all? ........................................... 03
- DON'T KNOW ........................................... d
- REFUSED ......................................................... r

L11. Finally, if a friend or family member asked your advice about taking a nurse aide job at (SAMPLED FACILITY), would you . . .

**CIRCLE ONLY ONE**

- definitely recommend it, ........................................... 01
- probably recommend it, ........................................... 02
- probably not recommend it, or ........................................... 03
- would you definitely not recommend it? ........ 04
- DON'T KNOW ........................................... d
- REFUSED ......................................................... r
M. END

INTERVIEWER: GO TO PHONE OR IN-PERSON ENDING:

PHONE ENDING.

Those are all the questions I have. Thank you very much for participating. Could I have your address to send your $35 (CHECK? GIFT CERTIFICATE?)

ADDRESS: ____________________________________________________________

______________________________________________________________

______________________________________________________________

INTERVIEWER: CONFIRM SPELLING OF RESPONDENT'S NAME.

Thank you again for your participation. Good-bye.

IN-PERSON ENDING.

Thank you very much for participating. I have a $35 (CHECK? GIFT CERTIFICATE?) as a token of our appreciation.

INTERVIEWER, ASK RESPONDENT TO SIGN RECEIPT.

Thank you again for your participation. Good-bye.
**SOURCE MATERIALS**

**REFERENCE LIST**

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<td>BOSTON</td>
<td>Health Insurance Access Survey of Direct Care Workers in Nursing Homes and Home-Based Care Agencies in Boston, New Bedford/Fall River</td>
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<td>CENSUS</td>
<td>United States Census (OMB No.: 0607-0856)</td>
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<td>CHI</td>
<td>Evaluation of Santa Clara Children's Health Initiative</td>
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<td>CTS</td>
<td>Community Tracking Study</td>
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<td>CWEQ</td>
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<td>Evaluation of Iowa's Welfare Reform</td>
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<td>Certified Nursing Assistant Survey, Iowa Caregivers</td>
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<td>Onondaga County Department of Long-Term Care: Employee and Employer Surveys</td>
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<td>Women's Employment Study</td>
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APPENDIX B

FINAL SPANISH SURVEY INSTRUMENT
SPANISH VERSION

National Survey of Nursing Aides and Assistants in Nursing Home Settings

Final Questionnaire

January 26, 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 members' obligation to reply to this survey is voluntary. Public burden for this survey is estimated to average XX 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 nurse aides 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.
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<tr>
<td>M. END</td>
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</table>

INTRODUCTION

INTRO1. (Buenos días/Buenas tardes/Buenas noches). Mi nombre es (INTERVIEWER'S NAME). Esta es una llamada de Westat en Rockville, Maryland. ¿Podría hablar con (SAMPLE MEMBER'S NAME), por favor?

SAMPLE MEMBER AVAILABLE ........01 ➔ GO TO INTRO 2

SAMPLE MEMBER NOT AVAILABLE/NOT HOME ..............02 ➔ GO TO INTRO 4, CALL BACK

SAMPLE MEMBER DOES NOT LIVE HERE .......................03 ➔ GO TO INTRO1a, LOCATING

LOCATING

INTRO1a. ¿Tiene un nuevo número de teléfono o dirección de (SAMPLE MEMBER)?

YES ..................................................01 ➔ INTERVIEWER, RECORD ALL AVAILABLE INFORMATION, RETRY CASE.

NO .................................................00

¿Conoce a otra persona a la que pueda llamar y que sepa cómo ubicar a (SAMPLE MEMBER)?

YES ..................................................01 ➔ INTERVIEWER, RECORD ALL AVAILABLE INFORMATION; RETRY CASE.

NO .................................................00 ➔ (FOLLOW OPERATION CENTER PROCEDURES FOR LOCATING)
INTRO2. Estamos haciendo una encuesta con los auxiliares y asistentes de enfermería a través del país. Como la demanda de auxiliares de enfermería es cada vez mayor, queremos saber más sobre las razones que motivan a las personas a llegar a ser auxiliares de enfermería y seguir trabajando en este campo. Esta encuesta se realiza bajo los auspicios del Departamento de Salud y Servicios Humanos de los EE. UU. y tomará de 30 a 40 minutos para completarla. Usted debe haber recibido recientemente una carta en la que se le explicaba este estudio y se le informaba que recibiría una llamada como parte de la Encuesta Nacional sobre Asilos de Ancianos. Al término de la entrevista recibirá $35 de obsequio como muestra de nuestro agradecimiento.

Primeramente, me gustaría leerle nuestra forma de consentimiento a través de la que Ud. podrá decidir si le gustaría participar, ¿tiene tiempo ahora?

YES ...........................................01 → GO TO INFORMED CONSENT

NO ...........................................00 → SKIP TO INTRO 4, CALL BACK

DID NOT RECEIVE
ADVANCE LETTER ...........................02 → GO TO INTRO 3,
NO ADVANCE LETTER

NO ADVANCE LETTER

INTRO3. La carta explicaba quiénes somos y que lo llamariamos para hacer una encuesta sobre auxiliares de enfermería. También explicaba que su participación en este estudio es voluntaria. Me gustaría revisar ahora nuestra forma de consentimiento informado la cual explica todos estos puntos claramente. ¿Tiene tiempo ahora?

YES ...........................................01 → GO TO INFORMED CONSENT

NO ...........................................00 → GO TO INTRO 4, CALL BACK

CALL BACK

INTRO4. ¿Cuándo sería un momento oportuno para volver a llamar y hablar con (SAMPLE MEMBER)?

__:__ | a.m. ......................01

__:__ | p.m. ......................02

DON'T KNOW .....................................d

REFUSED .......................................r

(FOLLOW OPERATION CENTER PROCEDURES FOR CALL BACK)
INFORMED CONSENT

Usted ha sido elegido(a) para participar en la Encuesta Nacional de Auxiliares y Asistentes de Enfermería. Los fondos para la realización de este estudio han sido proporcionados por la Subsecretaría de Planificación y Evaluación o ASPE. Esta organización, ASPE, forma parte del Departamento de Salud y Servicios Humanos de los EE. UU. Sus respuestas servirán de ayuda a las autoridades públicas y a los hogares de ancianos para enfrentar de mejor manera los problemas que se les presentan a los auxiliares de enfermería que trabajan en el campo del cuidado a largo plazo.

Tomar parte en el estudio involucra una entrevista con un encuestador capacitado de Westat. Westat es una empresa dedicada a la investigación en el campo de las ciencias sociales con sede en Rockville, MD. Se le harán preguntas sobre su trayectoria profesional, entrenamiento, los trabajos que ha tenido, y la administración y supervisión en el lugar en donde trabaja. También le preguntaremos cómo se siente en este trabajo y detalles relacionados con sus antecedentes tales como edad y composición familiar. La entrevista tomará alrededor de 30 a 40 minutos en promedio. El tiempo total necesario para la encuesta varía de persona a persona. Usted recibirá un cheque de $35 una vez concluida la encuesta.

No existe ningún riesgo en participar. Puede parar la encuesta en cualquier momento. Puede negarse a responder cualquiera o todas las preguntas. Su nombre, el lugar, en donde trabaja, y sus respuestas se conservarán en privado. Al momento de hacer el informe de sus respuestas no se incluirá ningún tipo de detalle que identifique que usted es la persona que proporcionó la información.

Si tiene alguna pregunta sobre la encuesta, puede ponerse en contacto con (NAME, TITLE) llamando al 1-800-XXX-XXXX. Si tiene preguntas sobre sus derechos al participar en esta encuesta, por favor póngase en contacto con (IRB CONTACT) llamando al 1-800-XXX-XXXX. Su respuesta a cualquiera de las preguntas de esta encuesta representará su aceptación a participar en este estudio.
A. SCREENING

A1. ¿Esta Ud. actualmente trabajando en (INSERT NAME OF SAMPLED NURSING FACILITY)?

   YES ...........................................01 → GO TO A2a
   NO ...........................................00
   DON'T KNOW .................................d
   REFUSED ....................................r

A2. ¿Trabajó Ud. en ese lugar el (INSERT DATE OF SAMPLE LIST)?

   PROBE: Aún si no estaba supuesto(a) trabajar ese día, nos interesa saber si era empleado(a) del hogar de ancianos en esa fecha.

   YES ...........................................01
   NO ...........................................00
   DON'T KNOW .................................d → THANK AND TERMINATE
   REFUSED ....................................r

A2a. ¿(Es/Era) Ud. (un/una) empleado(a) directo(a) de ese establecimiento, o (trabaja/trabajaba) a través de una agencia?

   EMPLOYED BY FACILITY ......................01
   AGENCY .......................................02
   DON'T KNOW .................................d → THANK AND TERMINATE
   REFUSED ....................................r
A3. (Trabaja / trabajó) como . . .

READ LIST; STOP WHEN RESPONDENT ANSWERS.

CIRCLE ONLY ONE

Auxiliar de Enfermería Certificado o CNA, ............ 01
CNA II o supervisor(a) CNA, ............................ 02
Asistente de enfermería certificado(a), .............. 03
Asistente de enfermería licenciado(a), ............... 04
Asistente de enfermería evaluado(a)
por el estado, ........................................... 05
Asistente de enfermería especializado(a)
en geriatría, ............................................ 06
Asistente de enfermería, o ............................ 07
¿alguna ocupación diferente? (SPECIFY) .............. 00 ➔ GO TO A5

DON'T KNOW ........................................ d ➔ THANK AND
REFUSED ............................................. r TERMINATE

A4. ¿Era Ud. (INSERT JOB TITLE FROM A3) en los EE. UU. antes de 1987?

YES ...................................................... 01
NO ....................................................... 00 ➔ GO TO A5

DONT KNOW ........................................ d

REFUSED ............................................. r

A4a. INTERVIEWER: IS RESPONDENT STILL WORKING AT SAMPLED
FACILITY, A1=01, "YES"?

YES, STILL AT SAMPLED FACILITY ............... 01 ➔ GO TO B1
NO, NO LONGER AT SAMPLED FACILITY ..00 ➔ GO TO K1

A5. ¿Completó Ud. el entrenamiento para ser auxiliar de enfermería o siguió algún curso para llegar a ser auxiliar de enfermería?

YES ...................................................... 01 ➔ GO TO A7
NO ....................................................... 00
DONT KNOW ........................................ d
REFUSED ............................................. r
A6. ¿Está Ud. en la actualidad recibiendo entrenamiento para auxiliar de enfermería?

YES ......................................................01
NO ......................................................00
DON'T KNOW ......................................d
REFUSED .............................................r

A6a. INTERVIEWER: IS RESPONDENT STILL WORKING AT SAMPLED FACILITY, A1=01, "YES"?

YES, STILL AT SAMPLED FACILITY ........01 ➔ GO TO B1
NO, NO LONGER AT SAMPLED FACILITY ..00 ➔ GO TO K1

A7. ¿Al completar el curso de entrenamiento, tomó Ud. algún examen final o evaluación de entrenamiento?

YES ......................................................01
NO ......................................................00 ➔ THANK AND TERMINATE
DON'T KNOW/DON'T REMEMBER...d
REFUSED .............................................r ➔ THANK AND TERMINATE

A8. ¿(Trabaja/Trabajó) Ud. 16 o más horas a la semana como (INSERT JOB TITLE FROM A3) en (SAMPLED FACILITY)?

YES, 16 HOURS OR MORE .............01
NO, LESS THAN 16 HOURS .............00 ➔ THANK AND TERMINATE
DON'T KNOW ....................................d
REFUSED .............................................r

A9. INTERVIEWER: IS THE RESPONDENT CURRENTLY WORKING AT SAMPLED FACILITY, A1=01, "YES"?

YES, STILL AT SAMPLED FACILITY ........01 ➔ GO TO B1
NO, NO LONGER AT SAMPLED FACILITY ..00 ➔ GO TO K1
B. RECRUITMENT

Esta primera sección está dedicada a obtener información sobre las razones por las cuales Ud. decidió ser auxiliar de enfermería. Por cada posible motivo que le voy a leer, por favor responda si esa fue una de las razones por las que eligió este tipo de trabajo. Primero, fue ... (READ DOWN LIST AND CIRCLE ONE FOR EACH)

**NOTE: Consider randomizing start point.**

<table>
<thead>
<tr>
<th>B1.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIRCLE ONE FOR EACH</td>
</tr>
<tr>
<td>YES</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>a. ¿porque le gusta ayudar a otras personas?..</td>
</tr>
<tr>
<td>b. ¿porque un familiar o amigo también era auxiliar de enfermería? ........................................</td>
</tr>
<tr>
<td>c. ¿porque quería trabajar en el campo del cuidado de la salud? ........................................</td>
</tr>
<tr>
<td>d. ¿porque el trabajo era estable y seguro? ......</td>
</tr>
<tr>
<td>e. ¿porque había puestos de trabajo disponibles como auxiliar de enfermería? ....</td>
</tr>
<tr>
<td>f. ¿porque había puestos de trabajo como auxiliar de enfermería cerca de su hogar? .....</td>
</tr>
<tr>
<td>g. ¿porque las horas de trabajo eran convenientes para su horario? o......................</td>
</tr>
<tr>
<td>h. ¿hubo alguna otra razón? (SPECIFY).........</td>
</tr>
</tbody>
</table>

---

**B1a. INTERVIEWER: IS MORE THAN ONE ITEM (a-h) CODED 01 “YES” IN B1?**

YES .................................................................................01
NO ...............................................................................00 ➔ GO TO B3

**B2.** ¿Cuál de las razones que usted indicó es la más importante para haber seguido la carrera de auxiliar de enfermería?

READ LIST OF “YES” RESPONSES FROM QUESTION B1, IF NECESSARY.
B3. ¿Cómo se enteró Ud. de que ser auxiliar de enfermería podría ser un trabajo posible?

PROBE: ¿Algo más?

CIRCLE ALL THAT APPLY

NEWSPAPER ADVERTISEMENT/ARTICLE ..................................................01
FAMILY MEMBER OR FRIEND WAS ONE/RECOMMENDED IT ....................02
SCHOOL OR JOB TRAINING PROGRAM .................................................03
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) / WORK FIRST AGENCY ..................................................04
JOB FAIR .......................................................................................05
ONLINE EMPLOYMENT SERVICE .......................................................06
PROVIDING CARE TO A RELATIVE/FRIEND AND BECAME INTERESTED ......07
OTHER (SPECIFY) ............................................................................00

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

B4. Desde que se hizo auxiliar de enfermería, ¿cuánto tiempo ha estado haciendo este tipo de trabajo incluyendo su puesto actual? No cuente el tiempo entre trabajos ni el tiempo en que estuvo de licencia.

READ CATEGORIES IF NECESSARY.

CIRCLE ONLY ONE

6 MONTHS OR LESS ..............................................................01
MORE THAN 6 MONTHS BUT LESS THAN ONE YEAR .......................02
1 YEAR BUT LESS THAN 2 YEARS .............................................03
2 - 5 YEARS ............................................................................04
6 - 10 YEARS ...........................................................................05
11 - 20 YEARS ..........................................................................06
MORE THAN 20 YEARS ..........................................................07
DON'T KNOW ...........................................................................d
REFUSED ..................................................................................r
B5. ¿A qué se dedicaba antes de ser auxiliar de enfermería? ¿Se encontraba...

CIRCLE ONLY ONE

haciendo otro tipo de trabajo, ......................... 01
asistiendo a la escuela, .................................. 02
permaneciendo en el hogar con sus hijos o... 03
haciendo algo diferente? (SPECIFY) ............ 04

GO TO B7

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

B5a. ¿Cuál era su trabajo antes de hacerse auxiliar de enfermería? ¿Cuáles eran sus funciones?

□ CHECK IF NURSE AIDE WAS THEIR FIRST JOB

INTERVIEWER: IF MORE THAN ONE JOB, ASK: ¿Cuál de ellos consideraba como su trabajo principal o primario?

B6. ¿Para qué tipo de compañía trabajaba Ud.?

PROBE: ¿Qué fabricaban, vendían o hacían?

IF SELF-EMPLOYED: ¿Qué tipo de compañía era?

B7. Si tuviera nuevamente que tomar la decision de ser auxiliar de enfermería, ...

CIRCLE ONLY ONE

¿lo haría sin dudar?, ................................. 01
¿lo volvería a pensar? ................................. 02
¿o no lo haría de ninguna manera? ............ 03
DON'T KNOW ........................................ d
REFUSED .............................................. r
Ahora, me gustaría hacerle algunas preguntas sobre el entrenamiento que recibió inicialmente para seguir la carrera de auxiliar de enfermería. Esto es el entrenamiento que recibió en los EE. UU. para llegar a ser auxiliar de enfermería.

¿Dónde recibió su entrenamiento inicial? Fue...

**CIRCLE ONLY ONE**

¿en una institución de enfermería? ...............01
¿una escuela superior comunitaria? ............02
¿la escuela secundaria?...........................03
¿o en algún otro lugar? (SPECIFY).........04

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

¿Pagó Ud. todo, parte, o recibió el entrenamiento y prueba en forma gratuita?

**CIRCLE ONLY ONE**

ALL.....................................................01 ➔ **GO TO C4**
PART....................................................02
NONE....................................................03
DON'T KNOW .................................d
REFUSED .............................................r
C3. ¿(Quién/Quién más) pagó por su entrenamiento? Fue...

¿su empleador, u .............................................. 01
otra persona? (SPECIFY)................................. 02

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

C3a. INTERVIEWER: WHAT IS THE ANSWER TO C2?

"PART," CODE 02.............................................. 01
"NONE," CODE 03, DK, OR REF..................... 02 → GO TO C5

C4. ¿Su empleador le reembolsó el dinero que gastó en su entrenamiento inicial?

YES ............................................................... 01
NO ............................................................... 00
DON'T KNOW .............................................. d
REFUSED ......................................................... r
A continuación, me gustaría que clasificara el nivel de su entrenamiento inicial en cuanto la preparación que se le brindó para desempeñarse en diferentes áreas de su trabajo. Por favor, digame, por cada área, si el entrenamiento que recibió fue excelente, bueno, regular, o pobre. La primera es (READ DOWN LIST AND CIRCLE ONE FOR EACH). ¿Diría que su entrenamiento inicial fue (REPEAT SCALE AS NECESSARY)?

<table>
<thead>
<tr>
<th>CIRCLE ONE FOR EACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXCELLENT</td>
</tr>
<tr>
<td>04</td>
</tr>
<tr>
<td>04</td>
</tr>
<tr>
<td>04</td>
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<td>04</td>
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<td>04</td>
</tr>
<tr>
<td>04</td>
</tr>
<tr>
<td>04</td>
</tr>
<tr>
<td>04</td>
</tr>
</tbody>
</table>

C6. ¿Cómo piensa que (lo/la) preparó su entrenamiento inicial para lo que es realmente trabajar en un asilo de ancianos? ¿Se sintió, ...

<table>
<thead>
<tr>
<th>CIRCLE ONLY ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>bien preparado(a), ........................................ 01</td>
</tr>
<tr>
<td>algo preparado(a), ......................................... 02</td>
</tr>
<tr>
<td>no preparado(a)? ........................................... 03</td>
</tr>
<tr>
<td>DON'T KNOW ..................................................... d</td>
</tr>
<tr>
<td>REFUSED ........................................................ r</td>
</tr>
</tbody>
</table>
C7. ¿Hubo algunos temas que **no** fueron tratados que Ud. pensó que hubieran sido de ayuda al iniciar su trabajo como auxiliar de enfermería?

YES .............................................................................. 01
NO ............................................................................. 00
DON'T KNOW ................................................................ d
REFUSED ........................................................................ r

GO TO C9

C8. ¿Qué temas piensa que deberían haber sido tratados?


C9. ¿Diría que su entrenamiento inicial para auxiliar de enfermería consistió...

CIRCLE ONLY ONE

mayormente en hacer u observar trabajo práctico con los residentes, ......................... 01
una división pareja de trabajo práctico y clases teóricas, o ........................................... 02
mayormente en clases teóricas? ............................................................... 03
DON'T KNOW ........................................................................ d
REFUSED ........................................................................ r

C10. En su primer trabajo como auxiliar, ¿se le asignó un mentor (tutor) o compañero que respondiera sus preguntas sobre el trabajo y procedimientos en el establecimiento?

IF SM ANSWERS "DID NOT WORK AT A FACILITY," ASK: ¿Se le asignó un compañero de trabajo con más experiencia para que lo ayudara respondiendo preguntas?

YES .............................................................................. 01
NO ............................................................................. 00
DON'T KNOW ................................................................ d
REFUSED ........................................................................ r

GO TO C11
C10a. ¿Le ayudó el tener un mentor (tutor) o compañero en su primer trabajo como auxiliar de enfermería?

YES ................................................................. 01
NO ................................................................. 00
DON'T KNOW ............................................... d
REFUSED ......................................................... r

C11. INTERVIEWER: IS QUESTION B4 CODED 01, 02, OR 03?

YES ................................................................. 01 → GO TO C15
NO ................................................................. 00

C11a. ¿Ha tomado algún tipo de clases adicionales para auxiliar de enfermería en los últimos 2 años? Esto incluye las doce horas anuales de entrenamiento para renovar la certificación, videos mensuales, y otras actividades de entrenamiento.

PROBE: Eso sería desde (CURRENT MONTH 2 YEARS AGO).

YES ................................................................. 01
NO ................................................................. 00
DON'T KNOW ............................................... d
REFUSED ......................................................... r → GO TO C15
C12. Sus clases adicionales cubrieron . . . (READ DOWN LIST AND CIRCLE ONE FOR EACH)

<table>
<thead>
<tr>
<th>CIRCLE ONE FOR EACH</th>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. habilidades para brindar cuidados a los residentes tales como ayudarles a comer, bañarse, vestirse y moverse</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>b. hablar con los residentes</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>c. trabajar en equipo</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>d. conversar sobre el cuidado del residente con los miembros de su familia</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>e. trabajar con supervisores</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>f. aclarar o enfrentar problemas en el trabajo</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>g. registrar información sobre el residente</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>h. organizar las tareas propias de su trabajo de modo que todo esté listo a tiempo</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>i. entrenamiento para ayudar a otros auxiliares de enfermería</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>j. cuidado de personas dementes</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>k. trabajar con residentes que hacen escenas o son abusivos</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>l. evitar las lesiones en el trabajo</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>m. ¿se trató algún otro asunto? (SPECIFY)</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
</tbody>
</table>

C13. ¿Dónde tomó las clases adicionales? ¿En . . .

PROBE: ¿En algún otro lugar?

CIRCLE ALL THAT APPLY

- ¿una institución de enfermería, ..................01
- en una escuela superior comunitaria, .................02
- en la escuela secundaria, o, ..........................03
- en algún otro lugar? (SPECIFY) .....................04

DON'T KNOW .........................................d
REFUSED ............................................r
C14. ¿En general, qué tan útiles le parece que han sido las clases adicionales de auxiliar de enfermería para su trabajo? ¿Diría que fueron...

PROBE: General.

CIRCLE ONLY ONE

¿de mucha utilidad, ..................................01
de alguna utilidad, o ..................................02
de ninguna utilidad? ..................................03
DON'T KNOW ...........................................d
REFUSED ...............................................r

C15. ¿(SAMPLED FACILITY) le paga u ofrece algún tipo de entrenamiento o clases adicionales?

YES ......................................................01
NO ..........................................................00
DON'T KNOW .........................................d
REFUSED ...............................................r

GO TO C17

C16. ¿Cuál diría usted que es el peso de su opinión en la decisión de los temas que deben tratarse u ofrecerse en las clases que su empleador paga u ofrece? ¿Diría que es...

CIRCLE ONLY ONE

mucho, ..................................................01
algo, ....................................................02
muy poco, o ..........................................03
nada? ...................................................04
DON'T KNOW ...........................................d
REFUSED ...............................................r
C17. ¿Qué tipos de temas le gustaría que se traten en las clases de entrenamiento en su puesto de trabajo actual?

PROBE: ¿Algún otro tema?

CIRCLE ALL THAT APPLY

MEDICATION MANAGEMENT ......................01
WORKING WITH RESIDENTS
WITH DEMENTIA .....................................02
WORKING WITH RESIDENTS WITH
MENTAL ILLNESS ...................................03
TIME MANAGEMENT/ORGANIZING
WORK TASKS .......................................04
WORKING WITH RESIDENTS'
FAMILY MEMBERS ..................................05
WORKING WITH SUPERVISORS ..................06
STRAIGHTENING OUT OR DEALING
WITH PROBLEMS AT WORK .....................07
COMMUNICATING WITH RESIDENTS ..........08
PAIN MANAGEMENT ...............................09
END OF LIFE ISSUES/
COPING WITH GRIEF ..............................10
WORKPLACE INJURY PREVENTION ..........11
OTHER (SPECIFY) ..................................12

NONE/NO TOPICS ..................................13
DON'T KNOW .....................................d
REFUSED ..........................................r
C18. ¿Podría (SAMPLED FACILITY) hacer algo para alentar(a) a tomar más cursos de entrenamiento, además de su entrenamiento para la renovación anual de su certificación?

CIRCLE ONLY ONE

YES ................................................................. 01
MAY BE/DEPENDS ............................................. 02
NO ................................................................. 00
DON'T KNOW .................................................. 00
REFUSED ....................................................... 00

GO TO D1

C19. ¿Qué (lo/la) podría alentar a tomar más clases de entrenamiento en su trabajo actual? READ CATEGORIES IF NECESSARY.

PROBE: ¿Algo más?

CIRCLE ALL THAT APPLY

PROMOTION .................................................. 01
CHANGE IN JOB TITLE ...................................... 02
ADDITIONAL JOB RESPONSIBILITIES ................. 03
INCREASE IN (SALARY/HOURLY WAGE) ............... 04
ONE-TIME BONUS ......................................... 05
NEW/BETTER BENEFITS ................................... 06
TUITION REIMBURSEMENT/FREE TRAINING/Paid TO ATTEND TRAINING .... 07
CONVENIENCE OF TRAINING (TIME/LOCATION) .... 08
OTHER (SPECIFY) .......................................... 09

DON'T KNOW ................................................ 00
REFUSED ...................................................... 00
D. JOB HISTORY

D1. A continuación le haré algunas preguntas sobre los trabajos que ha tenido, incluyendo aquellos en el cuidado de la salud y en otras áreas. En total, ¿cuántos trabajos a tiempo completo o a tiempo parcial ha tenido en los últimos cinco años? Por favor incluya su trabajo actual. READ CATEGORIES IF NECESSARY.

CIRCLE ONLY ONE

1 (CURRENT JOB ONLY)..........................01  ➔ GO TO D3a
2 - 4 .................................................02
5 - 7 ..................................................03
8 - 10 ..................................................04
MORE THAN 10 ......................................05
DON'T KNOW ........................................d
REFUSED .............................................r

D2. Ahora me gustaría hacerle algunas preguntas sobre los trabajos que ha tenido durante los últimos 2 años; es decir desde (MONTH, YEAR TWO YEARS PRIOR TO INTERVIEW DATE). Por favor incluya los trabajos a tiempo completo o a tiempo parcial así como el servicio militar. También incluya el trabajo como empleado(a) independiente o su propio negocio, como por ejemplo servicios de niñera o peluquería.

Empecemos con su trabajo en (SAMPLED FACILITY).

PROBE: Sólo necesitamos el nombre del empleador para facilitar el desarrollo de esta sección. No formará parte del resto de sus respuestas.

INTERVIEWER: GO TO D3, RECORD EMPLOYER NAME FOR THIS JOB IN COLUMN 1, AS JOB 1.

NOTE: This version allows for 5 jobs in the job grid. When fielding, decide if max at 5 jobs or if you want to take more. If you max at 5, add an instruction on which 5 jobs (i.e., the 5 most recent jobs.)
<table>
<thead>
<tr>
<th>D3a.</th>
<th>¿Cuándo empezó a trabajar para (EMPLOYER)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>START:</td>
<td>/ /</td>
</tr>
<tr>
<td>MONTH</td>
<td>YEAR</td>
</tr>
<tr>
<td>D3b.</td>
<td>¿Cuándo dejó de trabajar en ese lugar?</td>
</tr>
<tr>
<td>IF STILL WORKING AT JOB, CIRCLE &quot;n.&quot;</td>
<td></td>
</tr>
<tr>
<td>STOP:</td>
<td>/ /</td>
</tr>
<tr>
<td>MONTH</td>
<td>YEAR</td>
</tr>
<tr>
<td>D3c.</td>
<td>¿En qué lugares ha trabajado desde (MONTH/YEAR TWO YEARS AGO)?</td>
</tr>
<tr>
<td>Nuevamente, incluye los trabajos a tiempo completo y tiempo parcial y cualquier otro trabajo actual. RECORD EMPLOYERS NAMES IN D3.</td>
<td></td>
</tr>
<tr>
<td>STILL AT JOB:</td>
<td>/ /</td>
</tr>
<tr>
<td>n</td>
<td></td>
</tr>
<tr>
<td>D4.</td>
<td>Las siguientes preguntas son acerca de su trabajo en (EMPLOYER): ¿Qué hace en este lugar? ¿Cuántas horas vale la pena? ¿Qué tipo de trabajo (esfera)?</td>
</tr>
<tr>
<td>PROBE FOR CLEAR AND DESCRIPTIVE ACTIVITIES.</td>
<td></td>
</tr>
<tr>
<td>INTERVIEWER: DO NOT ASK FOR JOB 01.</td>
<td></td>
</tr>
<tr>
<td>D5.</td>
<td>¿En qué clase de compañía (trabajo) (esfera)?</td>
</tr>
<tr>
<td>¿Qué (fabrican/fabrican), (venden/ven) o (hacen/hacen)?</td>
<td></td>
</tr>
<tr>
<td>IF SELF-EMPLOYED: ¿Qué clase de compañía (esfera)?</td>
<td></td>
</tr>
<tr>
<td>¿Qué (fabrican/fabrican), (venden/ven) o (hacen/hacen)?</td>
<td></td>
</tr>
<tr>
<td>PROBE FOR PRODUCT OR SERVICE.</td>
<td></td>
</tr>
<tr>
<td>INTERVIEWER: DO NOT ASK FOR JOB 01.</td>
<td></td>
</tr>
<tr>
<td>D6.</td>
<td>¿Cuántas horas usualmente (trabajo) en una semana en promedio (EMPLOYER)?</td>
</tr>
<tr>
<td>PROBE: Su mejor estimado o cálculo está bien.</td>
<td></td>
</tr>
<tr>
<td>99 OR MORE HOURS PER WEEK</td>
<td>99</td>
</tr>
<tr>
<td>PER HOUR</td>
<td>/ /</td>
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<tr>
<td>$ / /</td>
<td></td>
</tr>
<tr>
<td>CIRCLE ONLY ONE</td>
<td></td>
</tr>
<tr>
<td>D6a.</td>
<td>¿Cuánto (gana/ganaba) por hora, (s)u tratamiento (trabajo) antes de dejar el puesto de (trabajo)?</td>
</tr>
<tr>
<td>antes de impuestos y otras deducciones?</td>
<td></td>
</tr>
<tr>
<td>PER HOUR</td>
<td>/ /</td>
</tr>
<tr>
<td>$ / /</td>
<td></td>
</tr>
<tr>
<td>CIRCLE ONLY ONE</td>
<td></td>
</tr>
<tr>
<td>D6b.</td>
<td>¿Cuánto (gana/ganaba) semanalmente o mensualmente, antes de impuestos y otras deducciones (s)u tratamiento (trabajo)? Por favor incluya las propinas, comisiones y pago regulado por sobre tiempo.</td>
</tr>
<tr>
<td>ACCEPT MOST CONVENIENT TIME PERIOD.</td>
<td></td>
</tr>
<tr>
<td>CIRCLE CODE FOR TIME PERIOD.</td>
<td></td>
</tr>
<tr>
<td>D6c.</td>
<td>INTERVIEWER: IS D3b CODED &quot;n,&quot; SM STILL WORKING AT THIS JOB?</td>
</tr>
<tr>
<td>YES</td>
<td>(GO TO TD7)</td>
</tr>
<tr>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>D6d.</td>
<td>¿Por qué dejó de trabajar en ese lugar? ¿El trabajo terminó o fue suspendido(e), renunció, o (ella) fue despedido?</td>
</tr>
<tr>
<td>LAID OFF OR JOB ENDED</td>
<td></td>
</tr>
<tr>
<td>QUIT</td>
<td></td>
</tr>
<tr>
<td>FIRED</td>
<td></td>
</tr>
<tr>
<td>TD7.</td>
<td>INTERVIEWER: CHECK D3. IS THERE ANOTHER JOB TO ASK ABOUT?</td>
</tr>
<tr>
<td>YES</td>
<td>(GO TO D4, JOB 02)</td>
</tr>
<tr>
<td>NO</td>
<td>(GO TO D7)</td>
</tr>
<tr>
<td>THIRD MOST RECENT JOB</td>
<td>FOURTH MOST RECENT JOB</td>
</tr>
<tr>
<td>------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>STILL AT JOB</td>
<td>STILL AT JOB</td>
</tr>
</tbody>
</table>

□ CHECK IF CNA ➔ GO TO D5
□ CHECK IF CNA ➔ GO TO D5
□ CHECK IF CNA ➔ GO TO D5

<table>
<thead>
<tr>
<th>HOURS PER WEEK</th>
<th>HOURS PER WEEK</th>
<th>HOURS PER WEEK</th>
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</thead>
<tbody>
<tr>
<td>99 OR MORE</td>
<td>99 OR MORE</td>
<td>99 OR MORE</td>
</tr>
<tr>
<td>DONT KNOW</td>
<td>DONT KNOW</td>
<td>DONT KNOW</td>
</tr>
<tr>
<td>REFUSED</td>
<td>REFUSED</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

PER HOUR: $[_____] GO TO D6c
PER HOUR: $[_____] GO TO D6c
PER HOUR: $[_____] GO TO D6c

<table>
<thead>
<tr>
<th>CIRCLE ONLY ONE</th>
<th>CIRCLE ONLY ONE</th>
<th>CIRCLE ONLY ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PER DAY</td>
<td>PER DAY</td>
<td>PER DAY</td>
</tr>
<tr>
<td>PER WEEK</td>
<td>PER WEEK</td>
<td>PER WEEK</td>
</tr>
<tr>
<td>ONCE EVERY TWO WEEKS</td>
<td>ONCE EVERY TWO WEEKS</td>
<td>ONCE EVERY TWO WEEKS</td>
</tr>
<tr>
<td>TWICE A MONTH</td>
<td>TWICE A MONTH</td>
<td>TWICE A MONTH</td>
</tr>
<tr>
<td>PER MONTH</td>
<td>PER MONTH</td>
<td>PER MONTH</td>
</tr>
<tr>
<td>PER YEAR</td>
<td>PER YEAR</td>
<td>PER YEAR</td>
</tr>
<tr>
<td>DONT KNOW</td>
<td>DONT KNOW</td>
<td>DONT KNOW</td>
</tr>
<tr>
<td>REFUSED</td>
<td>REFUSED</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

YES (GO TO T07) .01
NO .00
LAID OFF OR JOB ENDED .01
QUIT .02
FIRED .03

YES (GO TO D4, JOB 04) .01
NO (GO TO D7) .00

GO TO D7
Me gustaría hacerle algunas preguntas más sobre su trabajo actual en (SAMPLED FACILITY).

¿Cómo consiguió su trabajo actual? ¿Cómo escuchó Ud. de este trabajo?

PROBE: ¿Algo más?

CIRCLE ALL THAT APPLY

NEWSPAPER ADVERTISEMENT ....................01
FAMILY MEMBER OR FRIEND WAS ONE/ RECOMMENDED IT ..................................02
SCHOOL OR JOB TRAINING PROGRAM (INCLUDING CNA TRAINING) ......................03
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)/WORK FIRST AGENCY...04
JOB FAIR .............................................05
ONLINE EMPLOYMENT SERVICE ...............06
FACILITY WAS PART OF TRAINING PROGRAM .........................................................07
OTHER (SPECIFY) ..................................00

________________________________________

DON'T KNOW .....................................d
REFUSED .........................................f
Las siguientes son preguntas sobre los beneficios que tiene en (SAMPLED FACILITY). Su empleo actual le ofrece ... (READ DOWN LIST AND CIRCLE ONE FOR EACH.)

PROBE: Esto podría incluir beneficios que se ofrecen después de cierto número de meses en el trabajo.

PROBE: Ya sea que use los beneficios o no, ¿se encuentran a su disposición?

<table>
<thead>
<tr>
<th>CIRCLE ONE FOR EACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>a. ¿días de enfermedad pagados?</td>
</tr>
<tr>
<td>b. ¿feriados pagados?</td>
</tr>
<tr>
<td>c. ¿cualquier otro permiso pagado, tales como vacaciones o días personales?</td>
</tr>
<tr>
<td>d. ¿pago adicional por trabajar en feriados?</td>
</tr>
<tr>
<td>e. ¿plan de retiro o pensión de jubilación?</td>
</tr>
</tbody>
</table>

PROBE: Esto no incluiría seguro social o beneficios de jubilación en el transporte ferroviario.

| f. ¿cuidado de niños pagado o subsidios o asistencia para el cuidado de niños? | 01 | 00 | d | r |
| g. ¿transporte pagado o subsidios de transporte o asistencia? | 01 | 00 | d | r |

D8a. ¿Su trabajo actual le ofrece cobertura de seguro médico?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
</tbody>
</table>

GO TO D9

D8b. ¿En la actualidad participa Ud. en el plan de seguro médico?

IF PARTIALLY PARTICIPATING, FOR EXAMPLE, DENTAL OR VISION—CODE "NO"

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
</tbody>
</table>

GO TO D8d
D8c. ¿Por qué no participa en el plan de seguro médico de su trabajo?

D8d. ¿Hay cobertura de seguro de salud disponible para otros miembros de su familia?

- YES ......................................................... 01
- NO ......................................................... 00
- DON'T KNOW .......................................... d
- REFUSED ............................................... r

D9. ¿Participa Ud. en los programas del gobierno que pagan por el cuidado médico como por ejemplo Medicare, Medicaid, o (INSERT STATE SPECIFIC MEDICAID NAME)?

PROBE: Medicaid es un programa de asistencia pública que paga por cuidados médicos.

- YES ......................................................... 01
- NO ......................................................... 00
- DON'T KNOW .......................................... d
- REFUSED ............................................... r

D9a. ¿Tiene (también) cobertura de seguro de salud ya sea a través del trabajo de su cónyuge o pareja, o empleador, u otro seguro de salud que haya comprado por cuenta propia?

PROBE: Incluya la cobertura en el plan de los padres.

- YES ......................................................... 01
- NO ......................................................... 00
- DON'T KNOW .......................................... d
- REFUSED ............................................... r
Las siguientes son preguntas sobre las horas que usted trabaja en su puesto actual en (SAMPLED FACILITY).

¿Preferiría trabajar más o menos horas en este trabajo, o se siente bien con el número de horas que trabaja?

CIRCLE ONLY ONE

PREFER MORE HOURS ...........................................01
PREFER FEWER HOURS .......................................02
ABOUT RIGHT ..................................................03
DON'T KNOW ..................................................d
REFUSED .......................................................r

GO TO D11

¿Cuáles son las razones por las que no puede trabajar más horas en este trabajo?

PROBE: ¿Algo más?

CIRCLE ALL THAT APPLY

CHILD CARE OR FAMILY ISSUES
PREVENT WORKING MORE HOURS ........01
HEALTH ISSUES .............................................02
THE FACILITY HAS ENOUGH EMPLOYEES/
DOES NOT REQUIRE MORE HOURS/
NO OT .......................................................03
OTHER (SPECIFY) ........................................04

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

GO TO D13

¿Se ha visto obligado a trabajar horas de sobretiempo en (SAMPLED FACILITY) incluso si usted no quería hacerlo?

YES ..............................................................01
NO .............................................................00
DON'T KNOW ..................................................d
REFUSED .......................................................r

GO TO D13

Preparado por Mathematica Policy Research, Inc.
D12. ¿Cuántas veces durante el mes pasado ha tenido que trabajar horas de sobretiempo obligatorias?

**INTERVIEWER: READ CATEGORIES IF NECESSARY.**

<table>
<thead>
<tr>
<th>CIRCLE ONLY ONE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td>00</td>
</tr>
<tr>
<td>1 TO 2 TIMES</td>
<td>01</td>
</tr>
<tr>
<td>3 TO 5 TIMES</td>
<td>02</td>
</tr>
<tr>
<td>OVER 5 TIMES</td>
<td>03</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>d</td>
</tr>
<tr>
<td>REFUSED</td>
<td>r</td>
</tr>
</tbody>
</table>

Ahora, me gustaría preguntarle sobre su salario e incentivos.

**D13. INTERVIEWER: CHECK D3a,b JOB 1. HAS SAMPLE MEMBER BEEN AT CURRENT JOB FOR 12 MONTHS OR LESS?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>YES</td>
<td>01 → GO TO D13a INTRO A</td>
</tr>
<tr>
<td>NO</td>
<td>00 → GO TO D13a INTRO B</td>
</tr>
</tbody>
</table>

**D13a. INTRO A:** ¿Desde que empezó a trabajar en (SAMPLED FACILITY), se le ha aumentado el salario?

**INTRO B:** ¿Durante el último año, se le aumentó el salario mientras se encontraba trabajando en (SAMPLED FACILITY)?

<table>
<thead>
<tr>
<th>CIRCLE ONLY ONE</th>
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<tbody>
<tr>
<td>YES</td>
<td>01</td>
</tr>
<tr>
<td>NO</td>
<td>00</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>d</td>
</tr>
<tr>
<td>REFUSED</td>
<td>r</td>
</tr>
</tbody>
</table>

**D14. Su empleador ofrece... (READ DOWN LIST AND CIRCLE ONE FOR EACH.)**

<table>
<thead>
<tr>
<th>CIRCLE ONE FOR EACH</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>NO</td>
<td>00</td>
<td>01</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>00</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>REFUSED</td>
<td>00</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
</tbody>
</table>
D15. Si tuviera que decidir si acepta su trabajo actual otra vez, ...

**CIRCLE ONLY ONE**

- ¿lo haría sin dudar, .................................01
- lo volvería a pensar, o ..................................02
- no lo haría de ninguna manera?.......................03
- DON'T KNOW ...........................................d
- REFUSED ...............................................r

D16. INTERVIEWER: REVIEW JOB GRID FOR ALL JOBS LISTED. DOES SM HAVE MORE THAN ONE CURRENT JOB, D3b=n?

- YES .......................................................01
- NO .........................................................00 ➔ GO TO E1

D16a. Además de su trabajo en (SAMPLED FACILITY), también me dijo que tiene (NUMBER OF JOBS) trabajo(s) más. ¿Por qué tiene más de un trabajo actualmente?

**PROBE:** ¿Algo más?

**CIRCLE ALL THAT APPLY**

- A. NEED THE MONEY ...................................01
- B. LIKE THE VARIETY OF JOBS ......................02
- C. CANNOT GET ENOUGH HOURS ON ANY ONE JOB ...........................................03
- D. OTHER (SPECIFY) ....................................04

D17. Si pudiera trabajar el mismo número de horas y ganar la misma cantidad de dinero en un solo trabajo ¿sería mejor que tener varios trabajos?

- YES .......................................................01
- NO .........................................................00
- DON'T KNOW ...........................................d
- REFUSED ...............................................r
E. FAMILY LIFE

E1. ¿Durante el último mes, cómo ha viajado hacia y desde su trabajo actual trabajo en (SAMPLED FACILITY)?

IF MORE THAN ONE MODE, PROBE: ¿Cuál es el medio de transporte que usa con mayor frecuencia para viajar hacia y desde su trabajo?

IF SM SAYS “CAR,” PROBE: ¿Tiene automóvil, se turna con algún compañero, o alguien (o/la) lleva?

IF MODE HAS CHANGED OVER TIME, PROBE: ¿Qué ha usado más últimamente?

CIRCLE ONLY ONE

| DRIVE SELF .............................................01 |
| CAR POOL ..................................................02 |
| GET A RIDE FROM FAMILY OR FRIENDS ......................03 |
| PUBLIC TRANSPORTATION ..................................04 |
| WALKS ..........................................................05 |
| EMPLOYER PROVIDES RIDE ..................................06 |
| TAXI .............................................................07 |
| BICYCLE ..........................................................08 |
| OTHER (SPECIFY) .............................................00 |

DON'T KNOW ..................................................d

REFUSED ..........................................................r

E1a. ¿Por lo general cuánto se demora en llegar al trabajo?

PROBE: Sólo la ida, no ida y vuelta.

<p>| | |</p>
<table>
<thead>
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<th></th>
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</thead>
<tbody>
<tr>
<td>HOURS</td>
<td>MINUTES</td>
</tr>
</tbody>
</table>

DON'T KNOW ..................................................d

REFUSED ..........................................................r
E2. ¿Durante el mes pasado, perdió tiempo de trabajo por problemas de transporte?

YES ................................................. 01
NO ............................................... 00
DON'T KNOW ...................................... d
REFUSED ........................................... r → GO TO E4

E3. ¿Cuánto tiempo de trabajo perdió por problemas de transporte?

PROBE: Durante el mes pasado.

PROBE: Su mejor estimado o cálculo está bien.

___ ___ DAYS MISSED WORK

___ ___ HOURS MISSED WORK

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

E4. Las siguientes son preguntas sobre usted y las personas que viven con usted en su casa. Nuevamente me gustaría recordarle que todas sus respuestas serán guardadas en estricta confidencia.

¿Cuántas personas que viven con usted son adultos, de 18 o más años de edad, sin incluirse usted? Por favor cuente las personas que normalmente se quedan con Ud. por lo menos dos noches a la semana.

___ ___ NUMBER OF ADULTS

ZERO/NONE 18 OR OLDER ....................... 00 → GO TO E6

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

E5. ¿(Las personas que viven/La persona que vive) con usted y que (tienen/tiene) más de 18 años (trabajan trabajan) en la actualidad a tiempo completo o a tiempo parcial?

YES ................................................. 01
NO ............................................... 00
DON'T KNOW ...................................... d
REFUSED ......................................... r
¿Y cuántas personas que viven con usted son menores de 17 años?

CHECK ONE

☐ ONLY ONE → GO TO E6c

OR

TWO OR MORE

|____| NUMBER OF CHILDREN → GO TO E6a

ZERO/NONE ..................................................00

DON'T KNOW ..............................................d

REFUSED .......................................................r → GO TO E9

E6a. De los (NUMBER OF CHILDREN FROM E6) niños, ¿cuántos son sus hijos o niños bajo su responsabilidad?

INTERVIEWER: IF ONLY ONE CHILD, GO TO E6d.

|____| NUMBER OF CHILDREN RESPONSIBLE FOR

ZERO/NONE OF THEM ........................................00

DON'T KNOW ..............................................d → GO TO E9

REFUSED .......................................................r

E6b. De los (NUMBER OF CHILDREN FROM E6a) niños ¿cuántos requieren cuidado mientras usted trabaja en (SAMPLED FACILITY)?

|____| NUMBER OF CHILDREN REQUIRING CHILD CARE → GO TO E7

ZERO/NONE OF THEM ........................................00

DON'T KNOW ..............................................d → GO TO E9

REFUSED .......................................................r
E6c. ¿Ése niño es su hijo o un niño bajo su responsabilidad?

SM'S OWN CHILD 01
NOT SM'S CHILD 00
DON'T KNOW d
REFUSED r → GO TO E9

E6d. ¿Este niño requiere cuidado mientras usted trabaja en (SAMPLED FACILITY)?

YES 01
NO 00
DON'T KNOW d → GO TO E9

E7. ¿Durante el mes pasado, perdió tiempo de trabajo por problemas con el cuidado de niños?

YES 01
NO 00
DON'T KNOW d → GO TO E9

E8. ¿Cuánto tiempo de trabajo perdió Ud. por problemas con el cuidado de niños?

PROBE: Durante el mes pasado.

PROBE: Su mejor estimado o cálculo está bien.

_______ DAYS MISSED WORK
_______ HOURS MISSED WORK
DON'T KNOW d
REFUSED r
E9. Sin contar los cuidados por los que recibe un pago ¿en la actualidad cuida Ud. a un miembro de la familia, pariente, o amigo que tiene algún problema de incapacidad o de salud?

YES .............................................. 01
NO .................................................... 00
DON'T KNOW .................................... d
REFUSED .......................................... r → GO TO E12

E10. Durante el mes pasado, ¿perdió tiempo de trabajo por tener que cuidar a algún miembro de la familia, pariente o amigo?

YES .............................................. 01
NO .................................................... 00
DON'T KNOW .................................... d
REFUSED .......................................... r → GO TO E12

E11. ¿Cuánto tiempo de trabajo perdió?

PROBE: Durante el mes pasado.

PROBE: Su mejor estimado o cálculo está bien.

|___|___| DAYS MISSED WORK
|___|___| HOURS MISSED WORK

DON'T KNOW .................................... d
REFUSED .......................................... r
Ahora me gustaría preguntarle sobre las fuentes de ingreso y ayuda que puede haber recibido.

¿Alguna vez ha recibido beneficios en efectivo por familias y niños, también conocidos como TANF o Asistencia Temporal para Familias Necesitadas? TANF antes se llamaba AFDC.

PROBE: Por favor incluya los beneficios que recibe por medio de transferencia electrónica.

INTERVIEWER: TANF GRANT MAY BE SHARED WITH WORKER’S SPOUSE/BOYFRIEND/GIRLFRIEND.

YES ................................................................. 01
NO ................................................................. 00
DON'T KNOW ............................................... d
REFUSED ....................................................... r

GO TO E14

¿En la actualidad recibe ayuda en efectivo o TANF?

YES ................................................................. 01
NO ................................................................. 00
DON'T KNOW ............................................... d
REFUSED ....................................................... r

GO TO E14a

¿Alguna vez ha recibido Cupones de Alimentos o alimentos del Programa para Mujeres, Infantes y Niños que se conoce como WIC?

YES ................................................................. 01
NO ................................................................. 00
DON'T KNOW ............................................... d
REFUSED ....................................................... r

GO TO E15a

¿En la actualidad WIC le entrega cupones de alimentos o alimentos?

YES ................................................................. 01
NO ................................................................. 00
DON'T KNOW ............................................... d
REFUSED ....................................................... r

GO TO E15a
E15a. ¿Alguna vez usted o un hijo suyo ha recibido seguro de incapacidad como por ejemplo ingreso de Seguro Suplementario o SSI?

PROBE: Por favor incluya los beneficios que recibe por medio de transferencia electrónica.

YES ......................................................... 01
NO .......................................................... 00
DON'T KNOW ........................................... d
REFUSED .................................................. r

GO TO E16a

E15b. ¿Recibe en la actualidad un seguro por incapacidad como por ejemplo SSI?

YES ......................................................... 01
NO .......................................................... 00
DON'T KNOW ........................................... d
REFUSED .................................................. r

E16a. ¿Alguna vez ha recibido estampillas para la compra de alimentos (Food Stamps)?

PROBE: Por favor incluya los beneficios que recibe por medio de transferencia electrónica.

YES ......................................................... 01
NO .......................................................... 00
DON'T KNOW ........................................... d
REFUSED .................................................. r

GO TO E17

E16b. ¿Recibe en la actualidad estampillas para la compra de alimentos (Food Stamps)?

YES ......................................................... 01
NO .......................................................... 00
DON'T KNOW ........................................... d
REFUSED .................................................. r
¿En la actualidad vive en una vivienda pública, recibe subsidio para el pago de alquiler como por ejemplo Sección Ocho, o paga un alquiler más bajo porque el gobierno paga parte del costo?

YES ................................................................. 01
NO ................................................................. 00
DON'T KNOW .................................................. d
REFUSED ......................................................... r
F. MANAGEMENT/SUPERVISION

Las siguientes son preguntas sobre su supervisor en (SAMPLED FACILITY). Esta es la persona que (lo/la) supervisa diariamente y le imparte las instrucciones sobre sus tareas.

F1. Voy a leer algunas declaraciones sobre su supervisor. Por favor dígame si está muy de acuerdo, algo de acuerdo algo en desacuerdo, o muy en desacuerdo con las declaraciones. La primera declaración es:

[NOTE: These items should have a random starting point.]

<table>
<thead>
<tr>
<th>CIRCLE ONE FOR EACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRONGLY AGREE</td>
</tr>
<tr>
<td>---------------------</td>
</tr>
<tr>
<td>a. mi supervisor imparte instrucciones claras cuando asigna una tarea ..........</td>
</tr>
<tr>
<td>b. mi supervisor trata a todos los auxiliares de enfermería por igual..........</td>
</tr>
<tr>
<td>c. mi supervisor se hace cargo de las quejas e inquietudes de los auxiliares de enfermería........................................</td>
</tr>
<tr>
<td>d. (mi supervisor) acepta ideas nuevas y diferentes, tales como una manera nueva y mejor de manejar el cuidado de los residentes ..............................................</td>
</tr>
<tr>
<td>e. (mi supervisor) apoya el progreso de mi carrera, ofreciéndome por ejemplo, entrenamiento adicional.............................................</td>
</tr>
<tr>
<td>f. (mi supervisor) me ayuda con mis tareas cuando lo necesito ....................</td>
</tr>
<tr>
<td>g. (mi supervisor) me escucha cuando estoy preocupado por uno de los residentes........................................................</td>
</tr>
<tr>
<td>h. (mi supervisor) apoya a los auxiliares de enfermería que trabajan en grupo o equipo con otros trabajadores del cuidado de la salud, como por ejemplo médicos, terapistas, nutricionistas, RNs, LPNs, u otro personal de enfermería ...............................................</td>
</tr>
<tr>
<td>i. (mi supervisor) disciplina o suspende al personal de enfermería que no cumple con su trabajo o con la parte del trabajo que le corresponde................................</td>
</tr>
<tr>
<td>j. (mi supervisor) me dice cuando estoy haciendo un buen trabajo................</td>
</tr>
</tbody>
</table>
G. CLIENT RELATIONS

Las siguientes son preguntas sobre la cantidad de tiempo que usted tiene disponible en su trabajo actual en (SAMPLED FACILITY) para pasar con los residentes.

G1. Primero, permítame preguntarle sobre asuntos que hace directamente con los residentes, como por ejemplo ayudarlos a vestirse, bañarse, acostarse y levantarse, o usar el baño. Durante una semana típica de trabajo ¿cuánto tiempo tiene para prestar atención personal a los residentes que necesitan recibir este tipo de atención? ¿Diría Ud. que . . .

CIRCLE ONLY ONE

- cuenta con más tiempo del suficiente? ...........01
- ¿cuenta con tiempo suficiente?.......................02
- ¿o no cuenta con tiempo suficiente?..............03
- DON'T KNOW ...........................................d
- REFUSED ..................................................r

G2. Nuevamente, ¿durante una semana típica de trabajo, con cuánto tiempo cuenta para cumplir con obligaciones que no están directamente relacionadas con los residentes? Entre esas actividades podrían mencionarse la limpieza del cuarto de baño, hacer las camas, mantener el inventario de artículos, o la administración de archivos. ¿Diría que . . .

CIRCLE ONLY ONE

- cuenta con más tiempo del suficiente?, .......01
- ¿cuenta con tiempo suficiente?, o..................02
- ¿no cuenta con tiempo suficiente?..............03
- DON'T KNOW ...........................................d
- REFUSED ..................................................r

G3. ¿En general, sus supervisores (lo/la) alientan para tratar temas sobre el cuidado y bienestar de los residentes con sus familias?

- YES ............................................................01
- NO ............................................................00
- DON'T KNOW ...........................................d
- REFUSED ..................................................r
G4. ¿Se le asigna el cuidado de los mismos residentes durante la mayor parte de los días que trabaja, o los residentes que se le asignan cambian cada día o semana que trabaja?

CIRCLE ONLY ONE

SAME RESIDENTS.................................01
RESIDENTS CHANGE...............................02
COMBINATION......................................03
DON'T KNOW.......................................d
REFUSED...........................................r

G5. ¿En qué medida piensa que los residentes sienten respeto por usted, como parte del equipo de cuidado de la salud? ¿Diría Ud. que . . .

CIRCLE ONLY ONE

bastante?............................................01
¿algo?...............................................02
¿o nada?..........................................03
DON'T KNOW.....................................d
REFUSED.........................................r

G6. ¿En qué medida piensa que los familiares de los residentes sienten respeto por usted, como parte del equipo de cuidado de la salud? ¿Diría Ud. que . . .

CIRCLE ONLY ONE

bastante?............................................01
¿algo?...............................................02
¿o nada?..........................................03
RESIDENTS' FAMILIES
DON'T KNOW ME.................................04
DON'T KNOW.....................................d
REFUSED.........................................r
G7. ¿En qué medida piensa que su supervisor siente respeto por usted, como parte del equipo de cuidado de la salud? ¿Diría Ud. que...

CIRCLE ONLY ONE

bastante?..................................................01
¿algo, o? ...................................................02
¿nada? ......................................................03
DON'T KNOW ..........................................d
REFUSED ..................................................r

G8. ¿En general, con qué frecuencia los residentes que usted atiende le dicen que está haciendo un buen trabajo? ¿Diría Ud. que...

CIRCLE ONLY ONE

siempre?..................................................01
¿algunas veces? .........................................02
¿nunca? ...................................................03
DON'T KNOW ..........................................d
REFUSED ..................................................r
H. ORGANIZATIONAL COMMITMENT / JOB SATISFACTION

Ahora me gustaría hacerle algunas preguntas sobre su nivel de satisfacción en relación con su trabajo actual en (SAMPLED FACILITY). Como ya le dije, sus respuestas serán guardadas en estricta confidencia.

En términos generales, ¿cuál es el grado de satisfacción que siente Ud. con respecto a su trabajo? ¿Usted está...

**CIRCLE ONLY ONE**

extremadamente satisfecho(a), ......................01
algo satisfecho(a), ..................................02
algo insatisfecho(a), o ..............................03
extremadamente insatisfecho(a)? ..................04
DON'T KNOW .........................................d
REFUSED ...............................................r
Por favor dígame si alguno de los siguientes aspectos es una razón, o no, para que usted continúe trabajando en su puesto actual.

Primero, ¿es (ITEM) una razón para que usted continúe trabajando en su puesto actual? READ DOWN LIST AND CIRCLE ONE RESPONSE FOR EACH. REPEAT STEM AS NECESSARY.

**NOTE: Consider randomizing start point.**

<table>
<thead>
<tr>
<th>H2. CIRCLE ONE FOR EACH</th>
<th>H3a. CIRCLE ONLY ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. ¿el cuidar a los demás?</td>
<td>YES NO DON'T KNOW REFUSED NA 01</td>
</tr>
<tr>
<td>b. ¿el horario o cantidad de horas flexibles?</td>
<td>01 00 d r n 02</td>
</tr>
<tr>
<td>c. ¿que el salario o pago es bueno?</td>
<td>01 00 d r n 03</td>
</tr>
<tr>
<td>d. ¿son los beneficios?</td>
<td>01 00 d r n 04</td>
</tr>
<tr>
<td>e. ¿que le gustan sus compañeros de trabajo?</td>
<td>01 00 d r n 05</td>
</tr>
<tr>
<td>f. ¿su supervisor?</td>
<td>01 00 d r n 06</td>
</tr>
<tr>
<td>g. ¿la oportunidad de trabajar sobre tiempo?</td>
<td>01 00 d r n 07</td>
</tr>
<tr>
<td>h. ¿la el trabajo que realiza (lo/la) hace sentirse bien?</td>
<td>01 00 d r n 08</td>
</tr>
<tr>
<td>i. ¿que la ubicación del lugar de trabajo?</td>
<td>01 00 d r n 09</td>
</tr>
<tr>
<td>j. ¿el desarrollo de su carrera?</td>
<td>01 00 d r n 10</td>
</tr>
<tr>
<td>k. ¿alguna otra razón? (SPECIFY)</td>
<td>01 00 d r n 11</td>
</tr>
</tbody>
</table>

**H3. INTERVIEWER: IS MORE THAN ONE ANSWER CODED 01, “YES” IN H2?**

YES .................................................. 01

NO .................................................. 00 → GO TO H4

**H3a. ¿Cuál de éstas es la razón principal por la que usted continúa trabajando en donde está actualmente? READ LIST OF “YES” RESPONSES FROM H2 IF NECESSARY.**
H4. ¿Se siente extremadamente satisfecho, algo satisfecho(a), insatisfecho(a), algo insatisfecho(a), o extremadamente insatisfecho(a) con los siguientes aspectos del trabajo que desempeña en la actualidad? Primero, ... READ DOWN LIST AND CIRCLE ONE FOR EACH. REPEAT SCALE AS NECESSARY.

<table>
<thead>
<tr>
<th></th>
<th>EXTREMELY SATISFIED</th>
<th>SOMEWHAT SATISFIED</th>
<th>SOMEWHAT DISSATISFIED</th>
<th>EXTREMELY DISSATISFIED</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. ¿la moral del lugar de trabajo?</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>b. ¿hacer trabajo que presenta desafíos?</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>c. ¿los beneficios?</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>d. ¿el salario o sueldo?</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>e. ¿aprender nuevas habilidades?</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>d</td>
<td>r</td>
</tr>
</tbody>
</table>
Por lo general hay cosas que a la gente le gusta y no le gusta sobre su trabajo. Por favor, digame los tipos de problemas o incidentes en el trabajo que le causan dificultades o que hacen que no le guste su trabajo.

PROBE: ¿Algo más?

CIRCLE ALL THAT APPLY

PROBLEMS WITH SUPERVISOR OR NURSES .................................................. 01
(Acts better than me, Talks down to me, Ignores my input, No say in what goes on)

PROBLEMS WITH CO-WORKERS ............................ 02
(Don't do jobs correctly, Personality conflicts)

LACK OF RESPECT/APPRECIATION FOR WORK ....................................... 03
(No recognition for good work, No appreciation for hard work from residents, families, organization, community)

THE PAY OR BENEFITS ........................................... 04
(Poor or unfair raises, Salary/benefits not good enough, Benefits cost money)

PROBLEMS WITH SCHEDULE ....................................... 05
(Does not like schedule or shift, Wants to work more/less hours)

WORKLOAD .................................................. 06
(Too many patients, Not enough staff)

HEALTH OR PERSONAL ISSUES .................................... 07
(Emotional attachments to residents and coping with loss, Sample member’s own physical/mental health problem)

NATURE OF JOB .................................................. 08
(Physically demanding work, Not prepared for the reality of the job, Difficult clientele) ....

NOTHING/NO COMPLAINTS ...................................... 09

OTHER (SPECIFY) ............................................... 00

____________________________________________________

DON'T KNOW .............................................. d
REFUSED ...................................................... r
H6. Si un amigo o familiar necesitara cuidado y le pidiera su opinión sobre la atención en (SAMPLED FACILITY), ¿usted...

PROBE: El lugar donde trabaja, (SAMPLED FACILITY).

CIRCLE ONLY ONE

definitivamente lo recomendaría, ..................01
probablemente lo recomendaría, ..................02
probablemente no lo recomendaría o, ..........03
no lo recomendaría en lo absuluto? .............04
DON'T KNOW ....................................d
REFUSED ........................................r

H6a. (Job Content Survey)

Si un amigo o familiar le pidiera consejo sobre trabajar como auxiliar de enfermería en (SAMPLED FACILITY), usted...

PROBE: El lugar donde trabaja, (SAMPLED FACILITY).

CIRCLE ONLY ONE

definitivamente lo recomendaría, ..................01
probablemente lo recomendaría, ..................02
probablemente no lo recomendaría, o, ..........03
no lo recomendaría en lo absuluto .............04
DON'T KNOW ....................................d
REFUSED ........................................r

H7. Si un amigo o familiar le pidiera consejo, en general, sobre trabajar como auxiliar de enfermería, usted...

CIRCLE ONLY ONE

definitivamente lo recomendaría, ..................01
probablemente lo recomendaría, ..................02
probablemente no lo recomendaría, o, ..........03
no lo recomendaría en lo absuluto .............04
DON'T KNOW ....................................d
REFUSED ........................................r
H8. ¿Cuánto cambio de personal de enfermería hay en el lugar donde Ud. trabaja? En este caso, cambio de personal es la renuncia o salida de personal de enfermería y el ingreso de nuevo personal. Diría Ud. que...

**PROBE:** El lugar donde trabaja, (SAMPLED FACILITY).

**CIRCLE ONLY ONE**

<table>
<thead>
<tr>
<th>Respuesta</th>
<th>Código</th>
</tr>
</thead>
<tbody>
<tr>
<td>¿mucho,</td>
<td>01</td>
</tr>
<tr>
<td>algo,</td>
<td>02</td>
</tr>
<tr>
<td>muy poco, o</td>
<td>03</td>
</tr>
<tr>
<td>nada?</td>
<td>04</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>d</td>
</tr>
<tr>
<td>REFUSED</td>
<td>r</td>
</tr>
</tbody>
</table>

**GO TO H11**

H9. ¿Cuánto interfiere este cambio de personal con su capacidad para hacer su trabajo? ¿Diría que...

**CIRCLE ONLY ONE**

<table>
<thead>
<tr>
<th>Respuesta</th>
<th>Código</th>
</tr>
</thead>
<tbody>
<tr>
<td>mucho,</td>
<td>01</td>
</tr>
<tr>
<td>algo,</td>
<td>02</td>
</tr>
<tr>
<td>muy poco, o</td>
<td>03</td>
</tr>
<tr>
<td>nada?</td>
<td>04</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>d</td>
</tr>
<tr>
<td>REFUSED</td>
<td>r</td>
</tr>
</tbody>
</table>

H10. ¿Por qué? **RECORD VERBATIM**

________________________________________
H11. ¿En la actualidad está Ud. buscando un trabajo diferente como auxiliar de enfermería o haciendo algún otro tipo de trabajo? Por favor recuerde que esta encuesta es confidencial.

YES ......................................................... 01
NO .......................................................... 00
NO, BUT THINKING ABOUT IT .................... 02
DON'T KNOW ............................................ d
REFUSED ..................................................... r

H12. ¿Qué posibilidades hay de que Ud. deje el trabajo en (SAMPLED FACILITY) el próximo año? ¿Diría que . . .

PROBE: Ya sea como auxiliar de enfermería, o haciendo otra cosa

CIRCLE ONLY ONE

es muy probable, ........................................ 01
algo probable, o ......................................... 02
nada probable? ........................................... 03
DON'T KNOW ............................................ d
REFUSED ..................................................... r

GO TO 11
H13. ¿Cuáles son las razones principales por las que piensa que dejaría ese trabajo?

PROBE: ¿Alguna otra razón?

CIRCLE ALL THAT APPLY

CONFLICTS WITH THE SUPERVISORS......01
TOO MANY RESIDENTS TO CARE FOR......02
LITTLE OR NO BENEFITS (HEALTH
INSURANCE, VACATION DAYS, ETC.)......03
LOW PAY........................................04
DISAGREEMENT WITH THE FACILITY
WORKING CONDITIONS OR POLICIES
AND PRACTICES.............................05
PROBLEMS WITH CO-WORKERS.........06
ILL HEALTH..................................07
CHILD CARE ISSUES.......................08
NEED TO CARE FOR AN ELDERLY
FAMILY MEMBER............................09
MOVING TO A DIFFERENT AREA
(YOU/YOUR FAMILY).......................10
FOUND A NEW/BETTER JOB..............11
DIFFICULTY DEALING WITH CLIENT/
RESIDENTS’ FAMILIES....................12
HARD TO DEAL WITH DYING CLIENTS/
RESIDENTS.................................13
OTHER (SPECIFY)..........................14

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

H14. ¿Piensa que su próximo trabajo será como auxiliar de enfermería o hará algo diferente?

NURSE AIDE.................................01
SOMETHING ELSE.........................02
DON'T KNOW...............................d
REFUSED......................................r
I. WORKPLACE ENVIRONMENT

I1. Me gustaría que siguiera pensando en (SAMPLED FACILITY). Le voy a leer algunas declaraciones, y me gustaría que por cada una me dijera si está muy de acuerdo, algo de acuerdo, algo en desacuerdo, o muy en desacuerdo. La primera declaración es...

\textbf{READ DOWN LIST AND CIRCLE ONE RESPONSE FOR EACH. REPEAT SCALE AS NECESSARY.}

\textit{NOTE: These items should have a random starting point.}

<table>
<thead>
<tr>
<th>CIRCLE ONE FOR EACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRONGLY AGREE</td>
</tr>
</tbody>
</table>

a. El centro de enfermería para el que trabajo me brinda el respeto o la compensación adecuada por mi trabajo .................

b. Puedo tomar mis propias decisiones en lo que respecta a cómo hacer mi trabajo .................

c. Estoy involucrado(a) en un trabajo que presenta desafíos .................

d. Tengo la oportunidad de adquirir nuevas habilidades y conocimientos en el trabajo .................

e. Se confía en mi para tomar decisiones con relación al cuidado de los residentes ................

f. Tengo oportunidad de trabajar en equipo ...............

g. Confío en mi capacidad de hacer mi trabajo ...............
I2. Ahora me gustaría hacerle algunas preguntas sobre cómo piensa que las personas ven el trabajo que usted hace como auxiliar de enfermería.

¿Cuánto piensa usted que la sociedad valora o aprecia su trabajo como auxiliar de enfermería? ¿Diría que... 

CIRCLE ONLY ONE

mucho, .................................................................01
más o menos, o.......................................................02
nada? .................................................................03
DON'T KNOW ....................................................d
REFUSED ............................................................r

I3. ¿Cuánto piensa usted que su supervisor valora o aprecia el trabajo que usted hace como auxiliar de enfermería? ¿Diría que... 

CIRCLE ONLY ONE

mucho, .................................................................01
más o menos, o.......................................................02
nada? .................................................................03
DON'T KNOW ....................................................d
REFUSED ............................................................r

I4. ¿Cuánto piensa usted que la organización en (SAMPLED FACILITY) valora o aprecia el trabajo que usted hace como auxiliar de enfermería? ¿Diría que... 

CIRCLE ONLY ONE

mucho, .................................................................01
más o menos, o.......................................................02
nada? .................................................................03
DON'T KNOW ....................................................d
REFUSED ............................................................r
I5. ¿Cuán importante piensa usted que es su trabajo? ¿Diría que...

CIRCLE ONLY ONE
muy importante, .................................................01
algo importante, o .................................................02
no es importante para nada? .........................03
DON'T KNOW ..................................................d
REFUSED .......................................................r

I6. ¿Con qué frecuencia busca la ayuda de otros auxiliares de enfermería en caso de problemas relacionados con su trabajo actual? ¿Diría que...

CIRCLE ONLY ONE
nunca, .................................................................00
muy poco, .................................................................01
algo, o .................................................................02
mucho? .................................................................03
DON'T KNOW ..................................................d
REFUSED .......................................................r

I7. ¿Con qué frecuencia busca la ayuda de otros empleados, además de otro personal de enfermería, en caso de problemas relacionados con su trabajo actual? ¿Diría que...

CIRCLE ONLY ONE
nunca, .................................................................00
muy poco, .................................................................01
algo, o .................................................................02
mucho? .................................................................03
DON'T KNOW ..................................................d
REFUSED .......................................................r

I8. ¿En su trabajo actual, ha sido discriminado por su raza u origen étnico?

YES .................................................................01
NO .................................................................00
DON'T KNOW ..................................................d
REFUSED .......................................................r
J. WORK-RELATED INJURIES

Las siguientes son preguntas sobre las veces que ha resultado(a) herido o lesionado(a) mientras trabajaba como auxiliar de enfermería.

J1. INTERVIEWER: CHECK D3a,b JOB 1. HAS SAMPLE MEMBER BEEN AT CURRENT JOB FOR 12 MONTHS OR LESS?

YES ......................................................01 → GO TO J2 INTRO A
NO .......................................................00 → GO TO J2 INTRO B

J2. INTRO A:
Desde que empezó su trabajo en (SAMPLED FACILITY), ¿Ud. ha tenido...

INTRO B:
Durante los últimos 12 meses en (SAMPLED FACILITY), ¿Ud. ha tenido...

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>01</td>
<td>00</td>
<td>d</td>
</tr>
<tr>
<td>b.</td>
<td>01</td>
<td>00</td>
<td>d</td>
</tr>
<tr>
<td>c.</td>
<td>01</td>
<td>00</td>
<td>d</td>
</tr>
<tr>
<td>d.</td>
<td>01</td>
<td>00</td>
<td>d</td>
</tr>
<tr>
<td>e.</td>
<td>01</td>
<td>00</td>
<td>d</td>
</tr>
<tr>
<td>f.</td>
<td>01</td>
<td>00</td>
<td>d</td>
</tr>
<tr>
<td>g.</td>
<td>01</td>
<td>00</td>
<td>d</td>
</tr>
</tbody>
</table>

INTERVIEWER: IF "NO" TO ALL ITEMS AT J2, GO TO J9.
J3. ¿Cuántos incidentes por separado ocasionaron esta(s) lesión(es)?

<table>
<thead>
<tr>
<th>INCIDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DON'T KNOW ...........................................d</td>
</tr>
<tr>
<td>REFUSED .............................................r</td>
</tr>
</tbody>
</table>

J4. ¿(Cuál fue/Cuales fueron) la(s) actividad(es) o incidente(s) que (ocasionó/ocasionaron) su(s) lesión(es)?

**PROBE:** ¿Algo más?

**CIRCLE ALL THAT APPLY**

| LIFTING, REPOSITIONING, BATHING OR HANDLING RESIDENTS ................01 |
| SLIPS/TRIPS/FALLS ...........................................02 |
| AGGRESSION/VIOLENCE/ABUSE BY RESIDENT(S) ..................................03 |
| BUMPING INTO OR HITTING EQUIPMENT ...........................................04 |
| CONCERN WITH RESIDENTS' HEALTH/LOSS OF LIFE ..............................05 |
| NEEDLE STICK ..................................................06 |
| OTHER (SPECIFY) ..................................................07 |

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

J5. ¿En total, cuántos días no pudo trabajar por la(s) lesión(es)?

**PROBE FOR PARTIAL DAYS:** Cuente como un día de falta si estuvo fuera por medio día o más.

<table>
<thead>
<tr>
<th>DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE ........................................................................00</td>
</tr>
<tr>
<td>DON'T KNOW ...........................................d</td>
</tr>
<tr>
<td>REFUSED .............................................r</td>
</tr>
</tbody>
</table>
J6. Debido a la(s) lesión(es), ¿se le asignaron tareas restringidas o un trabajo diferente?

YES ................................................................. 01
NO ................................................................. 00
DON'T KNOW ................................................... d
REFUSED ........................................................... r

GO TO J8a

J7. En total, ¿durante cuántos días se le asignaron tareas restringidas o un trabajo diferente debido a la(s) lesión(es)?

|_________| DAYS

NONE ................................................................. 00
DON'T KNOW ................................................... d
REFUSED ........................................................... r

J8a. INTERVIEWER: IS J2e (NEEDLE STICK) CODED “YES”?

YES ................................................................. 01
NO ................................................................. 00

GO TO J9

J8b. ¿Cuántas veces durante los últimos 12 meses tuvo un accidente con una aguja u otro equipo médico mientras estaba trabajando?

PROBE: Desde (ENTER CURRENT MONTH) del año pasado.

PROBE: Su mejor estimado o cálculo está bien.

|_________| TIMES

DON'T KNOW ................................................... d
REFUSED ........................................................... r
J9. ¿Con qué frecuencia diría usted que usa equipo para mover o levantar a residentes que no pueden valerse por sí mismos? ¿Diría que...

\[ \text{CIRCLE ONLY ONE} \]

siempre, ........................................... 01 \( \rightarrow \) GO TO J11

algunas veces, o .................................. 02

nunca? ............................................. 03

DON'T KNOW ...................................... d \( \rightarrow \) GO TO J11

REFUSED ......................................... r

J10. ¿Con qué frecuencia cuenta con un equipo para levantar a residentes cuando realmente lo necesita? ¿Diría que...

\[ \text{CIRCLE ONLY ONE} \]

siempre, ........................................... 01

algunas veces, .................................. 02

casi nunca, o ................................... 03

nunca? ............................................. 04

DON'T KNOW ...................................... d

REFUSED ......................................... r

J11. ¿Ha recibido entrenamiento para usar el equipo para movilizar a los residentes que no pueden valerse por sí mismos?

YES ............................................... 01

NO .................................................. 00

DON'T KNOW ...................................... d

REFUSED ......................................... r

J12. Aparte del equipo para levantar a los residentes, ¿hay algún otro equipo o aparato con el que no cuenta su centro de trabajo o no está disponible en cantidades suficientes para hacer su trabajo más seguro?

YES ............................................... 01

NO .................................................. 00

DON'T KNOW ...................................... d \( \rightarrow \) GO TO J14

REFUSED ......................................... r
J13. ¿Qué tipo de equipo o aparatos?

___________________________________________________________

___________________________________________________________

J14. ¿(SAMPLED FACILITY) le proporciona entrenamiento sobre cómo reducir las lesiones en el lugar de trabajo?

YES.................................................................01
NO.................................................................00
DON'T KNOW...............................................d
REFUSED.........................................................r
K. DEMOGRAPHICS

Las últimas preguntas se refieren a sus antecedentes. Como le mencioné, todo lo que me diga es confidencial.

K1. ¿Cuántos años de edad ha cumplido?

|_______| AGE AT LAST BIRTHDAY

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

K1a. INTERVIEWER, CODE SEX, OR ASK IF NOT KNOWN: ¿Es usted mujer u hombre?

FEMALE............................................................01
MALE..............................................................02

K2. ¿Es usted hispano(a) o latino(a)?

YES .................................................................01
NO.................................................................00
DON'T KNOW .................................................. d
REFUSED ....................................................... r
Le voy a leer una lista de las cinco categorías de razas. Por favor elija una o más razas a las que usted considera pertenecer. ¿Se considera...

PROBE FOR REFUSALS: Entiendo que estas preguntas pueden ser muy delicadas. Hacemos esta pregunta para ayudar a entender las diferencias entre el personal de enfermería.

PROBE IF R ANSWERS HISPANIC OR LATINO: ¿Es hispano/latino o blanco, hispano/latino negro o de alguna otra raza?

INTERVIEWER: READ ALL CATEGORIES. SPECIFY RESPONDENT OFFERED CATEGORIES IN "OTHER."

CIRCLE ALL THAT APPLY

Blanco(a), ........................................... 01
Africano americano(a) o negro(a), .......................... 02
Nativo(a) americano(a) o nativo(a) de Alaska, .......................... 03
Asiático(a), o ........................................... 04
Nativo de Hawái o de las Islas del Pacífico .... 05
OTHER (SPECIFY) ........................................... 06

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

¿Es Ud. casado(a), vive con su pareja en una relación de estilo matrimonial, es separado(a), divorciado(a), viudo(a), o nunca ha estado casado(a)?

CIRCLE ONLY ONE

MARRIED ........................................... 01
LIVING WITH A PARTNER ........................................... 02
SEPARATED ........................................... 03
DIVORCED ........................................... 04
WIDOWED ........................................... 05
NEVER BEEN MARRIED ........................................... 06
DON'T KNOW ........................................... d
REFUSED ........................................... r
K5. ¿Completó sus estudios secundarios o recibió un Diploma de Educación General (G.E.D.)?

PROBE FOR WHICH ONE.

CIRCLE ONLY ONE

HIGH SCHOOL DIPLOMA ....................... 01
GED .............................................. 02
NEITHER/NO .................................... 00
DON'T KNOW ................................. d
REFUSED ....................................... r

K6. ¿Cuál es el grado o el año de estudios más alto que completó?

INTERVIEWER, IF THE SAMPLE MEMBER ANSWERS “GED,” ASK: Antes de recibir su GED, ¿cuál fue el grado escolar más alto que completó?

IF EDUCATED IN ANOTHER COUNTRY: Y ¿Cuál es el grado más alto que completó? IF RESPONDENT SAYS “DK,” CODE “d.”

CIRCLE ONLY ONE

NONE ............................................. 00
ELEMENTARY, MIDDLE, OR JUNIOR HIGH SCHOOL ............... 01 02 03 04 05 06 07 08
HIGH SCHOOL .................................. 09 10 11 12
SOME COLLEGE/TRADE SCHOOL ......................... 13 14 15
COLLEGE GRADUATE ................................ 16
POST-COLLEGE .................................. 17
DON'T KNOW ................................... d
REFUSED ....................................... r
¿Cuál de las siguientes categorías describe mejor el ingreso total de su familia del año pasado, antes de impuestos? Por favor incluya cualquier ingreso que usted y otros miembros de su familia hayan recibido por trabajos, asistencia pública, intereses, o de cualquier otra fuente. Por favor interrumpame cuando mencione la categoría correcta...

**PROBE:** Su mejor estimado o cálculo está bien.

**CIRCLE ONLY ONE**

- Menos de $10,000, ........................................ 01
- $10,000 pero menos de $20,000, ................. 02
- $20,000 pero menos de $30,000, .................. 03
- $30,000 pero menos de $40,000, ................. 04
- $40,000 pero menos de $50,000, .................. 05
- $50,000 pero menos de $60,000, .................. 06
- $60,000 pero menos de $70,000, .................. 07
- $70,000 pero menos de $80,000, u ............... 08
- $80,000 o más? ........................................ d
- DON'T KNOW ........................................... d
- REFUSED ............................................... r

---

**K7a. INTERVIEWER:** IS SAMPLE MEMBER STILL WORKING AT THE SAMPLED FACILITY, A1 "YES"?

- YES ..................................................... 01
- NO ..................................................... 00 → GO TO SECTION L

---

**K8.** ¿Es Ud. ciudadano(a) de los Estados Unidos?

**PROBE:** Por favor recuerde, esta encuesta es confidencial.

- YES ..................................................... 01
- NO ..................................................... 00 → GO TO K9
- DON'T KNOW ........................................... d
- REFUSED ............................................... r
K8a. ¿Es usted ciudadano(a) de los Estados Unidos de nacimiento, o adquirió la ciudadanía mediante un proceso de naturalización?

BORN ..............................................01
NATURALIZED .......................................00
DON'T KNOW .........................................d
REFUSED ..............................................r

GO TO K9a

K9. ¿Cuál es su ciudadanía actual? ¿De qué país? RECORD VERBATIM

________________________________________

________________________________________

K9a. ¿Recibió entrenamiento como auxiliar de enfermería o algún tipo de profesión relacionada con el cuidado de la salud fuera de los Estados Unidos?

YES, (SPECIFY: ¿En qué estaba Ud. entrenado(a)?)..........01

☐ MD (medical doctor)
☐ RN/LPN (nurse)
☐ NURSE AIDE
☐ OTHER:

________________________________________

NO .....................................................00
DON'T KNOW .........................................d
REFUSED ..............................................r
¿Qué idiomas habla?

**PROBE:** ¿Algún otro?

CIRCLE ALL THAT APPLY

<table>
<thead>
<tr>
<th>Language</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAMBODIAN</td>
<td>01</td>
</tr>
<tr>
<td>CHINESE</td>
<td>02</td>
</tr>
<tr>
<td>CZECH</td>
<td>03</td>
</tr>
<tr>
<td>ENGLISH</td>
<td>04</td>
</tr>
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<td>05</td>
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<td>HAITIAN CREOLE</td>
<td>06</td>
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<td>HINDI</td>
<td>07</td>
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<tr>
<td>KOREAN</td>
<td>08</td>
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<td>11</td>
</tr>
<tr>
<td>SPANISH</td>
<td>12</td>
</tr>
<tr>
<td>TAGALOG</td>
<td>13</td>
</tr>
<tr>
<td>URDU</td>
<td>14</td>
</tr>
<tr>
<td>VIETNAMESE</td>
<td>15</td>
</tr>
<tr>
<td>OTHER (SPECIFY)</td>
<td>00</td>
</tr>
</tbody>
</table>

DON'T KNOW          | d    |
REFUSED             | r    |

**K9c. INTERVIEWER:** IS MORE THAN ONE LANGUAGE CODED IN K9b?

YES—MORE THAN ONE LANGUAGE........01 → GO TO K9e
NO—ONLY ONE LANGUAGE...............00

**K9d. INTERVIEWER:** IS THE LANGUAGE ENGLISH OR SOMETHING ELSE?

ENGLISH..............................01 → GO TO K10
SOMETHING ELSE ......................02 → GO TO K9f
¿Cuál considera su idioma principal?

<table>
<thead>
<tr>
<th>Idioma</th>
<th>Código</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAMBODIAN</td>
<td>01</td>
</tr>
<tr>
<td>CHINESE</td>
<td>02</td>
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</tr>
<tr>
<td>VIETNAMESE</td>
<td>15</td>
</tr>
<tr>
<td>OTHER (SPECIFY)</td>
<td>00</td>
</tr>
</tbody>
</table>

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

¿Con qué frecuencia usa (el idioma/los idiomas) (INSERT FROM K9b LANGUAGES OTHER THAN ENGLISH) en su trabajo como auxiliar de enfermería en (SAMPLED FACILITY)? ¿Diría que...

CIRCLE ONLY ONE

<table>
<thead>
<tr>
<th>Frecuencia</th>
<th>Código</th>
</tr>
</thead>
<tbody>
<tr>
<td>siempre</td>
<td>01</td>
</tr>
<tr>
<td>algunas veces, o</td>
<td>02</td>
</tr>
<tr>
<td>nunca?</td>
<td>03</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>0d</td>
</tr>
<tr>
<td>REFUSED</td>
<td>0r</td>
</tr>
</tbody>
</table>
K10. ¿Con qué frecuencia tiene dificultades de comunicación con los residentes debido a que no hablan el mismo idioma que usted? ¿Diría que . . .

CIRCLE ONLY ONE

siempre, .................................................. 01
algunas veces, o ....................................... 02
nunca? .................................................. 03
DON'T KNOW ........................................ d
REFUSED ............................................. r

K10a. ¿Con qué frecuencia tiene dificultades de comunicación con el personal de enfermería o los auxiliares de enfermería porque no hablan su mismo idioma? ¿Diría que . . .

CIRCLE ONLY ONE

siempre, .................................................. 01
algunas veces, o ....................................... 02
nunca? .................................................. 03
DON'T KNOW ........................................ d
REFUSED ............................................. r

GO TO END
L. FACILITY LEAVERS

Tengo algunas preguntas sobre ser auxiliar de enfermería y algunas preguntas sobre el trabajo que tuvo en (SAMPLED FACILITY).

L1. Primero, ¿todavía trabaja como auxiliar o asistente de enfermería?

YES...............................................................01 → GO TO L1c

NO...............................................................00

DON'T KNOW .............................................d

REFUSED......................................................r

L1a. ¿Qué hace en la actualidad? ¿cuáles son sus obligaciones en el trabajo?


L1b. ¿Cuáles son las posibilidades de que vuelva a trabajar como auxiliar de enfermería algún día? ¿Diría que es . . .

CIRCLE ONLY ONE

muy probable,.................................................01
algo probable, .................................................02
algo improbable, o .........................................03
muy improbable?..............................................04
DON'T KNOW .............................................d
REFUSED ......................................................r

GO TO L2
¿Estás trabajando en...

CIRCLE ALL THAT APPLY

cuidado a largo plazo, como en un hogar de ancianos.......................... 01
cuidado agudo................................................. 02
cuidado ambulatorio........................................... 03
cuidado en el hogar?............................................ 04
DON'T KNOW.................................................. d
REFUSED.......................................................... r

Desde que se hizo auxiliar de enfermería, ¿cuánto tiempo ha estado haciendo este tipo de trabajo incluyendo el tiempo en (SAMPLED FACILITY)? No cuente el tiempo entre trabajos o el tiempo en que estuvo de licencia.

READ CATEGORIES IF NECESSARY.

CIRCLE ONLY ONE

6 MONTHS OR LESS ............................................ 01
MORE THAN 6 MONTHS BUT LESS THAN ONE YEAR...................... 02
1 YEAR BUT LESS THAN 2 YEARS .................................. 03
2 - 5 YEARS....................................................... 04
6 - 10 YEARS..................................................... 05
11 - 20 YEARS.................................................... 06
MORE THAN 20 YEARS............................................ 07
DON'T KNOW.................................................... d
REFUSED.......................................................... r

Si tuviera nuevamente que tomar la decision de ser auxiliar de enfermería, ...

CIRCLE ONLY ONE

¿lo haría sin dudar? .............................................. 01
¿lo volvería a pensar? .......................................... 02
¿o no lo haría de ninguna manera? .............................. 03
DON'T KNOW.................................................... d
REFUSED.......................................................... r
Si un amigo o miembro de la familia le pidiera su consejo, en general, sobre trabajar como auxiliar de enfermería, ...

**CIRCLE ONLY ONE**

- ¿lo recomendaría definitivamente, ..........01
- Probablemente lo recomendaría, ..........02
- Probablemente no lo recomendaría, o ..........03
- Definitivamente no lo recomendaría? ..........04
- DON'T KNOW ....................................d
- REFUSED .....................................r

Ahora, me gustaría hacerle algunas preguntas sobre su trabajo como auxiliar de enfermería en (SAMPLED FACILITY).

**READ CATEGORIES IF NECESSARY.**

**CIRCLE ONLY ONE**

- 6 MONTHS OR LESS ................................01
- MORE THAN 6 MONTHS BUT LESS THAN ONE YEAR ................................02
- 1 YEAR BUT LESS THAN 2 YEARS .............03
- 2 - 5 YEARS ........................................04
- 6 -10 YEARS ......................................05
- 11 - 20 YEARS ....................................06
- MORE THAN 20 YEARS .........................07
- DON'T KNOW ....................................d
- REFUSED .....................................r

¿Cuánto ganaba por hora como auxiliar de enfermería justo antes de dejar ese empleo, antes de impuestos y otras deducciones?

- PER HOUR ........................................$ |____|.|____| → GO TO L7
- DON'T KNOW/NOT PAID BY HOUR/ GETS DIFFERENTIAL ................................d
- REFUSED .....................................r
L6a. ¿Cuánto ganaba a la semana o al mes, antes de impuestos y otras deducciones justo antes de dejar ese empleo? Por favor incluya propinas, comisiones, y pago por sobre tiempo regular.

ACCEPT MOST CONVENIENT TIME PERIOD.

CIRCLE CODE FOR TIME PERIOD.

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

CIRCLE ONLY ONE

PER DAY.................................................01
PER WEEK .............................................02
ONCE EVERY TWO WEEKS.......................03
TWICE A MONTH .....................................04
PER MONTH ...........................................05
PER YEAR ............................................06
DON'T KNOW ..........................................d
REFUSED ...............................................r

L7. ¿Por qué dejó de trabajar en ese lugar? ¿El trabajo terminó o fue suspendido(a), renunció, o (lo/la) despidieron?

LAID OFF OR JOB ENDED .......................01 → GO TO L9
QUIT .....................................................02
FIRED ...................................................03
¿Por qué razón (renunció / fue despedido(a))? 

CIRCLE ALL THAT APPLY

CONFLICTS WITH THE SUPERVISORS......01
HAD TO TAKE CARE OF TOO MANY RESIDENTS.........................02
LITTLE OR NO BENEFITS (HEALTH INSURANCE, VACATION DAYS, ETC.)......03
PAY WAS TOO LOW..................................04
DID NOT AGREE WITH THE FACILITY WORKING CONDITIONS OR POLICIES AND PRACTICES.................................05
PROBLEMS WITH CO-WORKERS..............06
LEFT BECAUSE OF ILL HEALTH.............07
LEFT BECAUSE YOU HAD TO CARE FOR YOUR CHILDREN.......................08
LEFT BECAUSE YOU HAD TO CARE FOR AN ELDERLY FAMILY MEMBER...........09
LEFT BECAUSE YOU/YOUR FAMILY MOVED..................................10
YOUR CURRENT JOB BECAME AVAILABLE........................................11
DIFFICULT DEALING WITH CLIENT/ RESIDENTS’ FAMILIES..........................12
HARD TO DEAL WITH DYING CLIENTS/ RESIDENTS................................13
MOVED TO A DIFFERENT AREA..................14
OTHER (SPECIFY)........................................15

______________________________
DON'T KNOW ...........................................d
REFUSED ..............................................r
L8. INTERVIEWER: WAS SAMPLE MEMBER FIRED, QUESTION L7=03?

YES .................................................. 01 → GO TO L9
NO .................................................... 00

L8a. ¿Qué (lo/la) hubiera hecho seguir trabajando como asistente de enfermería en (SAMPLED FACILITY)?

CIRCLE ALL THAT APPLY

- BETTER PAY .................................. 01
- BETTER WORKING CONDITIONS .......... 02
- BETTER BENEFITS ............................ 03
- FEWER HOURS PER WEEK ............... 04
- MORE STABLE HOURS ....................... 05
- OPPORTUNITIES TO GO TO COLLEGE .... 06
- OPPORTUNITIES FOR ADVANCEMENT ... 07
- HELP WITH CHILD CARE .................. 08
- HELP WITH ELDER CARE .................. 09
- TRANSPORTATION TO WORK MADE AVAILABLE ............. 10
- MORE STAFF APPRECIATION ACTIVITIES (E.G., EMPLOYEE RECOGNITION) .................. 11
- MORE TRAINING/EDUCATION OFFERED .. 12
- NOTHING WOULD MAKE ME STAY ....... 13
- DON'T KNOW ................................. d
- REFUSED ...................................... r

L9. ¿En este trabajo ha sido discriminado alguna vez por su raza u origen étnico?

YES .................................................. 01
NO .................................................... 00 → GO TO L11
DON'T KNOW ................................. d
REFUSED ...................................... r
L10. ¿En qué grado contribuyó esta discriminación para que usted dejara este trabajo? ¿Diría que . . .

CIRCLE ONLY ONE

fue la razón principal, ........................................01
fue una de diferentes razones, o .........................02
no fue una razón? ..............................................03
DON'T KNOW .................................................d
REFUSED .........................................................r

L11. Finalmente, si un amigo o familiar le pidiera consejo sobre aceptar un trabajo como auxiliar de enfermería en (SAMPLED FACILITY), . . .

CIRCLE ONLY ONE

¿lo recomendaría definitivamente, ..................01
probablemente lo recomendaría, ......................02
probablemente no lo recomendaría, o ...........03
definitivamente no lo recomendaría? ...............04
DON'T KNOW .................................................d
REFUSED .........................................................r
INTERVIEWER: GO TO PHONE OR IN-PERSON ENDING:

PHONE ENDING.

Esas son todas las preguntas que tengo. Muchas gracias por su participación. ¿Me podría dar su dirección para enviarle los $35 en un (CHECK? GIFT CERTIFICATE?)

ADDRESS: __________________________________________________________

_______________________________________________________

_______________________________________________________

INTERVIEWER: CONFIRM SPELLING OF RESPONDENT'S NAME.

Nuevamente, muchas gracias por su participación. Hasta luego.

IN-PERSON ENDING.

Muchas gracias por su participación. Aquí tiene un (CHECK? GIFT CERTIFICATE?) de $35 de obsequio como muestra de nuestro agradecimiento.

INTERVIEWER, ASK RESPONDENT TO SIGN RECEIPT.

Nuevamente, muchas gracias por su participación. Hasta luego.
SOURCE MATERIALS
REFERENCE LIST

ANA = Nursing World.org Health & Safety Survey

BOSTON = Health Insurance Access Survey of Direct Care Workers in Nursing Homes and Home-Based Care Agencies in Boston, New Bedford/Fall River

CENSUS = United States Census (OMB No.: 0607-0856)

CHI = Evaluation of Santa Clara Children's Health Initiative

CTS = Community Tracking Study

CWEQ = Conditions of Work Effectiveness Questionnaire

Capital District Home Care Worker Survey

Illinois TANF = Illinois Study of Families Remaining in TANF

IOWA = Evaluation of Iowa's Welfare Reform

IOWA CNA = Certified Nursing Assistant Survey, Iowa Caregivers

JHQ = Job Content Questionnaire and User's Guide (Job Content Survey)

ONONDAGA = Onondaga County Department of Long-Term Care: Employee and Employer Surveys

Organizational Commitment Questionnaire (Mowday and Steers, 1979)

PESD = Evaluation of the Post-Employment Services Demonstration

Psychological Empowerment (Spreitzer, 1995)

SCHIP = Evaluation of the State's Children's Health Insurance Program (OMB No.: 0990-0256)

South Central Michigan Works: Health Care Industry Sector Study

WFNJ = Evaluation of the Work First New Jersey Program

WTW = National Evaluation of the Welfare-to Work Grants Program (OMB No.: 0990-0238)

BJBC = Better Jobs Better Care Demonstration

WIN A STEP UP = Workforce Improvement for Nursing Assistants

WES = Women's Employment Study