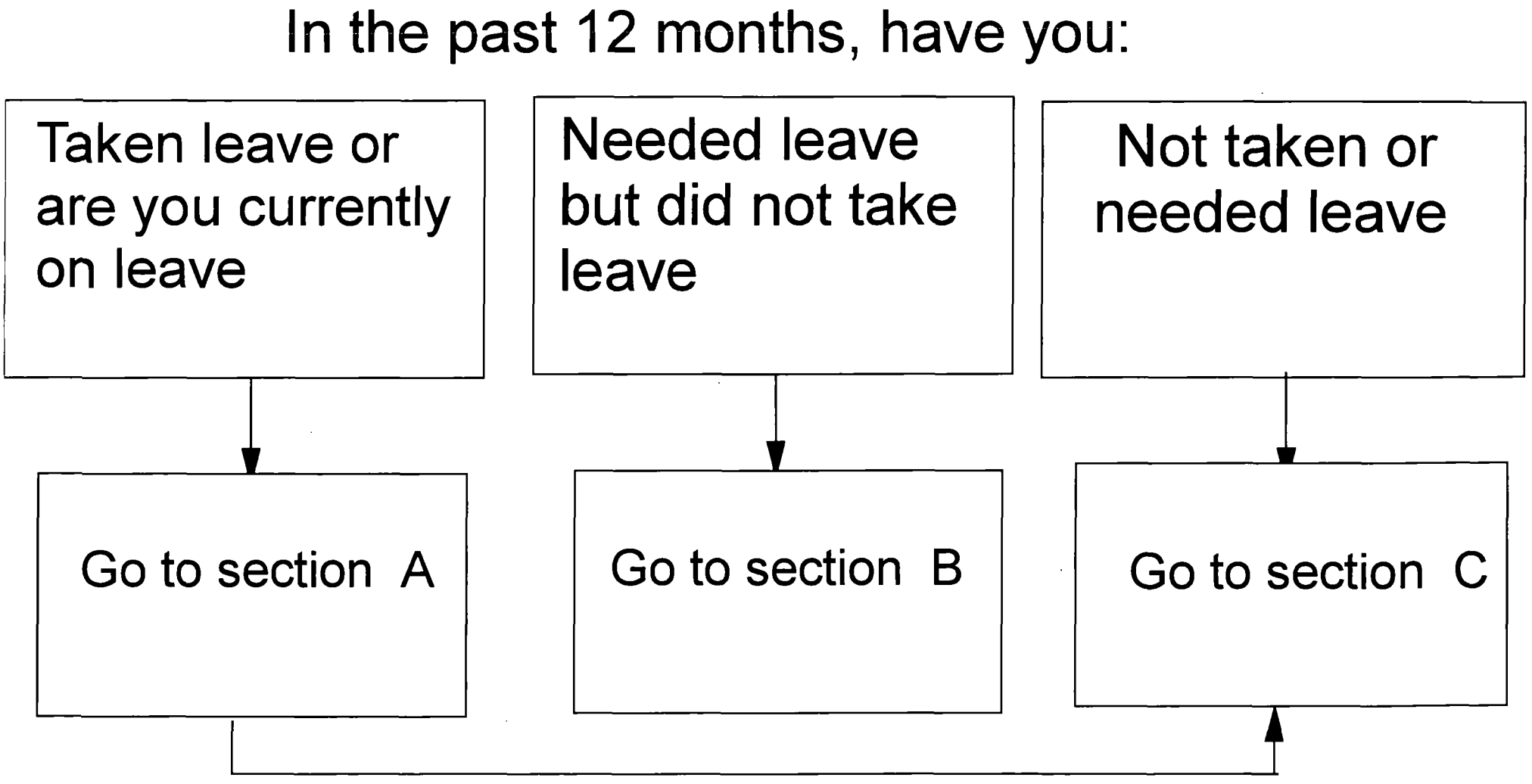
Flow Chart for FMLA Employee Questionnaire

Responses to the statements below determines what section of the survey respondents answer.



Briefing on 2000 Family and Medical Leave Surveys of Employers and Employees

March 16, 2000

Policy Center

I. Timetable of surveys

A. Survey start

B. Final report

II. Report Outline

A. FMLA coverage

B. Who needs and takes leave; wage replacement

C. Assessing impact on employers

D. Assessing impact on employees

III. Questionnaires for Employee and Employer Surveys

A. Sample size

B. Old questions

C. New questions/deletions

DATA ITEMS INCLUDED IN THE STUDY

3 | 16

The purpose of this study is to develop national estimates of: (a) employer policies with regard to allowing leave for family and medical reasons; (b) employees' use of leave for family and medical reasons; and (c) business costs and benefits stemming from these leave policies (including, if applicable, policies established due to the 1993 Family and Medical Leave Act).

The interviewer will be asking for information that describes your organization AT THIS LOCATION:

DRAFT

Address:

It would be helpful to us if you have available the following information for the interview. In order to achieve a high degree of accuracy in this study, we encourage you to consult, if necessary, relevant records (payroll, etc.) maintained by your organization. If you have not had time to do this when called for an interview, the interviewer will be glad to call back at a later time. If you have any questions about the study or the information we are requesting, please call Jeffrey Kerwin at Westat (1-800-937-8281).

INFORMATION ABOUT YOUR BUSINESS

- The number of employees presently on the payroll at this address (including full-time, part-time, and seasonal/stand-by employees).
- The number of employees who are in the following age groups:
  ~~16 to 24~~ less than 25
  ~~25 to 49~~ 25 to 49
  50 and above
- The number of female employees.
- ~~The number of employees who are unionized.~~
- The number of employees who are at managerial/professional levels.
- The number of employees who worked at least 1,250 hours for your organization in the past 12 months.

INFORMATION ABOUT EMPLOYEES TAKING LEAVE FOR FAMILY OR MEDICAL REASONS

- The number of employees at this location taking leave since ~~January 1, 1994~~ which you categorized as being under the federal *Family and Medical Leave Act* (if applicable to your organization at this location).
- The number of employees at this location, in total, taking leave lasting more than 2 days for serious family or medical reasons (including leave taken under the *Family and Medical Leave Act* as well as other family and medical leave) in:

  ~~1995~~ ~~1994~~ ~~1993~~ ~~1992~~
- The average length of leave (in weeks) for those employees who have taken leave for serious family or medical reasons since January 1, 1994.
- The number of employees taking leave for serious family and medical reasons who were age:

  ~~16 to 24~~
  ~~25 to 49~~
  50 and above
- The number of employees taking leave for serious family and medical reasons who had been employed less than one year.
- The number of employees who took leave for serious family and medical reasons since ~~January 1, 1994~~ and:

  Have returned to work and are still employed by you.

  Returned to work but are not currently employed by you.

  Wanted to return to work, but you were unable to offer them a job.

  Chose NOT to return to work for you.

  Are still on leave.

see survey questions for other changes

DRAFT

We would like to know how many employees have taken leave since January 1, 1994 for each of the reasons below:

Reasons for Leave	Number of leave-takers	Number of females	Average number of weeks away on leave
Employee's own serious health condition (except for maternity-related reasons)			
Mothers for maternity-related reasons			
Parents to care for newborn (including father as well as mother beyond maternity-related reasons)			
Mothers for adoption or foster care placement			
Fathers for adoption or foster care placement			
Care of seriously ill child			
Care of seriously ill spouse			
Care of seriously ill parent			
Other reasons? (What are they?)			

In order to obtain a complete perspective of family and medical leave issues, we will also be surveying employees nationwide who have taken leave. We would like to survey employees at this location who have taken leave since January 1, 1994, for serious family or medical reasons. In a few weeks, we will send you questionnaires and ask that you distribute them to these employees. They can complete the survey at their convenience and return it to us by mail, postage-paid. Employees will remain ANONYMOUS. We will not ask for their names or phone numbers.

All aspects of this study are voluntary, but input from everyone we contact for this study is essential so that the best possible contribution can be made to future policy decisions. All of our procedures completely ensure the privacy of your employees. Please understand that if your organization cannot allow us to survey employees, we still welcome your participation in our survey of employers.

Thank you.

DRAFT

ID

FAMILY AND MEDICAL LEAVE SURVEY

PROJECT # 937404

Hello, may I speak to _____? My name is _____ and I'm calling from Westat, a social science research firm in Rockville, MD. You were recently sent a letter signed by Robert Reich, the U.S. Secretary of Labor, regarding a study we are conducting for the U.S. Commission on Family and Medical Leave, a bipartisan Commission established by Congress. Do you remember receiving this letter?

[IF NO: I am going to FAX(mail) you a copy of the materials sent to you. It will explain the study to you and specify the data we are collecting from organizations in this study, in case you need time to look up the information in your records. Then I will call you back in a couple of days. When would be a good time for me to call back?]

The study asks about your organization's policies with regard to employees taking leave for serious family and medical reasons, and your employees' use of this leave. This information will be used to develop national estimates regarding family and medical leave, and will be a key element in the Commission's final report to Congress. (IF ASKED: By family and medical leave, we mean employees taking extended time off for any of the following reasons: a serious health problem either their own or that of a family member, to give birth to a child, for the placement of a child for adoption or foster care, or to care for a newborn, adopted or foster care child.)

Your responses to this survey will remain confidential. No information tied specifically to your organization will be shared or released in any form. The interview will take about 20 minutes.

Most of our questions request information regarding a specific location. In this interview, we will be asking about your work site located at:

DRAFT

BACKGROUND INFORMATION ABOUT YOUR ORGANIZATION AND EMPLOYEES

1. First, we would like some information that describes your organization and the employees at this location. How many employees are currently on the payroll at (READ ADDRESS ON LABEL)? Please include full-time, part-time, and seasonal or stand-by employees.

_____
REFUSED 99997
DON'T KNOW 99998

2. How many employees at this location are age:

		REFUSED	DON'T KNOW
16 to 34	_____ or _____ %	99997	99998
35 to 49	_____ or _____ %	99997	99998
50 and above	_____ or _____ %	99997	99998

2a. How many of your employees at this location are:

Female _____ OR _____ %
REFUSED 99997
DON'T KNOW 99998

2b. How many of your employees at this location are unionized?

(phrase is from older survey)
no longer relevant

_____ OR _____ %
REFUSED 99997
DON'T KNOW 99998

2c. How many of your employees at this location are managerial or professional?

_____ OR _____ %
REFUSED 99997
DON'T KNOW 99998

2d. How many employees at this location worked at least 1,250 hours for your organization in the past 12 months?

_____ OR _____ %
REFUSED 99997
DON'T KNOW 99998

IF 50 OR MORE EMPLOYEES AT THIS LOCATION (Q1), SKIP TO Q4

3. Are there people who work for your organization at other locations? (IF NO: So you have no other locations?)

Yes	1	
No	2	(Q4)
REFUSED	7	(Q4)
DON'T KNOW	8	(Q4)

3a. Does your organization have other work sites within 75 miles of this location?

Yes	1	
No	2	(Q4)
REFUSED	7	(Q4)
DON'T KNOW	8	(Q4)

3b. INCLUDING THIS LOCATION, how many people are employed, in total, at sites within 75 miles? Would you say...

25

Fewer than 50	1
50 to 250	2
More than 250	3
REFUSED	7
DON'T KNOW	8

25 to 49

DRAF

4. For employees at this location, please tell me whether your organization's policies designate up to 12 weeks of leave for the following reasons: The same or equivalent

	4a. Is up to 12 weeks of leave available?	4b. Are health benefits continued during leave?	4c. Are employees guaranteed ~~their~~ job upon return?
a. Employee's own serious health condition other than maternity-related reasons (THIS INCLUDES WORKMAN'S COMP)	Yes ... 1 → No ... 2 DEPENDS ON CIRCUMSTANCES ... 3 → REFUSED ... 7 DON'T KNOW ... 8	Yes ... 1 No ... 2 DEPENDS ON CIRCUMSTANCES ... 3 DON'T OFFER HEALTH BENEFITS ... 4 REFUSED ... 7 DON'T KNOW ... 8	Yes ... 1 No ... 2 DEPENDS ON CIRCUMSTANCES ... 3 REFUSED ... 7 DON'T KNOW ... 8
(b) Mothers for maternity-related reasons	Yes ... 1 → No ... 2 DEPENDS ON CIRCUMSTANCES ... 3 → REFUSED ... 7 DON'T KNOW ... 8	Yes ... 1 No ... 2 DEPENDS ON CIRCUMSTANCES ... 3 DON'T OFFER HEALTH BENEFITS ... 4 REFUSED ... 7 DON'T KNOW ... 8	Yes ... 1 No ... 2 DEPENDS ON CIRCUMSTANCES ... 3 REFUSED ... 7 DON'T KNOW ... 8
c. Parents, including fathers ~~as well as mothers~~, to care for a newborn (Mothers and Father)	Yes ... 1 → No ... 2 DEPENDS ON CIRCUMSTANCES ... 3 → REFUSED ... 7 DON'T KNOW ... 8	Yes ... 1 No ... 2 DEPENDS ON CIRCUMSTANCES ... 3 DON'T OFFER HEALTH BENEFITS ... 4 REFUSED ... 7 DON'T KNOW ... 8	Yes ... 1 No ... 2 DEPENDS ON CIRCUMSTANCES ... 3 REFUSED ... 7 DON'T KNOW ... 8
d. Mothers and fathers for adoption or foster care placement	Yes ... 1 → No ... 2 DEPENDS ON CIRCUMSTANCES ... 3 → REFUSED ... 7 DON'T KNOW ... 8	Yes ... 1 No ... 2 DEPENDS ON CIRCUMSTANCES ... 3 DON'T OFFER HEALTH BENEFITS ... 4 REFUSED ... 7 DON'T KNOW ... 8	Yes ... 1 No ... 2 DEPENDS ON CIRCUMSTANCES ... 3 REFUSED ... 7 DON'T KNOW ... 8
e. Care of child, spouse, or parent for serious health condition	Yes ... 1 → No ... 2 DEPENDS ON CIRCUMSTANCES ... 3 → REFUSED ... 7 DON'T KNOW ... 8	Yes ... 1 No ... 2 DEPENDS ON CIRCUMSTANCES ... 3 DON'T OFFER HEALTH BENEFITS ... 4 REFUSED ... 7 DON'T KNOW ... 8	Yes ... 1 No ... 2 DEPENDS ON CIRCUMSTANCES ... 3 REFUSED ... 7 DON'T KNOW ... 8
f. Is there any other specific reason for which you make leave available? (Specify) n _____ _____ 12 _____	Yes ... 1 → No ... 2 DEPENDS ON CIRCUMSTANCES ... 3 → REFUSED ... 7 DON'T KNOW ... 8	Yes ... 1 No ... 2 DEPENDS ON CIRCUMSTANCES ... 3 DON'T OFFER HEALTH BENEFITS ... 4 REFUSED ... 7 DON'T KNOW ... 8	Yes ... 1 No ... 2 DEPENDS ON CIRCUMSTANCES ... 3 REFUSED ... 7 DON'T KNOW ... 8

Sel 13b

Add 2 columns: 4d. Are employees ~~guaranteed~~ given paid leave
4e. Are employees given partially paid leave?

3 columns - (with types of pay)

DRAFT

IF NO JOB-GUARANTEED LEAVE IS OFFERED, (ALL NO, REFUSED, DON'T KNOW, OR BLANK IN COLUMN 4C), SKIP TO Q8

5. **At this location, does your organization provide:**

	Yes	No	Depends On Circumstances	REFUSED	DON'T KNOW
a. Job-guaranteed leave for more than 12 weeks a year?	1	2	3	7	8
b. Job-guaranteed leave to employees who have worked for your organization less than 12 months?	1	2	3	7	8
c. Job-guaranteed leave to employees who have worked for you less than 1,250 hours in the previous year?	1	2	3	7	8

6. **When employees at this location take leave, does your organization:**

covered in #4

	Yes	No	Depends On Circumstances	Does Not Apply	REFUSED	DON'T KNOW
a. Provide any paid leave, such as sick or vacation leave, or disability insurance?	1	2	3	4	7	8
b. Continue its contributions to a pension or retirement plan?	1	2	3	4	7	8
c. Continue its contributions to life insurance?	1	2	3	4	7	8
d. Continue its contributions to disability insurance?	1	2	3	4	7	8

7. **When did your organization first establish its family and medical leave policies? Was it:**

not relevant

Before 1993	1	
In 1993	2	
After 1993	3	
You have no formal policies on medical or family leave	4	(Q9)
REFUSED	7	(Q9)
DON'T KNOW	8	(Q9)

8. In determining your organization's family and lical ve policies, to what extent was each of the following factors considered: (READ ITEM) Would you say a lot, some, a little, or not at all?

	A Lot	Some	A Little	Not At All	REFUSED	DON'T KNOW
a. Encouraging employees to return to work as soon as possible	1	2	3	4	7	8
b. Cost of hiring and training replacement employees	1	2	3	4	7	8
c. Maintaining high morale	1	2	3	4	7	8
d. Showing long-term commitment to employees	1	2	3	4	7	8
e. To comply with the federal, state, or local laws	1	2	3	4	7	8
f1. Other factor (Specify) _____	1	2	3	4	7	8
f2. Other: _____	1	2	3	4	7	8

9. Is this location in a state, county, or city that has its own family and medical leave law? (IF NECESSARY: This includes adding provisions to the Federal Family and Medical Leave Act.)

Yes	1	
No	2	(Q10)
REFUSED	7	(Q10)
DON'T KNOW	8	(Q10)

9a. Does it apply to your organization at this location?

Yes	1
No	2
REFUSED	7
DON'T KNOW	8

10. In 1993, the Federal Family and Medical Leave Act was passed. It gives employees in certain organizations the right to take up to 12 weeks of unpaid job-guaranteed leave a year for various family and medical reasons. Does the Federal Family and Medical Leave Act apply to this location, does it not apply, or are you <u>not sure</u> if it applies?

Applies to this location	1	
Does not apply to this location	2	(Q12)
REFUSED	7	(Q12)
Not sure if the Law applies to this location	8	(Q12)

11. How many employees at this location have taken leave since January 1st of 1994, which you classified as being under the Federal Family and Medical Leave Act?

_____

REFUSED	99997
DON'T KNOW	99998

USE OF FAMILY AND MEDICAL LEAVE BY EMPLOYEES AT THIS LOCATION

DRAFT

* 12. **How many employees in total at this location have taken leave lasting more than 3 days for serious family or medical reasons in 1995? (READ FOR THOSE COVERED BY FMLA [Q10]: Please include those cases that were taken under the Family and Medical Leave Act as well as other family and medical leave.) How many took leave in 1994? 1993? 1992?**

option 1 – last 12 months
option 2 – 1999
option 3 – 1999
1998
1997
1996

		REFUSED	DON'T KNOW
1995	_____	99997	99998
1994	_____	99997	99998
1993	_____	99997	99998
1992	_____	99997	99998

IF NO EMPLOYEES TOOK LEAVE SINCE JANUARY 1, 1994, SKIP TO QUESTION 15

12a. **What was the average length of leave for those employees who have taken family or medical leave since January 1st of 1994? Would you say:**

Less than 2 weeks	1
2 to 4 weeks	2
5 weeks to 12 weeks	3
13 weeks or more	4
REFUSED	7
DON'T KNOW	8

If large # answered, don't know – Delete question

12b. How many were:

Female	_____	or _____	%
REFUSED	99997		
DON'T KNOW	99998		

12c. How many employees taking leave were age:

				REFUSED	DON'T KNOW
16 to 34	_____	or _____	%	99997	99998
35 to 49	_____	or _____	%	99997	99998
50 and above	_____	or _____	%	99997	99998

12d. How many employees taking leave had been employed:

Less than one year	_____	or _____	%
REFUSED	99997		
DON'T KNOW	99998		

There are ny different sons why employees may take family or medical leave.

13. How many employees took leave since January 1st of 1994 for the following reasons:

	13a Total Leave Takers	13b Number of Female Employees	13c Average Leave in Weeks (All Leave-Takers)
a. Employee's own serious health condition except maternity-related reasons	____ or ____ %	____ or ____ %	_____
b. Mother for maternity-related reasons	____ or ____ %	N/A	_____
c. Parent to care for newborn including father as well as mother beyond maternity-related reasons	____ or ____ %	____ or ____ %	_____
d. Adoption or foster placement of child	____ or ____ %	____ or ____ %	_____
e. Care of child for serious health condition	____ or ____ %	____ or ____ %	_____
f. Care of spouse for serious health condition	____ or ____ %	____ or ____ %	_____
g. Care of parent for serious health condition	____ or ____ %	____ or ____ %	_____
h. Other reason, (such as care of sibling or grandparent) (specify)	____ or ____ %	____ or ____ %	_____
h1. _____			
h2. _____	____ or ____ %	____ or ____ %	_____

clarify

14. Of those employees taking leave for family or medical reasons since January 1st of 1994, how many:

		REFUSED	DON'T KNOW
a.	Have returned to work and are still employed by you? (in the same job) _____ or _____ %	99997	99998
~~b.~~ c	Returned to work but are not currently employed by you? _____ or _____ %	99997	99998
~~c.~~ d	Wanted to return to work, but you were unable to offer them a job? _____ or _____ %	99997	99998
~~d.~~ e	Chose not to return to work? _____ or _____ %	99997	99998
~~e.~~ b	Are still on leave? _____ or _____ %	99997	99998

b. Have returned to work and are employed by you in a different job?

DRAFT

15. How does your organization cover work when employees take leave? Do you:

		Yes	No	REFUSED	DON'T KNOW
a.	Assign work temporarily to other employees	1	2	7	8
b.	Hire an outside temporary replacement	1	2	7	8
c.	Hire a permanent replacement	1	2	7	8
d.	Put the work on hold until the employee returns from leave	1	2	7	8
e.	Have the employee work at home while on leave	1	2	7	8
e f.	Other (Specify)_____	1	2	7	8

IF ORGANIZATION IS NOT COVERED BY FMLA (Q10-PAGE 6), SKIP TO Q28 (PAGE 15)

INSERT Do you ever offer employees alternative work arrangements instead of leave?

16. Did your organization's family and medical leave policies change because of the Federal Family and Medical Leave Act?

Yes	1	
No	2	(Q17)
REFUSED	7	(Q17)
DON'T KNOW	8	(Q17)

16a. How did your leave policies change because of the Act?

		Yes	No	REFUSED	DON'T KNOW
a.	Leave is now job-guaranteed	1	2	7	8
b.	Health insurance is continued during leave or for a longer period of time	1	2	7	8
c.	Leave can be taken for more reasons	1	2	7	8
d.	Leave can be taken for a longer period of time	1	2	7	8
e.	Male employees can now take leave to care for sick or newborn children	1	2	7	8
f.	Employee eligibility requirements have been eased	1	2	7	8
g.	Any other changes? (Specify) _____	1	2	7	8
	_____	1	2	7	8

17. **Has your organization reduced other benefits at this location to offset any increased costs associated with the Family and Medical Leave Act?**

Yes	1	
No	2	(Q18)
REFUSED	7	(Q18)
DON'T KNOW	8	(Q18)

17a. **What other benefits have been reduced?**

		Yes	No	REFUSED	DON'T KNOW
a.	Paid vacation and personal leave	1	2	7	8
b.	Health plan contributions	1	2	7	8
c.	Pension/retirement plan contributions	1	2	7	8
d.	Life insurance	1	2	7	8
e.	Disability insurance	1	2	7	8
f.	Other (Please describe)_____	1	2	7	8

18. **What effect has complying with the Federal Family and Medical Leave Act had on this location's: (READ STATEMENT) Would you say positive effect, negative effect, or no noticeable effect?**

		Positive Effect	Negative Effect	No Noticeable Effect	REFUSED	DON'T KNOW
a.	Business productivity	1	2	3	7	8
b.	Business profitability	1	2	3	7	8
c.	Business growth	1	2	3	7	8
d.	Employee productivity	1	2	3	7	8
e.	Employee absences	1	2	3	7	8
f.	Employee turnover	1	2	3	7	8
g.	Employees' ability to care for family members	1	2	3	7	8
h.	Employee career advancement	1	2	3	7	8

DRAFT

19. To what extent has complying with the Federal Family and Medical Leave Act increased this location's: (READ STATEMENT) Would you say no increase, small increase, moderate increase, or large increase?

	No Increase	Small Increase	Moderate Increase	Large Increase	REFUSED	DON'T KNOW
a. Administrative costs	1	2	3	4	7	8
b. Cost of continuation of benefits (health plan, etc.) during leave	1	2	3	4	7	8
c. Hiring/training costs	1	2	3	4	7	8
d1. Other costs (Please specify) _____	1	2	3	4	7	8
d2. _____	1	2	3	4	7	8

20a. Has complying with the Federal Family and Medical Leave Act resulted in any cost savings at this location, for example, in the hiring and training of new employees?

Yes	1	
No	2	(Q21)
REFUSED	7	(Q21)
DON'T KNOW	8	(Q21)

20b. What are these savings?

_____

_____

_____

new 19. How would you describe the cost of complying with the FMLA

- no cost
- small cost
- moderate cost
- large cost

19a. Over the last 5 years (or as you gained experience with the FMLA) did your cost increase or decrease?

DRAFT

21. How easy or difficult are each of the following activities been for your organization? (READ STATEMENT) Would you say very easy, somewhat easy, somewhat difficult, or very difficult?

		Very Easy	Somewhat Easy	Somewhat Difficult	Very Difficult	REFUSED	DON'T KNOW
a.	Additional record-keeping necessary for the Family and Medical Leave Act	1	2	3	4	7	8
b.	Determining whether the Act applies to your organization	1	2	3	4	7	8
c.	Determining whether certain employees are eligible for leave under the Act	1	2	3	4	7	8
d.	Coordinating state and federal leave policies	1	2	3	4	7	8
e.	Coordinating the Act with other federal laws	1	2	3	4	7	8
f.	Coordinating the Act with pre-existing leave policies	1	2	3	4	7	8
g.	Managing intermittent use of leave allowed under the Act	1	2	3	4	7	8

22. Who do you turn to for information on ~~From which of the following sources did you learn about~~ the Federal Family and Medical Leave Act? ~~Did you learn about it from:~~

		Yes	No	REFUSED	DON'T KNOW
a.	The U.S. Department of Labor	1	2	7	8
b.	The media	1	2	7	8
c.	A trade or business group	1	2	7	8
d.	An attorney or consultant	1	2	7	8
e.	A union	1	2	7	8
f.	Your employees	1	2	7	8
g.	Some other source (Specify)_____	1	2	7	8

23. Did your organization obtain outside assistance in order to ensure its policies were in compliance with the Federal Family and Medical Leave Act?

Yes	1	
No	2	(Q24)
REFUSED	7	(Q24)
DON'T KNOW	8	(Q24)

23a. Where did you obtain this outside assistance?

		Yes	No	REFUSED	DON'T KNOW
a.	U.S. Department of Labor	1	2	7	8
b.	A trade or business group	1	2	7	8
c.	An attorney or consultant	1	2	7	8
d.	Any other type of help	1	2	7	8

23b. Did your organization incur any cost in obtaining this assistance?

Yes	1	
No	2	(Q24)
REFUSED	7	(Q24)
DON'T KNOW	8	(Q24)

23c. What was the cost?

$ _____
REFUSED 999997
DON'T KNOW 999998

24. The Family and Medical Leave Act contains several provisions that were included to ease the compliance burden for employers. Which of the following have been helpful to your company.

		Yes	No	REFUSED	DON'T KNOW
a.	The high-paid employee exemption	1	2	7	8
b.	Written medical certifications	1	2	7	8
c.	Second and third medical opinions	1	2	7	8
d.	Advance notice of foreseeable leave	1	2	7	8
e.	Transfer to alternative position	1	2	7	8
f.	Any other provision? (Specify)_____	1	2	7	8

25. Overall, how easy or difficult it has been for your organization to comply with the requirements of the Family and Medical Leave Act? Would you say it was:

Very Easy	1
Somewhat Easy	2
Somewhat Difficult	3
Very Difficult	4
REFUSED	7
DON'T KNOW	8

IF NO EMPLOYEES TOOK LEAVE UNDER THE FAMILY AND MEDICAL LEAVE ACT IN 1994, (Q11-PAGE 6), SKIP TO Q27

26. **Did any employees at this location take leave under the Family and Medical Leave Act since January 1st of 1994 and then choose NOT to return to work for you?**

Yes	1	
No	2	(Q27)
REFUSED	7	(Q27)
DON'T KNOW	8	(Q27)

26a. **How many of these employees chose not to return?**

_____

REFUSED	99997
DON'T KNOW	99998

re-position. 7

26b. **Did you attempt to recover from these employees any health insurance benefits to which your organization was entitled?**

Yes	1	
No	2	(Q27)
REFUSED	7	(Q27)
DON'T KNOW	8	(Q27)

26c. Did you successfully recover these payments?

Yes	1	(Q26d)
No	2	(Q27)
REFUSED	7	(Q27)
DON'T KNOW	8	(Q27)

26d. How easy or difficult was it to recover the benefit payment? Would you say:

Very Easy	1
Somewhat Easy	2
Somewhat Difficult	3
Very Difficult	4
REFUSED	7
DON'T KNOW	8

27. **Has the Family and Medical Leave Act had any effects at this location NOT already covered in this survey? If so, please describe.**

_____

_____

_____

_____

(Q33-PAGE 17)

FOR NON-FMLA ONLY

28. **Have your organization's policies on leave for family or medical reasons CHANGED since 1992?**

Yes	1	
No	2	(Q29)
REFUSED	7	(Q29)
DON'T KNOW	8	(Q29)

28a. **How have your leave policies changed? Did they change in that:**

		Yes	No	REFUSED	DON'T KNOW
a.	Leave is now job-guaranteed	1	2	7	8
b.	Health insurance is continued during leave or is continued for a longer period of time	1	2	7	8
c.	Leave can be taken for more reasons	1	2	7	8
d.	Leave can be taken for a longer period of time	1	2	7	8
e.	Male employees can now take leave to care for sick or newborn children	1	2	7	8
f.	Employee eligibility requirements have been eased	1	2	7	8
g.	Any other changes? (Specify) _____	1	2	7	8
	_____	1	2	7	8

29. What effect has your family and medical leave policies had on this location's: (READ STATEMENT) Would you say positive effect, negative effect, or no noticeable effect?

		Positive Effect	Negative Effect	No Noticeable Effect	REFUSED	DON'T KNOW
a.	Business productivity	1	2	3	7	8
b.	Business profitability	1	2	3	7	8
c.	Business growth	1	2	3	7	8
d.	Employee productivity	1	2	3	7	8
e.	Employee absences	1	2	3	7	8
f.	Employee turnover	1	2	3	7	8
g.	Employees' ability to care for family members	1	2	3	7	8
h.	Employee career advancement	1	2	3	7	8

(new 28) Do you have any of the following leave policies? (use list from 13)

30. **Earlier I told you about the Federal Fa / and Medical Leave Act of 1993. It gives employees in certain organizations the right to take up to 12 weeks of unpaid job-guaranteed leave a year for various family and medical reasons.**

Imagine for a moment that this law applied to your organization. What effect would complying with the law have on this location's: (READ STATEMENT) Would you say positive effect, negative effect, or no noticeable effect?

		Positive Effect	Negative Effect	No Noticeable Effect	REFUSED	DON'T KNOW
a.	Business productivity	1	2	3	7	8
b.	Business profitability	1	2	3	7	8
c.	Business growth	1	2	3	7	8
d.	Employee productivity	1	2	3	7	8
e.	Employee absences	1	2	3	7	8
f.	Employee turnover	1	2	3	7	8
g.	Employees' ability to care for family members	1	2	3	7	8
h.	Employee career advancement	1	2	3	7	8

31. To what extent would complying with the Federal Family and Medical Leave Act increase this location's: (READ STATEMENT) Would you say no increase, small increase, moderate increase, or a large increase?

		No Increase	Small Increase	Moderate Increase	Large Increase	REFUSED	DON'T KNOW
a.	Administrative costs	1	2	3	4	7	8
b.	Hiring/training costs	1	2	3	4	7	8
c1.	Other costs (Please describe) _____	1	2	3	4	7	8
c2.	_____	1	2	3	4	7	8

32. Would complying with the Federal Family and Medical Leave Act result in any <u>cost savings</u> at this location, for example, in the hiring and training of new employees?

Yes 1
No 2
REFUSED 7
DON'T KNOW 8

33. How many other people in your organization did you consult to obtain the information we have asked for in this survey?

NONE	1
ONE	2
TWO	3
THREE	4
FOUR OR MORE	5
REFUSED	7
DON'T KNOW	8

34. Did you or anyone else check in your organization's records to provide us information requested in this study?

Yes	1
No	2
REFUSED	7
DON'T KNOW	8

35. Do you have any other comments or concerns related to family and medical leave issues?

_____

_____

_____

_____

_____

_____

_____

IF NO EMPLOYEES HAVE TAKEN LEAVE SINCE JANUARY 1ST OF 1994, OR THE RESPONDENT DOES NOT KNOW HOW MANY (Q12-PAGE 7), THEN END INTERVIEW

In the information we sent you regarding this study, you may remember we indicated that we would like to survey employees at this location who have taken leave since January 1st of 1994. In order to insure the privacy of your employees, we would like to send some questionnaires and postage-paid return envelopes to you. If you could distribute these materials to the employees, they could complete the questionnaire at their convenience and mail it back to us. We will not ask for their names or phone numbers, so their answers will be anonymous.

Let me verify the address to which these materials should be mailed. (VERIFY MAILING ADDRESS OF RESPONDENT)

THANK YOU VERY MUCH FOR YOUR PARTICIPATION IN THIS SURVEY.

DRAFT

New Questions/Issues for Employer Survey

*1. Will now survey state and local governments (unless reason did not before is still valid). Will increase sample size; perhaps over sample small businesses.

*2. Do we want to ask about problems with SHC or intermittent leave, etc.? If we do, follow up with cost questions. Do we want to ask if there has been a complaint filed against company (over last x years) – and how it was resolved?

*3. Possibly add questions on "How long has the establishment been covered by FMLA?" If covered, "How do they notify employee of their FMLA rights (e.g., handbook, memo, bulletin board, etc.)?"

*4. Ask what other family friendly policies offered by company (provide list of items such as child care, elder care, flextime, flexible workplace).

DRAFT

FAMILY MEDICAL LEAVE ACT

Proj 154 (468852)

3/14

Respondent's Name: _____

Telephone: _____ CATI Case ID _____

Appointment Day, Date, Time: _____

Length of Interview: _____ (Minutes) Length of Ed:: _____ (Minutes)

CALL RECORD: WHEN HOUSEHOLD LISTING IS TAKEN, CIRCLE THAT CALL NUMBER ON CALL RECORD

CALL NUMBER	1	2	3	4	5	6	7	8	9	10
DATE										
CC# GIVEN	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
R'S TIME	M A E W	M A E W	M A E W	M A E W	M A E W	M A E W	M A E W	M A E W	M A E W	M A E W
AA DIGITAL TIME										
	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm
RESULT										
IWER ID										

1. Hello, my name is _____ and I work for the University of Michigan. We are currently conducting a nationwide study about family and medical leave.

IWER: VERIFY PHONE NUMBER

2. Before we begin, I would like to assure you that the information you provide is completely voluntary and confidential. If we should come to any question that you don't want to answer, just let me know and we'll go on to the next question. This interview will be tape recorded so that my supervisor can evaluate my performance.

3. As I said, we conducting this study for the University of Michigan. In order to determine whom I need to interview, if anyone, I need to list all the members in your household. I need their first names, ages, relationship to you, and their working status. The interview should last between 5 and 10 minutes.

DRAFT

4. Let's start with you. How old are you? [CONTINUE TO LIST ALL HOUSEHOLD MEMBERS. RELATIONSHIP TO R, SEX AND AGE – COLS. A-C]

A RELATIONSHIP TO R	B SEX	C AGE	D 18+ WORK STATUS	E LEAVE TAKER	F LEAVE NEEDER
			Y N		
			Y N		
			Y N		
			Y N		
			Y N		
			Y N		
			Y N		
			Y N		

→ Were there any children born/adopted within the last 12 months?

5. FOR EACH HH MEMBER LISTED WHO IS 18 YEARS OR OLDER, ASK:

Col. D: Have (you/your RELATIONSHIP) been employed at all since January 1, 1994?

6. As I said, this study is about family and medical leave from work. By leave, I mean taking any form of paid or unpaid time off from work. Please include vacation or sick time when you think about taking leave from work.

Col. E: Since ~~January 1, 1993~~ (have you / has RELATIONSHIP) taken a leave from work to care for a newborn, newly adopted, or new foster child, or for (your/their) own serious health condition, the serious health condition of (your/their) child, spouse, or parent that lasted more than 3 days or required an overnight hospital stay?

[MARK COLUMN E FOR EACH MEMBER IN THE HHL WHO TOOK SUCH A LEAVE.]

Col. F: Since ~~January 1, 1994~~, did (you / your RELATIONSHIP) need but not take a leave from work? (REPEAT REASONS IF NECESSARY: to care for a newborn, newly adopted, or new foster child, or for (your/their) own serious health condition, the serious health condition of (your/their) child, spouse, or parent that lasted more than 3 days or required an overnight hospital stay?)

[MARK COLUMN F FOR EACH MEMBER IN THE HHL WHO DID NOT TAKE A LEAVE BUT NEEDED ONE.]

IWER ATTEMPT TO IW QUALIFIED RESPONDENTS

A0. EXACT TIME NOW: _____

A1. INTERVIEWER CHECKPOINT (SEE HHL COLS. E AND F)

1. R HAS TAKEN A LEAVE SINCE JAN. 1, 1994

2. R HAS NEEDED A LEAVE SINCE JAN. 1, 1994--->GO TO SECTION B

3. R HAS NOT TAKEN OR NEEDED A LEAVE SINCE JAN. 1, 1994----GO TO SECTION C

A1a. I want to confirm with you that since January 1, ~~1994~~, you have taken a leave from work for your own serious health condition, the serious health condition of your child, spouse, or parent, or for the arrival of a newborn, newly adopted or new foster child. Is this correct?

1. YES — GO TO A1c

5. NO

A1b. Since January 1, 1994, did you need but not take a leave from work for your own serious health condition, the serious health condition of your child, spouse, or parent, or for the arrival of a newborn, newly adopted or new foster child?

1. YES — GO TO SECTION B

5. NO — GO TO SECTION C

A1c. Are you currently on leave from work?

1. YES

5. NO

A2. How many leaves have you taken since January 1, ~~1994~~?

1. ONE

NUMBER: _____

new Have you ever taken time off under ~~FMLA~~ FMLA ?

DRAFT

A3. What was the reason for the (leave/longest leave)?

- [ ] 1. OWN HEALTH CONDITION, EXCEPT MATERNITY-RELATED ILLNESS
- [ ] 2. WOMAN, FOR MATERNITY-RELATED DISABILITY, SUCH AS MORNING SICKNESS OR TOXEMIA
- [ ] 3. PARENT TO CARE FOR NEWBORN
- [ ] 4. PARENT FOR ADOPTION OR FOSTER PLACEMENT
- [ ] 5. CHILD'S HEALTH CONDITION
- [ ] 6. SPOUSE'S HEALTH CONDITION
- [ ] 7. PARENT'S HEALTH CONDITION
- [ ] 8. OTHER RELATIVE'S HEALTH CONDITION
- [ ] 9. OTHER NON-RELATIVE'S HEALTH CONDITION

A3b. Which of These was The longest leave?

A3c. How long did the leave last (so far.)?

_____ # DAYS / WEEKS / MONTHS

work days or workweeks

A3d

1. R HAS ONLY ONE LEAVE	2. R HAS MULTIPLE LEAVES AND IS CURRENTLY ON LEAVE	3. ALL OTHERS
GO TO A4		GO TO A4

A3e. Is your current leave the longest leave you have taken since ~~January 1, 19XX~~?

1. YES 5. NO

A3f. Maybe? Ask about 2nd longest leave?

A3g. During the last 12 months, have you ever taken leave for the following reasons?

Maybe add follow up questions to those who ~~xxxxxx~~ check A3a. #3 or #4.

DRAFT

(R HAD MULTIPLE LEAVES, READ:) Please think about the leave that lasted the longest when you answer the rest of my questions during this interview.

A4. I'm going to read you some reasons why some people might be worried about taking family or medical leave. For each of these please tell me if you were worried. Were you worried about taking family or medical leave ...

A4a. ...because you thought you might lose your job if you took leave?

1. YES	5. NO

A4b. ...because you thought taking leave might hurt your job advancement?

1. YES	5. NO

A4c. ...because you would lose your seniority?

1. YES	5. NO

A4d. ... because you didn't have enough $ to pay your bills

A5. Did you take the leave all at once or did you alternate between work and leave?

1. ALL AT ONCE	2. ALTERNATED BETWEEN WORK AND LEAVE
GO TO A6	

A5a. Did you take leave on a regular routine or as needed?

1. REGULAR ROUTINE	2. AS NEEDED

A6. Did you lose any of your benefits during your leave or didn't you have any?

1. YES	5. NO	9. DIDN'T HAVE ANY
	GO TO A7	GO TO A7

A6a. What benefits did you lose?

1. HEALTH INSURANCE	2. LIFE INSURANCE	3. DISABILITY INSURANCE	4. PENSION CONTRIBUTIONS	7. OTHER, SPECIFY: _____ _____

A7. Was the leave fully paid, unpaid, or partially paid?

1. FULLY PAID → GO TO A8

2. UNPAID

3. PARTIALLY PAID

A7a. In order to cover lost wages or salary during the leave, did you...

	YES (1)	NO (5)
A7b. ...use savings that you had earmarked for this situation?		
A7c. ...use savings earmarked for something else?		
A7d. ...borrow money to cover lost wages?		
A7e. ...go on public assistance?		
A7f. ...limit extras?		
A7g. ...put off paying your bills?		
A7h. ...cut your leave time short?		
A7i. ...did you do anything else?		

Please specify:

_____

_____

_____

EXACT TIME NOW _____

DRAFT

A8. Now I'm going to ask you some questions about how your work was covered while you were away on your leave.

DEFINITION:	BY COVER YOUR WORK, WE MEAN WHAT YOUR EMPLOYER DID WHILE YOU WERE AWAY ON LEAVE TO MAKE SURE THAT THE WORK YOU USUALLY DID WAS DONE.

A8a. Did your employer cover your work by assigning it to other employees?

[1. YES] [5. NO] [8. DK]

A8b. (Did your employer cover your work) by hiring a permanent employee?

[1. YES] [5. NO] [8. DK]

A8c. (Did your employer cover your work) by hiring an outside temporary worker?

[1. YES] [5. NO] [8. DK]

EXACT TIME NOW: _____

DRAFT

A9. INTERVIEWER CHECKPOINT (SEE A1c)

☐ 1. R IS CURRENTLY ON LEAVE--->GO TO A12b

☐ 2. ALL OTHERS

A10. After your leave ended, did you go back to work for the same employer, a new employer, or did you not return to work at all?

☐ 1. SAME EMPLOYER — ASK A11(a-f)

☐ 2. NEW EMPLOYER — ASK A11(a-c)

☐ 3. NOT RETURN TO WORK

A10a. Why didn't you return to work?

_____

☐ 1. OBTAINED OTHER INCOME SOURCE (SELF-EMPLOYED)

☐ 2. HEALTH CONDITION CONTINUED (ILLNESS CONTINUES)

☐ 3. LAID OFF/FIRED/REPLACED

☐ 4. DIDN'T WANT TO RETURN TO WORK

GO TO A12b

A11 I'm going to read you some reasons that people return to work after taking leave.

A11a. Was a reason you returned to work because you no longer needed to be on leave?

☐ 1. YES

☐ 5. NO --->GO TO A11c

A11b. Why did you no longer need to be on leave?

☐ 1. R BETTER ☐ 2. CHILD BETTER ☐ 3. SPOUSE BETTER ☐ 4. PARENT BETTER

☐ 5. OTHER CARE FOR NEWBORN/ ADOPTED/FOSTER OBTAINED

☐ 7. OTHER (SPECIFY)

_____

DRAFT

	YES (1)	NO (5)
A11c. (Was a reason you returned to work) because you could not afford financially to take more time?		
A11d. (Was a reason you returned to work) because you just wanted to get back to work?		
A11e. Was a reason you returned to work because you used up all the leave time you were allowed?		
A11f. (Was a reason you returned to work) because you felt pressured by your boss and/or coworkers to come back?		
A11g. (Was a reason you returned to work) because you had too much work to do to stay away longer?		

A11h. INTERVIEWER CHECKPOINT (SEE A15)

☐ 1. R WENT BACK TO WORK FOR SAME EMPLOYER

☐ 2. ALL OTHERS--->GO TO A12b

A12. After your leave, did you return to the same or an equal position, a higher position, or a lower position than you had before the leave?

1. SAME OR EQUAL POSITION
2. HIGHER POSITION
3. LOWER POSITION

GO TO A12b

A12a. Did you choose to take a lower position or did your employer ask you to take a lower position?

1. R CHOSE
2. EMPLOYER ASKED

DRAFT

A12b. INTERVIEWER CHECKPOINT (SEE A7)

☐ 1.	R TOOK UNPAID LEAVE--->GO TO A15
☐ 2.	ALL OTHERS

Possibly delete

A13. Do you think you would have taken leave if you had received only half your pay?

1. YES	5. NO

GO TO A15

A14. Do you think you would have taken leave if you had received no pay at all?

1. YES	5. NO

Maybe ask instead about source of income, e.g., TDI

A15. Now I'm going to ask you some questions about your feelings regarding your leave. How easy or difficult was it to get your employer to let you take time off -- would you say it was very easy, somewhat easy, neither easy nor difficult, somewhat difficult, or very difficult?

1. VERY EASY	2. SOMEWHAT EASY	3. NEITHER EASY NOR DIFFICULT	4. SOMEWHAT DIFFICULT	5. VERY DIFFICULT

A16 How satisfied were you with the amount of time you took off, would you say very satisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat dissatisfied, or very dissatisfied?

1. VERY SATISFIED	2. SOMEWHAT SATISFIED	3. NEITHER SATISFIED NOR DISSATISFIED	4. SOMEWHAT DISSATISFIED	5. VERY DISSATISFIED

DRAFT

A17. Since January 1, 1994, have you ever been denied leave to take care of family or medical problems?

1. YES — 5. NO

TURN TO P. 11
SECTION C

A17a. Were you denied leave because your employer does not offer family or medical leave?

1. YES — 5. NO

A17b. (Were you denied leave) because you hadn't worked for your employer long enough to be eligible for family or medical leave?

1. YES — 5. NO

A17d. Were there other reasons you were denied leave?

_____

GO TO SECTION C

A17c. Were you denied leave because you reached the FMLA limit (12 weeks) or you had no employer provided leave left?

DRAFT

SECTION B: LEAVE NEEDED

B0. EXACT TIME NOW: _____

B1. (I want to confirm with you that) since January 1, 1994 there was an event in your family such as your own serious health condition, the serious health condition of your child, spouse, or parent, or the arrival of a newborn, newly adopted, or new foster child -- for which you wanted to take a leave from work but you did not. Is this correct?

1. YES

5. NO —>TURN TO SECTION C

B2. What were the reasons you needed to take leave from work?

- [ ] 1. OWN HEALTH CONDITION, EXCEPT FOR MATERNITY-RELATED ILLNESS
- [ ] 2. WOMAN, FOR MATERNITY-RELATED DISABILITY, SUCH AS MORNING SICKNESS OR TOXEMIA
- [ ] 3. PARENT TO CARE FOR NEWBORN
- [ ] 4. PARENT FOR ADOPTION OR FOSTER PLACEMENT
- [ ] 5. CHILD'S HEALTH CONDITION
- [ ] 6. SPOUSE'S HEALTH CONDITION
- [ ] 7. PARENT'S HEALTH CONDITION
- [ ] 8. OTHER RELATIVE'S HEALTH CONDITION
- [ ] 9. OTHER NON-RELATIVE'S HEALTH CONDITION

B3. I'm going to read you some reasons people don't take leave from work. Please answer yes to all that apply.

	YES (1)	NO (5)
B3a. Was a reason you didn't take a leave because you thought you might lose your job?		
B3b. (Was a reason you didn't take a leave) because you thought you might hurt your job advancement?		
B3c. (Was a reason you didn't take a leave) because you didn't want to lose your seniority?		
B3d. Was a reason you didn't take a leave because you hadn't worked for your employer long enough to be eligible?		
B3e. (Was a reason you didn't take a leave) because your employer denied your request?		
B3f. Was a reason you didn't take a leave because you couldn't afford to?		
B3g. (Was a reason you didn't take a leave) because you wanted to save your leave time?		
B3h. (Was a reason you didn't take a leave) because your work is too important?		

B3i. Was there some other reason you didn't take a leave?

_____

EXACT TIME NOW: _____

B4. Since you did not take leave, what did you do to take care of your situation?

_____

_____

maybe provide list

EXACT TIME NOW: _____

DRAFT

SECTION C

C0. EXACT TIME NOW: _____

C0a. I want to confirm with you that since January 1, 1994, you have not taken or needed to take a leave from work for your own serious health condition, the serious health condition of your child, spouse, or parent or for the arrival of a newborn, newly adopted or new foster child. Is this correct?

[1. YES] [5. NO] GO TO A1a

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

[1. YES] [5. NO] GO TO C2

duplicative

C1a. Whom do you care for?

[1. NEWBORN] [2. NEWLY ADOPTED] [3. NEW FOSTER CHILD] [4. CHILD]

[5. SPOUSE] [6. PARENT] [7. OTHER RELATIVE] [8. OTHER NON-RELATIVE]

C1b. For the next question, please think about time you took off from work since January 1, 1994 because you were sick. What was the largest number of sick days in a row that you took off from work in this time period?

_____ NUMBER OF DAYS

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

[1. VERY LIKELY] [2. SOMEWHAT LIKELY] [3. SOMEWHAT UNLIKELY] [4. VERY UNLIKELY] [8. DK]

GO TO C3

C2a. Who do you think that person or persons will be? (CHECK ALL MENTIONS.)

[1. SELF] [2. NEWBORN] [3. NEWLY ADOPTED] [4. NEW FOSTER CHILD] [5. CHILD]

[6. SPOUSE] [7. PARENT] [8. OTHER RELATIVE] [9. OTHER NON-RELATIVE]

C3. ~~Have you ever heard about~~ Do you know about the federal Family and Medical Leave Act of 1993?

[1. YES] [5. NO] GO TO C7

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

[1. MEDIA (TV, NEWSPAPERS, ETC.)] [2. COWORKERS] [3. EMPLOYER GAVE OUT INFORMATION] [4. FAMILY MEMBER]

[5. UNION GAVE OUT INFORMATION] [7. OTHER, SPECIFY: _____]

C5. Do you think you are eligible to take advantage of the federal Family and Medical Leave Act of 1993, or don't you know?

[1. YES] [5. NO] [8. DK]

C6. (R IS LEAVE-TAKER, ASK:) Was the leave you just told me about taken under the federal Family and Medical Leave Act of 1993?

[1. YES] [5. NO] [8. DK]

duplicative

C7. Please tell me whether you agree or disagree with the following statements:

C7a. Every employee should be able to have up to 12 weeks of unpaid leave in a year from work for family and medical problems. (Do you agree or disagree with that statement?)

[1. AGREE] [5. DISAGREE]

C7b. Having to provide employees with up to 12 weeks of unpaid leave in a year for family and medical problems is an unfair burden to employees' coworkers. (Do you agree or disagree with that statement?)

[1. AGREE] [5. DISAGREE]

C8. Are you currently employed?

[1. YES] [5. NO]

C8a. INTERVIEWER CHECKPOINT

[ ] 1. R IS LEAVE-TAKER/NEEDER [ ] 2. R EMPLOYED ONLY

READ: Now I'm going to ask you some questions about your employment situation during the time you (took/needed to take) your leave.

C8b.

[ ] 1. R CURRENTLY EMPLOYED

[ ] 2. R NOT CURRENTLY EMPLOYED

READ: For the next questions, think of the employer you worked for the longest in the period from Jan. 1, 1994 to the present.

C8c. (Were/Are) you salaried or (that/this) job, paid by the hour, or what?

[1. SALARIED] [2. HOURLY] [3. PIECEWORK/COMMISSION] [7. OTHER/COMBINATION]

DRAFT

EXACT TIME NOW: _____

C9. (Were/Are) you covered by a union contract?

1. YES 5. NO

C10. At the place where you work(ed) (i.e., the site -- store, building) would you say there (were/are) fewer than 50 permanent employees or 50 or more permanent employees?

less 25
25-49

1. FEWER THAN 50 2. 50 OR MORE 8. DK

GO TO C12

C11. Counting all of the sites in your organization, would you say there (were/are) fewer than 50 permanent employees or 50 or more permanent employees within 75 miles of where you work?

less 25
25-49

1. FEWER THAN 50 2. 50 OR MORE 8. DK

C11a. INTERVIEWER CHECKPOINT

1. R CURRENTLY EMPLOYED--->GO TO C12

2. R NOT CURRENTLY EMPLOYED

R IS LEAVE-TAKER/NEEDER
READ: Please continue to think about your employment situation during the time you (took/needed to take your leave.

R IS EMPLOYED ONLY
READ: Please continue to think about the employer you worked for the longest in the period from January 1, 1994 to the present

C12. (Since/During the time you were employed between) January 1, 1994 and the present, (have/had) you worked continuously for the same employer (except for the leave you just told me about)?

1. YES 5. NO --->GO TO C15

NEXT PAGE, C13

DRAFT

C13. (Since/During the time you were employed between) January 1, 1994 and the present, (have/had) you always been a full-time employee (except for the leave you just told me about)?

[1. YES] [5. NO]

TURN TO P. 19, SECTION D

C14. (Since/During . . .) how many hours per week did you work on average?

_____ NUMBER OF HOURS

C15. (During the time you were employed between January 1, 1995 and the present)

for how many months from January 1, 1994 to the present did you work for that employer?

_____ NUMBER OF MONTHS

C15a. On average, how many hours a week did you work for that employer?

_____ NUMBER OF HOURS

DRAFT

SECTION D: DEMOGRAPHICS

D0. EXACT TIME NOW: _____

D1. Are you currently married, living with a partner, separated, divorced, widowed or have you never been married?

1. MARRIED	2. LIVING WITH PARTNER	3. SEPARATED	4. DIVORCED	5. WIDOWED	6. NEVER MARRIED

D2. ~~Do you consider yourself~~ Are you Hispanic or Latino?

1. YES	5. NO

GO TO D3

D2a. Would you say you are Mexican American, Chicano, Puerto Rican, Cuban or something else? (CHECK ALL MENTIONS.)

1. MEXICAN AMERICAN/ CHICANO	2. PUERTO RICAN	3. CUBAN	4. OTHER, SPECIFY: _____

D2b. ~~Do you consider yourself primarily white or Caucasian, Black or African American, American Indian, Alaskan Native, Asian or Pacific Islander?~~ Which of the following races are you. Select 1 or more.

1. WHITE/ CAUCASIAN	2. BLACK AFRICAN AMERICAN	3. AMERICAN INDIAN OR ALASKAN NATIVE	4. ASIAN OR PACIFIC ISLANDER	5. OTHER, SPECIFY: _____

Fix

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

_____ NUMBER OF CHILDREN

D4. Would you say the highest level of education you have completed is less than high school, some high school, high school graduate or GED, some college, college graduate, or graduate school?

1. LESS THAN HIGH SCHOOL	2. SOME HIGH SCHOOL	3. HIGH SCHOOL GRADUATE or GED	4. SOME COLLEGE	5. COLLEGE GRADUATE	6. GRADUATE SCHOOL

D5. To get a picture of people's financial situation we need to know the general range of income of all people we interview. Now, thinking about your total family income before taxes from all sources including your job (and your spouse's job), how much did you receive in 1994?

$_____
AMOUNT RECEIVED

GO TO D7

999998. DK

999997. REFUSED

D5a. Did you receive $35,000 or more in 1994?

1. YES

D5b. Was it $40,000 or above?

1. YES

5. NO

GO TO D5

D5c. Was it $50,000 or above?

1. YES

5. NO

GO TO D5

D5d. Was it $75,000 or above?

1. YES

5. NO

GO TO D5

D5e. Was it $100,000 or above?

1. YES

5. NO

5. NO

D5f. Was it $30,000 or above?

1. YES

5. NO

GO TO D5

D5g. Was it $20,000 or above?

1. YES

5. NO

GO TO D5

D5h. Was it $10,000 or above?

1. YES

5. NO

GO TO D5

D5i. Was it $5,000 or above?

1. YES

5. NO

D6. Thank you very much for your participation. That concludes the interview.

D7. EXACT TIME NOW: _____

DRAFT

New Questions/Issues on Employee Survey

*1. Will increase sample size; maybe change selection process to get more leave takers – need to check with contractor for limit on number of interviews. Need to decide how much to increase sample size.

2. Maybe modify process for selecting respondent within household.

*3. Time period will be 12 months before survey is taken (e.g., July 1999 to June 2000). 5 year DSME

*4. Ask new questions about respondent's spouse or other parent of child and their use of leave, especially post-birth or related to family leave; e.g., if longest leave was for birth of a child, ask respondent if the child's other parent took leave.

*5. Maybe ask questions about the number of hours worked per week and if respondent is a contract worker.