Family and Medical Leave in 2012: Revised Public Use File Documentation

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Contents

Introduction

This document provides documentation related to the public use files (PUFs) of the 2012 Worksite and Employee Surveys (the survey instruments are included as Appendices A and B of the Methodology Report, and are also included in this documentation). Section 1 below discusses the Worksite Survey. Section 2 below discusses the Employee Survey. Appendix A quotes verbatim the discussion of disclosure in the project's OMB Clearance Package. Appendix B presents the codebook and survey instrument for the Worksite Survey. Appendix C presents the codebook and survey instrument for the Employee Survey.

Worksite Survey

SAS Dataset and Code

The public use file for the 2012 Worksite Survey is a SAS dataset named
"FMLA_2012_worksite_revised_PUF.sas7bdat".

To accommodate the complex design of the survey, the appropriate complex survey
software and procedures should be used. We present the appropriate SAS ® code below
that should be used to obtain weighted means and frequencies:[1]

```
PROC SURVEYMEANS data=<libname>.FMLA_2012_worksite_revised_PUF
VARMETHOD=JACKKNIFE;
          WEIGHT WEIGHT;
          REPWEIGHT  RPL01-RPL80;
          VAR <var>;
     RUN;

PROC SURVEYFREQ data=<libname>.FMLA_2012_worksite_revised_PUF
VARMETHOD=JACKKNIFE;
          WEIGHT WEIGHT;
          REPWEIGHT RPL01-RPL80;
          TABLES <var>;
     RUN;
```

Stata Dataset and Code

The public use file for the 2012 Worksite Survey is a Stata dataset named
"FMLA_2012_worksite_revised_PUF.dta".

To accommodate the complex design of the survey, the appropriate complex survey
software and procedures should be used. We present the appropriate Stata ® code below
that should be used to obtain weighted means and frequencies:[2]

```
LOG USING "<location>\<filename>.log", REPLACE
USE "<location>\fmla_2012_worksite_revised_puf.dta", clear quotes
SVYSET [iw= WEIGHT], jkrweight(RPL01-RPL80) vce(jackknife) mse
SVY JACKKNIFE: MEAN <var>
LOG CLOSE

LOG USING "<location>\<filename>.log", REPLACE
USE "<location>\fmla_2012_worksite_revised_puf.dta", clear quotes
SVYSET [iw= WEIGHT], jkrweight(RPL01-RPL80) vce(jackknife) mse
SVY JACKKNIFE: TAB <var>
```

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StataCorp LP in the USA and other countries. ® indicates USA registration.

LOG CLOSE

Suppressed and Modified Variables

Modifications were made to some variables in order to fully ensure respondent privacy, including rounding, top-coding, bottom-coding, and suppressing the variable completely. Variables that have been modified are indicated by the suffixes of "_CAT" or "_PCT". No screener variables (i.e., Survey Section S) are included in the PUF. Additionally, no geographic information on Worksite Survey respondents is included in the PUF, as specified in the Disclosure Limitation Methods of the OMB materials for this survey (see below).

Variables with fewer than five respondents were suppressed to ensure respondent privacy.

The following survey questions/responses were suppressed or modified due to small cell size:

- Q49_A-Q49_E: all "no change" responses had fewer than five respondents. Instead of suppressing the categories entirely, all "no change" responses were combined with the "decreased" categories. We collapsed these responses with "decreased" rather than "increased" since an increase in costs is arguably the most interesting of the categories.
- Q61AX_B_D
- Q61AX_C_D
- The weight developed for weighting by employees used Q2 responses, which has been top-coded to ensure respondent privacy. Accordingly, this weight is suppressed and not included in the PUF.
- All "Refused" and "Don't know" responses were converted to missing to protect against small cell sizes.

The following survey questions/responses were modified:
- In addition to top-coding, Q1 was also adjusted for 17 respondents who reported Q3 to be higher than Q1. These respondents are identified by a newly created variable called Q1_changed_by_Q3 and have a value of 1.
- Survey questions that asked respondents about time were categorized into units of "days" as follows:
    - Converting minutes to 1 day = x minutes/480 (60 minutes*8 hours)
    - Converting hours to 1 day = x hours/8
    - 1 day = 1 day
    - Converting weeks to 1 day = x week*5
    - Converting months to 1 day = x month*22.5 (4.5 weeks*5days)

New Variables

- The variable WORKID is a unique identifier for each Worksite Survey respondent

- The variable IMP_Q1_COVER provides information on whether each Worksite Survey respondent is covered by the FMLA by measuring number of employees within 75 miles of the worksite. Those with a value of 3 are considered covered (i.e., have 50 or more employees within 75 miles of the worksite).

Worksite Survey Codebook

Each entry in the codebook below has four parts:
- variable name,
- variable label,
- type of variable (i.e., numeric or categorical),
- listing of all values for the variable.

Employee Survey

SAS Dataset and Code

The public use file for the 2012 Employee Survey is a SAS dataset named
"fmla_2012_employee_revised_puf.sas7bdat".

To accommodate the complex design of the survey, the appropriate complex survey
software and procedures should be used. We present the appropriate SAS ® code below
that should be used to obtain weighted means and frequencies.[3]

SAS CODE
```
        PROC SURVEYMEANS data=<libname>. fmla_2012_employee_revised_puf
 VARMETHOD=JACKKNIFE;
            WEIGHT WEIGHT;
            REPWEIGHT  RPL01-RPL80;
            VAR <var>;
        RUN;

        PROC SURVEYFREQ data=<libname>.fmla_2012_employee_revised_puf
VARMETHOD=JACKKNIFE;
            WEIGHT WEIGHT;
            REPWEIGHT RPL01-RPL80;
            TABLES <var>;
        RUN;
```

Stata Dataset and Code

The public use file for the 2012 Employee Survey is a Stata dataset named
"fmla_2012_employee_revised_puf.dta".

To accommodate the complex design of the survey, the appropriate complex survey
software and procedures should be used. We present the appropriate Stata ® code below
that should be used to obtain weighted means and frequencies:[4]

```
LOG USING "<location>\<filename>.log", REPLACE
USE "<location>\fmla_2012_employee_revised_puf.dta", clear quotes
SVYSET [iw= WEIGHT], jkrweight(RPL01-RPL80) vce(jackknife) mse
SVY JACKKNIFE: MEAN <var>
LOG CLOSE

LOG USING "<location>\<filename>.log", REPLACE
USE "<location>\fmla_2012_employee_revised_puf.dta", clear quotes
```

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SVYSET [iw= **WEIGHT**], jkrweight(**RPL01-RPL80**) vce(jackknife) mse
SVY JACKKNIFE: TAB <var>
LOG CLOSE

Background on Loops and Additional Issues of Selected Employee Survey Questions

For employees taking leave, there was an opportunity to find out about up to two leaves in questions A5 through A19; that is, there were up to two "loops" for each of these questions for each respondent. The loops are indicated with the suffix _1 or _2. If the respondent indicated multiple leaves were taken in the last 18 months, then question A20 indicates which leave was being discussed in the loop (that is, the respondent's most recent versus longest leave). Otherwise, the variables with the _1 suffix serve for both most recent and longest leave taken.

For employees with unmet need for leave, there was an opportunity to find out about up to three leaves in questions B6 through B14; that is, there were up to three "loops" for each of these questions for each respondent. The loops are indicated with the suffix _1, _2, or _3: suffix _1 refer to most recent incidence of unmet need for leave, _2 the second incidence of unmet need for leave, and _3 the third incidence of unmet need for leave. B1 is asked only of those who took leave to clarify if they also had an instance of unmet need for leave, whereas B3 is asked of everyone who was determined to have unmet need for leave based on the screening questions and B1. Respondents to B3 correspond to those who are Leave Needers (i.e., "Leave Needer Only" or "Dual Taker/Needer") reported in LEAVE_CAT. Two respondents who were coded as Leave Needers in LEAVE_CAT said Don't Know or Refused to B3 and therefore have missing values for B3. However, these two respondents answered other questions in Section B.
In order to ask as broad a range of questions as possible without putting undue burden on the respondents E4 is part of a complex loop where each respondent was randomly asked only 4 of the subparts of the question:

- 2 questions from subpart A, B, C, D, E, or I;
- 1 question from subpart F, G, or H;
- 1 question from subpart J or K.

Suppressed and Modified Variables

Modifications were made to some variables in order to fully ensure respondent privacy, including rounding, top-coding, bottom-coding, and suppressing the variable completely. Variables that have been modified are indicated by the suffixes of "_CAT" or "_PCT". All screener variables (i.e., Survey Section S and T) are not included in the PUF unless otherwise noted below. Additionally, no geographic information on Employee Survey respondents is included in the PUF, as specified in the Disclosure Limitation Methods of the OMB materials for this survey (see below).

Variables with fewer than five respondents were suppressed to ensure respondent privacy.

The following survey questions/responses were suppressed due to small cell size:
- Section A:

- o First Loop of A7
- o Second Loop of A5A A7 A9 A9A A19A
- Section B:
  - o First Loop of B6A B8 B10 B10A B10B
  - o Second Loop of B6A B8 B10 B10A B10B
  - o Third Loop of B6A B7 B8 B10 B10A B10B B11 B12 B13
  - o B16
  - o B19B
  - o B19C
  - o B19E
  - o B19G

The following survey questions/responses were modified:
- For A5 and B6, a new code 21 was developed which encompasses "new child" related activities when small cell size hampered the finer gradation of codes 2 through 10.
- For A23, new code 4 combines codes 2 and 3.
- For A8 and B9, new age codes were developed.
- Throughout the Employee Survey PUF, the code 20 is used in order to collapse small cells and has the value of 'Other Listed Response' indicating the answer is among the choice of answers listed in the Employee Survey question.
- Survey questions that asked respondents about time were categorized into units of "days" as follows:
  - o Converting minutes to 1 day = x minutes/480 (60 minutes*8 hours)
  - o Converting hours to 1 day = x hours/8
  - o 1 day = 1 day
  - o Converting weeks to 1 day = x week*5
  - o Converting months to 1 day = x month*22.5 (4.5 weeks*5days)

New Variables

- The variable EMPID is a unique identifier for each Employee Survey respondent
- The following variables were created for the Employee Survey PUF from information in the screener pertaining to the survey respondent:
  - o AGE_CAT
  - o Gender_CAT
  - o Leave_CAT

Employee Survey Codebook

Each entry in the codebook below has four parts:
- variable name,
- variable label,
- type of variable (i.e., numeric or categorical),
- listing of all values for the variable.

Appendix A: Disclosure Limitation Methods

This section reproduces the discussion of disclosure limitation methods from Part B of the project's OMB package (OMB Control Number: 1235-0026).

Public use files (PUF) for both the Employee Survey and Worksite Survey will be made available after completion of the data collection. We will implement a disclosure limitation protocol for each survey so that the PUF fully protects respondent privacy.

The risk of disclosure in either the Employee Survey or the Worksite Survey is extremely low for the following reasons:

(1) **No sampling frame information, contact information, or other person or establishment identifying information will be included in the PUFs.** *It will not be possible to link the survey records to administrative data. Each record will have a unique case ID, but that value will be randomly assigned and will carry no information about the record.*

(2) **No geographic variables will be included in either PUF.** *The surveys are designed for national-level analysis rather than sub-national analysis. Eliminating geographic detail is one of the most effective methods for limiting disclosure risk.*

(3) **The surveys are cross-sectional rather than longitudinal, and they do not feature clustering in the sample designs.**

(4) **The sampling fractions in both surveys are extremely small.** *In the Employee Survey cell RDD and landline RDD frames, the expected sampling fractions are 0.00010 and 0.00046, respectively. In the Worksite Survey, the expected sampling fraction is 0.00020. Surveys with very small sampling fractions entail a lower risk of disclosure that surveys with larger sampling fractions.*

(5) **Sample design variables will not be released.** *Replicate weights will be provided so that data users can account for the complex nature of the sample designs. When replicate weights are provided, it is not necessary to provide sample design variables, such as PSU or stratum.*

According to guidelines published by the Federal Committee on Statistical Methodology Report on Statistical Disclosure Methodology (2005) and the National Center for Health Statistics Staff Manual on Confidentiality (2004) these properties of the Employee and Worksite Surveys reduce the risk of disclosure limitation.

Below we describe the specific additional steps that will be taken to ensure that the data released in the PUFs fully protect respondent privacy. We will employ variable suppression, rounding, top-coding, bottom-coding, and other data coarsening as needed so that no identifying values are released in the PUFs. We prefer these techniques over data swapping because for variables like respondent age, recoding has been shown to improve protection more than random data swapping (Reiter 2005).

Employee Survey

Basic demographic variables are often the most susceptible to matching. In order to make sure that no identifying values are release, we will make the following manipulations to the Employee Survey dataset. These manipulations are in addition to the disclosure limitation procedures mentioned above.

D1	*We will collapse the cells for "GED" and "High school graduate." Having a GED is a fairly rare characteristic.*
D4	*The variables D4h and D4j will be suppressed (not included in the PUF). These variables detail relatively small income categories. The lowest income classification will, thus, be under $20,000 and the highest will be $100,000 or above. Specifically, we will bottom-code income. The top code ($100,000 or above) is not a rare characteristic and will not be manipulated.*
D6	*The "Native Hawaiian or Pacific Islander" cell will be collapsed with the cell for "Some other race." The incidence of that group is very low (0.3% of the US population), meaning that it could potentially be an identifying variable if used in conjunction with other variables.*
D7	*The number of children under 18 in the respondent's care will be top coded at 4 or more children. Employees with 5 or more children in their care are relatively rare and potentially identifiable.*
D8	*The number of people over age 65 in the respondent's care will be top coded at 3 or more. Employees with 3 or more people over age 65 in their care are relatively rare and potentially identifiable.*
D12	*The continuous variable for age of spouse/partner will be suppressed. We will instead provide a categorical variable with age values: 18 to 34, 35 to 49, 50 to 64, and 65 or over.*
D13	*ZIP code (and all other geographic or personally identifying information) will not be released.*
END3	*Name and address (and all other geographic or personally identifying information) will not be released.*

Screener data (S1 through T6) collected for household members other than the selected respondent will not be included in the PUF. The main sections of the questionnaire contain a series of questions asking about the start dates (month and year), stop dates (month and year), and reasons why respondents took leave from work. Given that this type of information may be known by numerous people in the respondent's life and some combinations of values may be quite rare, these variables pose a disclosure risk. We propose to suppress all variables containing the month/year of a leave beginning or ending. Instead, we will report the duration of the leave in a specially-constructed variable.

A4   The number of total reasons the respondent took leave will be top coded
            so that larger values are not personal identifiable information.

A8   The age of the care patient will be top coded so that larger values are
            not personal identifiable information.

A13   Month/Year of leave start will be suppressed.

A15   The number of separate blocks of time taken off work for the leave will
            be top coded so that larger values are not personal identifiable
            information.

A16   Month/Year of leave start will be suppressed.

A17   Month/Year of leave end will be suppressed.

A34   Amount paid for medical certification will be coarsened into broad
            categories.

A40   Amount paid for medical re-certification will be coarsened into broad
            categories.

B4   Number of times leave was needed but not taken will be top coded so that
            larger values are not personal identifiable information.

B5   Number of times leave was needed but not taken will be top coded so that
            larger values are not personal identifiable information.

B9   The age of the care patient will be top coded so that larger values are
            not personal identifiable information.

B14   Number of times leave was needed will be top coded so that larger
            values are not personal identifiable information.

*In addition to these pre-identified data edits, we will review the final data for rare
responses. As necessary, we will recode so that no single response category or
combination of closely related response categories has an unweighted frequency below
five.*

Worksite Survey

*No screener data (S1 through S21) will be included in the PUF. The following
manipulations will be made in addition to the disclosure limitation procedures mentioned
above.*

Q1   Values will be coarsened and reported only as a categorical variable
            with no establishment identifying values.

Q2   Values will be coarsened and reported only as a categorical variable
            with no establishment identifying values.

Q3   *Values will be coarsened and reported only as a categorical variable with no establishment identifying values.*

Q4   *This variable will be suppressed. Its function is procedural not substantive.*

Q5   *This variable will be suppressed. Values could potentially identify an establishment.*

Q6   *Union participation will be reported only as a percentage.*

Q6a   *Union participation will be reported only as a percentage.*

Q7   *Female work force will be reported only as a percentage.*

Q8   *Employees working for at least one year will be reported only as a percentage.*

Q9   *Employees working who worked at least 1,250 hours will be reported only as a percentage.*

Q16x2   *Values will be coarsened and reported only as a categorical variable with no establishment identifying values.*

Q16x4   *Values will be coarsened and reported only as a categorical variable with no establishment identifying values.*

Q16x5   *Values will be coarsened and reported only as a categorical variable with no establishment identifying values.*

Q19   *This will be reported only as a percentage.*

Q20   *Values will be coarsened and reported only as a categorical variable with no establishment identifying values.*

Q21   *This will be reported only as a percentage.*

Q24   *This will be reported only as a percentage.*

Q26   *Values will be coarsened and reported only as a categorical variable with no establishment identifying values.*

Q27   *Values will be coarsened and reported only as a categorical variable with no establishment identifying values.*

Q29   *This will be reported only as a percentage.*

Q31   *This will be reported only as a percentage.*

Q33   *This will be reported only as a percentage.*

Q46   *Values will be coarsened and reported only as a categorical variable*

with no establishment identifying values.

Q58   *Values will be coarsened and reported only as a categorical variable with no establishment identifying values.*

Q59   *Values will be coarsened and reported only as a categorical variable with no establishment identifying values.*

Q60   *Values will be coarsened and reported only as a categorical variable with no establishment identifying values.*

Again, in addition to these pre-identified data edits, we will review the final data for rare responses. As necessary, we will recode so that no single response category or combination of closely related response categories has an unweighted frequency below five.

Appendix B: Worksite Survey Codebook and Survey Instrument

2012 Revised Worksite Survey Codebook

Variable Name Variable Label
    Type
    Variable Values

WORKID   WORKID. Respondent ID
    Type: Numeric
1-1812   Range of Answers

Q1_changed_by_Q3   Q1 initial response altered by respondent's answer to Q3
    Type: Numeric

Frequency	Percent	Response
1795	99.06	.
17	0.94	1 =Altered

Q1_CAT   Q1. Number of employees currently on payroll
    Type: Numeric

Frequency	Percent	Response
388	21.41	1 =1-10
234	12.91	2 =11-24
231	12.75	3 =25-49
241	13.30	4 =50-99
252	13.91	5 =100-250
230	12.69	6 =251-999
236	13.02	7 =1,000+

Q2_CAT   Q2. Number of employees at work site
    Type: Numeric

Frequency	Percent	Response
470	25.94	1 =1-10
293	16.17	2 =11-24
272	15.01	3 =25-49
265	14.62	4 =50-99
221	12.20	5 =100-250
185	10.21	6 =251-999
106	5.85	7 =1,000+

Q3_CAT   Q3. Number of employees within 75 miles, (including worksite)
    Type: Numeric

Frequency	Percent	Response
420	23.18	1 =1-10
266	14.68	2 =11-24
243	13.41	3 =25-49
304	16.78	4 =50-99
262	14.46	5 =100-250
207	11.42	6 =251-999
110	6.07	7 =1,000+

Q4_CAT   Q4_CAT. Organization's main industry
    Type: Numeric

Frequency	Percent	Response
376	20.75	1 =Manufacturing
408	22.52	2 =Retail
409	22.57	3 =Services
619	34.16	4 =Other

Q6_ PCT   Q6_PCT. Percent of unionized employees
      Type: Numeric
11   Blanks
0-100   Range of Answers

Q6A   Q6A. Any unionized employees across all sites.
                      Type: Numeric

Frequency	Percent	Response
198	10.93	.
98	5.41	1 =Yes
1516	83.66	2 =No

Q7_ PCT   Q7_PCT. Percent of female employees
      Type: Numeric
37   Blanks
0-100   Range of Answers

Q8_ PCT   Q8_PCT. Percent of employees that have worked at your organization for at least one year
      Type: Numeric
47   Blanks
0-100   Range of Answers

Q9_ PCT   Q9_PCT. Of employees working at least one year, percent that have worked at lease 1250 hours in the past year
      Type: Numeric
85   Blanks
0-100   Range of Answers

Q10_1   Q10_1. Time increments employees record their work time…Minutes
      Type: Numeric

Frequency	Percent	Response
938	51.77	0 =Not Checked
874	48.23	1 =Checked

Q10_2   Q10_2. Time increments employees record their work time…Hours
      Type: Numeric

Frequency	Percent	Response
836	46.14	0 =Not Checked
976	53.86	1 =Checked

Q10_3   Q10_3. Time increments employees record their work time…Not required to record work time
      Type: Numeric

Frequency	Percent	Response
1593	87.91	0 =Not Checked
219	12.09	1 =Checked

Q11_A   Q11_A. Number of employees provided paid sick leave
      Type: Numeric

Frequency	Percent	Response
21	1.16	.
549	30.30	1 =All
386	21.30	2 =Most
308	17.00	3 =Some
548	30.24	4 =None

Q11_B   **Q11_B. Number of employees provided paid disability leave**
    Type: Numeric

Frequency	Percent	Response
50	2.76	.
441	24.34	1 =All
281	15.51	2 =Most
213	11.75	3 =Some
827	45.64	4 =None

Q11_C   **Q11_C. Number of employees provided paid vacation**
    Type: Numeric

Frequency	Percent	Response
16	0.88	.
813	44.87	1 =All
451	24.89	2 =Most
302	16.67	3 =Some
230	12.69	4 =None

Q11_D   **Q11_D. Number of employees provided paid maternity leave**
    Type: Numeric

Frequency	Percent	Response
44	2.43	.
346	19.09	1 =All
193	10.65	2 =Most
190	10.49	3 =Some
1039	57.34	4 =None

Q11_E   **Q11_E. Number of employees provided paid paternity leave**
    Type: Numeric

Frequency	Percent	Response
56	3.09	.
215	11.87	1 =All
133	7.34	2 =Most
140	7.73	3 =Some
1268	69.98	4 =None

Q11_F   **Q11_F. Number of employees provided flex time**
    Type: Numeric

Frequency	Percent	Response
48	2.65	.
221	12.20	1 =All
79	4.36	2 =Most
280	15.45	3 =Some
1184	65.34	4 =None

Q11_G   **Q11_G. Number of employees provided any other paid time off**
    Type: Numeric

Frequency	Percent	Response
36	1.99	.
272	15.01	1 =All
200	11.04	2 =Most
157	8.66	3 =Some
1147	63.30	4 =None

Q11_1   **Q11_1. Number of employees provided 'paid time off'**
     Type: Numeric

Frequency	Percent	Response
861	47.52	.
45	2.48	1 =All
260	14.35	2 =Most
217	11.98	3 =Some
429	23.68	4 =None

Q14_A   **Q14_A. Number of employees allowed to take leave…to attend a child's school meeting**
     Type: Numeric

Frequency	Percent	Response
34	1.88	.
1302	71.85	1 =All
197	10.87	2 =Most
122	6.73	3 =Some
157	8.66	4 =None

Q14_B   **Q14_B. Number of employees allowed to take leave…for elder care reasons**
     Type: Numeric

Frequency	Percent	Response
46	2.54	.
1262	69.65	1 =All
209	11.53	2 =Most
126	6.95	3 =Some
169	9.33	4 =None

Q14_C   **Q14_C. Number of employees allowed to take leave…for the employee's or his or her family members' routine medical appointments**
     Type: Numeric

Frequency	Percent	Response
40	2.21	.
1335	73.68	1 =All
192	10.60	2 =Most
120	6.62	3 =Some
125	6.90	4 =None

Q14_D   **Q14_D. Number of employees allowed to take leave…for non-routine medical appointments**
     Type: Numeric

Frequency	Percent	Response
32	1.77	.
1373	75.77	1 =All
190	10.49	2 =Most
115	6.35	3 =Some
102	5.63	4 =None

Q15   **Q15. Company uses a point or demerit system to track unscheduled absences**
     Type: Numeric

Frequency	Percent	Response
15	0.83	.
441	24.34	1 =Yes, for all employees
121	6.68	2 =Yes, for some employees
1122	61.92	3 =No
113	6.24	4 =Depends on circumstances

Q16_A   **Q16_A. Site's policies allow FMLA for…the care of a newborn**
Type: Numeric

Frequency	Percent	Response
25	1.38	.
1530	84.44	1 =Yes
100	5.52	2 =No
157	8.66	3 =Depends on circumstances

Q16_B   **Q16_B. Site's polices allow FMLA for…an adoption or foster care placement**
Type: Numeric

Frequency	Percent	Response
47	2.59	.
1426	78.70	1 =Yes
141	7.78	2 =No
198	10.93	3 =Depends on circumstances

Q16_C   **Q16_C. Site's policies allow FMLA for…an employee's own serious health condition…not including maternity related reasons**
Type: Numeric

Frequency	Percent	Response
17	0.94	.
1632	90.07	1 =Yes
70	3.86	2 =No
93	5.13	3 =Depends on circumstances

Q16_D   **Q16_D. Site's policies allow FMLA for…a pregnancy related reason**
Type: Numeric

Frequency	Percent	Response
25	1.38	.
1564	86.31	1 =Yes
108	5.96	2 =No
115	6.35	3 =Depends on circumstances

Q16_E   **Q16_E. Site's policies allow FMLA for…the care of a child, spouse, or parent with a serious health condition**
Type: Numeric

Frequency	Percent	Response
19	1.05	.
1580	87.20	1 =Yes
94	5.19	2 =No
119	6.57	3 =Depends on circumstances

Q16_F   **Q16_F. Site's policies allow FMLA for…care of a parent or spouse who is elderly**
Type: Numeric

Frequency	Percent	Response
27	1.49	.
1458	80.46	1 =Yes
116	6.40	2 =No
211	11.64	3 =Depends on circumstances

Q16_G   **Q16_G. Site's policies allow FMLA for…the care of a military service member with a serious injury or illness**
Type: Numeric

Frequency	Percent	Response
47	2.59	.
1491	82.28	1 =Yes
116	6.40	2 =No
158	8.72	3 =Depends on circumstances

Q16_H   **Q16_H. Site's policies allow FMLA for…reasons related to the deployment of a military service member**
    Type: Numeric

Frequency	Percent	Response
59	3.26	.
1457	80.41	1 =Yes
132	7.28	2 =No
164	9.05	3 =Depends on circumstances

Q16X_1   **Q16X_1. Site's leave policies cover guardians and caregivers of a child regardless of their legal or biological relationship to a child**
    Type: Numeric

Frequency	Percent	Response
250	13.80	.
1218	67.22	1 =Yes
344	18.98	2 =No

Q16x_2_CAT   **Q16X_2_CAT. How much notification is needed for foreseeable absences…Days**
    Type: Numeric

Frequency	Percent	Response
195	10.76	.
419	23.12	0 =0 Days
90	4.97	1 =>0 but less than 1 Day
133	7.34	2 =1 Day
62	3.42	3 =>1 to 2 Days
117	6.46	4 =>2 to 4 Days
179	9.88	5 =>4 to 6 Days
236	13.02	6 =>6 to 10 Days
381	21.03	7 =More than 10 Days

Q16X_3   **Q16X_3. Does this site have a written policy for taking family and medical leave**
    Type: Numeric

Frequency	Percent	Response
109	6.02	.
1231	67.94	1 =Yes
472	26.05	2 =No

Q16x_4_CAT   **Q16X_4_CAT. Minimum time increment employees are permitted to take for FMLA type leave…Days**
    Type: Numeric

Frequency	Percent	Response
287	15.84	.
647	35.71	0 =0 Days
531	29.30	1 =>0 but less than 1 Day
134	7.40	2 =1 Day
69	3.81	3 =>1 to 3 Days
37	2.04	4 =>3 to 5 Days
36	1.99	5 =>5 to 10 Days
71	3.92	6 =More than 10 Days

Q16X_5   **Q16X_5. Does this site provide full or partial pay during FMLA qualifying leave**
    Type: Numeric

Frequency	Percent	Response
143	7.89	.
291	16.06	1 =Yes, full
195	10.76	2 =Yes, partial
716	39.51	3 =No paid leave offered
467	25.77	4 =Other, please specify:

Q16x_6A_CAT   **Q16X_6A_CAT. Total time the site allows employees to take leave in a year for the care of a military service member with a serious injury or illness…Days**
Type: Numeric

Frequency	Percent	Response
469	25.88	.
410	22.63	0 =0 Days
142	7.84	1 =59 Days or less
308	17.00	2 =60 Days
93	5.13	3 =61 to 129 Days
301	16.61	4 =130 Days
89	4.91	5 =More than 130 Days

Q16x_6B_CAT   **Q16X_6B_CAT. How much TOTAL time does this site allow the employee to take leave in a year FOR ANY OF THE OTHER TYPES OF LEAVES …Days**
Type: Numeric

Frequency	Percent	Response
386	21.30	.
330	18.21	0 =0 Days
243	13.41	1 =59 Days or less
605	33.39	2 =60 Days
119	6.57	3 =61 to 129 Days
33	1.82	4 =130 Days
96	5.30	5 =More than 130 Days

Q16X_7   **Q16X_7. Are the health benefits that an employee receives while employed continued during these types of leave?**
Type: Numeric

Frequency	Percent	Response
130	7.17	.
1338	73.84	1 =Yes
85	4.69	2 =No
259	14.29	3 =No health benefits offered

Q16X_8   **Q16X_8. Is there a guarantee for same or equivalent job upon return from these types of leave?**
Type: Numeric

Frequency	Percent	Response
135	7.45	.
1542	85.10	1 =Yes
135	7.45	2 =No

Q17   **Q17. Does the FMLA apply, does it not apply, are are you not sure if it applies**
Type: Numeric

Frequency	Percent	Response
7	0.39	.
988	54.53	1 =Applies
478	26.38	2 =Does not apply
339	18.71	3 =Not sure

Q18   **Q18. Company processes FMLA requests internally or utilize third party**
Type: Numeric

Frequency	Percent	Response
836	46.14	.
857	47.30	1 =Internally
103	5.68	2 =Outsource to a third party
16	0.88	3 =Other

Q19_999   **Q19_999. Skipped/Refused to answer Q19. Number of employees who took leave classified as being under FMLA**
   Type: Numeric

Frequency	Percent	Response
1762	97.24	.
50	2.76	1 =Checked

Q19_PCT   **Q19_PCT. Percent of employees of worksite who took leave classified as being under FMLA**
   Type: Numeric

874	Blanks
0-100	Range of Answers

Q20_CAT   **Q20. Total number of separate leaves taken in the same time period**
   Type: Numeric

Frequency	Percent	Response
1317	72.68	.
240	13.25	1 =1 - 5 leaves
62	3.42	2 =6 - 10 leaves
102	5.63	3 =11 - 50 leaves
91	5.02	4 =More than 50 leaves

Q21_PCT   **Q21_PCT. Percentage of employees that took leave on an intermittent basis**
   Type: Numeric

1204	Blanks
0-100	Range of Answers

Q21A   **Q21A. Ease or dificulty of administering intermittent leave**
   Type: Numeric

Frequency	Percent	Response
1467	80.96	.
24	1.32	1 =Very easy
76	4.19	2 =Somewhat easy
58	3.20	3 =Neither easy or difficult
130	7.17	4 =Somewhat difficult
57	3.15	5 =Very difficult

Q22   **Q22. Workers permitted to rejoin mid-shift or require employee to take the entire shift as leave**
   Type: Numeric

Frequency	Percent	Response
1198	66.11	.
377	20.81	1 =Rejoin mid-shift
55	3.04	2 =Require entire shift as leave
45	2.48	3 =Depends on supervisor
137	7.56	4 =This establishment does not have shift workers

Q23   **Q23. Number of employees who did not return to work for same employer after leave**
   Type: Numeric

Frequency	Percent	Response
1181	65.18	.
221	12.20	1 =Yes
403	22.24	2 =No
7	0.39	999 =Skipped

Q24_PCT   **Q24_PCT. Percent of employees who chose not to return to work**
    Type: **Numeric**
1598   Blanks
0-100   Range of Answers

Q25   **Q25. Number of leaves taken under FMLA that are given with notice from the employee that is consistent with the company's policies**
    Type: **Numeric**

Frequency	Percent	Response
1186	65.45	.
291	16.06	1 =All
215	11.87	2 =Most
49	2.70	3 =About half
62	3.42	4 =Some
9	0.50	5 =None

Q26_CAT   **Q26_CAT. Number of medical certifications for FMLA leave accepted as complete and sufficient at this location**
    Type: **Numeric**

Frequency	Percent	Response
1207	66.61	.
38	2.10	0 =0 certificates
98	5.41	1 =1 certificate
79	4.36	2 =2 certificates
75	4.14	3 =3 - 4 certificates
107	5.91	4 =5 - 10 certificates
55	3.04	5 =10 - 20 certificates
153	8.44	6 =More than 20 certificates

Q26A_CAT **Q26A_CAT. Number of medical certifications for FMLA leave that were returned to the employee to provide additional information at this location**
    Type: **Numeric**

Frequency	Percent	Response
1217	67.16	.
407	22.46	0 =0 certificates
37	2.04	1 =1 certificate
28	1.55	2 =2 certificates
33	1.82	3 =3 - 4 certificates
45	2.48	4 =5 - 10 certificates
17	0.94	5 =10 - 20 certificates
28	1.55	6 =More than 20 certificates

Q27_CAT   **Q27_CAT. Number of FMLA leave applications denied for any reason**
    Type: **Numeric**

Frequency	Percent	Response
850	46.91	.
190	10.49	1 =All, Most, Some
772	42.60	4 =None

Q28_CAT   **Q28_CAT. Have eligible employees been denied Family and Medical Leave because they used their entire time allotment covered by FMLA**
    Type: **Numeric**

Frequency	Percent	Response
1624	89.62	.
117	6.46	1 =Yes, all, most, some employees
71	3.92	4 =No, no employees

Q30   **Q30. Have eligible employees been denied Family and Medical Leave because FMLA did not cover the reason for their leave**
   Type: Numeric

Frequency	Percent	Response
1623	89.57	.
114	6.29	3 =Some
75	4.14	4 =None

Q32_CAT   **Q32_CAT. Have any eligible employees been denied Family and Medical Leave because they did not meet the establishment's notice requirements**
   Type: Numeric

Frequency	Percent	Response
1622	89.51	.
25	1.38	1 =All, Most, Some
165	9.11	4 =None

Q34_CAT   **Q34_CAT. Frequency that the worksite requires medical certification for employees that request FMLA leave**
   Type: Numeric

Frequency	Percent	Response
839	46.30	.
693	38.25	1 =Always
119	6.57	2 =Most of the time
98	5.41	4 =Half the time, Sometimes
63	3.48	5 -Never

Q35   **Q35. Establishment contacts employees' health care providers as part of the certification process**
   Type: Numeric

Frequency	Percent	Response
909	50.17	.
114	6.29	1 =Yes
496	27.37	2 =No
293	16.17	3 =Depends

Q36   **Q36. Who makes contact with employee's health care providers**
   Type: Numeric

Frequency	Percent	Response
1405	77.54	.
47	2.59	1 =A third-party verification company
285	15.73	2 =HR personnel
26	1.43	3 =Manager
8	0.44	4 =Employees' direct supervisor
41	2.26	5 =Someone else, please specify:

Q37   **Q37. Frequency that employer requires re-certification**
   Type: Numeric

Frequency	Percent	Response
976	53.86	.
254	14.02	1 =Less frequently than every 6 months
205	11.31	2 =Every 6 months
145	8.00	3 =More frequently than every 6 months
232	12.80	4 =Never

Q38   Q38. Frequency that employer requires a fitness-for-duty certification
    Type: Numeric

Frequency	Percent	Response
908	50.11	.
582	32.12	1 =Always
86	4.75	2 =Most of the time
7	0.39	3 =Half the time
142	7.84	4 =Sometimes
87	4.80	5 =Never

Q39_1_A   Q39_1_A. Establishment or employer pays for…Initial medical certification
    Type: Numeric

Frequency	Percent	Response
887	48.95	.
851	46.96	0 =Not Checked
74	4.08	1 =Checked

Q39_1_B   Q39_1_B. Establishment or employer pays for…Re-certification
    Type: Numeric

Frequency	Percent	Response
887	48.95	.
822	45.36	0 =Not Checked
103	5.68	1 =Checked

Q39_1_C   Q39_1_C. Establishment or employer pays for…Second or third certifications
    Type: Numeric

Frequency	Percent	Response
887	48.95	.
742	40.95	0 =Not Checked
183	10.10	1 =Checked

Q39_1_D   Q39_1_D. Establishment or employer pays for…Fitness for duty certification
    Type: Numeric

Frequency	Percent	Response
887	48.95	.
778	42.94	0 =Not Checked
147	8.11	1 =Checked

Q39_1_E   Q39_1_E. Establishment or employer pays for…Insufficient certification correction
    Type: Numeric

Frequency	Percent	Response
887	48.95	.
855	47.19	0 =Not Checked
70	3.86	1 =Checked

Q39_2_A   Q39_2_A. Employee pays for…Initial medical certification
    Type: Numeric

Frequency	Percent	Response
887	48.95	.
428	23.62	0 =Not Checked
497	27.43	1 =Checked

Q39_2_B   Q39_2_B. Employee pays for…Re-certification
Type: Numeric

Frequency	Percent	Response
887	48.95	.
455	25.11	0 =Not Checked
470	25.94	1 =Checked

Q39_2_C   Q39_2_C. Employee pays for…Second or third certification
Type: Numeric

Frequency	Percent	Response
887	48.95	.
555	30.63	0 =Not Checked
370	20.42	1 =Checked

Q39_2_D   Q39_2_D. Employee pays for…Fitness for duty certification
Type: Numeric

Frequency	Percent	Response
887	48.95	.
495	27.32	0 =Not Checked
430	23.73	1 =Checked

Q39_2_E   Q39_2_E. Employee pays for…Insufficient certification correction
Type: Numeric

Frequency	Percent	Response
887	48.95	.
470	25.94	0 =Not Checked
455	25.11	1 =Checked

Q39_3_A   Q39_3_A. Employee's insurance pays for…Initial medical certification
Type: Numeric

Frequency	Percent	Response
887	48.95	.
489	26.99	0 =Not Checked
436	24.06	1 =Checked

Q39_3_B   Q39_3_B. Employee's insurance pays for…Re-certification
Type: Numeric

Frequency	Percent	Response
887	48.95	.
531	29.30	0 =Not Checked
394	21.74	1 =Checked

Q39_3_C   Q39_3_C. Employee's insurance pays for…Second or third certifications
Type: Numeric

Frequency	Percent	Response
887	48.95	.
609	33.61	0 =Not Checked
316	17.44	1 =Checked

Q39_3_D   Q39_3_D. Employee's insurance pays for…Fitness for duty certification
Type: Numeric

Frequency	Percent	Response
887	48.95	.
573	31.62	0 =Not Checked
352	19.43	1 =Checked

Q39_3_E   Q39_3_E. Employee's insurance pays for…Insufficient certification correction
    Type: Numeric

Frequency	Percent	Response
887	48.95	.
619	34.16	0 =Not Checked
306	16.89	1 =Checked

Q39_4_A   Q39_4_A. Other source pays for…Initial medical certification
    Type: Numeric

Frequency	Percent	Response
887	48.95	.
901	49.72	0 =Not Checked
24	1.32	1 =Checked

Q39_4_B   Q39_4_B. Other source pays for…Re-certification
    Type: Numeric

Frequency	Percent	Response
887	48.95	.
899	49.61	0 =Not Checked
26	1.43	1 =Checked

Q39_4_C   Q39_4_C. Other source pays for…Second or third certification
    Type: Numeric

Frequency	Percent	Response
887	48.95	.
891	49.17	0 =Not Checked
34	1.88	1 =Checked

Q39_4_D   Q39_4_D. Other source pays for…Fitness for duty certification
    Type: Numeric

Frequency	Percent	Response
887	48.95	.
893	49.28	0 =Not Checked
32	1.77	1 =Checked

Q39_4_E   Q39_4_E. Other source pays for…Insufficient certification correction
    Type: Numeric

Frequency	Percent	Response
887	48.95	.
876	48.34	0 =Not Checked
49	2.70	1 =Checked

Q40_PCT   Q40_PCT Percent of leaves suspected were misused
    Type: Numeric

1326   Blanks
0-100   Range of Answers

Q41_1   Q41_1. Suspect misuse…Used to cover tardiness
    Type: Numeric

Frequency	Percent	Response
1694	93.49	.
59	3.26	0 =Not Checked
59	3.26	1 =Checked

Q41_2   **Q41_2. Suspect misuse…Used leave to cover tardiness**
   Type: Numeric

Frequency	Percent	Response
1694	93.49	.
94	5.19	0 =Not Checked
24	1.32	1 =Checked

Q41_3   **Q41_3. Suspect misuse…Used common excuses or doubting reason for leave**
   Type: Numeric

Frequency	Percent	Response
1694	93.49	.
70	3.86	0 =Not Checked
48	2.65	1 =Checked

Q41_4   **Q41_4. Suspect misuse…Doubt the validity of a certification**
   Type: Numeric

Frequency	Percent	Response
1694	93.49	.
82	4.53	0 =Not Checked
36	1.99	1 =Checked

Q41_5   **Q41_5. Suspect misuse…Frequent leave with short or no advance notice provided or intermittent leave in general**
   Type: Numeric

Frequency	Percent	Response
1694	93.49	.
69	3.81	0 =Not Checked
49	2.70	1 =Checked

Q41_6   **Q41_6. Suspect misuse…Past experience with employee**
   Type: Numeric

Frequency	Percent	Response
1694	93.49	.
58	3.20	0 =Not Checked
60	3.31	1 =Checked

Q41_7   **Q41_7. Suspect misuse…Some other reason**
   Type: Numeric

Frequency	Percent	Response
1694	93.49	.
103	5.68	0 =Not Checked
15	0.83	1 =Checked

Q42   **Q42. Have you ever confirmed an employee's misuse of FMLA**
   Type: Numeric

Frequency	Percent	Response
832	45.92	.
98	5.41	1 =Yes
882	48.68	2 =No

Q43_A   **Q43_A. Disciplinary action for misuse...Absence counted against the employee on point system**
   Type: Numeric

Frequency	Percent	Response
1722	95.03	.
46	2.54	1 =Yes
44	2.43	2 =No

Q43_B **Q43_B. Disciplinary action for misuse...The employee given a verbal warning**
Type: Numeric

Frequency	Percent	Response
1723	95.09	.
39	2.15	1 =Yes
50	2.76	2 =No

Q43_C **Q43_C. Disciplinary action for misuse...The employee was given a written warning**
Type: Numeric

Frequency	Percent	Response
1723	95.09	.
38	2.10	1 =Yes
51	2.81	2 =No

Q43_D **Q43_D. Disciplinary action for misuse...The employee was suspended**
Type: Numeric

Frequency	Percent	Response
1723	95.09	.
15	0.83	1 =Yes
74	4.08	2 =No

Q43_E **Q43_E. Disciplinary action for misuse...The employee was terminated**
Type: Numeric

Frequency	Percent	Response
1724	95.14	.
36	1.99	1 =Yes
52	2.87	2 =No

Q43_F **Q43_F. Disciplinary action for misuse...Other**
Type: Numeric

Frequency	Percent	Response
1754	96.80	.
8	0.44	1 =Yes
50	2.76	2 =No

Q44_A **Q44_A. Are eligible employees...Provided with written guidance on how the Act is coordinated with existing policies**
Type: Numeric

Frequency	Percent	Response
855	47.19	.
817	45.09	1 =Yes
72	3.97	2 =No
68	3.75	3 =Depends on circumstances

Q44_B **Q44_B. Are eligible employees...Provided with written notice of how much of the leave taken was counted as FMLA leave**
Type: Numeric

Frequency	Percent	Response
857	47.30	.
723	39.90	1 =Yes
111	6.13	2 =No
121	6.68	3 =Depends on circumstances

Q44_C   **Q44_C. Are eligible employees...Required to use their paid leave before taking unpaid leave**
    Type: Numeric

Frequency	Percent	Response
844	46.58	.
551	30.41	1 =Yes
308	17.00	2 =No
109	6.02	3 =Depends on circumstances

Q44_D   **Q44_D. Are eligible employees...Ever offered alternative work arrangements instead of leave**
    Type: Numeric

Frequency	Percent	Response
862	47.57	.
357	19.70	1 =Yes
301	16.61	2 =No
292	16.11	3 =Depends on circumstances

Q45_1   **Q45_1. Types of employees considered to be eligible for FMLA leave...Senior managers, professional staff**
    Type: Numeric

Frequency	Percent	Response
824	45.47	.
255	14.07	0 =Not Checked
733	40.45	1 =Checked

Q45_2   **Q45_2. Types of employees considered to be eligible for FMLA leave...Staff who have worked a sufficient number of hours at the company**
    Type: Numeric

Frequency	Percent	Response
824	45.47	.
44	2.43	0 =Not Checked
944	52.10	1 =Checked

Q45_3   **Q45_3. Types of employees considered to be eligible for FMLA leave...Hourly staff**
    Type: Numeric

Frequency	Percent	Response
824	45.47	.
262	14.46	0 =Not Checked
726	40.07	1 =Checked

Q45_4   **Q45_4. Types of employees considered to be eligible for FMLA leave...None of these**
    Type: Numeric

Frequency	Percent	Response
824	45.47	.
979	54.03	0 =Not Checked
9	0.50	1 =Checked

Q46_1   **Q46_1. Do you offer same leave benefits to ineligible employees because they are...Senior managers, Professional staff**
    Type: Numeric

Frequency	Percent	Response
1122	61.92	.
222	12.25	1 =Yes
468	25.83	2 =No

Q46_2   **Q46_2. Do you offer same leave benefits to ineligible employees because they are...Staff who have at least a certain number of hours at the company**
Type: Numeric

Frequency	Percent	Response
923	50.94	.
395	21.80	1 =Yes
494	27.26	2 =No

Q46_3   **Q46_3. Do you offer same leave benefits to ineligible employees because they are...Hourly staff**
Type: Numeric

Frequency	Percent	Response
1127	62.20	.
288	15.89	1 =Yes
397	21.91	2 =No

Q47_1   **Q47_1. Sources of information on FMLA…U.S. Department of Labor**
Type: Numeric

Frequency	Percent	Response
824	45.47	.
185	10.21	0 =Not Checked
803	44.32	1 =Checked

Q47_2   **Q47_2. Sources of information on FMLA...The media**
Type: Numeric

Frequency	Percent	Response
824	45.47	.
855	47.19	0 =Not Checked
133	7.34	1 =Checked

Q47_3   **Q47_3. Sources of information on FMLA...A trade group**
Type: Numeric

Frequency	Percent	Response
824	45.47	.
667	36.81	0 =Not Checked
321	17.72	1 =Checked

Q47_4   **Q47_4. Sources of information on FMLA...An attorney or consultant**
Type: Numeric

Frequency	Percent	Response
824	45.47	.
413	22.79	0 =Not Checked
575	31.73	1 =Checked

Q47_5   **Q47_5. Sources of information on FMLA...A union**
Type: Numeric

Frequency	Percent	Response
824	45.47	.
948	52.32	0 =Not Checked
40	2.21	1 =Checked

Q47_6   **Q47_6. Sources of information on FMLA...Your employees**
Type: Numeric

Frequency	Percent	Response
824	45.47	.
885	48.84	0 =Not Checked
103	5.68	1 =Checked

Q47_7   **Q47_7. Sources of information on FMLA...Existing company policies**
  Type: Numeric

Frequency	Percent	Response
824	45.47	.
250	13.80	0 =Not Checked
738	40.73	1 =Checked

Q47_8   **Q47_8. Sources of information on FMLA...Some other source**
  Type: Numeric

Frequency	Percent	Response
824	45.47	.
783	43.21	0 =Not Checked
205	11.31	1 =Checked

Q47_9   **Q47_9. Sources of information on FMLA...Do not use any source**
  Type: Numeric

Frequency	Percent	Response
824	45.47	.
975	53.81	0 =Not Checked
13	0.72	1 =Checked

Q48_1   **Q48_1. Which method do you use to inform employees of their rights under FMLA...Employee handbook**
  Type: Numeric

Frequency	Percent	Response
824	45.47	.
148	8.17	0 =Not Checked
840	46.36	1 =Checked

Q48_2   **Q48_2. Which method do you use to inform employees of their rights under FMLA...Notice on bulletin board**
  Type: Numeric

Frequency	Percent	Response
824	45.47	.
214	11.81	0 =Not Checked
774	42.72	1 =Checked

Q48_3   **Q48_3. Which method do you use to inform employees of their rights under FMLA...Memos**
  Type: Numeric

Frequency	Percent	Response
824	45.47	.
575	31.73	0 =Not Checked
413	22.79	1 =Checked

Q48_4   **Q48_4. Which method do you use to inform employees of their rights under FMLA...Computer network, Intranet or Email**
  Type: Numeric

Frequency	Percent	Response
824	45.47	.
514	28.37	0 =Not Checked
474	26.16	1 =Checked

Q48_5   **Q48_5. Which method do you use to inform employees of their rights under FMLA...Oral notification**
  Type: Numeric

Frequency	Percent	Response
824	45.47	.
428	23.62	0 =Not Checked
560	30.91	1 =Checked

Q48_6   **Q48_6. Which method do you use to inform employees of their rights under FMLA...Employee orientation or other meetings with employees**
   Type: Numeric

Frequency	Percent	Response
824	45.47	.
261	14.40	0 =Not Checked
727	40.12	1 =Checked

Q48_7   **Q48_7. Which method do you use to inform employees of their rights under FMLA...Some other method**
   Type: Numeric

Frequency	Percent	Response
824	45.47	.
869	47.96	0 =Not Checked
119	6.57	1 =Checked

Q48_8   **Q48_8. Which method do you use to inform employees of their rights under FMLA...Do not inform employees of their rights**
   Type: Numeric

Frequency	Percent	Response
824	45.47	.
981	54.14	0 =Not Checked
7	0.39	1 =Checked

Q49_A_CAT Q49_A_CAT. Cost of complying…Administrative costs
   Type: Numeric

Frequency	Percent	Response
879	48.51	.
393	21.69	1 =Yes, increased
540	29.80	2 =Yes, decreased or not changed

Q49_B_CAT Q49_B_CAT. Cost of complying…Cost of continuing benefits
   Type: Numeric

Frequency	Percent	Response
896	49.45	.
338	18.65	1 =Yes, increased
578	31.90	2 =Yes, decreased or not changed

Q49_C_CAT Q49_C_CAT.Cost of complying…Hiring/training costs
   Type: Numeric

Frequency	Percent	Response
887	48.95	.
242	13.36	1 =Yes, increased
683	37.69	2 =Yes, decreased or not changed

Q49_D_CAT Q49_D_CAT. Cost of complying…Other costs
   Type: Numeric

Frequency	Percent	Response
1634	90.18	.
74	4.08	1 =Yes, increased
104	5.74	2 =Yes, decreased or not changed

Q49_E_CAT Q49_E_CAT. Cost of complying…Any other costs
   Type: Numeric

Frequency	Percent	Response
1688	93.16	.
18	0.99	1 =Yes, increased
106	5.85	2 =Yes, decreased or not changed

Q50_A   **Q50_A. Ease of implementation..Coordinating state and federal leave policies**
  Type: Numeric

Frequency	Percent	Response
844	46.58	.
194	10.71	1 =Very easy
374	20.64	2 =Somewhat easy
204	11.26	3 =Somewhat difficult
64	3.53	4 =Very difficult
132	7.28	5 =Not applicable

Q50_B   **Q50_B. Ease of implementation..Coordinating the Act with other federal laws**
  Type: Numeric

Frequency	Percent	Response
839	46.30	.
181	9.99	1 =Very easy
374	20.64	2 =Somewhat easy
258	14.24	3 =Somewhat difficult
51	2.81	4 =Very difficult
109	6.02	5 =Not applicable

Q50_C   **Q50_C. Ease of implementation..Coordinating the Act with other leave policies**
  Type: Numeric

Frequency	Percent	Response
842	46.47	.
219	12.09	1 =Very easy
426	23.51	2 =Somewhat easy
188	10.38	3 =Somewhat difficult
42	2.32	4 =Very difficult
95	5.24	5 =Not applicable

Q50_D   **Q50_D. Ease of implementation..Coordinating the Act with employee attendance policies**
  Type: Numeric

Frequency	Percent	Response
843	46.52	.
227	12.53	1 =Very easy
392	21.63	2 =Somewhat easy
208	11.48	3 =Somewhat difficult
42	2.32	4 =Very difficult
100	5.52	5 =Not applicable

Q50_E   **Q50_E. Ease of implementation..Coordinating the Act with your Collective Bargaining Agreement**
  Type: Numeric

Frequency	Percent	Response
1592	87.86	.
38	2.10	1 =Very easy
74	4.08	2 =Somewhat easy
38	2.10	3 =Somewhat difficult
13	0.72	4 =Very difficult
57	3.15	5 =Not applicable

Q50_F   **Q50_F. Ease of implementation..Administering notification, designation, and certification requirements**
     Type: Numeric

Frequency	Percent	Response
841	46.41	.
223	12.31	1 =Very easy
405	22.35	2 =Somewhat easy
212	11.70	3 =Somewhat difficult
47	2.59	4 =Very difficult
84	4.64	5 =Not applicable

Q50_G   **Q50_G. Ease of implementation..Determining if a health condition is a serious health condition under FMLA**
     Type: Numeric

Frequency	Percent	Response
848	46.80	.
196	10.82	1 =Very easy
385	21.25	2 =Somewhat easy
231	12.75	3 =Somewhat difficult
45	2.48	4 =Very difficult
107	5.91	5 =Not applicable

Q51_A   **Q51_A. Helpfulness of FMLA provisions..The exception for highly paid key employees**
     Type: Numeric

Frequency	Percent	Response
865	47.74	.
103	5.68	1 =Very helpful
181	9.99	2 =Somewhat helpful
187	10.32	3 =Neither helpful nor unhelpful
24	1.32	4 =Somewhat unhelpful
15	0.83	5 =Very unhelpful
437	24.12	6 =Not applicable

Q51_B   **Q51_B. Helpfulness of FMLA provisions..Medical certifications**
     Type: Numeric

Frequency	Percent	Response
847	46.74	.
318	17.55	1 =Very helpful
321	17.72	2 =Somewhat helpful
101	5.57	3 =Neither helpful nor unhelpful
24	1.32	4 =Somewhat unhelpful
14	0.77	5 =Very unhelpful
187	10.32	6 =Not applicable

Q51_C   **Q51_C. Helpfulness of FMLA provisions..Second and third medical opinions**
     Type: Numeric

Frequency	Percent	Response
855	47.19	.
85	4.69	1 =Very helpful
227	12.53	2 =Somewhat helpful
178	9.82	3 =Neither helpful nor unhelpful
27	1.49	4 =Somewhat unhelpful
20	1.10	5 =Very unhelpful
420	23.18	6 =Not applicable

Q51_D **Q51_D. Helpfulness of FMLA provisions..Advance notice of foreseeable leave**
  Type: Numeric

Frequency	Percent	Response
845	46.63	.
292	16.11	1 =Very helpful
301	16.61	2 =Somewhat helpful
133	7.34	3 =Neither helpful nor unhelpful
35	1.93	4 =Somewhat unhelpful
22	1.21	5 =Very unhelpful
184	10.15	6 =Not applicable

Q51_E **Q51_E. Helpfulness of FMLA provisions..Transfer to an alternative position**
  Type: Numeric

Frequency	Percent	Response
854	47.13	.
124	6.84	1 =Very helpful
249	13.74	2 =Somewhat helpful
161	8.89	3 =Neither helpful nor unhelpful
27	1.49	4 =Somewhat unhelpful
25	1.38	5 =Very unhelpful
372	20.53	6 =Not applicable

Q51_F **Q51_F. Helpfulness of FMLA provisions..Medical recertification**
  Type: Numeric

Frequency	Percent	Response
846	46.69	.
218	12.03	1 =Very helpful
317	17.49	2 =Somewhat helpful
137	7.56	3 =Neither helpful nor unhelpful
22	1.21	4 =Somewhat unhelpful
14	0.77	5 =Very unhelpful
258	14.24	6 =Not applicable

Q51_G **Q51_G. Helpfulness of FMLA provisions..Fitness for duty certification**
  Type: Numeric

Frequency	Percent	Response
848	46.80	.
284	15.67	1 =Very helpful
299	16.50	2 =Somewhat helpful
119	6.57	3 =Neither helpful nor unhelpful
25	1.38	4 =Somewhat unhelpful
14	0.77	5 =Very unhelpful
223	12.31	6 =Not applicable

Q51_H **Q51_H. Helpfulness of FMLA provisions..Certification of leave related to the deployment of military service member**
  Type: Numeric

Frequency	Percent	Response
852	47.02	.
158	8.72	1 =Very helpful
211	11.64	2 =Somewhat helpful
122	6.73	3 =Neither helpful nor unhelpful
16	0.88	4 =Somewhat unhelpful
10	0.55	5 =Very unhelpful
443	24.45	6 =Not applicable

Q51_I   **Q51_I. Helpfulness of FMLA provisions..Certification of a serious injury or illness of a military service member**

Type: Numeric

Frequency	Percent	Response
852	47.02	.
148	8.17	1 =Very helpful
205	11.31	2 =Somewhat helpful
125	6.90	3 =Neither helpful nor unhelpful
15	0.83	4 =Somewhat unhelpful
10	0.55	5 =Very unhelpful
457	25.22	6 =Not applicable

Q52   **Q52. Ease of complying with FMLA**

Type: Numeric

Frequency	Percent	Response
829	45.75	.
331	18.27	1 =Very easy
349	19.26	2 =Somewhat easy
139	7.67	3 =Somewhat difficult
22	1.21	4 =Very difficult
142	7.84	5 =No noticeable effect

Q53   **Q53. Cost savings due to complying with FMLA**

Type: Numeric

Frequency	Percent	Response
874	48.23	.
121	6.68	1 =Yes
817	45.09	2 =No

Q54   **Q54. Impact of intermittent leave on productivity**

Type: Numeric

Frequency	Percent	Response
1471	81.18	.
221	12.20	1 =Yes
120	6.62	2 =No

Q54A   **Q54A. Has this impact on productivity been positive or negative**

Type: Numeric

Frequency	Percent	Response
1592	87.86	.
33	1.82	1 =Positive
138	7.62	2 =Negative
49	2.70	3 =Some positive some negative

Q54B   **Q54B. Small, moderate or large impact on productivity**

Type: Numeric

Frequency	Percent	Response
1592	87.86	.
94	5.19	1 =Small
103	5.68	2 =Moderate
23	1.27	3 =Large

Q55   **Q55. Impact of intermittent leave on profitability**

Type: Numeric

Frequency	Percent	Response
1483	81.84	.
116	6.40	1 =Yes
213	11.75	2 =No

Q55A   Q55A. Has this impact on profitability been positive or negative?
Type: Numeric

Frequency	Percent	Response
1696	93.60	.
17	0.94	1 =Positive
82	4.53	2 =Negative
17	0.94	3 =Some positive some negative

Q55B   Q55B. Small, moderate or large impact on profitability
Type: Numeric

Frequency	Percent	Response
1696	93.60	.
58	3.20	1 =Small
43	2.37	2 =Moderate
15	0.83	3 =Large

Q56   Q56. Effect has complying with FMLA
Type: Numeric

Frequency	Percent	Response
840	46.36	.
100	5.52	1 =Very positive
221	12.20	2 =Somewhat positive
124	6.84	3 =Somewhat negative
23	1.27	4 =Very negative
504	27.81	5 =No noticeable effect

Q58_CAT   Q58_CAT. How many employees at your worksite have taken leave lasting more than 3 days)
Type: Numeric

Frequency	Percent	Response
994	54.86	.
525	28.97	0
143	7.89	1
66	3.64	2
32	1.77	3
20	1.10	4
32	1.77	5 or more

Q59_CAT   Q59_CAT. How many took leave to care for a military service member with a serious injury or illness
Type: Numeric

Frequency	Percent	Response
1519	83.83	.
285	15.73	0
8	0.44	1 or more

Q60_CAT   Q60_CAT. How many of these employees took leave for reasons related to the military deployment of a spouse, son, daughter, or parent
Type: Numeric

Frequency	Percent	Response
1519	83.83	.
286	15.78	0
7	0.39	1 or more

Q61X_A   Q61X_A. Cover work...Assign work temporarily to other employees?
Type: Numeric

Frequency	Percent	Response
10	0.55	.
1253	69.15	1 =Yes
325	17.94	2 =Depends
224	12.36	3 =No

Q61AX_A_A Q61AX_A_A. Cover work when employee take leave for a week or longer...Assign work temporarily to other employees
Type: Numeric

Frequency	Percent	Response
268	14.79	.
1478	81.57	1 =Yes
66	3.64	2 =No

Q61AX_B_A Q61AX_B_A. Cover work when leave scheduled for a day or less...Assign work temporarily to other employees
Type: Numeric

Frequency	Percent	Response
275	15.18	.
915	50.50	1 =Yes
622	34.33	2 =No

Q61AX_C_A Q61AX_C_A. Cover work for an unscheduled leave for a day or less...Assign work temporarily to other employees
Type: Numeric

Frequency	Percent	Response
278	15.34	.
946	52.21	1 =Yes
588	32.45	2 =No

Q61AX_D_A Q61AX_D_A. Cover work for some other leave circumstance…Assign work temporarily to other employees
Type: Numeric

Frequency	Percent	Response
672	37.09	.
212	11.70	1 =Yes
928	51.21	2 =No

Q61X_B   Q61X_B. Cover work…Hire a temporary replacement
Type: Numeric

Frequency	Percent	Response
9	0.50	.
412	22.74	1 =Yes
354	19.54	2 =Depends
1037	57.23	3 =No

Q61AX_A_B Q61AX_A_B. Cover work when employee take leave for a week or longer...Hire a temporary replacement
Type: Numeric

Frequency	Percent	Response
1086	59.93	.
496	27.37	1 =Yes
230	12.69	2 =No

Q61AX_B_B Q61AX_B_B. Cover work when leave scheduled for a day or less...Hire a temporary replacement
Type: Numeric

Frequency	Percent	Response
1070	59.05	.
62	3.42	1 =Yes
680	37.53	2 =No

Q61AX_C_B Q61AX_C_B. Cover work for an unscheduled leave for a day or less…Hire a temporary replacement
Type: Numeric

Frequency	Percent	Response
1067	58.89	.
59	3.26	1 =Yes
686	37.86	2 =No

Q61AX_D_B Q61AX_D_B. Cover work for some other leave circumstance…Hire a temporary replacement
    Type: Numeric

Frequency	Percent	Response
1244	68.65	.
92	5.08	1 =Yes
476	26.27	2 =No

Q61X_C   Q61X_C. Cover work…Call in an employee on vacation
    Type: Numeric

Frequency	Percent	Response
12	0.66	.
114	6.29	1 =Yes
188	10.38	2 =Depends
1498	82.67	3 =No

Q61AX_A_C Q61AX_A_C. Cover work when employee take leave for a week or longer…Call in an employee on vacation
    Type: Numeric

Frequency	Percent	Response
1531	84.49	.
165	9.11	1 =Yes
116	6.40	2 =No

Q61AX_B_C Q61AX_B_C. Cover work when leave scheduled for a day or less...Call in an employee on vacation
    Type: Numeric

Frequency	Percent	Response
1522	84.00	.
66	3.64	1 =Yes
224	12.36	2 =No

Q61AX_C_C Q61AX_C_C. Cover work for an unscheduled leave for a day or less…Call in an employee on vacation
    Type: Numeric

Frequency	Percent	Response
1524	84.11	.
91	5.02	1 =Yes
197	10.87	2 =No

Q61AX_D_C Q61AX_D_C. Cover work for some other circumstance…Call in an employee on vacation
    Type: Numeric

Frequency	Percent	Response
1589	87.69	.
28	1.55	1 =Yes
195	10.76	2 =No

Q61X_D   Q61X_D. Cover work…Hire a permanent replacement
    Type: Numeric

Frequency	Percent	Response
13	0.72	.
76	4.19	1 =Yes
161	8.89	2 =Depends
1562	86.20	3 =No

Q61AX_A_D Q61AX_A_D.Cover work when employee take leave for a week or longer...Hire a permanent replacement
    Type: Numeric

Frequency	Percent	Response
1586	87.53	.
78	4.30	1 =Yes
148	8.17	2 =No

Q61AX_D_D Q61AX_D_D. Cover work for some other circumstance…Hire a permanent replacement
  Type: Numeric

Frequency	Percent	Response
1622	89.51	.
37	2.04	1 =Yes
153	8.44	2 =No

Q61X_E   Q61X_E. Cover work...Put the work on hold until the employee returns
  Type: Numeric

Frequency	Percent	Response
9	0.50	.
320	17.66	1 =Yes
372	20.53	2 =Depends
1111	61.31	3 =No

Q61AX_A_E Q61AX_A_E. Cover work when employee take leave for a week or longer...Put the work on hold until the employee returns
  Type: Numeric

Frequency	Percent	Response
1168	64.46	.
287	15.84	1 =Yes
357	19.70	2 =No

Q61AX_B_E Q61AX_B_E. Cover work when leave scheduled for a day or less…Put the work on hold until the employee returns
  Type: Numeric

Frequency	Percent	Response
1151	63.52	.
480	26.49	1 =Yes
181	9.99	2 =No

Q61AX_C_E Q61AX_C_E. Cover work for an unscheduled leave for a day or less…Put the work on hold until the employee returns
  Type: Numeric

Frequency	Percent	Response
1157	63.85	.
472	26.05	1 =Yes
183	10.10	2 =No

Q61AX_D_E Q61AX_D_E. Cover work for some other circumstance… Put the work on hold until the employee returns
  Type: Numeric

Frequency	Percent	Response
1350	74.50	.
68	3.75	1 =Yes
394	21.74	2 =No

Q61X_F   Q61X_F. Cover work...Employee performs some work while on leave
  Type: Numeric

Frequency	Percent	Response
13	0.72	.
110	6.07	1 =Yes
163	9.00	2 =Depends
1526	84.22	3 =No

Q61AX_A_F Q61AX_A_F. Cover work when employee take leave for a week or longer...Employee performs some work while on leave
Type: Numeric

Frequency	Percent	Response
1558	85.98	.
187	10.32	1 =Yes
67	3.70	2 =No

Q61AX_B_F Q61AX_B_F. Cover work when leave scheduled for a day or less…Employee performs some work while on leave
Type: Numeric

Frequency	Percent	Response
1555	85.82	.
56	3.09	1 =Yes
201	11.09	2 =No

Q61AX_C_F Q61AX_C_F. Cover work for an unscheduled leave for a day or less…Employee performs some work while on leave
Type: Numeric

Frequency	Percent	Response
1559	86.04	.
56	3.09	1 =Yes
197	10.87	2 =No

Q61AX_D_F Q61AX_D_F. Cover work for some other circumstance… Employee performs some work while on leave
Type: Numeric

Frequency	Percent	Response
1612	88.96	.
32	1.77	1 =Yes
168	9.27	2 =No

Q61X_G   Q61X_G. To cover work when employees take leave, do you ever...Cover work some other way
Type: Numeric

Frequency	Percent	Response
40	2.21	.
210	11.59	1 =Yes
93	5.13	2 =Depends
1469	81.07	3 =No

Q61AX_A_G Q61AX_A_G. Cover work when employee take leave for a week or longer…Cover work some other way
Type: Numeric

Frequency	Percent	Response
1516	83.66	.
261	14.40	1 =Yes
35	1.93	2 =No

Q61AX_B_G Q61AX_B_G. Cover work when leave scheduled for a day or less…cover work some other way
Type: Numeric

Frequency	Percent	Response
1514	83.55	.
157	8.66	1 =Yes
141	7.78	2 =No

Q61AX_C_G   Q61AX_C_G. Cover work for an unscheduled leave for a day or less…Cover work some other way
    Type: Numeric

Frequency	Percent	Response
1515	83.61	.
153	8.44	1 =Yes
144	7.95	2 =No

Q61AX_D_G Q61AX_D_G. Cover work for some other circumstance…Cover work some other way
    Type: Numeric

Frequency	Percent	Response
1586	87.53	.
56	3.09	1 =Yes
170	9.38	2 =No

Q61BX   Q61bX. Which of these ways does your organization use most frequently to cover work when employees take leave for a week or longer
    Type: Numeric

Frequency	Percent	Response
212	11.70	.
1267	69.92	1 =Assign work temporarily to other employees
104	5.74	2 =Hire a temporary replacement
7	0.39	3 =Call-in an employee on vacation
9	0.50	4 =Hire a permanent replacement
93	5.13	5 =Put the work on hold until the employee returns from leave
13	0.72	6 =Have the employee perform some work while on leave
107	5.91	7 =Cover work some other way (SPECIFY)

Q67_A   Q67_A. Ease or difficulty dealing with types of leaves...Planned long term leave for a family or medical reason
    Type: Numeric

Frequency	Percent	Response
68	3.75	.
263	14.51	1 =Very easy
691	38.13	2 =Somewhat easy
607	33.50	3 =Somewhat difficult
183	10.10	4 =Very difficult

Q67_B   Q67_B. Ease or difficulty dealing with types of leaves...Planned short term leave
    Type: Numeric

Frequency	Percent	Response
61	3.37	.
386	21.30	1 =Very easy
949	52.37	2 =Somewhat easy
355	19.59	3 =Somewhat difficult
61	3.37	4 =Very difficult

Q67_C   Q67_C. Ease or difficulty dealing with types of leaves...Planned episodic or intermittent leave
    Type: Numeric

Frequency	Percent	Response
93	5.13	.
281	15.51	1 =Very easy
707	39.02	2 =Somewhat easy
578	31.90	3 =Somewhat difficult
153	8.44	4 =Very difficult

Q67_D   Q67_D. Ease or difficulty dealing with types of leaves...Unplanned episodic or intermittent leave
Type: Numeric

Frequency	Percent	Response
91	5.02	.
173	9.55	1 =Very easy
420	23.18	2 =Somewhat easy
785	43.32	3 =Somewhat difficult
343	18.93	4 =Very difficult

Q67_E   Q67_E. Ease or difficulty dealing with types of leaves...Unscheduled leave of any duration
Type: Numeric

Frequency	Percent	Response
77	4.25	.
145	8.00	1 =Very easy
405	22.35	2 =Somewhat easy
897	49.50	3 =Somewhat difficult
288	15.89	4 =Very difficult

Q68   Q68. What do you use to track use of FMLA
Type: Numeric

Frequency	Percent	Response
22	1.21	.
87	4.80	1 =Computer software
720	39.74	2 =Designated person in human resources
380	20.97	3 =Both computer software and designated HR person
122	6.73	4 =Other method of tracking FMLA leave, please specify:
481	26.55	5 =Do not track family and medical leave

WEIGHT   WEIGHT. Main Weight
Type: Numeric
97.5419208-46907.00   Range of Answers

RPL01   RPL01. Replicate for weights
through
RPL80 RPL80. Replicate for weights
Type: Numeric
0.00-46907.00   Range of Answers

IMP_Q1_COVER   Worksite coverage: mileage with number of employees
Type: Numeric

Frequency	Percent	Response
853	47.08	1 = Coverage: Not 50 employees
76	4.19	2 = Coverage: 50 employees, but not within 75 miles
883	48.73	3 = Coverage: 50 employees within 75 miles

Data Set Name	OUT.FMLA_2012_WORKSITE_REVISED_PUF
Member Type	DATA
Engine	V9
Created	Thursday, August 22, 2013 10:33:16 AM
Last Modified	Thursday, August 22, 2013 10:33:16 AM
Protection	
Data Set Type	
Label	
Data Representation	WINDOWS_64
Encoding	wlatin1 Western (Windows)
Observations	1812
Variables	284
Indexes	0
Observation Length	1600
Deleted Observations	0
Compressed	NO
Sorted	NO

Engine/Host Dependent Information

Data Set Page Size	16384
Number of Data Set Pages	185
First Data Page	3
Max Obs per Page	10
Obs in First Data Page	1
Number of Data Set Repairs	0
Filename	S:\PROJECTS\DOL_FMLA\DATA\PUF\2013\fmla_2012_worksite_revised_puf.sas7bdat
Release Created	9.0301M1
Host Created	X64_S08R2

Variables in Creation Order

#	Variable	Type	Len	Label
1	WORKID	Num	8	WORKID. Respondent ID
2	Q1_changed_by_Q3	Num	8	Q1 initial response altered by respondent's answer to Q3
3	Q1_CAT	Num	8	Q1. Number of employees currently on payroll
4	Q2_CAT	Num	8	Q2. Number of employees at work site
5	Q3_CAT	Num	8	Q3. Number of employees within 75 miles, (including worksite)
6	Q4_CAT	Num	8	Q4_CAT. Organization's main industry
7	Q6_PCT	Num	8	Q6_PCT. Percent of unionized employees
8	Q6A	Num	4	Q6A. Any unionized employees across all sites.
9	Q7_PCT	Num	8	Q7_PCT. Percent of female employees
10	Q8_PCT	Num	8	Q8_PCT. Percent of employees that have worked at your organization for at least one year
11	Q9_PCT	Num	8	Q9_PCT. Of employees working at least one year, percent that have worked at lease 1250 hours in the past year
12	Q10_1	Num	4	Q10_1. Time increments employees record their work time…Minutes

#	Variable	Type	Len	Label
13	Q10_2	Num	4	Q10_2. Time increments employees record their work time…Hours
14	Q10_3	Num	4	Q10_3. Time increments employees record their work time…Not required to record work time
15	Q11_A	Num	4	Q11_A. Number of employees provided paid sick leave
16	Q11_B	Num	4	Q11_B. Number of employees provided paid disability leave
17	Q11_C	Num	4	Q11_C. Number of employees provided paid vacation
18	Q11_D	Num	4	Q11_D. Number of employees provided paid maternity leave
19	Q11_E	Num	4	Q11_E. Number of employees provided paid paternity leave
20	Q11_F	Num	4	Q11_F. Number of employees provided flex time
21	Q11_G	Num	4	Q11_G. Number of employees provided any other paid time off
22	Q11_1	Num	4	Q11_1. Number of employees provided 'paid time off'
23	Q14_A	Num	4	Q14_A. Number of employees allowed to take leave…to attend a child's school meeting
24	Q14_B	Num	4	Q14_B. Number of employees allowed to take leave…for elder care reasons
25	Q14_C	Num	4	Q14_C. Number of employees allowed to take leave…for the employee's or his or her family members' routine medical appointments
26	Q14_D	Num	4	Q14_D. Number of employees allowed to take lave…for non-routine medical appointments
27	Q15	Num	4	Q15. Company uses a point or demerit system to track unscheduled absences
28	Q16_A	Num	4	Q16_A. Site's policies allow FMLA for…the care of a newborn
29	Q16_B	Num	4	Q16_B. Site's polices allow FMLA for…an adoption or foster care placement
30	Q16_C	Num	4	Q16_C. Site's policies allow FMLA for…an employee's own serious health condition…not including maternity related reasons
31	Q16_D	Num	4	Q16_D. Site's policies allow FMLA for…a pregnancy related reason
32	Q16_E	Num	4	Q16_E. Site's policies allow FMLA for…the care of a child, spouse, or parent with a serious health condition
33	Q16_F	Num	4	Q16_F. Site's policies allow FMLA for…care of a parent or spouse who is elderly
34	Q16_G	Num	4	Q16_G. Site's policies allow FMLA for…the care of a military service member with a serious injury or illness
35	Q16_H	Num	4	Q16_H. Site's policies allow FMLA for…reasons related to the deployment of a military service member
36	Q16X_1	Num	4	Q16X_1. Site's leave policies cover guardians and caregivers of a child regardless of their legal or biological relationship to a child
37	Q16x_2_CAT	Num	8	Q16X_2_CAT. How much notification is needed for foreseeable absences…Days
38	Q16X_3	Num	4	Q16X_3. Does this site have a written policy for taking family and medical leave
39	Q16x_4_CAT	Num	8	Q16X_4_CAT. Minimum time increment employees are permitted to take for FMLA type leave…Days
40	Q16X_5	Num	4	Q16X_5. Does this site provide full or partial pay during FMLA qualifying leave
41	Q16x_6A_CAT	Num	8	Q16X_6A_CAT. Total time the site allows employees to take leave in a year for the care of a military service member with a serious injury or illness…Days
42	Q16x_6B_CAT	Num	8	Q16X_6B_CAT. How much TOTAL time does this site allow the employee to take leave in a year FOR ANY OF THE OTHER TYPES OF LEAVES …Days
43	Q16X_7	Num	4	Q16X_7. Are the health benefits that an employee receives while employed continued during these types of leave?
44	Q16X_8	Num	4	Q16X_8. Is there a guarantee for same or equivalent job upon return from these types of leave?
45	Q17	Num	4	Q17. Does the FMLA apply, does it not apply, are are you not sure if it applies
46	Q18	Num	4	Q18. Company processes FMLA requests internally or utilize third party
47	Q19_999	Num	4	Q19_999. Skipped/Refused to answer Q19. Number of employees who took leave classified as being under FMLA
48	Q19_PCT	Num	8	Q19_PCT. Percent of employees of worksite who took leave classified as being under FMLA
49	Q20_CAT	Num	8	Q20. Total number of separate leaves taken in the same time period
50	Q21_PCT	Num	8	Q21_PCT. Percentage of employees at worksite that took leave on an intermittent basis

#	Variable	Type	Len	Label
51	Q21A	Num	4	Q21A. Ease or dificulty of administering intermittent leave
52	Q22	Num	4	Q22. Workers permitted to rejoin mid-shift or require employee to take the entire shift as leave
53	Q23	Num	4	Q23. Number of employees who did not return to work for same employer after leave
54	Q24_PCT	Num	8	Q24_PCT. Percent of employees who chose not to return to work
55	Q25	Num	4	Q25. Number of leaves taken under FMLA that are given with notice from the employee that is consistent with the company's policies
56	Q26_CAT	Num	8	Q26_CAT. Number of medical certifications for FMLA leave accepted as complete and sufficient at this location
57	Q26A_CAT	Num	8	Q26A_CAT. Number of medical certifications for FMLA leave that were returned to the employee to provide additional information at this location
58	Q27_CAT	Num	8	Q27_CAT. Number of FMLA leave applications denied for any reason
59	Q28_CAT	Num	8	Q28_CAT. Have eligible employees been denied Family and Medical Leave because they used their entire time allotment covered by FMLA
60	Q30	Num	8	Q30. Have eligible employees been denied Family and Medical Leave because FMLA did not cover the reason for their leave
61	Q32_CAT	Num	8	Q32_CAT. Have any eligible employees been denied Family and Medical Leave because they did not meet the establishment's notice requirements
62	Q34_CAT	Num	8	Q34_CAT. Frequency that the worksite requires medical certification for employees that request FMLA leave
63	Q35	Num	4	Q35. Establishment contacts employees' health care providers as part of the certification process
64	Q36	Num	4	Q36. Who makes contact with employee's health care providers
65	Q37	Num	4	Q37. Frequency that employer requires re-certification
66	Q38	Num	4	Q38. Frequency that employer requires a fitness-for-duty certification
67	Q39_1_A	Num	4	Q39_1_A. Establishment or employer pays for…Initial medical certification
68	Q39_1_B	Num	4	Q39_1_B. Establishment or employer pays for…Re-certification
69	Q39_1_C	Num	4	Q39_1_C. Establishment or employer pays for…Second or third certifications
70	Q39_1_D	Num	4	Q39_1_D. Establishment or employer pays for…Fitness for duty certification
71	Q39_1_E	Num	4	Q39_1_E. Establishment or employer pays for…Insufficient certification correction
72	Q39_2_A	Num	4	Q39_2_A. Employee pays for…Initial medical certification
73	Q39_2_B	Num	4	Q39_2_B. Employee pays for…Re-certification
74	Q39_2_C	Num	4	Q39_2_C. Employee pays for…Second or third certification
75	Q39_2_D	Num	4	Q39_2_D. Employee pays for…Fitness for duty certification
76	Q39_2_E	Num	4	Q39_2_E. Employee pays for…Insufficient certification correction
77	Q39_3_A	Num	4	Q39_3_A. Employee's insurance pays for…Initial medical certification
78	Q39_3_B	Num	4	Q39_3_B. Employee's insurance pays for…Re-certification
79	Q39_3_C	Num	4	Q39_3_C. Employee's insurance pays for…Second or third certifications
80	Q39_3_D	Num	4	Q39_3_D. Employee's insurance pays for…Fitness for duty certification
81	Q39_3_E	Num	4	Q39_3_E. Employee's insurance pays for…Insufficient certification correction
82	Q39_4_A	Num	4	Q39_4_A. Other source pays for…Initial medical certification
83	Q39_4_B	Num	4	Q39_4_B. Other source pays for…Re-certification
84	Q39_4_C	Num	4	Q39_4_C. Other source pays for…Second or third certification
85	Q39_4_D	Num	4	Q39_4_D. Other source pays for…Fitness for duty certification
86	Q39_4_E	Num	4	Q39_4_E. Other source pays for…Insufficient certification correction
87	Q40_PCT	Num	8	Q40_PCT Percent of leaves suspected were misused
88	Q41_1	Num	4	Q41_1. Suspect misuse…Used to cover tardiness

# Variable	Type	Len Label
89 Q41_2	Num	4 Q41_2. Suspect misuse…Used leave to cover tardiness
90 Q41_3	Num	4 Q41_3. Suspect misuse…Used common excuses or doubting reason for leave
91 Q41_4	Num	4 Q41_4. Suspect misuse…Doubt the validity of a certification
92 Q41_5	Num	4 Q41_5. Suspect misuse…Frequent leave with short or no advance notice provided or intermittent leave in general
93 Q41_6	Num	4 Q41_6. Suspect misuse…Past experience with employee
94 Q41_7	Num	4 Q41_7. Suspect misuse…Some other reason
95 Q42	Num	4 Q42. Have you ever confirmed an employee's misuse of FMLA
96 Q43_A	Num	4 Q43_A. Disciplinary action for misuse...Absence counted against the employee on point system
97 Q43_B	Num	4 Q43_B. Disciplinary action for misuse...The employee given a verbal warning
98 Q43_C	Num	4 Q43_C. Disciplinary action for misuse...The employee was given a written warning
99 Q43_D	Num	4 Q43_D. Disciplinary action for misuse...The employee was suspended
100 Q43_E	Num	4 Q43_E. Disciplinary action for misuse...The employee was terminated
101 Q43_F	Num	4 Q43_F. Disciplinary action for misuse...Other
102 Q44_A	Num	4 Q44_A. Are eligible employees...Provided with written guidance on how the Act is coordinated with existing policies
103 Q44_B	Num	4 Q44_B. Are eligible employees...Provided with written notice of how much of the leave taken was counted as FMLA leave
104 Q44_C	Num	4 Q44_C. Are eligible employees...Required to use their paid leave before taking unpaid leave
105 Q44_D	Num	4 Q44_D. Are eligible employees...Ever offered alternative work arrangements instead of leave
106 Q45_1	Num	4 Q45_1. Types of employees considered to be eligible for FMLA leave...Senior managers, professional staff
107 Q45_2	Num	4 Q45_2. Types of employees considered to be eligible for FMLA leave...Staff who have worked a sufficient number of hours at the company
108 Q45_3	Num	4 Q45_3. Types of employees considered to be eligible for FMLA leave...Hourly staff
109 Q45_4	Num	4 Q45_4. Types of employees considered to be eligible for FMLA leave...None of these
110 Q46_1	Num	4 Q46_1. Do you offer same leave benefits to ineligible employees because they are...Senior managers, Professional staff
111 Q46_2	Num	4 Q46_2. Do you offer same leave benefits to ineligible employees because they are...Staff who have at least a certain number of hours at the company
112 Q46_3	Num	4 Q46_3. Do you offer same leave benefits to ineligible employees because they are...Hourly staff
113 Q47_1	Num	4 Q47_1. Sources of information on FMLA…U.S. Department of Labor
114 Q47_2	Num	4 Q47_2. Sources of information on FMLA...The media
115 Q47_3	Num	4 Q47_3. Sources of information on FMLA...A trade group
116 Q47_4	Num	4 Q47_4. Sources of information on FMLA...An attorney or consultant
117 Q47_5	Num	4 Q47_5. Sources of information on FMLA...A union
118 Q47_6	Num	4 Q47_6. Sources of information on FMLA...Your employees
119 Q47_7	Num	4 Q47_7. Sources of information on FMLA...Existing company policies
120 Q47_8	Num	4 Q47_8. Sources of information on FMLA...Some other source
121 Q47_9	Num	4 Q47_9. Sources of information on FMLA...Do not use any source
122 Q48_1	Num	4 Q48_1. Which method do you use to inform employees of their rights under FMLA...Employee handbook
123 Q48_2	Num	4 Q48_2. Which method do you use to inform employees of their rights under FMLA...Notice on bulletin board
124 Q48_3	Num	4 Q48_3. Which method do you use to inform employees of their rights under FMLA...Memos
125 Q48_4	Num	4 Q48_4. Which method do you use to inform employees of their rights under FMLA...Computer network, Intranet or Email
126 Q48_5	Num	4 Q48_5. Which method do you use to inform employees of their rights under FMLA...Oral notification

# Variable	Type	Len	Label
127 Q48_6	Num	4	Q48_6. Which method do you use to inform employees of their rights under FMLA...Employee orientation or other meetings with employees
128 Q48_7	Num	4	Q48_7. Which method do you use to inform employees of their rights under FMLA...Some other method
129 Q48_8	Num	4	Q48_8. Which method do you use to inform employees of their rights under FMLA...Do not inform employees of their rights
130 Q49_A_CAT	Num	8	Q49_A_CAT. Cost of complying…Administrative costs
131 Q49_B_CAT	Num	8	Q49_B_CAT. Cost of complying…Cost of continuing benefits
132 Q49_C_CAT	Num	8	Q49_C_CAT.Cost of complying…Hiring/training costs
133 Q49_D_CAT	Num	8	Q49_D_CAT. Cost of complying…Other costs
134 Q49_E_CAT	Num	8	Q49_E_CAT. Cost of complying…Any other costs
135 Q50_A	Num	4	Q50_A. Ease of implementation..Coordinating state and federal leave policies
136 Q50_B	Num	4	Q50_B. Ease of implementation..Coordinating the Act with other federal laws
137 Q50_C	Num	4	Q50_C. Ease of implementation..Coordinating the Act with other leave policies
138 Q50_D	Num	4	Q50_D. Ease of implementation..Coordinating the Act with employee attendance policies
139 Q50_E	Num	4	Q50_E. Ease of implementation..Coordinating the Act with your Collective Bargaining Agreement
140 Q50_F	Num	4	Q50_F. Ease of implementation..Administering notification, designation, and certification requirements
141 Q50_G	Num	4	Q50_G. Ease of implementation..Determining if a health condition is a serious health condition under FMLA
142 Q51_A	Num	4	Q51_A. Helpfulness of FMLA provisions..The exception for highly paid key employees
143 Q51_B	Num	4	Q51_B. Helpfulness of FMLA provisions..Medical certifications
144 Q51_C	Num	4	Q51_C. Helpfulness of FMLA provisions..Second and third medical opinions
145 Q51_D	Num	4	Q51_D. Helpfulness of FMLA provisions..Advance notice of foreseeable leave
146 Q51_E	Num	4	Q51_E. Helpfulness of FMLA provisions..Transfer to an alternative position
147 Q51_F	Num	4	Q51_F. Helpfulness of FMLA provisions..Medical recertification
148 Q51_G	Num	4	Q51_G. Helpfulness of FMLA provisions..Fitness for duty certification
149 Q51_H	Num	4	Q51_H. Helpfulness of FMLA provisions..Certification of leave related to the deployment of military service member
150 Q51_I	Num	4	Q51_I. Helpfulness of FMLA provisions..Certification of a serious injury or illness of a military service member
151 Q52	Num	4	Q52. Ease of complying with FMLA
152 Q53	Num	4	Q53. Cost savings due to complying with FMLA
153 Q54	Num	4	Q54. Impact of intermittent leave on productivity
154 Q54A	Num	4	Q54A. Has this impact on productivity been positive or negative
155 Q54B	Num	4	Q54B. Small, moderate or large impact on productivity
156 Q55	Num	4	Q55. Impact of intermittent leave on profitability
157 Q55A	Num	4	Q55A. Has this impact on profitability been positive or negative?
158 Q55B	Num	4	Q55B. Small, moderate or large impact on profitability
159 Q56	Num	4	Q56. Effect has complying with FMLA
160 Q58_CAT	Num	8	Q58_CAT. How many employees at your worksite have taken leave lasting more than 3 days)
161 Q59_CAT	Num	8	Q59_CAT. How many took leave to care for a military service member with a serious injury or illness
162 Q60_CAT	Num	8	Q60_CAT. How many of these employees took leave for reasons related to the military deployment of a spouse, son, daughter, or parent
163 Q61X_A	Num	4	Q61X_A. Cover work...Assign work temporarily to other employees?
164 Q61AX_A_A	Num	4	Q61AX_A_A. Cover work when employee take leave for a week or longer...Assign work temporarily to other employees
165 Q61AX_B_A	Num	4	Q61AX_B_A. Cover work when leave scheduled for a day or less...Assign work temporarily to other employees
166 Q61AX_C_A	Num	4	Q61AX_C_A. Cover work for an unscheduled leave for a day or less...Assign work temporarily to other employees

# Variable	Type	Len Label
167 Q61AX_D_A	Num	4 Q61AX_D_A. Cover work for some other leave circumstance…Assign work temporarily to other employees
168 Q61X_B	Num	4 Q61X_B. Cover work…Hire a temporary replacement
169 Q61AX_A_B	Num	4 Q61AX_A_B. Cover work when employee take leave for a week or longer...Hire a temporary replacement
170 Q61AX_B_B	Num	4 Q61AX_B_B. Cover work when leave scheduled for a day or less...Hire a temporary replacement
171 Q61AX_C_B	Num	4 Q61AX_C_B. Cover work for an unscheduled leave for a day or less…Hire a temporary replacement
172 Q61AX_D_B	Num	4 Q61AX_D_B. Cover work for some other leave circumstance…Hire a temporary replacement
173 Q61X_C	Num	4 Q61X_C. Cover work…Call in an employee on vacation
174 Q61AX_A_C	Num	4 Q61AX_A_C. Cover work when employee take leave for a week or longer…Call in an employee on vacation
175 Q61AX_B_C	Num	4 Q61AX_B_C. Cover work when leave scheduled for a day or less...Call in an employee on vacation
176 Q61AX_C_C	Num	4 Q61AX_C_C. Cover work for an unscheduled leave for a day or less…Call in an employee on vacation
177 Q61AX_D_C	Num	4 Q61AX_D_C. Cover work for some other circumstance…Call in an employee on vacation
178 Q61X_D	Num	4 Q61X_D. Cover work…Hire a permanent replacement
179 Q61AX_A_D	Num	4 Q61AX_A_D.Cover work when employee take leave for a week or longer...Hire a permanent replacement
180 Q61AX_D_D	Num	4 Q61AX_D_D. Cover work for some other circumstance…Hire a permanent replacement
181 Q61X_E	Num	4 Q61X_E. Cover work...Put the work on hold until the employee returns
182 Q61AX_A_E	Num	4 Q61AX_A_E. Cover work when employee take leave for a week or longer...Put the work on hold until the employee returns
183 Q61AX_B_E	Num	4 Q61AX_B_E. Cover work when leave scheduled for a day or less…Put the work on hold until the employee returns
184 Q61AX_C_E	Num	4 Q61AX_C_E. Cover work for an unscheduled leave for a day or less…Put the work on hold until the employee returns
185 Q61AX_D_E	Num	4 Q61AX_D_E. Cover work for some other circumstance… Put the work on hold until the employee returns
186 Q61X_F	Num	4 Q61X_F. Cover work...Employee performs some work while on leave
187 Q61AX_A_F	Num	4 Q61AX_A_F. Cover work when employee take leave for a week or longer...Employee performs some work while on leave
188 Q61AX_B_F	Num	4 Q61AX_B_F. Cover work when leave scheduled for a day or less…Employee performs some work while on leave
189 Q61AX_C_F	Num	4 Q61AX_C_F. Cover work for an unscheduled leave for a day or less…Employee performs some work while on leave
190 Q61AX_D_F	Num	4 Q61AX_D_F. Cover work for some other circumstance… Employee performs some work while on leave
191 Q61X_G	Num	4 Q61X_G. To cover work when employees take leave, do you ever...Cover work some other way
192 Q61AX_A_G	Num	4 Q61AX_A_G. Cover work when employee take leave for a week or longer…Cover work some other way
193 Q61AX_B_G	Num	4 Q61AX_B_G. Cover work when leave scheduled for a day or less…cover work some other way
194 Q61AX_C_G	Num	4 Q61AX_C_G. Cover work for an unscheduled leave for a day or less…Cover work some other way
195 Q61AX_D_G	Num	4 Q61AX_D_G. Cover work for some other circumstance…Cover work some other way
196 Q61BX	Num	4 Q61bX. Which of these ways does your organization use most frequently to cover work when employees take leave for a week or longer
197 Q67_A	Num	4 Q67_A. Ease or difficulty dealing with types of leaves...Planned long term leave for a family or medical reason
198 Q67_B	Num	4 Q67_B. Ease or difficulty dealing with types of leaves...Planned short term leave
199 Q67_C	Num	4 Q67_C. Ease or difficulty dealing with types of leaves...Planned episodic or intermittent leave
200 Q67_D	Num	4 Q67_D. Ease or difficulty dealing with types of leaves...Unplanned episodic or intermittent leave
201 Q67_E	Num	4 Q67_E. Ease or difficulty dealing with types of leaves...Unscheduled leave of any duration
202 Q68	Num	4 Q68. What do you use to track use of FMLA
203 WEIGHT	Num	8 WEIGHT Main Weight
204 RPL01	Num	8 Replicates for weights_01
205 RPL02	Num	8 Replicates for weights_02
206 RPL03	Num	8 Replicates for weights_03

# Variable	Type	Len	Label
207 RPL04	Num	8	Replicates for weights_04
208 RPL05	Num	8	Replicates for weights_05
209 RPL06	Num	8	Replicates for weights_06
210 RPL07	Num	8	Replicates for weights_07
211 RPL08	Num	8	Replicates for weights_08
212 RPL09	Num	8	Replicates for weights_09
213 RPL10	Num	8	Replicates for weights_10
214 RPL11	Num	8	Replicates for weights_11
215 RPL12	Num	8	Replicates for weights_12
216 RPL13	Num	8	Replicates for weights_13
217 RPL14	Num	8	Replicates for weights_14
218 RPL15	Num	8	Replicates for weights_15
219 RPL16	Num	8	Replicates for weights_16
220 RPL17	Num	8	Replicates for weights_17
221 RPL18	Num	8	Replicates for weights_18
222 RPL19	Num	8	Replicates for weights_19
223 RPL20	Num	8	Replicates for weights_20
224 RPL21	Num	8	Replicates for weights_21
225 RPL22	Num	8	Replicates for weights_22
226 RPL23	Num	8	Replicates for weights_23
227 RPL24	Num	8	Replicates for weights_24
228 RPL25	Num	8	Replicates for weights_25
229 RPL26	Num	8	Replicates for weights_26
230 RPL27	Num	8	Replicates for weights_27
231 RPL28	Num	8	Replicates for weights_28
232 RPL29	Num	8	Replicates for weights_29
233 RPL30	Num	8	Replicates for weights_30
234 RPL31	Num	8	Replicates for weights_31
235 RPL32	Num	8	Replicates for weights_32
236 RPL33	Num	8	Replicates for weights_33
237 RPL34	Num	8	Replicates for weights_34
238 RPL35	Num	8	Replicates for weights_35
239 RPL36	Num	8	Replicates for weights_36
240 RPL37	Num	8	Replicates for weights_37
241 RPL38	Num	8	Replicates for weights_38
242 RPL39	Num	8	Replicates for weights_39
243 RPL40	Num	8	Replicates for weights_40
244 RPL41	Num	8	Replicates for weights_41
245 RPL42	Num	8	Replicates for weights_42
246 RPL43	Num	8	Replicates for weights_43
247 RPL44	Num	8	Replicates for weights_44
248 RPL45	Num	8	Replicates for weights_45
249 RPL46	Num	8	Replicates for weights_46

#	Variable	Type	Len	Label
250	RPL47	Num	8	Replicates for weights_47
251	RPL48	Num	8	Replicates for weights_48
252	RPL49	Num	8	Replicates for weights_49
253	RPL50	Num	8	Replicates for weights_50
254	RPL51	Num	8	Replicates for weights_51
255	RPL52	Num	8	Replicates for weights_52
256	RPL53	Num	8	Replicates for weights_53
257	RPL54	Num	8	Replicates for weights_54
258	RPL55	Num	8	Replicates for weights_55
259	RPL56	Num	8	Replicates for weights_56
260	RPL57	Num	8	Replicates for weights_57
261	RPL58	Num	8	Replicates for weights_58
262	RPL59	Num	8	Replicates for weights_59
263	RPL60	Num	8	Replicates for weights_60
264	RPL61	Num	8	Replicates for weights_61
265	RPL62	Num	8	Replicates for weights_62
266	RPL63	Num	8	Replicates for weights_63
267	RPL64	Num	8	Replicates for weights_64
268	RPL65	Num	8	Replicates for weights_65
269	RPL66	Num	8	Replicates for weights_66
270	RPL67	Num	8	Replicates for weights_67
271	RPL68	Num	8	Replicates for weights_68
272	RPL69	Num	8	Replicates for weights_69
273	RPL70	Num	8	Replicates for weights_70
274	RPL71	Num	8	Replicates for weights_71
275	RPL72	Num	8	Replicates for weights_72
276	RPL73	Num	8	Replicates for weights_73
277	RPL74	Num	8	Replicates for weights_74
278	RPL75	Num	8	Replicates for weights_75
279	RPL76	Num	8	Replicates for weights_76
280	RPL77	Num	8	Replicates for weights_77
281	RPL78	Num	8	Replicates for weights_78
282	RPL79	Num	8	Replicates for weights_79
283	RPL80	Num	8	Replicates for weights_80
284	IMP_Q1_COVER	Num	8	Worksite coverage: mileage with number of employees

2012 FAMILY AND MEDICAL LEAVE ACT (FMLA) SURVEY

WORKSITE SURVEY

NOTE:
RESPONSE OPTIONS IN ALL CAPS ARE NOT READ ALOUD BY THE INTERVIEWER.
TEXT IN ALL CAPS IS A PROGRAMMER NOTE OR INTERVIEWER INSTRUCTION.
TEXT IN BRACKETS IS TO BE FILLED IN PROGRAMMATICALLY.

V1.   Hello, my name is [INTERVIEWER], and I'm calling from Abt SRBI, a public policy research firm, on behalf of the U.S. Department of Labor. We are preparing for an important nationwide study regarding businesses' leave policies. [IF NECESSARY: Just to confirm,] Have I reached [FILL BUSINESS NAME]?

1	YES (PRIMARY NAME MATCH)	[GO TO V3]
2	YES (NAME CHANGED)	[GO TO V2]
3	NO, ANOTHER BUSINESS	[GO TO V2]
4	NO, IT CLOSED/WENT OUT OF BUSINESS	[END - SCREENOUT V1]
5	RESIDENCE ONLY (NOT A BUSINESS)	[END AND DISPO AS WRONG #]
6	VOICEMAIL AT CORRECT BUSINESS	[SKIP TO VOICEMAIL]
7	VOICEMAIL UNKNOWN	[SKIP TO VOICEMAIL]
8	UNABLE TO REACH LIVE PERSON OR VOICEMAIL	[SCHEDULE CALLBACK]

V2.   Is this business the same as [FILL BUSINESS NAME]?
[PROBE: Do you consider it the same business?]
[IF DON'T KNOW FIRST ASK: Is there someone else there who would know?]

1	YES	[GO TO V3]
2	NO	[END AND DISPO AS WRONG #]
9	DK/REF (VOL)	[END AND DISPO AS "NEEDS LOOKUP"]

V3.   Is this business considered to be any of the following: a public school [PAUSE], a public university [PAUSE], a post office [PAUSE], or a government organization at the federal, state, or local level?
[IF DON'T KNOW FIRST ASK: Is there someone else there who would know?]

1	YES, PUBLIC SCHOOL	[END - SCREEN OUT V3]
2	YES, PUBLIC UNIVERSITY	[END - SCREEN OUT V3]
3	YES, POST OFFICE	[END - SCREEN OUT V3]
4	YES, GOVERNMENT ORGANIZATION	[END - SCREEN OUT V3]
5	NO/NONE OF THE ABOVE	[GO TO V4]
9	DK/REF (VOL)	[END AND DISPO AS "NEEDS LOOKUP"]

V4.   Do you have an office at [FILL ADDRESS]?
[IF DON'T KNOW FIRST ASK: Is there someone else there who would know?]

1	YES	[GO TO V7]
2	NO, IT MOVED	[GO TO V5]
3	NO, IT CLOSED/WENT OUT OF BUSINESS	[END - SCREENOUT V4]
9	DK/REF (VOL)	[END AND DISPO AS "NEEDS LOOKUP"]

V5.   Did the office move to a location in a different state than [FILL STATE]?
        [IF DON'T KNOW FIRST ASK: Is there someone else there who would know?]

                1   YES
                2   NO
                9   DK (VOL)   [END AND DISPO AS "NEEDS LOOKUP"]

V6.   Could I please have the new address for that location?
        [IF DON'T KNOW FIRST ASK: Is there someone else there who would know?]

                1   YES   [ENTER NEW INFORMATION THEN GOTO V7]
                2   NO   [END AND DISPO AS "NEEDS LOOKUP"]
                9   DK (VOL)   [END AND DISPO AS "NEEDS LOOKUP"]

        [PROGRAMMER: IF V5=1 GO TO END AND SCREENOUT V5]

V7.   We would like to send some information regarding this study to your company. Could I please have
        the contact information of your human resources director, the person responsible for your
        company's benefit plans, or the person responsible for compliance with federal employment laws
        for this location?
        [IF NECESSARY: This may be your company's personnel manager, payroll manager, etc.]
        [IF DON'T KNOW FIRST ASK: Is there someone else there who would know?]
        [VERIFY SPELLING/ACCURACY OF ALL ENTRIES]

                [ENTER:]
                TITLE
                FIRST NAME LAST NAME
                COMPANY NAME
                ADDRESS
                CITY, STATE ZIP
                DIRECT PHONE NUMBER, EXTENSION
                FAX NUMBER
                EMAIL ADDRESS

                9   DK (VOL)   [END AND DISPO AS "NEEDS LOOKUP"]

V8.   To verify that I have spoken to someone at this company, may I please get your name?

                [ENTER:]
                NAME [ASK FOR SPELLING IF UNSURE]

                9   REF (VOL)

V9.   To the best of your knowledge, does your organization maintain records of employee use of leave
        under the Family and Medical Leave Act, also known as FMLA leave?   The FMLA gives some
        employees in organizations of a certain size the right to take unpaid, job-guaranteed leave for
        various family and medical reasons.

                1   YES   [ASK V10]
                2   NO   [GO TO END]
                9   DK/REF (VOL)   [GO TO END]

V10.   And does your company process requests for FMLA internally, or do you utilize a third party for this? (IF NECESSARY: do you hire another company to administer the requests for FMLA, or do you do this yourselves?)

        1   INTERNALLY
        2   OUTSOURCE
        3   OTHER
        9   DK/REF (VOL)

END.   Thank you. Those are all the questions I have at this time.

VOICEMAIL.   Hello, my name is [INTERVIEWER], and I'm calling from Abt SRBI, a public policy research firm, on behalf of the U.S. Department of Labor. We are preparing for an important nationwide study regarding businesses' leave policies and would like to send some information regarding this study to your company. We will call back within the next day or two. Thank you. [THEN SCHEDULE CALLBACK FOR ALL VOICEMAILS]

INTRO1.
Hello, may I speak to [hrname]? My name is [INTERVIEWER NAME] and I'm calling from Abt SRBI, a public policy research firm. Your organization was recently sent a letter signed by Assistant Secretary for Policy, Dr. William Spriggs, regarding a study we are conducting for the U.S. Department of Labor.

Do you remember receiving this letter?

>   1   YES   [GO TO THE LOGIC BEFORE EMAILL]
>   2   NO/DK/REF   [GO TO INTRO2]
>   3.   (VOL) Will complete/Already completed on web [SET UP CALLBACK]

INTRO2.
Would you like another copy sent to you?

>   1   YES   [GO TO RESEND]
>   2   NO/DK/REF   [GO TO THE LOGIC BEFORE EMAILL]
>   3   SOFT REFUSAL
>   4   HARD REFUSAL

RESEND.
How would you like the letter re-sent: by mail, fax, or email?

>   1   MAIL   [READ IN HRADD AND CONFIRM WITH RESPONDENT]
>   2   FAX   [READ IN HRFAX AND CONFIRM WITH RESPONDENT]
>   3   EMAIL [READ IN HREMAIL AND CONFIRM WITH RESPONDENT]

[IF [email] = 1, READ EMAILL. ELSESKIP TO EMAIL1]
EMAILL.
Your organization was also recently sent a follow-up email, which included a link to the online survey and a unique PIN. Do you recall receiving this email?

>   1   YES   [GO TO INTRO3]
>   2   NO/DK/REF

RESEND2.
Would you like another email sent to you?

>   1   YES
>   2   NO/DK/REF   [GO TO INTRO3]

[IF RESEND = 3, skip to INTRO3]
CHECKEMAIL.

The email address we have on file is [EMAIL]. Is this correct?

    1   YES   [GO TO INTRO3]
    2   NO
    8   (VOL) DK/REF   [GO TO INTRO3]

EMAILUPDATE.
What is your email address?

    1   UPDATE EMAIL ADDRESS [CATI: INCLUDE VALIDATION TO CHECK FOR @ SYMBOL]
    2   (VOL) DK/REF

[SKIP TO INTRO3]

[IF [email] = 0, READ EMAIL1. ELSE SKIP TO INTRO3]
EMAIL1
We could also send your organization an email which will include a link to the online survey and a unique PIN. Would you like us to send you an email?

    1   YES
    2   NO/DK/REF   [GO TO INTRO3]

[IF RESEND = 3, skip to INTRO3]
EMAILUPDATE1.
What is your email address?

    1.   UPDATE EMAIL ADDRESS [CATI: INCLUDE VALIDATION TO CHECK FOR @ SYMBOL]
    2.   (VOL) DK/REF

INTRO3.
Would you like to hear about this study now?

    1   YES [IF INTRO1=1, GO TO LETTER
                      IF INTRO1=2, GO TO NO LETTER]
    2   NO [SCHEDULE CALLBACK]
    3   SOFT REFUSAL
    4   HARD REFUSAL
    5.   (VOL) Will complete/Already completed on web [SET UP CALLBACK]

NO LETTER.
The letter from the **Assistant Secretary for Policy** encouraged your participation in a major study being conducted by the Department of Labor that will collect information on employers' family and medical leave policies and benefits. The letter described the information we are collecting, such as the number of employees on the payroll, and the number of employees who may have taken leave over a twelve month period. Some of our questions will ask about the Family and Medical Leave Act, also referred to as FMLA. FMLA gives some employees in organizations of a certain size the right to take unpaid, job-guaranteed leave for various family and medical reasons.

[IF NECESSARY: We are interested in employers who are covered by FMLA and those who are not covered.]

[GO TO START1]

LETTER.
Abt Associates and its survey division, Abt SRBI, are conducting this study to find out about your organization's policies with regard to employees taking leave for family reasons or serious medical reasons, and your employees' use of this leave. Some of our questions will ask about the Family and Medical Leave Act, also referred to as FMLA. FMLA gives some employees in organizations of a certain size the right to take unpaid, job-guaranteed leave for various family and medical reasons.

[IF NECESSARY: We are interested in employers who are covered by FMLA and those who are not covered.]

[GO TO START1]

START1.
Now, just a few more things before we get started.
Your participation in this study will help the Department of Labor calculate national estimates. The data will be used for research purposes only, NOT for compliance with FMLA. The Department of Labor will receive an aggregate file of 1,800 responses from employers across the country, and it will not include any identifying information on any individual employer. They will make available a public-use data set on their website or other data repository. [IF NECESSARY: Wide dissemination of data facilitates our understanding of the FMLA and its impacts on employers; it enables researchers and policy makers to further the national policy discussion, and it helps ordinary citizens learn about the issues facing their employers.]

Your responses to this survey are voluntary and will remain private to the greatest extent possible under the law. There are many procedures in place to reduce the minimal potential risk of loss of privacy in this study. No information tied specifically to your organization will be shared or released in any form. The survey should take about 20 minutes to complete, depending on your answers.

May I begin the survey now? [IF NECESSARY: We can start now and you can finish on the web if you'd like.]

    1   CONTINUE   [GO TO START1.2]
    2   CALLBACK
    3   SOFT REFUSAL
    4   HARD REFUSAL
    5   (VOL) ALREADY COMPLETED WEB SURVEY [SET UP CALLBACK]
    6   (VOL) PREFERS TO COMPLETE ON WEB [GO TO WEB]

WEB.
This survey can be completed online if you prefer. To access the survey online, please use the following web address: XXXXXX

Once there, enter your unique PIN [INSERT KEY] to begin the survey. Thank you in advance for your participation.

[SET UP CALLBACK FOR 2 WEEKS]

START1.2.
So that we can collect the most accurate data possible, we'd like you to consult HR records, if necessary. These would include the number of full- and part-time employees at your organization, leave-taking activity, and company policies regarding time off for family and medical leave.   Do you have access to that information now?
[INTERVIEWER: I can wait while you locate your records. IF NECESSARY: We can schedule a better time to call back.]

    1   YES, RESP HAS RECORDS / HOLD WHILE RESP. LOCATES RECORDS   [GO TO START2]
    2   RESP. DOES NOT NEED TO CONSULT RECORDS   [GO TO START2]
    3   RESP. DOES NOT HAVE RECORDS ON HAND   [SCHEDULE CALLBACK]

START2. Please allow me a moment to bring up your survey.

[DISPLAY RESP KEY #]

INTERVIEWER: GO TO www.opinionport.com/fmlacati AND ENTER KEY TO BEGIN SURVEY. STAY ON THIS SCREEN UNTIL DONE WITH WEB SURVEY.

*****<u>IMPORTANT</u>: DO NOT USE THE STOP MENU TO DISPO CALL******

PRESS 1 TO CONTINUE.

END.
INTERVIEWER RECORD STATUS OF WEB SURVEY.

    1   COMPLETE [END]
    2   PARTIAL – CALLBACK AT SAME NUMBER
    3   PARTIAL – CALLBACK AT DIFFERENT NUMBER [GO TO UP1]
    4   PARTIAL – SOFT REFUSAL
    5   PARTIAL – HARD REFUSAL
    6   SCREENOUT Q1.1 = 1
    7   SCREENOUT Q2.1 = 1

[CATI- ADD ECHO HERE]
[CATI: If END = 2 or 3, unset START2, and END and start callback at START2]

UP1. [INTERVIEWER: UPDATE PHONE NUMBER]

UP2. Is that a landline or cell phone?

      1 Landline
      2 Cell phone

VOICEMAIL SCRIPT.
Hello, my name is [INTERVIEWER], and I'm calling from Abt SRBI, a public policy research firm, on behalf of the U.S. Department of Labor. We are preparing for an important nationwide study regarding businesses' leave policies and would like to include your company in this important study. We will call back within the next day or two. If you would like to reach us to complete the survey, you can call our toll-free number, **1-XXX-XXX-XXXX,** please ask for extension XXXX and reference your unique PIN [READ RESP KEY #]. Thank you.

[PROGRAMMER: DO NOT DISPLAY QUESTION NUMBERS (INTRO1, INTRO1.1, ETC.) ON SCREEN]

INTRO1.
[CENTERED] Thank you for participating in this important research study!

This study asks about your organization's policies with regard to employees taking leave for family and medical reasons, and your employees' use of this leave. Some questions ask about the Family and Medical Leave Act, also referred to as FMLA. Your participation in this study will help the Department of Labor calculate national estimates. The data will be used for research purposes only, NOT for compliance with FMLA. The Department of Labor will receive an aggregate file of 1,800 responses from employers across the country, and it will not include any identifying information on any individual employer. They will make available a public-use data set on their website or other data repository. Wide dissemination of data facilitates our understanding of the FMLA and its impacts on employers; it enables researchers and policy makers to further the national policy discussion, and it helps ordinary citizens learn about the issues facing their employers. [HYPERLINK "public-use data set", "FMLA" IN THREE PLACES]

Your responses to this survey are voluntary and will remain private to the greatest extent possible under the law. There are many procedures in place to reduce the minimal potential risk of loss of privacy in this study. The Department of Labor (DOL) could not conduct this survey without the Office of Management and Budget approval. DOL received such approval under OMB control # 1235-0026, which expires on 12/31/2014. No information tied specifically to your organization will be shared or released in any form. The survey should take about 20 minutes depending on your answers. We have provided definitions for terms used throughout the survey, which you may consult by clicking on terms highlighted in blue, underlined font. Doing so will open a new window containing the definitions, which you may consult for the duration of the survey.

[HYPERLINK "definitions" – SEE DEFINITIONS BELOW]

If you have any questions while completing the survey, please contact XXXX XXXX at
1-XXX-XXX-XXXX or by email, XXXX@SRBI.com and mention study "XXXX". We ask that you complete your survey no later than June 1, 2012.

[THE FOLLOWING DEFINITIONS SHOULD BE DISPLAYED IN EVERY HYPERLINK, IN ALPHABETICAL ORDER:
Care of a military service member
The employee could be the service member's spouse, son, daughter, or parent or next of kin.

Deployment of a military service member
The employee could be the service member's spouse, son, daughter, or parent.

Elderly
Elderly refers to a person aged 65 years or older.

Entire time allotment
We mean the total amount of time provided for by the Federal Family and Medical Leave for protected leave reasons. For example, FMLA provides up to 12 weeks for the birth of a child and 26 weeks for military caregiver leave. State laws may provide additional time.

Episodic
An episodic leave means time away from work taken sporadically in short increments of time for the same underlying reason.

Federal Family and Medical Leave Act (FMLA)
The act gives some employees in organizations of a certain size the right to take unpaid, job-guaranteed leave for various family and medical reasons such as: to care for their own or family members' serious health condition or pregnancy; to give birth to a child; for the placement of a child for adoption or foster care; to care for a newborn, adopted or foster child; or to care for a military service member, or for reasons related to the deployment if a military service member.

Flex Time
By "flex time" we mean a flexible work schedule which allows you to choose when you work, as long as you meet your total expected work hours.

FMLA Eligible Employee
An employee that worked for your organization for at least 12 months, works at a location where 50 employees are employed at the location or within 75 miles, and had at least 1,250 hours of service in the 12 months prior to the needed leave.

Public-Use Data Set
A public-use data set is a file with data from the survey that will be posted by the Department of Labor on their web site or other data repository. Several measures are employed to ensure confidentiality of the study participants. No personal names or company names or addresses will be present in the data. Other information, such as geographic information, will be suppressed. Other potentially identifying information, such as company size and industry type will be suppressed or re-categorized into broader groups so as to make identification of any individual respondent impossible.

Serious Health Condition
Is a condition that:
-   Lasted more than 3 days and required treatment by a health care provider OR
-   A condition that required an overnight hospital stay OR
-   A long-lasting condition for which one must see a health care provider at least twice a year for treatment.
It may also include
-   A condition that makes one permanently unable to work or perform other daily functions OR
-   A condition that requires treatments to keep from becoming incapacitated.

Third Party for Processing FMLA Requests
A third party for processing FMLA requests is a company that is hired to administer the requests for FMLA.]

INTRO1.1.

A few instructions before you begin...

- The [BOLD->] **preferred web browser** [<-BOLD] for this survey is Internet Explorer (version 6 and above) or Mozilla Firefox (version 3.5 and above).
- If you need to exit this survey for any reason, you may return by logging in with your same PIN, and continue the survey from the point at which you left off. If you need to go back to change an answer use the "LAST" button on the bottom of the screen. Do not use your browser's back button.
- To leave a question blank, you may select "NEXT" to move forward. If you would like to un-select a response to leave a question blank, you may choose the "Clear my response" option to remove your response and continue the survey.

[PROGRAMMING: IF "NEXT" IS SELECTED WITHOUT A RESPONSE, RESPONDENTS SHOULD BE PROMPTED TO ANSWER. ON SECOND ATTEMPT TO GO FORWARD WITHOUT RESPONSE, ALLOW NO ANSWER AND CODE REFUSED.]

INTRO1.2.

To speed up the survey process, please have the following information available before you begin the web survey. In order to achieve a high degree of accuracy in this study, we encourage you to consult, if necessary, relevant records (payroll, etc.) maintained by your organization. Because many businesses have different fiscal years and record keeping systems, we ask that you report the following information over a twelve month period since January 1, 2011, that is most convenient to you.

[BOLD->] Information About Your Business [<-BOLD]
- The number of employees presently on the payroll at this address (including full-time, part-time, and temporary employees).
- The number of female employees.
- The number of employees who are unionized.
- The number of employees who worked at least 1,250 hours for your organization in the past 12 months.

[BOLD->] Information About Employees Taking Leave For Family Or Medical Reasons [<-BOLD]
- The NUMBER OF EMPLOYEES AT THIS LOCATION TAKING LEAVE which you categorized as being under the Federal Family and Medical Leave Act (if applicable to your organization at this location).
- THE NUMBER OF EMPLOYEES AT THIS LOCATION, IN TOTAL, TAKING LEAVE lasting more than 3 days for family or serious medical reasons (including leave taken under the Family and Medical Leave Act as well as other family and medical leave) in the 12-month reporting period you have designated.
- For businesses for which the Federal Family and Medical Leave Act applies: The number of employees who took leave for family reasons or leave lasting for more than 3 days for serious medical reasons during your designated 12-month reporting period, but whom have NOT returned to work for you.

[VERSION 2 (CATI) – BEGIN WITH QTIME]

QTime. The survey contains several questions that require information over a 12-month period. You may provide this information for any 12-month period between January 2011 and now that is most convenient to you.   Please select the 12-month reporting period for this survey.

      1   January 2011 to December 2011
      2   February 2011 to January 2012
      3   March 2011 to February 2012
      4   April 2011 to March 2012
      5   May 2011 to April 2012
      6   June 2011 to May 2012

[PROGRAMMING – WE WILL ADD OPTIONS 3-6 EACH MONTH AS THEY APPLY]

[12-MONTH FILL= [QTIME]

REMINDER AFTER QTIME= "Reminder: Please answer all questions using data from the 12-month reporting period you specified earlier, [QTIME]."

IF QTIME = REF, THEN 12-MONTH FILL= "during your 12-month reporting period" AND REMINDER AFTER QTIME= "Reminder: … using data from your company's 12-month reporting period."]

Q1.   First, we would like some general information that describes your organization as a whole. How many employees are currently on the payroll? Please include all full-time, part-time, and seasonal or stand-by employees within your firm or organization across all worksites.
[Please think about the entire firm or organization.]
[Please enter zero (0) if the answer is "none".]

|___|___|___|___|___| [RANGE: 0-500,000; 500,000 = 500,000 or greater]
9999999   REF

IF Q1=0 GO TO Q1.1
IF Q1=REF GO TO Q1.2
IF Q1>0 AND NE REF GO TO INTRO2

[PROGRAMMER NOTE: **FOR ALL NUMERIC QUESTIONS-** FORCE A NUMERIC RESPONSE THAT IS WITHIN RANGE BUT ALLOW BLANK TO CONTINUE (DO NOT ALLOW A NUMERIC RESPONSE THAT IS OUT OF RANGE). ERROR MESSAGE SHOULD READ: Please enter a number [less than or equal to [X]]. But if you really don't know the answer or if you'd prefer to skip this question, you can continue by leaving the box blank and clicking 'Next'.]

Q1.1 You have indicated that, including yourself, there are ZERO (0) employees currently on your payroll. Is that correct?

1   YES   GO TO QEND [IF VERSION 2: GO TO QEND THEN GO TO SCREENOUT TEXT AT END]
2   NO   GO TO Q1 .2
9   REF   GO TO Q1.2

Q1.2 Can you please provide a range of employees currently on your payroll?
                1   1-10
                2   11-24
                3   25-49
                4   50-99
                5   100-250
                6   251-999
                7   1,000+.
                9   REF

INTRO2.
Most of our questions request information about your work site at its address, for example [LOCATION ADDRESS]. Many companies have branches or offices located outside of the main or headquarter city. Our study has been designed to scientifically select work [BOLD->] sites [<-BOLD], as opposed to entire companies. In order to get the most accurate data possible, we will need you to report on your work site's address, for example the [LOCATION ADDRESS] location, for most of our questions. Since we will be referring to this location several times throughout the survey, can you please tell me how we should refer to it throughout the survey? For example, do you call it the [INSERT CITY] office, or branch? Or something else?

1   [INSERT CITY] office
2   [INSERT CITY] branch
3   Something else, please specify: _____
9   REF

[IF INTRO2=3, WORK SITE FILL= TEXT SPECIFIED. IF INTRO2=REF , THEN WORK SITE FILL= "your work site", IF INTRO2=3, force specify response]

Q2.   And how many employees report to or receive work from [WORK SITE FILL]?
[Please think only about this location, not the entire firm or organization. This includes all individuals who receive work assignments from or are based out of this site, including those who may work from home or telecommute.]
[Please enter zero (0) if the answer is "none".]

[PROGRAMMING: Q2 SHOULD BE LESS THAN OR EQUAL TO Q1 UNLESS Q1= 0 or REF, THEN RANGE SHOULD BE LESS THAN OR EQUAL TO HIGHER RANGE IN Q1.2. IF Q1.2=REF THEN RANGE=0-500,000.]
|___|___|___|___|___| [RANGE: 0-Q1 OR 0-HIGHER RANGE Q1.2 OR 0-500,000]
99999 REF

IF Q2=0 GO TO Q2.1
IF Q2=REF GO TO Q2.2
IF Q2>0 AND NE REF GO TO PROGRAMMING INSTRUCTION BEFORE Q3

Q2.1 You have indicated that, including yourself, there are ZERO (0) employees who report to or receive work from [WORK SITE FILL]. Is that correct?

1   YES   GO TO QEND [IF VERSION 2: GO TO QEND THEN GO TO SCREENOUT TEXT AT END]
2   NO   GO TO Q2.2
9   REF   GO TO Q2.2

Q2.2 Can you please provide a range of employees who report to or receive work from this location?

[RANGE: 0-Q1 OR 0-HIGHER RANGE Q1.2 OR 0-500,000]

1   1-10
2   11-24
3   25-49
4   50-99
5   100-250
6   251-999
7   1,000+.
9   REF

(IF Q2=1-49) OR (IF Q2 = 0 or REF AND Q2.2<4) ASK Q3 ELSE SKIP TO Q4

Q3.   Including the employees at this site, what is the TOTAL number of employees who report to or receive work at sites within 75 miles of this location?
[This includes employees who work from home and are within the 75 mile limit.]

[PROGRAMMING: Q3 SHOULD BE GREATER THAN OR EQUAL TO Q2 UNLESS Q2=0 or REF, THEN MIN RANGE=LOWER RANGE IN Q2.2. IF Q2.2=REF THEN MIN RANGE=0]

|___|___|___|___|___| [RANGE: Q2-10,000 OR LOWER RANGE Q2.2-10,000 OR 0-10,000]
99999   REF

IF Q3=REF GO TO Q3.1
IF Q3>0 AND NE REF GO TO Q4

Q3.1 Can you please provide a <u>range</u> of employees who report to or receive work at sites within 75 miles of this location?

[RANGE: Q2-10,000 OR LOWER RANGE Q2.2-10,000 OR 0-10,000]

1   1-10
2   11-24
3   25-49
4   50-99
5   100-250
6   251-999
7   1,000+.
9   REF

Q4.   Just to confirm, we have your organization's main activity described as [INSERT
        INDUSTRY DESCRIPTION FROM SAMPLE]; is that correct?

                1   YES   [GO TO Q6]
                2   NO   [GO TO Q5]
                9   REF   [GO TO Q5]

Q5.   How would you describe your company's main activity? [RECORD VERBATIM]

Q6.   How many of your employees at [WORK SITE FILL] are unionized?
[Please enter zero (0) if the answer is "none".]

                1   NUMBER   [Q6 SHOULD BE LESS THAN OR EQUAL TO Q2 UNLESS Q2 = 0 or
        REF, THEN MAX RANGE=HIGHER RANGE Q2.2. IF Q2.2=REF THEN RANGE=0-10,000.]
                2   PERCENT
                9   REF

                |___|___|___|___|___|___| [RANGE: 0-Q2 OR 0-HIGHER RANGE Q2.2 OR 0-10,000]
                |___|___|___| PERCENT
                99999 REF

        [PROGRAMMING: IF Q6=0 or REF ASK Q6a]
        Q6a. Across all sites in your organization, are any employees unionized?

                1   Yes
                2   No
                9   REF

Q7.   How many of your employees at [FILL] are female?
[Your best estimate is fine.]
[Please enter zero (0) if the answer is "none".]

                1   NUMBER   [Q7 SHOULD BE LESS THAN OR EQUAL TO Q2 UNLESS Q2= 0 or REF,
                        THEN MAX RANGE=HIGHER RANGE Q2.2. IF Q2.2=REF THEN RANGE=0-10,000.]
                2   PERCENT
                9   REF

                |___|___|___|___|___|___| [RANGE: 0-Q2 OR 0-HIGHER RANGE Q2.2 OR 0-10,000]
                |___|___|___| PERCENT
                99999 REF

Q8.   How many of your employees at [WORK SITE FILL] have been working at your organization for at least one year?
[Please enter zero (0) if the answer is "none".]

            1   NUMBER   [Q8 SHOULD BE LESS THAN OR EQUAL TO Q2 UNLESS Q2 = 0 or
REF, THEN MAX RANGE=HIGHER RANGE Q2.2. IF Q2.2=REF THEN RANGE=0-10,000.]
            2   PERCENT
            9   REF

            |___|___|___|___|___|___| [RANGE: 0-Q2 OR 0-HIGHER RANGE Q2.2 OR 0-10,000]
            |___|___|___| PERCENT
            99999 REF

[PROGRAMMING: DISPLAY Q9 ON SAME SCREEN AS Q8; IT SHOULD APPEAR ON SCREEN ONLY *AFTER* Q8 RESPONSE IS SUBMITTED. IF Q8=0 FOR EITHER NUMBER OR PERCENT, SKIP TO Q10 (DO NOT DISPLAY Q9). IF Q8=REF, DISPLAY Q9.]

Q9.   Of the employees working there at least a year, how many worked at least 1,250 hours for your organization in the past year?
[Please enter zero (0) if the answer is "none".]

            1   NUMBER   [Q9 SHOULD BE LESS THAN OR EQUAL TO Q8 UNLESS REF, THEN
RANGE Q9 SHOULD BE LESS THAN OR EQUAL TO Q2 UNLESS Q2 = 0 or REF, THEN MAX
RANGE=HIGHER RANGE Q2.2. IF Q2.2=REF THEN RANGE=0-10,000.]
            2   PERCENT
            9   REF

            |___|___|___|___|___|___| [RANGE: 0-Q8 OR 0-10,000]
            |___|___|___| PERCENT   [RANGE: 0-100]
            99999 REF

Q10.   In what time increments do employees in your organization record their work time? Please select all that apply.

            1   Minutes
            2   Hours
            3   Not required to report/record work time [DO NOT ALLOW WITH 1 OR 2]
            9   REF

Q11.   How many employees are provided…?

[INSERT GRID – ROWS]
A.   Paid sick leave
B.   Paid disability leave
C.   Paid vacation
D.   Paid maternity leave
E.   Paid paternity leave
F.   Flex time [HYPERLINK "Flex time"]
G.   Any other paid time off, excluding paid holidays

[COLUMNS – ALLOW ONE PER ROW]
1   All
2   Most
3   Some
4   None
9   REF

Q11.1. [Ask Q11.1 if Q11A and C= 2/3/4/9] How many employees are provided "paid time off?"
        [Instead of designating employee paid time off as vacation, sick leave and such, many
        employers lump it all together and simply call it "paid time off" or PTO for short. PTO
        provides a "pool" of hours that an employee can draw from to take time off from work,
        without having to specify a reason.]

                1   All
                2   Most
                3   Some
                4   None
                9   REF

Q14.   How many employees at [WORK SITE FILL] are allowed to take leave for the
        following reasons?

[INSERT GRID – ROWS – RANDOMIZE]
A.   To attend a child's school meetings
B.   For elder care reasons
C.   For the employee's or his or her family members' routine medical
        appointments, such as routine dental exams or yearly physicals
D.   For non-routine medical appointments, such as to see a specialist

        [COLUMNS – ALLOW ONE PER ROW]
        1   All
        2   Most
        3   Some
        4   None
        9   REF

Q15.   Does your company policy use a point or demerit system that tracks an employee's unscheduled absences?

        1   Yes for all employees
        2   Yes for some employees
        3   No
        4   Depends on circumstances
        9   REF

Q16.   For employees at this location, does this site's policies allow for family or medical leave for the following reasons?

        [INSERT GRID – ROWS]
        A. For the care of a newborn
        B. For an adoption or foster care placement
        C. For an employee's own serious health condition (not including maternity-related reasons) [HYPERLINK "serious health condition"]
        D. For a pregnancy-related reason
        E. For the care of a child, spouse or parent with a serious health condition [HYPERLINK "serious health condition"]
        F. For care of a parent or spouse who is elderly [HYPERLINK "elderly"]
        G. For the care of a military service member with a serious injury or illness [HYPERLINK "care of a military service member"]
        H. For reasons related to the deployment of a military service member [HYPERLINK "deployment of a military service member"]

                [COLUMNS – ALLOW ONE PER ROW]
        1   Yes
        2   No
        3   Depends on circumstances
        9   REF

 [IF Q16A/B/E= 1 or 3 GO TO Q16x_1
IF Q16A/B/E NE 1 or 3 AND Q16C/D/F/G/H= 1 or 3 GO TO Q16x_2
IF ALL Q16A-H= 2 or9, GO TO Q17]

[ASK IF Q16A/B/E = 1 or 3]
Q16x_1. Does this site's leave policies for these types of leave cover guardians and caregivers of a child regardless of their legal or biological relationship to that child?

        1   Yes
        2   No
        9   REF

Q16x_2. How much notification is needed for foreseeable absences? [If it differs by type of leave, what is the MAXIMUM notification needed?] Please respond in hours OR days OR weeks. [Enter zero (0) if the answer is "none".]

      6   Hours [RANGE: 0 – 24]
      7   Days [RANGE: 0 – 180]
      3   Weeks [RANGE: 0 – 52]
      9   REF

Q16x_3. Does this site have a WRITTEN policy for taking family and medical leave?

      1   Yes
      2   No
      9   REF

Q16x_4. What is the MINIMUM time increment employees are permitted to take for these types of leave? Please respond in minutes OR hours OR days.
[Enter zero (0) if the answer is "none".]

      1   Minutes [RANGE: 0 – 59]
      2   Hours [RANGE: 0 – 24]
      3   Days   [RANGE: 0 – 100]
      9   REF

Q16x_5. Does this site provide full or partial pay during these types of leave? [We are only interested in wages provided by the employer, not any state assistance that may be provided.]

      1   Yes, full
      2   Yes, partial
      3   No paid leave offered
      4   Other, please specify _____ [DO NOT FORCE RESPONSE, HOWEVER DO FORCE SPECIFY IF RESPONSE IS SELECTED]
      9   REF

Q16x_6a. How much TOTAL time does this site allow the employee to take leave in a year FOR THE CARE OF A MILITARY SERVICE MEMBER with a serious injury or illness? Please respond in hours OR days OR weeks OR months.
[Enter zero (0) if the answer is "none".]

      1   Hours [RANGE: 0 – 24]
      2   Days [RANGE: 0 – 180]
      3   Weeks [RANGE: 0 – 30]
      4   Months [RANGE: 0 – 6]
      9   REF

Q16x_6b. How much TOTAL time does this site allow the employee to take leave in a year FOR ANY OF THE OTHER TYPES OF LEAVES? [Do not include leave for the care of a military service member.] Please respond in hours OR days OR weeks OR months.
[Enter zero (0) if the answer is "none".]

    1   Hours [RANGE: 0 – 24]
    2   Days [RANGE: 0 – 180]
    3   Weeks [RANGE: 0 – 30]
    4   Months [RANGE: 0 – 6]
    9   REF

Q16x_7. Are the health benefits that an employee receives while employed continued during these types of leave?

    1   Yes
    2   No
    3   No health benefits offered
    9   REF

Q16x_8. Is there a guarantee for same or equivalent job upon return from these types of leave?

    1   Yes
    2   No
    9   REF

Q17. In 1993, the Federal Family and Medical Leave Act, or FMLA was passed. It gives some employees in organizations of a certain size the right to take unpaid, job-guaranteed leave for various family and medical reasons. Does the FMLA apply to [WORK SITE FILL], does it not apply, or are you not sure if it applies? [HYPERLINK "Family and Medical Leave Act"]

    1   Applies
    2   Does not apply   [GO TO Q58]
    3   Not sure   [GO TO Q58]
    9   REF   [GO TO Q58]

Q18.   Does your company process requests for FMLA internally, or do you utilize a third party for this? [HYPERLINK "FMLA", "third party"]

       1   Internally
       2   Outsource to a third party
       3   Other
       9   REF

Q19.   [IF Q2.2=REF, SKIP TO Q19.1:] At the beginning, you told us that [WORK SITE FILL] has a total of [INSERT # OF EMPLOYEES FROM Q2 UNLESS Q2 = zero or REF then insert RANGE FROM Q2.2] employees. [From [FILL 12-MONTH PERIOD HERE]], how many of those employees took leave that you classified as being under FMLA? [HYPERLINK "FMLA"]
[Please enter zero (0) if the answer is "none".]

[Q19 MUST BE LESS THAN OR EQUAL TO Q2 UNLESS Q2= 0 or REF THEN MUST BE LESS THAN OR EQUAL TO HIGHER RANGE FROM Q2.2]
        |___|___|___|___|___| [RANGE: 0-Q2 OR 0-HIGHER RANGE Q2.2]
        99999 REF

Q19.1. [From [FILL 12-MONTH PERIOD HERE]], how many employees took leave that you classified as being under FMLA? [HYPERLINK "FMLA"]
[Please enter zero (0) if the answer is "none".]

        |___|___|___|___|___| [RANGE: 0-10,000]
        99999 REF

**IF [Q19=0 OR REF] OR [Q19.1=0 OR REF] SKIP TO Q27,
ELSE IF [Q19>0 OR Q19.1>0], GO TO Q20**

Q20.   We just asked you about the total number of EMPLOYEES that have taken leave [from [INSERT 12-MONTH REFERENCE PERIOD]]. Can you please provide the total number of separate LEAVES taken in this same time period? A leave is time taken off for a single reason; this time could be taken all at once or intermittently over time.

[Q20 MUST BE GREATER THAN OR EQUAL TO Q19 OR Q19.1]
        |___|___|___|___|___| [RANGE: Q19/Q19.1-10,000]
        99999 REF

Q21.   How many of the [FILL IN FROM Q19 OR Q19.1] employees took their leave on an intermittent basis? By intermittent, we mean taking leave a few hours or days at a time, on multiple occasions, but for the same reason.
[Please enter zero (0) if the answer is "none".]

[Q21 SHOULD BE LESS THAN OR EQUAL TO Q19 OR Q19.1]
|___|___|___|___|___| [RANGE: 0-Q19/Q19.1]
99999 REF

[IF Q21=0 OR REF, SKIP TO Q22]
 Q21a. How would you evaluate the ease or difficulty of administering intermittent leaves?

1   Very easy
2   Somewhat easy
3   Neither easy or difficult
4   Somewhat difficult
5   Very difficult
9   REF

[DO NOT DISPLAY QTIME REMINDER]
Q21b. Of the [FILL IN FROM Q20] FMLA granted LEAVE(S) taken during the last 12 months, what percent would you estimate were taken on an intermittent basis? [HYPERLINK "FMLA"]

1   None
2   1-5%
3   6-10%
4   11-15%
5   16-20%
6   21 to 50%
7   More than 50%
9   REF

Q22. What is your policy on intermittent leave for shift workers; do you permit the employee to rejoin mid-shift or do you require the employee to take the entire shift as leave?

1   Rejoin mid-shift
2   Require entire shift as leave
3   Depends on supervisor
4   This establishment does not have shift workers
9   REF

Q23. Did any of the [INSERT # OF EMPLOYEES FROM Q19 OR Q19.1] employees at [WORK SITE FILL] take leave under FMLA [from [INSERT 12-MONTH REFERENCE PERIOD]] and then choose NOT to return to work for you? [HYPERLINK "FMLA"]

1   Yes   [GO TO Q24]
2   No   [SKIP TO Q25]
9   REF   [SKIP TO Q25]

Q24. How many employees chose not to return?
[Please enter zero (0) if the answer is "none".]

       1   NUMBER   [Q24 SHOULD BE LESS THAN OR EQUAL TO Q19 OR Q19.1]
       2   PERCENT
      |___|___|___|___|___| [RANGE: 0-Q19/Q19.1]
      |___|___|___| PERCENT
      99999 REF

Q25. About how many leaves taken under FMLA are given with notice from the employee
that is consistent with your company's policies? [HYPERLINK "FMLA"]

       1   All
       2   Most
       3   About half
       4   Some
       5   None
       9   REF

Q26. How many medical certifications for FMLA leave did you accept as complete and
sufficient [from [12-MONTH REFERENCE PERIOD]] at this location?

      |___|___|___|___|___| [RANGE 0 – 10,000]
      99999 REF

Q26a. How many medical certifications for FMLA leave were returned to the employee to provide
additional information [from [12-MONTH REFERENCE PERIOD]] at this location?

      |___|___|___|___|___| [RANGE 0 – 10,000]
      99999 REF

Q27   INTRO. Now we would like to ask you about implementing FMLA. Let's start with denial of FMLA leave.

Q27.   How many FMLA leave applications were denied [from [INSERT 12-MONTH REFERENCE PERIOD]] for ANY reason? [HYPERLINK "FMLA"]

        1   All
        2   Most
        3   Some
        4   None
        9   REF

> **IF Q27 = 4/9, SKIP TO Q34,**
> **ELSE IF Q27 <4, GO TO Q28**

Q28.   [From [INSERT 12-MONTH REFERENCE PERIOD]], have any eligible employees at [WORK SITE FILL] been denied Family and Medical Leave because they used their entire time allotment covered by FMLA? [HYPERLINK "eligible employees" AND "entire time allotment" AND "FMLA"]

        1   Yes, all employees
        2   Yes, most employees
        3   Yes, some employees
        4   No, no employees
        9   REF

Q30.   [From [INSERT 12-MONTH REFERENCE PERIOD]], have any eligible employees been denied Family and Medical Leave because FMLA did not cover the reason for their leave? [HYPERLINK "eligible employees" AND "FMLA"]

        1   All
        2   Most
        3   Some
        4   None
        9   REF

Q32.   [From [INSERT 12-MONTH REFERENCE PERIOD]] have any eligible employees been denied Family and Medical Leave because they did not meet your establishment's notice requirements?

        1   All
        2   Most
        3   Some
        4   None
        9   REF

Q34   NTRO. Now we have a few questions about conditions for taking leave and for returning to work.

Q34.   How often do you require medical certification for employees that request FMLA leave?
        [HYPERLINK "FMLA"]

        1   Always
        2   Most of the time
        3   Half the time
        4   Sometimes
        5   Never   [GO TO INTRO BEFORE Q40]
        9   REF

Q35.   Does your establishment contact employees' health care providers as part of the certification
        process?

        1   Yes   [GO TO Q36]
        2   No   [SKIP TQ37]
        3   Depends   [GO TO Q36]
        9   REF   [SKIP TQ37]

Q36.   Who makes contact with employees' health care providers on behalf of your establishment?

        1   A third-party verification company
        2   HR personnel
        3   Manager
        4   Employees' direct supervisor
        5   Someone else, please specify: _____
        9   REF

Q37.   The FMLA generally permits employers to request re-certification of long term serious health
        conditions. How often do you require re-certification? [HYPERLINK "serious health conditions"
        AND "FMLA"]

        1   Less frequently than every 6 months
        2   Every 6 months
        3   More frequently than every 6 months
        5   Never
        9   REF

Q38.   Under certain circumstances, the FMLA permits employers to request "fitness for duty" certification before an employee who has been on FMLA leave because of his or her own serious health condition can return to work. How often do you require a fitness for duty certification? [HYPERLINK "serious health condition" AND "FMLA"]

        1   Always
        2   Most of the time
        3   Half the time
        4   Sometimes
        5   Never
        9   REF

Q39.   Who pays for each of the following types of certification visits? Please select all that apply for each type of certification visit.

        [INSERT GRID – ROWS]
        A.   Initial medical certification
        B.   Re-certification
        C.   Second or third certifications
        D.   Fitness for duty certification
        E.   Insufficient certification correction

        [COLUMNS]
        1   Establishment/employer
        2   Employee
        3   Employee's insurance
        4   Other source
        9   REF

Q40 INTRO. The next few questions are about employee misuse of FMLA.

[ASK Q40 IF Q20>1. IF Q20=1 THEN SKIP TO Q40a. IF Q20=0/REF/SKIPPED DUE TO LOGIC THEN SKIP TO Q42.]
Q40.   You told me that approximately [INSERT # FROM Q20] leaves were taken over the 12-month reporting period. How many of these leaves do you suspect were misused? [HYPERLINK "FMLA"]
        [Please enter zero (0) if the answer is "none".]

        |__|__|__|__| [RANGE: 0 – Q20]   [IF 0 SKIP TO Q42]
        99999 REF   [SKIP TO Q42]

        [ASK Q40A and Q41 ONLY IF Q20=1, otherwise skip to Q42]
        Q40a. You told me that 1 leave was taken over the 12-month reporting period. Do you suspect this leave was misused? [HYPERLINK "FMLA"]

        1   Yes
        2   No   [SKIP TO Q42]
        9   REF   [SKIP TO Q42]

Q41.   Why did you suspect this misuse? [SELECT ALL THAT APPLY] [RANDOMIZE LIST]

       1   Predictable leave pattern (around weekends, holidays, days off, etc.)
       2   Used leave to cover tardiness
       3   Used common excuses/doubting the reason for leave (migraines, back pain, etc.)
       4   Doubting the validity of a certification (heard information to the contrary, seen employee elsewhere performing allegedly restricted activity, etc.)
       5   Frequent leave with short or no advance notice provided or intermittent leave in general
       6   Past experience with employee (previous attendance problems, suspected of lying, past misuse, etc.)
       7   Some other reason not listed, please specify: _____
       9   REF

Q42.   Have you ever confirmed an employee's misuse of FMLA AT THIS LOCATION?
    [HYPERLINK "FMLA"]

       1   Yes   [GO TO Q43]
       2   No   [GO TO Q44]
       9   REF   [GO TO Q44]

[ASK Q43 IF Q42=1 ELSE SKIP TO Q44]
Q43.   What disciplinary action was taken for the most recent case of FMLA misuse?
    [HYPERLINK "FMLA"]

    [INSERT GRID – ROWS –RANDOMIZE]
    A.   The absence counted against the employee on your point system
    B.   The employee given a verbal warning/disciplinary notice
    C.   The employee given a written warning/disciplinary notice
    D.   The employee suspended
    E.   The employee terminated
    F.   Other, please specify _____ [DO NOT FORCE RESPONSE TO F,
HOWEVER DO FORCE SPECIFY IF A RESPONSE IS SELECTED FOR F]

    [COLUMNS – ALLOW ONE PER ROW]
    1   Yes
    2   No
    9   REF

Next, we will ask a few additional questions about your organization as a whole…

Q44. Are employees at [WORK SITE FILL] who are eligible for FMLA leave…? [HYPERLINK "FMLA"]

[INSERT GRID – ROWS –RANDOMIZE]
A. Provided with written guidance on how the Act is coordinated with existing leave and benefits policies?
B. Provided with written notice of how much of the leave taken was counted as FMLA leave? [HYPERLINK "FMLA"]
C. Required to use their paid leave before taking unpaid leave?
D. Ever offered alternative work arrangements instead of leave?

[COLUMNS – ALLOW ONE PER ROW]
1 Yes
2 No
3 Depends on circumstances
9 REF

Q45. In your entire organization, what types of employees do you consider to be eligible for FMLA leave? [SELECT ALL THAT APPLY] [HYPERLINK "FMLA"]

1 Senior managers/Professional staff
2 Staff who have worked at least a certain number of hours at the company
3 Hourly staff
4 None of these [GO TO Q47]
9 REF   [GO TO Q47]

Q46. Some employees are not eligible for FMLA leave for various reasons, such as the number of hours or months they have worked. Do you offer the same family and medical leave benefits to employees who are NOT eligible for FMLA because of their employee type or class, that is because they are…? [HYPERLINK "FMLA"]

[INSERT GRID – ROWS]
[FILL FROM Q45]

[COLUMNS – ALLOW ONE PER ROW]
1 Yes
2 No
9 REF

Q47. From which of the following sources do you get information on FMLA? [SELECT ALL THAT APPLY] [RANDOMIZE, ITEM 8 & 9 ALWAYS LAST] [HYPERLINK "FMLA"]
[PUNCH 9, 99 = SINGLE PUNCH]

      1   The U.S. Department of Labor
      2   The media
      3   A trade or business group
      4   An attorney or consultant
      5   A union
      6   Your employees
      7   Existing company policies or procedures
      8   Some other source
      9   Do not use any source
     99   REF

Q48. Which of the following methods, if any, do you use to inform employees of their rights under FMLA? [SELECT ALL THAT APPLY] [RANDOMIZE, ITEM 7&8 ALWAYS LAST] [HYPERLINK "FMLA"]
[PUNCH 8, 99 = SINGLE PUNCH]

      1   Employee handbook
      2   Notice on bulletin board
      3   Memos
      4   Computer network, Intranet or Email
      5   Oral notification
      6   Employee orientation and/or other meetings with employees
      7   Some other method_____
      8   Do not inform employees of their rights
     99   REF

Q49 INTRO. Now, a few questions on the possible effects of FMLA on your organization.

Q49. [DO NOT DISPLAY QTIME REMINDER]
Over the years, has complying with the FMLA increased, decreased, or not changed the following? [HYPERLINK "FMLA"]

[INSERT GRID – ROWS –RANDOMIZE, ASK D,E LAST]
A. Administrative costs
B. Cost of continuing benefits such as health plans during leave
C. Hiring/training costs
D. Other costs, please specify: _____ [DO NOT FORCE RESPONSE TO D, HOWEVER DO FORCE SPECIFY IF A RESPONSE IS SELECTED FOR D]
E. Other costs, please specify: _____ [DO NOT FORCE RESPONSE TO E, HOWEVER DO FORCE SPECIFY IF A RESPONSE IS SELECTED FOR E]

      [COLUMNS – ALLOW ONE PER ROW]
      1   Yes, increased
      2   Yes, decreased
      3   Not changed
      9   REF

Q50.   How easy or difficult are each of the following activities for your organization?

[INSERT GRID – ROWS –RANDOMIZE]
A.   Coordinating state and federal leave policies
B.   Coordinating the Act with other federal laws
C.   Coordinating the Act with other leave policies
D.   Coordinating the Act with employee attendance policies
E.   [DISPLAY ITEM E IF (Q6>0 EXCEPT REF) OR (Q6A=1)] Coordinating the Act with your
        Collective Bargaining Agreement
F.   Administering FMLA's notification, designation, and certification requirements [HYPERLINK
        "FMLA"]
G.   Determining if a health condition is a serious health condition under FMLA [HYPERLINK
        "serious health condition" AND "FMLA"]

        [COLUMNS – ALLOW ONE PER ROW]
        1   Very easy
        2   Somewhat easy
        3   Somewhat difficult
        4   Very difficult
        5   Not applicable
        9   REF

Q51.   The FMLA contains several provisions designed to assist in managing employees' use
        of FMLA leave. How helpful have the following provisions been in administering the
        FMLA at [WORK SITE FILL]? [HYPERLINK "FMLA"]

        [INSERT GRID – ROWS –RANDOMIZE]
A.   The exception for highly paid key employees
B.   Medical certifications for a serious health condition
        [HYPERLINK "serious health condition"]
C.   Second and third medical opinions
D.   Advance notice of foreseeable leave
E.   Transfer to an alternative position
F.   Medical re-certification
G.   The fitness for duty certification for employees
H.   Certification of leave for a reason related to the deployment of a military
        service member
I.   Certification of a serious injury or illness of a military service member

        [COLUMNS – ALLOW ONE PER ROW]
        1   Very helpful
        2   Somewhat helpful
        3   Neither helpful nor unhelpful
        4   Somewhat unhelpful
        5   Very unhelpful
        6   Not applicable
        9   REF

Q52.   In general, how easy or difficult has it been for this location to comply with FMLA? [HYPERLINK "FMLA"]

        1   Very easy
        2   Somewhat easy
        3   Somewhat difficult
        4   Very difficult
        5   No noticeable effect
        9   REF

Q53.Has complying with FMLA resulted in any cost savings at this location, for example, fewer training costs as a result of reduced employee turnover? [HYPERLINK "FMLA"]

        1   Yes
        2   No
        9   REF

[ASK Q54-55 IF Q21> 0 AND NOT REF/SKIPPED, ELSE SKIP TO Q56]
Q54. FMLA allows employees to take intermittent leave. Has leave taken on an intermittent basis had an impact, either positive or negative, on this location's productivity? [HYPERLINK "FMLA"]

        1   Yes   [GO TO Q54a]
        2   No   [SKIP TO Q55]
        9   REF   [SKIP TO Q55]

[ASK Q54a IF Q54= 1]
Q54a. Has this impact on productivity been positive or negative?

        1   Positive
        2   Negative
        3   Some positive some negative
        9   REF

[ASK Q54b IF Q54= 1]
Q54b. Would you say this impact on productivity has been small, moderate or large?

        1   SMALL
        2   MODERATE
        3   LARGE
        9   REF

Q55. Has leave taken on an intermittent basis had an impact, either positive or negative, on this location's profitability?

        1   Yes   [GO TO Q55a]
        2   No   [SKIP TO Q56]
        9   REF   [SKIP TO Q56]

[ASK Q55A IF Q55= 1]
Q55a. Has this impact on profitability been positive or negative?

      1   Positive
      2   Negative
      3   Some positive some negative
      9   REF

[ASK Q55B IF Q55= 1]
Q55b. Would you say this impact on profitability has been small, moderate or large?

      1   SMALL
      2   MODERATE
      3   LARGE
      9   REF

Q56. Thinking about employee productivity, absenteeism, turnover, career advancement and morale, as well as the business' profitability, what effect has complying with FMLA had on this location? [HYPERLINK "FMLA"]

      1   Very positive
      2   Somewhat positive
      3   Somewhat negative
      4   Very negative
      5   No noticeable effect
      9   REF

FMLA NON-COVERED WORKSITES

[ASK Q58 – 60 IF Q17 = 2,3, or REF, ELSE SKIP TO Q61x]

Q58.   [From [INSERT 12-MONTH REFERENCE PERIOD]], how many employees at [WORK
       SITE FILL] have taken leave for family reasons or a serious health condition lasting
       more than 3 days? [HYPERLINK "serious health condition"]
    [Please enter zero (0) if the answer is "none".]

       [Q58 SHOULD BE LESS THAN OR EQUAL TO Q2 UNLESS Q2=0 or REF THEN SHOULD BE LESS THAN
       OR EQUAL TO HIGHER RANGE Q2.2, IF Q2.2=REF THEN RANGE=0-10,000]
                     |___|___|___|___|___| [RANGE: 0-Q2 OR 0-HIGHER RANGE Q2.2 OR 0-10,000]
                     99999 REF

[IF Q58 = 0/REF SKIP TO Q61x ELSE ASK Q59 and Q60]

Q59.   How many of these employees took leave to care for a military service member with
       a serious injury or illness because they were the service member's spouse, son,
       daughter, parent or next of kin?
    [Please enter zero (0) if the answer is "none".]

                     |___|___|___|___|___| [RANGE: 0-Q58]
                     99999 REF

Q60.   How many of these employees took leave for reasons related to the deployment of a
       spouse, son, daughter, or parent who is a military service member?
    [Please enter zero (0) if the answer is "none".]

                     |___|___|___|___|___| [RANGE: 0-Q58]
                     99999 REF

Now we'll list some ways that your organization may cover work when employees take leave for a week or longer, for a scheduled DAY or less, and for an unscheduled DAY or less.

Q61X.   To cover work when employees take leave, do you ever [A-G]…?

  A.   assign work temporarily to other employees
  B.   hire a temporary replacement
  C.   call-in an employee on vacation
  D.   hire a permanent replacement
  E.   put the work on hold until the employee returns from leave
  F.   have the employee perform some work while on leave
  G.   cover work some other way (SPECIFY) _____

      1   Yes
      2   Depends
      3   No

      9   REF (VOL)

      [IF Q61X=1 OR 2, ASK Q61AX RIGHT AFTER, THEN GO BACK TO Q61X FOR THE
      NEXT ITEM. IF Q61X=3/9, GO TO NEXT ITEM. IF ALL Q61X=3/9, GO TO Q67]

Q61aX. Do you [A-G] when employees take…?

      A.   leave for a week or longer
      B.   scheduled leave for a day or less
      C.   unscheduled leave for a day or less
      D.   some other leave circumstance (SPECIFY) _____

          1   Yes
          2   No
          9   REF (VOL)

Q61bX. Which of these ways does your organization use MOST FREQUENTLY to cover work when employees take leave for a WEEK or longer?

[DISPLAY WAYS TO COVER LEAVE FROM Q61X, THAT ARE USED WHEN EMPLOYEE TAKES LEAVE FOR A WEEK OR LONGER (WHERE Q61aA=1). IF Q61aA=1 FOR ONLY ONE WAY FROM Q61X , THEN AUTOPUNCH AND GO TO Q67.]

Q67.   How easy or difficult is it for your company to deal with the following types of leaves?

[INSERT GRID – ROWS]
A.   Planned long term leave for a family or medical reason
B.   Planned short term leave
C.   Planned episodic or intermittent leave [HYPERLINK "episodic"]
D.   Unplanned episodic or intermittent leave [HYPERLINK "episodic"]
E.   Unscheduled leave of any duration

[COLUMNS – ALLOW ONE PER ROW]
1   Very Easy
2   Somewhat easy
3   Somewhat difficult
4   Very difficult
9   REF

Q68.   Do you have specific computer software or a person in human resources that tracks
use of family and medical leave?

1   Computer software
2   Designated person in human resources
3   Both computer software and designated HR person
4   Other method of tracking FMLA leave, please specify: _____
[HYPERLINK "FMLA"]
5   Do not track family and medical leave
9   REF

QEND. [BANNER HEADING] FEDERAL FAMILY AND MEDICAL LEAVE ACT (FMLA)

Thank you for your assistance. We greatly appreciate your time and consideration.

Please note that you may receive a follow-up phone call from an Abt SRBI representative for quality control purposes only.

IF YOU HAVE ANY QUESTIONS OR WOULD LIKE TO TALK MORE ABOUT THIS RESEARCH PLEASE CALL 1-XXX-XXX-XXXX AND REFER TO STUDY "XXXX".

[VERSION 2 ONLY: INTERVIEWER: GO BACK TO CATI AND DISPO CALL AS 1. COMPLETE [PROG: ADD LINK BACK TO LOGIN SCREEN HERE]

QEND2. [DISPLAY IF RESPONDENT HAS ALREADY COMPLETED THE SURVEY AND TRIES TO RE-ACCESS IT AT A LATER TIME]

[BANNER HEADING] FEDERAL FAMILY AND MEDICAL LEAVE ACT (FMLA)

Your questionnaire is complete and entry to your survey is now closed.

To regain access to your survey, please call 1-XXX-XXX-XXXX **or email XXXX@SRBI.com and we will be happy to re-activate your survey for you.**

SCREENOUT TEXT FOR VERSION 2 ONLY:
SCREENOUT TEXT IF Q1.1 = 1 (YES): "INTERVIEWER: GO BACK TO CATI AND DISPO CALL AS: 6-SCREENOUT Q1.1 = 1 "

SCREENOUT TEXT IF Q2.1 = 1 (YES): "INTERVIEWER: GO BACK TO CATI AND DISPO CALL AS: 7- SCREENOUT Q2.1 = 1"

VERSION 2 ONLY: EACH SCREEN SHOULD HAVE A "TERMINATE CALL" BUTTON ON THE TOP RIGHT HAND CORNER OF THE SCREEN. (EXCEPTION: DO NOT ADD TO QEND)

If interviewer selects "TERMINATE CALL" the following CATI instruction screen should come up:

INTERVIEWER: GO BACK TO CATI AND DISPO CALL AS CALLBACK/SOFT REFUSAL/HARD REFUSAL [PROG: ADD LINK BACK TO LOGIN SCREEN HERE]

[PROGRAMMING: IF CALLBACK/SOFT REFUSAL/HARD REFUSAL – SURVEY SHOULD START BACK UP AT THE QUESTION WHERE INTERVIEWER PRESSED 'TERMINATE CALL' BUTTON, NOT AT CATI INSTRUCTION SCREEN.]

2012 Revised Employee Survey Codebook

Variable Name Variable Label
    Type
    Variable Values

EMPID   **EMPID. Respondent ID**
    Type: **Numeric**
1-2852   Range of Answers

LEAVE_CAT   **LEAVE_CAT Type of Survey Respondent**
    Type: **Numeric**

Frequency	Percent	Response
1133	39.73	1= LEAVE TAKER ONLY
219	7.68	2=LEAVE NEEDER ONLY
1301	45.62	3=EMPLOYED ONLY
199	6.98	4=DUAL TAKER/NEEDER

AGE_CAT   **AGE_CAT S7. Age of respondent**
    Type: **Numeric**

Frequency	Percent	Response
157	5.50	1 =18-24 YEARS
182	6.38	2 =25-29 YEARS
286	10.03	3 =30-34 YEARS
255	8.94	4 =35-39 YEARS
283	9.92	5 =40-44 YEARS
311	10.90	6 =45-49 YEARS
416	14.59	7 =50-54 YEARS
394	13.81	8 =55-59 YEARS
411	14.41	9 =60-67 YEARS
157	5.50	10 =68 OR OLDER

GENDER_CAT GENDER_CAT S8. Gender of respondent
    Type: **Numeric**

Frequency	Percent	Response
1	0.04	.
1262	44.25	MALE
1589	55.72	FEMALE

A1   **A1. Have you taken leave from work in last 18 months to care for a new child, your own or someone else's serious health condition, pregnancy, or military deployment**
    Type: **Numeric**

Frequency	Percent	Response
1509	52.91	.
1332	46.70	1 =Yes
11	0.39	2 =No

A2   **A2. Was there an event like this in the last year**
    Type: **Numeric**

Frequency	Percent	Response
1523	53.40	.
1001	35.10	1 =Yes
328	11.50	2 =No

A3   **A3. Are you currently on this type of leave from work**
    Type: Numeric

Frequency	Percent	Response
1522	53.37	.
199	6.98	1 =Yes
1131	39.66	2 =No

A4_CAT   **A4_CAT A4. For how many TOTAL reasons did you take leave in the last 18 months**
    Type: Numeric

Frequency	Percent	Response
1535	53.82	.
925	32.43	1
233	8.17	2
81	2.84	3
26	0.91	4
18	0.63	5
34	1.19	6 =6 or more

A4a_CAT   **A4A_CAT A4a. For how many TOTAL reasons did you take leave in the last year**
    Type: Numeric

Frequency	Percent	Response
1866	65.43	.
769	26.96	1
141	4.94	2
40	1.40	3
13	0.46	4
6	0.21	5
17	0.60	6 =6 or more

A5_1_CAT   **A5_1_CAT A5. First Loop, Main reason took leave…**
    Type: Numeric

Frequency	Percent	Response
1530	53.65	.
756	26.51	1 = OWN ILLNESS, DISABILITY OR OTHER SERIOUS HEALTH CONDITION, EXCEPT MATERNITY-RELATED ILLNESS
66	2.31	11 =CHILD'S HEALTH CONDITION
97	3.40	12 =SPOUSE'S HEALTH CONDITION
119	4.17	13 =PARENT'S HEALTH CONDITION
39	1.37	14 =OTHER RELATIVE'S HEALTH CONDITION
14	0.49	17 =TO ADDRESS ISSUES ARISING FROM THE DEPLOYMENT OF A MILITARY MEMBER
5	0.18	20 =Other listed response
226	7.92	21 =NEW CHILD

A5_2_CAT   **A5_2_CAT A5. Second Loop, Main reason took leave…**
    Type: Numeric

Frequency	Percent	Response
2705	94.85	.
87	3.05	1 = OWN ILLNESS, DISABILITY OR OTHER SERIOUS HEALTH CONDITION, EXCEPT MATERNITY-RELATED ILLNESS
13	0.46	11 =CHILD'S HEALTH CONDITION
11	0.39	12 =SPOUSE'S HEALTH CONDITION
24	0.84	13 =PARENT'S HEALTH CONDITION
12	0.42	20 =Other listed response

A5a1_1_CAT A5a1_1_CAT A5a1. First Loop, Deployment related, first answer…
   Type: **Numeric**

Frequency	Percent	Response
2838	99.51	.
8	0.28	8 =Other
6	0.21	20 =Other listed response

A5a1_2_CAT A5a1_2_CAT A5a2 .First Loop, Deployment related, second answer…
   Type: **Numeric**

Frequency	Percent	Response
2851	99.96	.
1	0.04	20 =Other listed response

A6_1_CAT A6_1_CAT A6_1_CAT A6. First Loop,   What is that other relative's relationship to you…
   Type: **Numeric**

Frequency	Percent	Response
2813	98.63	.
13	0.46	3 =SIBLING
17	0.60	5 =OTHER (SPECIFY)
9	0.32	20 =Other listed response

A6_2_CAT A6_2_CAT A6. Second Loop, What is that other relative's relationship to you…
   Type: **Numeric**

Frequency	Percent	Response
2846	99.79	.
6	0.21	20 =Other listed response

A8_1_CAT A8_1_CAT A8. First Loop,   Age of care recipient …
   Type: **Numeric**

Frequency	Percent	Response
2528	88.64	.
52	1.82	0 =0-17 YEARS
41	1.44	3 =18-40 YEARS
50	1.75	4 =41-59 YEARS
67	2.35	5 =60-69 YEARS
42	1.47	6 =70-79 YEARS
58	2.03	7 =80-89 YEARS
14	0.49	8 =90 OR OLDER

A8_2_CAT A8_2_CAT A8. Second Loop, Age of care recipient …
   Type: **Numeric**

Frequency	Percent	Response
2798	98.11	.
13	0.46	0 =0-17 YEARS
5	0.18	3 =18-40 YEARS
9	0.32	4 =41-59 YEARS
5	0.18	5 =60-69 YEARS
6	0.21	6 =70-79 YEARS
16	0.56	10 =80 OR OLDER

A9_1 A9. First Loop,   Leave taken for military service injury or to care for injured military member
   Type: **Numeric**

Frequency	Percent	Response
2580	90.46	.
6	0.21	1 =Yes
266	9.33	2 =No

A9a_1_CAT   A9a_1_CAT A9a. First Loop, what is the military member's relationship to you…
   Type: Numeric

Frequency	Percent	Response
2838	99.51	.
6	0.21	5 =OTHER (SPECIFY)
8	0.28	20 =Other listed response

A10_1 A10. First Loop, Health condition for which you took leave…
   Type: Numeric

Frequency	Percent	Response
1757	61.61	.
486	17.04	1 =A one-time health matter, such as appendicitis or injury,
176	6.17	2 =The treatment of an injury or illness that now requires routine scheduled care
275	9.64	3 =An ongoing health condition
158	5.54	4 =OTHER (SPECIFY)

A10_2 A10. Second Loop, Health condition for which you took leave…
   Type: Numeric

Frequency	Percent	Response
2712	95.09	.
71	2.49	1 =A one-time health matter, such as appendicitis or injury,
16	0.56	2 =The treatment of an injury or illness that now requires routine scheduled care
33	1.16	3 =An ongoing health condition.
20	0.70	4 =OTHER (SPECIFY)

A11_1 A11. First Loop, Did you or your care recipient require a doctor's care during this leave

   Type: Numeric

Frequency	Percent	Response
1546	54.21	.
1170	41.02	1 =Yes
136	4.77	2 =No

A11_2 A11. Second Loop, Did you or your care recipient require a doctor's care during this leave
   Type: Numeric

Frequency	Percent	Response
2704	94.81	.
123	4.31	1 =Yes
25	0.88	2 =No

A12_1 A12. First Loop, Did you/your care recipient require hospitalization during this leave
   Type: Numeric

Frequency	Percent	Response
1683	59.01	.
702	24.61	1 =Yes
467	16.37	2 =No

A12_2 A12. Second Loop, Did you/your care recipient require hospitalization during this leave

   Type: Numeric

Frequency	Percent	Response
2730	95.72	.
49	1.72	1 =Yes
73	2.56	2 =No

A13_1_CAT   A13_1_CAT   A13. First Loop, Length of leave in months (MONTH, YEAR leave started subtracted from MONTH, YEAR Survey Administered)
Type: Numeric

Frequency	Percent	Response
1582	55.47	.
44	1.54	0
88	3.09	1
85	2.98	2
79	2.77	3
61	2.14	4
80	2.81	5
65	2.28	6
70	2.45	7
53	1.86	8
60	2.10	9
64	2.24	10
58	2.03	11
73	2.56	12
47	1.65	13
57	2.00	14
40	1.40	15
40	1.40	16
37	1.30	17
56	1.96	18
113	3.96	19 =19 or more months

A13_2_CAT   A13_2_CAT   A13. Second Loop, Length of leave in months (MONTH, YEAR leave started subtracted from MONTH, YEAR Survey Administered) Type: Numeric

Frequency	Percent	Response
2712	95.09	.
18	0.63	0
19	0.67	1
20	0.70	2
16	0.56	3
10	0.35	4
11	0.39	5
19	0.67	7.1 =6-8 months
12	0.42	10.1 =9-11 months
15	0.53	12.1 =12 months or more

A14_1 A14. First Loop, Took time off continuously or on separate occasions
Type: Numeric

Frequency	Percent	Response
1523	53.40	.
1005	35.24	1 =ONE CONTINUOUS BLOCK OF TIME
324	11.36	2 =SEPARATE OCCASIONS

A14_2 A14. Second Loop, Took time off continuously or on separate occasions
Type: Numeric

Frequency	Percent	Response
2704	94.81	.
111	3.89	1 =ONE CONTINUOUS BLOCK OF TIME
37	1.30	2 =SEPARATE OCCASIONS

A15_1_CAT   **A15_1_CAT A15. First Loop, How many blocks of time**
   Type: **Numeric**

Frequency	Percent	Response
2562	89.83	.
99	3.47	2
58	2.03	3
37	1.30	4
25	0.88	5
14	0.49	6
57	2.00	7 =7 or more

A15_2_CAT   **A15_2_CAT A15. Second Loop, How many blocks of time**
   Type: **Numeric**

Frequency	Percent	Response
2817	98.77	.
12	0.42	2
8	0.28	3
5	0.18	4.5 =4 or 5
10	0.35	6 =6 or more

A16_1_CAT   **A16_1_CAT A16. First Loop, Length of last block of intermittent leave in months**
   Type: **Numeric**

Frequency	Percent	Response
2574	90.25	.
185	6.49	0 =0 months
48	1.68	1 =1 month
11	0.39	2 =2 months
8	0.28	3 =3 months
12	0.42	4 =4-6 months
8	0.28	5 =7-11 months
6	0.21	6 =12 months or more

A16_2_CAT   **A16_2_CAT A16. Second Loop, Length of last block of leave in months**
   Type: **Numeric**

Frequency	Percent	Response
2820	98.88	.
25	0.88	0 =0 months
7	0.25	1 =1 month or more

A19_1_CAT   A19_1_CAT A19. First Loop, Total time off
     Type: **Numeric**

Frequency	Percent	Response
1551	54.38	.
18	0.63	1 =1 Day or less
31	1.09	2 =2 Days
57	2.00	3 =3 Days
46	1.61	4 =4 Days
123	4.31	5 =5 Days
21	0.74	6 =6 Days
15	0.53	7 =7 Days
16	0.56	8 =8 Days
5	0.18	9 =9 Days
152	5.33	10 =10 Days
14	0.49	11 =11-12 Days
12	0.42	12 =13-14 Days
102	3.58	13 =15 Days
10	0.35	14 =16-19 Days
69	2.42	15 =20 Days
45	1.58	16 =21-24 Days
39	1.37	17 =25-29 Days
103	3.61	18 =30 Days
18	0.63	19 =31-35 Days
42	1.47	20 =36-40 Days
77	2.70	21 =41-45 Days
22	0.77	22 =46-50 Days
14	0.49	23 =51-55 Days
36	1.26	24 =56-60 Days
67	2.35	25 =61-70 Days
53	1.86	26 =71-90 Days
26	0.91	27 =91-120 Days
68	2.38	28 =121 Days or more

A19_2_CAT   A19_2_CAT A19. Second Loop, Total time off
     Type: **Numeric**

Frequency	Percent	Response
2707	94.92	.
14	0.49	1 =1 Day or less
17	0.60	2 =2 Days
6	0.21	3 =3 Days
11	0.39	4 =4 Days
29	1.02	5 =5 Days
9	0.32	6 =6-9 Days
21	0.74	7 =10 Days
20	0.70	8 =11-20 Days
12	0.42	9 =21-60 Days
6	0.21	10 =61 Days or more

A19a_1_CAT   A19a_1_CAT A19a. First Loop, Time needed to care for military member
     Type: **Numeric**

Frequency	Percent	Response
2847	99.82	.
5	0.18	1 =3-24 Days

A19b_1A19b. First Loop, Other household member took leave in last 18 months
    Type: Numeric

Frequency	Percent	Response
2622	91.94	.
102	3.58	1 =Yes
128	4.49	2 =No

A19b_2A19b. Second Loop, Other household member took leave in last 18 months
    Type: Numeric

Frequency	Percent	Response
2822	98.95	.
7	0.25	1 =Yes
23	0.81	2 =No

A19c_1_CAT   A19c_1_CAT A19c. First Loop, What is this person's relationship to you…
    Type: Numeric

Frequency	Percent	Response
2752	96.49	.
90	3.16	1 =Spouse
6	0.21	2 =Unmarried partner
4	0.14	20 =Other listed response

A19c_2_CAT   A19c_2_CAT A19c. Second Loop, What is this person's relationship to you…
    Type: Numeric

Frequency	Percent	Response
2845	99.75	.
7	0.25	20 =Other listed response

A19d_1_CAT   A19d_1_CAT A19d. First Loop, How much total time did this person take off for the same reason
    Type: Numeric

Frequency	Percent	Response
2752	96.49	.
5	0.18	1 =1 Day or less
14	0.49	2 =2-4 Days
10	0.35	3 =5 Days
17	0.60	4 =6-10 Days
11	0.39	5 =11-20 Days
17	0.60	6 =21-40 Days
13	0.46	7 =41-60 Days
13	0.46	8 =61 Days or more

A19d_2_CAT   A19d_2_CAT A19d. Second Loop, How much total time did this person take off for the same reason
    Type: Numeric

Frequency	Percent	Response
2845	99.75	.
7	0.25	1 =2-10 Days

A20   A20. for multiple leaves, 1=most recent leave for same reason as longest leave.2 = second loop answered for most recent leave.
    Type: Numeric

Frequency	Percent	Response
2461	86.29	.
242	8.49	1 =Yes
149	5.22	2 =No

na21_1 Na21_1   A21. Employer categorization of leave, first answer…
Type: Numeric

Frequency	Percent	Response
1620	56.80	.
110	3.86	1 =VACATION LEAVE
294	10.31	2 =SICK LEAVE
370	12.97	3 =FAMILY AND MEDICAL LEAVE
93	3.26	4 =SHORT-TERM DISABILITY
7	0.25	5 =LONG-TERM DISABILITY
358	12.55	6 =OTHER (SPECIFY:)

na21_2 Na21_2   A21. Employer categorization of leave, second answer…
Type: Numeric

Frequency	Percent	Response
2753	96.53	.
20	0.70	1 =VACATION LEAVE
28	0.98	2 =SICK LEAVE
19	0.67	3 =FAMILY AND MEDICAL LEAVE
12	0.42	4 =SHORT-TERM DISABILITY
1	0.04	5 =LONG-TERM DISABILITY
19	0.67	6 =OTHER (SPECIFY:)

na21_3 Na21_3   A21. Employer categorization of leave, third answer…
Type: Numeric

Frequency	Percent	Response
2831	99.26	.
2	0.07	1 =VACATION LEAVE
1	0.04	2 =SICK LEAVE
6	0.21	3 =FAMILY AND MEDICAL LEAVE
3	0.11	4 =SHORT-TERM DISABILITY
9	0.32	6 =OTHER (SPECIFY:)

na21_4 Na21_4   A21. Employer categorization of leave, fourth answer…
Type: Numeric

Frequency	Percent	Response
2851	99.96	.
1	0.04	5 =LONG-TERM DISABILITY

A23a_CAT   A23a_CAT A23a_CAT   A23a. As a result of taking leave…Did you lose your job
Type: Numeric

Frequency	Percent	Response
1525	53.47	.
65	2.28	1 =Yes
1262	44.25	4 =No, Does not Apply combined

A23b   A23b. As a result of taking leave…Did you lose your seniority or potential for advancement
Type: Numeric

Frequency	Percent	Response
1547	54.24	.
129	4.52	1 =Yes
1169	40.99	2 =No
7	0.25	3 =(VOL) DOES NOT APPLY

A23c   **A23c. As a result of taking leave…Were you unable to afford unpaid leave**
Type: Numeric

Frequency	Percent	Response
1549	54.31	.
474	16.62	1 =Yes
752	26.37	2 =No
77	2.70	3 =(VOL) DOES NOT APPLY

A23d   **A23d. As a result of taking leave…Did you reveal personal information**
Type: Numeric

Frequency	Percent	Response
1543	54.10	.
742	26.02	1 =Yes
558	19.57	2 =No
9	0.32	3 =(VOL) DOES NOT APPLY

A23e   **A23e. As a result of taking leave…Were you treated differently**
Type: Numeric

Frequency	Percent	Response
1533	53.75	.
196	6.87	1 =Yes
1115	39.10	2 =No
8	0.28	3 =(VOL) DOES NOT APPLY

A23f   **A23f. As a result of taking leave…Able to keep health insurance**
Type: Numeric

Frequency	Percent	Response
1522	53.37	.
1109	38.88	1 =Yes
152	5.33	2 =No
69	2.42	3 =(VOL) DOES NOT APPLY

A23g_CAT   **A23g_CAT A23g. As a result of taking leave…Does anything else happen**
Type: Numeric

Frequency	Percent	Response
1522	53.37	.
141	4.94	1 =Yes
1189	41.69	4 =No, Does not Apply combined

A26   **A26. Employer required medical certification**
Type: Numeric

Frequency	Percent	Response
1529	53.61	.
742	26.02	1 =Yes
581	20.37	2 =No

A28   **A28. Medical certification accepted on the first submission**
Type: Numeric

Frequency	Percent	Response
2123	74.44	.
682	23.91	1 =Yes
47	1.65	2 =No

A29_1_CAT   A29_1_CAT A29. **Why medical certification not accepted on first submission, first answer…**
    Type: Numeric

Frequency	Percent	Response
2810	98.53	.
19	0.67	5 =OTHER (SPECIFY)
23	0.81	20 =Other listed response

A29_2 A29. Why medical certification not accepted on first submission, second answer…
    Type: Numeric

Frequency	Percent	Response
2851	99.96	.
1	0.04	5 =OTHER (SPECIFY)

A30   **A30. Employer required multiple doctor visits to obtain initial medical certification**
    Type: Numeric

Frequency	Percent	Response
2112	74.05	.
50	1.75	1 =Yes
690	24.19	2 =No

A33   **A33. Paid out of pocket for medical recertification**
    Type: Numeric

Frequency	Percent	Response
2113	74.09	.
340	11.92	1 =Yes
387	13.57	2 =No
12	0.42	3 =(VOL) THERE WAS NO COST

A35   **A35. Employer required medical re-certification**
    Type: Numeric

Frequency	Percent	Response
2124	74.47	.
244	8.56	1 =Yes
484	16.97	2 =No

A39   **A39. Paid out of pocket for medical recertification**
    Type: Numeric

Frequency	Percent	Response
2609	91.48	.
117	4.10	1 =Yes
121	4.24	2 =No
5	0.18	3 =(VOL) THERE WAS NO COST

A41_CAT   A41_CAT   **A41. Time off to obtain medical certification**
    Type: Numeric

Frequency	Percent	Response
2167	75.98	.
383	13.43	0 =No time off
26	0.91	1 =1 Hours
37	1.30	2 =2 Hours
11	0.39	3 =3 Hours
13	0.46	4 =4-5 Hours
5	0.18	5 =6-7 Hours
70	2.45	6 =8 Hours
39	1.37	7 =9-16 Hours
25	0.88	8 =17-24 Hours
41	1.44	9 =25-40 Hours
35	1.23	10 =41 Hours or more

A42_CAT A42_CAT A42. How long before you took leave did you provide notice to your employer
Type: Numeric

Frequency	Percent	Response
1785	62.59	.
65	2.28	1 =1 Hours
68	2.38	2 =2-7 Hours
177	6.21	3 =8 Hours
65	2.28	4 =9-16 Hours
56	1.96	5 =17-24 Hours
9	0.32	6 =25-32 Hours
99	3.47	7 =33-40 Hours
155	5.43	8 =41-80 Hours
57	2.00	9 =81-160 Hours
140	4.91	10 =161-240 Hours
70	2.45	11 =241-480 Hours
106	3.72	12 =More than 480 Hours

A44 A44. On leave, did you keep health insurance, lose part or all, or did you not have health insurance when took leave
Type: Numeric

Frequency	Percent	Response
2272	79.66	.
473	16.58	1 =KEPT ALL
8	0.28	2 =LOST PART
17	0.60	3 =LOST ALL
82	2.88	4 =DID NOT HAVE THIS BENEFIT

A45 A45. Did you receive pay for any part of your leave
Type: Numeric

Frequency	Percent	Response
1524	53.44	.
966	33.87	1 =Yes
362	12.69	2 =No

A46a A46a. Was some of the pay you received part of…Paid time off
Type: Numeric

Frequency	Percent	Response
1906	66.83	.
664	23.28	1 =Yes
282	9.89	2 =No

A46b A46b. Was some of the pay you received part of…sick leave
Type: Numeric

Frequency	Percent	Response
2555	89.59	.
139	4.87	1 =Yes
158	5.54	2 =No

A46c A46c. Was some of the pay you received part of…vacation leave
Type: Numeric

Frequency	Percent	Response
2555	89.59	.
54	1.89	1 =Yes
243	8.52	2 =No

A46d **A46d. Was some of the pay you received part of…personal leave**
Type: Numeric

Frequency	Percent	Response
1915	67.15	.
317	11.12	1 =Yes
620	21.74	2 =No

A46e **A46e. Was some of the pay you received part of…maternity leave**
Type: Numeric

Frequency	Percent	Response
2290	80.29	.
43	1.51	1 =Yes
519	18.20	2 =No

A46f **A46f. Was some of the pay you received part of…paternity leave**
Type: Numeric

Frequency	Percent	Response
2455	86.08	.
22	0.77	1 =Yes
375	13.15	2 =No

A47a **A47a. Was receiving some of the pay as paid time off your choice, employer required, or both**
Type: Numeric

Frequency	Percent	Response
2215	77.66	.
272	9.54	1 =EMPLOYEE'S CHOICE
179	6.28	2 =REQUIRED BY EMPLOYER
186	6.52	3 =BOTH

A47b **A47b. Was receiving some of the pay as sick leave your choice, employer required, or both**
Type: Numeric

Frequency	Percent	Response
2721	95.41	.
55	1.93	1 =EMPLOYEE'S CHOICE
39	1.37	2 =REQUIRED BY EMPLOYER
37	1.30	3 =BOTH

A47c **A47c. Was receiving some of the pay as vacation your choice, employer required, or both**
Type: Numeric

Frequency	Percent	Response
2800	98.18	.
20	0.70	1 =EMPLOYEE'S CHOICE
19	0.67	2 =REQUIRED BY EMPLOYER
13	0.46	3 =BOTH

A47d **A47d. Was receiving some of the pay as personal leave your choice, employer required, or both**
Type: Numeric

Frequency	Percent	Response
2550	89.41	.
128	4.49	1 =EMPLOYEE'S CHOICE
92	3.23	2 =REQUIRED BY EMPLOYER
82	2.88	3 =BOTH

A47e **A47e. Was receiving some of the pay as maternity leave your choice, employer required, or both**
Type: Numeric

Frequency	Percent	Response
2812	98.60	.
16	0.56	1 =EMPLOYEE'S CHOICE
9	0.32	2 =REQUIRED BY EMPLOYER
15	0.53	3 =BOTH

A47f_CAT **A47f_CAT A47f. Was receiving some of the pay as paternity leave your choice, employer required, or both**
Type: Numeric

Frequency	Percent	Response
2832	99.30	.
10	0.35	1 =EMPLOYEE'S CHOICE
10	0.35	4 =REQUIRED BY EMPLOYER, BOTH Combined

A48a **A48a. Was some of the pay you received part of…Temporary disability insurance**
Type: Numeric

Frequency	Percent	Response
1910	66.97	.
192	6.73	1 =Yes
750	26.30	2 =No

A48b **A48b. Was some of the pay you received part of…state paid family leave**
Type: Numeric

Frequency	Percent	Response
1928	67.60	.
57	2.00	1 =Yes
867	30.40	2 =No

A48c **A48c. Was some of the pay you received part of…state paid disability leave**
Type: Numeric

Frequency	Percent	Response
1922	67.39	.
60	2.10	1 =Yes
870	30.50	2 =No

A48d **A48d. Was some of the pay you received part of…other benefit**
Type: Numeric

Frequency	Percent	Response
1903	66.73	.
92	3.23	1 =Yes
857	30.05	2 =No

A49 **A49. When you received pay during leave, was it the same amount or only part of your regular pay**
Type: Numeric

Frequency	Percent	Response
1897	66.51	.
708	24.82	1 =SAME AMOUNT AS REGULAR PAY
247	8.66	2 =PART OF PAY

A50 **A50. How much of your regular pay did you receive…**
Type: Numeric

Frequency	Percent	Response
2614	91.65	.
38	1.33	1 =One quarter or less,
27	0.95	2 =More than one-quarter but less than half,
51	1.79	3 =About half,
70	2.45	4 =More than half but less than three-quarters, or
52	1.82	5 =Three quarters or more?

A52a **A52a. To cover your work while you were on leave, did your employer...assign your work to other employees**
Type: Numeric

Frequency	Percent	Response
1557	54.59	.
986	34.57	1 =Yes
309	10.83	2 =No

A52b **A52b. To cover your work while you were on leave, did your employer...Hire a permanent employee to cover your work**
Type: Numeric

Frequency	Percent	Response
1558	54.63	.
87	3.05	1 =Yes
1207	42.32	2 =No

A52c **A52c. To cover your work while you were on leave, did your employer...Hire a temporary employee to cover your work**
Type: Numeric

Frequency	Percent	Response
1570	55.05	.
193	6.77	1 =Yes
1089	38.18	2 =No

A52d **A52d. To cover your work while you were on leave, did your employer...Let your work go undone until you returned**
Type: Numeric

Frequency	Percent	Response
1545	54.17	.
361	12.66	1 =Yes
946	33.17	2 =No

A52e **A52e. To cover your work while you were on leave, did your employer...Cover your work in some other way**
Type: Numeric

Frequency	Percent	Response
1579	55.36	.
259	9.08	1 =Yes
1014	35.55	2 =No

A53a **A53a. To cover lost wages, did you…use savings earmarked for this situation**
Type: Numeric

Frequency	Percent	Response
2231	78.23	.
297	10.41	1 =Yes
324	11.36	2 =No

A53b **A53b. To cover lost wages, did you…use savings earmarked for something else**
Type: Numeric

Frequency	Percent	Response
2236	78.40	.
247	8.66	1 =Yes
369	12.94	2 =No

A53c **A53c. To cover lost wages, did you…borrow money**
Type: Numeric

Frequency	Percent	Response
2229	78.16	.
165	5.79	1 =Yes
458	16.06	2 =No

A53d **A53d. To cover lost wages, did you…go on public assistance**
Type: Numeric

Frequency	Percent	Response
2230	78.19	.
71	2.49	1 =Yes
551	19.32	2 =No

A53e **A53e. To cover lost wages, did you…limit spending**
Type: Numeric

Frequency	Percent	Response
2229	78.16	.
519	18.20	1 =Yes
104	3.65	2 =No

A53f **A53f. To cover lost wages, did you…put off paying bills**
Type: Numeric

Frequency	Percent	Response
2230	78.19	.
207	7.26	1 =Yes
415	14.55	2 =No

A53g **A53g. To cover lost wages, did you…cut leave time short**
Type: Numeric

Frequency	Percent	Response
2234	78.33	.
181	6.35	1 =Yes
437	15.32	2 =No

A53h **A53h. To cover lost wages, did you…do anything else**
Type: Numeric

Frequency	Percent	Response
2232	78.26	.
45	1.58	1 =Yes
575	20.16	2 =No

A54 **A54. How easy or difficult was it to make ends meet during leave…**
Type: Numeric

Frequency	Percent	Response
2233	78.30	.
55	1.93	1 =Very easy,
97	3.40	2 =Somewhat easy,
113	3.96	3 =Neither easy nor difficult,
195	6.84	4 =Somewhat difficult, or
159	5.58	5 =Very difficult?

A55   **A55. If you had received pay would you have taken leave for a longer period of time**
          Type: Numeric

Frequency	Percent	Response
2251	78.93	.
244	8.56	1 =Yes
357	12.52	2 =No

A59   **A59. Return to work after leave, same employer, new employer, did not return to work**
          Type: Numeric

Frequency	Percent	Response
1587	55.65	.
1153	40.43	1 =SAME EMPLOYER
15	0.53	2 =NEW EMPLOYER
97	3.40	3 =DID NOT RETURN TO WORK

A60   **A60. Did you employer require fitness for duty certification**
          Type: Numeric

Frequency	Percent	Response
2177	76.33	.
321	11.26	1 =Yes
354	12.41	2 =No

A61_1_CAT   **A61_1_CAT A61. Why did't you return to work, first answer…**
          Type: Numeric

Frequency	Percent	Response
2741	96.11	.
32	1.12	2 =HEALTH CONDITION CONTINUED (ILLNESS CONTINUES)
18	0.63	3 =LAID OFF/FIRED/REPLACED
52	1.82	10 =OTHER (SPECIFY)
9	0.32	20 =Other listed response

A61_2   **A61. Why did't you return to work, second answer…**
          Type: Numeric

Frequency	Percent	Response
2850	99.93	.
1	0.04	3 =LAID OFF/FIRED/REPLACED
1	0.04	10 =OTHER (SPECIFY)

A62a   **A62a. Did you return to work because…could not afford to take more time off**
          Type: Numeric

Frequency	Percent	Response
1692	59.33	.
524	18.37	1 =Yes
636	22.30	2 =No

A62b   **A62b. Did you return to work because…wanted to get back to work**
          Type: Numeric

Frequency	Percent	Response
1692	59.33	.
921	32.29	1 =Yes
239	8.38	2 =No

A62c   **A62c. Did you return to work because…you used up all leave time**
          Type: Numeric

Frequency	Percent	Response
1698	59.54	.
312	10.94	1 =Yes
842	29.52	2 =No

A62d   **A62d. Did you return to work because…felt pressured to return**
Type: Numeric

Frequency	Percent	Response
1689	59.22	.
148	5.19	1 =Yes
1015	35.59	2 =No

A62e   **A62e. Did you return to work because…too much work to stay away longer**
Type: Numeric

Frequency	Percent	Response
1693	59.36	.
282	9.89	1 =Yes
877	30.75	2 =No

A62f   **A62f. Did you return to work because…someone else took over care-giving**
Type: Numeric

Frequency	Percent	Response
2367	82.99	.
199	6.98	1 =Yes
286	10.03	2 =No

A62g   **A62g. Did you return to work because…no longer needed leave**
Type: Numeric

Frequency	Percent	Response
1700	59.61	.
842	29.52	1 =Yes
310	10.87	2 =No

A62h   **A62h. Did you return to work because…doctor said that you were ready**
Type: Numeric

Frequency	Percent	Response
2188	76.72	.
489	17.15	1 =Yes
175	6.14	2 =No

A62i   **A62i. Did you return to work because…care recipient's doctor told you that it was safe for you to return**
Type: Numeric

Frequency	Percent	Response
2372	83.17	.
237	8.31	1 =Yes
243	8.52	2 =No

A62j   **A62j. Did you return to work because…did not want to lose seniority or potential for advancement**
Type: Numeric

Frequency	Percent	Response
1690	59.26	.
257	9.01	1 =Yes
905	31.73	2 =No

A63   **A63. After leave, did you return to same, better or worse position than the one you had before leave**
Type: Numeric

Frequency	Percent	Response
1705	59.78	.
1100	38.57	1 =SAME POSITION
19	0.67	2 =SIMILAR POSITION
11	0.39	3 =BETTER POSITION
17	0.60	4 =WORSE POSITION

A64 **A64. Did you choose to take different position or did employer assign you to different position**
  Type: **Numeric**

Frequency	Percent	Response
2812	98.60	.
9	0.32	1 =CHOSE DIFFERENT POSITION
9	0.32	2 =EMPLOYER ASKED
22	0.77	3 =ASSIGNED TO DIFFERENT POSITION

B1 **B1. Needed but did not take leave in the past 18 months**
  Type: **Numeric**

Frequency	Percent	Response
1522	53.37	.
199	6.98	1 =Yes
1131	39.66	2 =No

B3 **B3. Needed but did not take leave in the last year**
  Type: **Numeric**

Frequency	Percent	Response
2436	85.41	.
322	11.29	1 =Yes
94	3.30	2 =No

B4_CAT **B4_CAT B4. How many different time did you need leave but not take it in the last 18 months**
  Type: **Numeric**

Frequency	Percent	Response
2448	85.83	.
156	5.47	1
105	3.68	2
50	1.75	3
18	0.63	4
25	0.88	5
50	1.75	6 =6 or more

B5_CAT **B5_CAT B5. How many different times did you need leave but not take it in the last year**
  Type: **Numeric**

Frequency	Percent	Response
2660	93.27	.
42	1.47	1
66	2.31	2
29	1.02	3
12	0.42	4
15	0.53	5
28	0.98	6 =6 or more

B5a **B5a. Needed leave in past 18 months for same or different reasons**
  Type: **Numeric**

Frequency	Percent	Response
2594	90.95	.
165	5.79	1 =SAME
93	3.26	2 =DIFFERENT

B5b_CAT   B5b_CAT B5b. **For how many TOTAL reasons or conditions did you need leave from work, but not take it, in the past 18 months?**
Type: **Numeric**

Frequency	Percent	Response
2758	96.70	.
5	0.18	1
59	2.07	2
22	0.77	3
8	0.28	4 =4 or more

B6_1_CAT   B6_1_CAT B6_1. **Reason for which you needed to take leave from work**
Type: **Numeric**

Frequency	Percent	Response
2439	85.52	.
208	7.29	1 =OWN ILLNESS, DISABILITY OR OTHER SERIOUS HEALTH CONDITION, EXCEPT MATERNITY-RELATED ILLNESS
39	1.37	11 =CHILD'S HEALTH CONDITION
31	1.09	12 =SPOUSE'S HEALTH CONDITION
74	2.59	13 =PARENT'S HEALTH CONDITION
24	0.84	14 =OTHER RELATIVE'S HEALTH CONDITION
8	0.28	20 =Other listed response
29	1.02	21 =NEW CHILD

B6_2_CAT   B6_2_CAT B6_2. **Second reason for which you needed to take leave from work**
Type: **Numeric**

Frequency	Percent	Response
2810	98.53	.
16	0.56	1 =OWN ILLNESS, DISABILITY OR OTHER SERIOUS HEALTH CONDITION, EXCEPT MATERNITY-RELATED ILLNESS
11	0.39	11 =CHILD'S HEALTH CONDITION
5	0.18	14 =OTHER RELATIVE'S HEALTH CONDITION
10	0.35	20 =Other listed response

B6_3_CAT   B6_3_CAT B6_3. **Third reason for which you needed to take leave from work**
Type: **Numeric**

Frequency	Percent	Response
2844	99.72	.
8	0.28	20 =Other listed response

B7_1_CAT   B7_1_CAT B7_1. **What is that person's relationship to you…**
Type: **Numeric**

Frequency	Percent	Response
2828	99.16	.
8	0.28	3 =SIBLING
7	0.25	5 =OTHER (SPECIFY)
9	0.32	20 =Other listed response

B7_2_CAT   B7_2_CAT B7_1. **What is that person's relationship to you…**
Type: **Numeric**

Frequency	Percent	Response
2847	99.82	.
5	0.18	20 =Other listed response

B9_1_CAT   **B9_1_CAT B9_1. Age of care recipient**
    Type: **Numeric**

Frequency	Percent	Response
2677	93.86	.
38	1.33	0 =0-17 YEARS
20	0.70	3 =18-40 YEARS
25	0.88	4 =41-59 YEARS
35	1.23	5 =60-69 YEARS
23	0.81	6 =70-79 YEARS
24	0.84	7 =80-89 YEARS
10	0.35	8 =90 OR OLDER

B9_2_CAT   **B9_2_CAT B9_2. Age of care recipient**
    Type: **Numeric**

Frequency	Percent	Response
2829	99.19	.
10	0.35	0 =0-17 YEARS
8	0.28	11 =18-59 YEARS
5	0.18	12 =60 OR OLDER

B9_3_CAT   **B9_3_CAT B9_3. Age of care recipient**
    Type: **Numeric**

Frequency	Percent	Response
2847	99.82	.
5	0.18	13 =2-69 YEARS

B11_1 B11_1. Nature of health condition
    Type: **Numeric**

Frequency	Percent	Response
2465	86.43	.
103	3.61	1 =A one-time health matter, such as appendicitis or injury,
67	2.35	2 =The treatment of an injury or illness that now requires routine scheduled care
166	5.82	3 =An ongoing health condition
51	1.79	4 =OTHER (SPECIFY)

B11_2 B11_2. Nature of health condition
    Type: **Numeric**

Frequency	Percent	Response
2813	98.63	.
21	0.74	1 =A one-time health matter, such as appendicitis or injury,
6	0.21	2 =The treatment of an injury or illness that now requires routine scheduled care
6	0.21	3 =An ongoing health condition
6	0.21	4 =OTHER (SPECIFY)

B11_3_CAT   **B11_3_CAT B11_3. Nature of health condition**
    Type: **Numeric**

Frequency	Percent	Response
2845	99.75	.
7	0.25	20 =Other listed response

B12_1 B12_1. Did you or your care recipient need doctor's care
    Type: **Numeric**

Frequency	Percent	Response
2439	85.52	.
368	12.90	1 =Yes
45	1.58	2 =No

B12_2 B12_2. Did you or your care recipient need doctor's care
    Type: Numeric

Frequency	Percent	Response
2809	98.49	.
34	1.19	1 =Yes
9	0.32	2 =No

B13_1 B13_1. Hospital overnight stay required for you/your care recipient
    Type: Numeric

Frequency	Percent	Response
2484	87.10	.
163	5.72	1 =Yes
205	7.19	2 =No

B13_2 B13_2. Hospital overnight stay required for you/your care recipient
    Type: Numeric

Frequency	Percent	Response
2818	98.81	.
15	0.53	1 =Yes
19	0.67	2 =No

B14_1_CAT B14_1_CAT B14_1. How many times in the past 18 months did you need leave
    Type: Numeric

Frequency	Percent	Response
2609	91.48	.
54	1.89	1
82	2.88	2
41	1.44	3
15	0.53	4
20	0.70	5
31	1.09	6 =6 OR MORE

B14_2_CAT B14_2_CAT B14_2. How many times in the past 18 months did you need leave
    Type: Numeric

Frequency	Percent	Response
2813	98.63	.
30	1.05	1
9	0.32	2 =2 OR MORE

B14_3_CAT B14_3_CAT B14_3. How many times in the past 18 months did you need leave
    Type: Numeric

Frequency	Percent	Response
2845	99.75	.
7	0.25	1 =1 OR MORE

B14a_1_CAT B14a_1_CAT B14a_1. How many times did you need leave for this reason in the last year
    Type: Numeric

Frequency	Percent	Response
2626	92.08	.
78	2.73	1
68	2.38	2
27	0.95	3
10	0.35	4
15	0.53	5
28	0.98	6 =6 OR MORE

B14a_2_CAT   B14a_2_CAT B14a_2. How many times did you need leave for this reason in the last year
     Type: **Numeric**

Frequency	Percent	Response
2813	98.63	.
27	0.95	1
7	0.25	2
5	0.18	3 =3 OR MORE

B14a_3_CAT   B14a_3_CAT B14a_3. How many times did you need leave for this reason in the last year
     Type: **Numeric**

Frequency	Percent	Response
2845	99.75	.
7	0.25	1 =1 OR MORE

B15_1_CAT   B15_1_CAT B15. Reason you did not take most recent leave, first answer…
     Type: **Numeric**

Frequency	Percent	Response
2442	85.62	.
57	2.00	1 =You thought you might LOSE your JOB?
6	0.21	2 =You thought you would LOSE your SENIORITY or potential for job ADVANCEMENT?
11	0.39	3 =You were INELIGIBLE?
18	0.63	4 =Your employer DENIED your request?
163	5.72	5 =You COULDN'T AFFORD to take an unpaid leave?
14	0.49	6 =You wanted to SAVE YOUR LEAVE TIME?
22	0.77	7 =Your WORK IS TOO IMPORTANT?
5	0.18	9 =You thought you would be TREATED DIFFERENTLY because of the reason you needed to take leave?
4	0.14	13 =You were UNABLE TO MEET your employer's NOTICE REQUIREMENT for taking leave?
101	3.54	15 =Some other reason? (SPECIFY)
9	0.32	20 =Other listed response

B15_2_CAT   B15_2_CAT B15. Reason you did not take most recent leave, second answer…
     Type: **Numeric**

Frequency	Percent	Response
2808	98.46	.
4	0.14	1 =You thought you might LOSE your JOB?
5	0.18	2 =You thought you would LOSE your SENIORITY or potential for job ADVANCEMENT?
1	0.04	3 =You were INELIGIBLE?
3	0.11	4 =Your employer DENIED your request?
6	0.21	5 =You COULDN'T AFFORD to take an unpaid leave?
3	0.11	6 =You wanted to SAVE YOUR LEAVE TIME?
2	0.07	7 =Your WORK IS TOO IMPORTANT?
1	0.04	9 =You thought you would be TREATED DIFFERENTLY because of the reason you needed to take leave?
1	0.04	13 =You were UNABLE TO MEET your employer's NOTICE REQUIREMENT for taking leave?
16	0.56	15 =Some other reason? (SPECIFY)
2	0.07	20 =Other listed response

B15_3_CAT   **B15_3_CAT B15. Reason you did not take most recent leave, third answer…**
    Type: **Numeric**

Frequency	Percent	Response
2842	99.65	.
2	0.07	1 =You thought you might LOSE your JOB?
1	0.04	2 =You thought you would LOSE your SENIORITY or potential for job ADVANCEMENT?
2	0.07	5 =You COULDN'T AFFORD to take an unpaid leave?
1	0.04	7 =Your WORK IS TOO IMPORTANT?
2	0.07	9 =You thought you would be TREATED DIFFERENTLY because of the reason you needed to take leave?
2	0.07	20 =Other listed response

B15_4_CAT   **B15_4_CAT B15. Reason you did not take most recent leave, fourth answer…**
    Type: **Numeric**

Frequency	Percent	Response
2846	99.79	.
1	0.04	5 =You COULDN'T AFFORD to take an unpaid leave?
1	0.04	9 =You thought you would be TREATED DIFFERENTLY because of the reason you needed to take leave?
2	0.07	15 =Some other reason? (SPECIFY)
2	0.07	20 =Other listed response

B15_5_CAT   **B15_5_CAT B15. Reason you did not take most recent leave, fifth answer…**
    Type: **Numeric**

Frequency	Percent	Response
2850	99.93	.
1	0.04	9 =You thought you would be TREATED DIFFERENTLY because of the reason you needed to take leave?
1	0.04	15 =Some other reason? (SPECIFY)

B17   **B17. Were you ineligible because you had not worked long enough**
    Type: **Numeric**

Frequency	Percent	Response
2840	99.58	.
7	0.25	1 =Yes
5	0.18	2 =No

B19a   **B19a. Were you denied leave…because your employer does not offer family or medical leave**
    Type: **Numeric**

Frequency	Percent	Response
2833	99.33	.
5	0.18	1 =Yes
14	0.49	2 =No

B19d   **B19d. Were you denied leave... because you used up all of your leave time**
    Type: **Numeric**

Frequency	Percent	Response
2831	99.26	.
5	0.18	1 =Yes
16	0.56	2 =No

B**19f**   **B19f. Were you denied leave…because you provided insufficient medical certification**
    Type: **Numeric**

Frequency	Percent	Response
2832	99.30	.
20	0.70	2 =No

B19h **B19h. Were you denied leave...other reason**
Type: Numeric

Frequency	Percent	Response
2831	99.26	.
11	0.39	1 =Yes
10	0.35	2 =No

B20a **B20a. What did you do in order to meet your or your care recipient's needs…forewent medical treatment**
Type: Numeric

Frequency	Percent	Response
2465	86.43	.
164	5.75	1 =Yes
223	7.82	2 =No

B20b **B20b. What did you do in order to meet your or your care recipient's needs…delayed medical treatment**
Type: Numeric

Frequency	Percent	Response
2463	86.36	.
185	6.49	1 =Yes
204	7.15	2 =No

B20c **B20c. What did you do in order to meet your or your care recipient's needs…someone else in family took leave**
Type: Numeric

Frequency	Percent	Response
2654	93.06	.
77	2.70	1 =Yes
121	4.24	2 =No

B20d **B20d. What did you do in order to meet your or your care recipient's needs…someone else took over care giving**
Type: Numeric

Frequency	Percent	Response
2656	93.13	.
126	4.42	1 =Yes
70	2.45	2 =No

B20e **B20e. What did you do in order to meet your or your care recipient's needs…paid someone for childcare**
Type: Numeric

Frequency	Percent	Response
2790	97.83	.
22	0.77	1 =Yes
40	1.40	2 =No

B20f **B20f. What did you do in order to meet your or your care recipient's needs…paid someone for elder care**
Type: Numeric

Frequency	Percent	Response
2760	96.77	.
30	1.05	1 =Yes
62	2.17	2 =No

B20g **B20g. What did you do in order to meet your or your care recipient's needs…other not mentioned**
Type: Numeric

Frequency	Percent	Response
2439	85.52	.
102	3.58	1 =Yes
311	10.90	2 =No

C1 **C1. Have NOT taken or needed to take leave from work in past 18 months**
Type: Numeric

Frequency	Percent	Response
1551	54.38	.
1255	44.00	1 =Yes
46	1.61	2 =No

E1 **E1. Currently employed**
Type: Numeric

Frequency	Percent	Response
2	0.07	.
2572	90.18	1 =Yes
278	9.75	2 =No

E2 **E2. Heard of Family and Medical Leave Act**
Type: Numeric

Frequency	Percent	Response
28	0.98	.
2098	73.56	1 =Yes
726	25.46	2 =No

E3_1 **E3. How have you learned about FMLA, first answer…**
Type: Numeric

Frequency	Percent	Response
802	28.12	.
354	12.41	1 =MEDIA (TV, NEWSPAPERS, INTERNET, ETC.)
80	2.81	2 =CO-WORKERS
1098	38.50	3 =EMPLOYER OR HUMAN RESOURCE OFFICE GAVE OUT INFORMATION
54	1.89	4 =POSTERS
85	2.98	5 =FAMILY MEMBER
39	1.37	6 =FRIEND OR NEIGHBOR
25	0.88	7 =UNION GAVE OUT INFORMATION
315	11.04	8 =OTHER (SPECIFY)

E3_2 **E3. How have you learned about FMLA, second answer…**
Type: Numeric

Frequency	Percent	Response
2652	92.99	.
32	1.12	1 =MEDIA (TV, NEWSPAPERS, INTERNET, ETC.)
15	0.53	2 =CO-WORKERS
66	2.31	3 =EMPLOYER OR HUMAN RESOURCE OFFICE GAVE OUT INFORMATION
22	0.77	4 =POSTERS
14	0.49	5 =FAMILY MEMBER
11	0.39	6 =FRIEND OR NEIGHBOR
7	0.25	7 =UNION GAVE OUT INFORMATION
33	1.16	8 =OTHER (SPECIFY)

E3_3   E3. How have you learned about FMLA, third answer…
Type: Numeric

Frequency	Percent	Response
2820	98.88	.
5	0.18	1 =MEDIA (TV, NEWSPAPERS, INTERNET, ETC.)
3	0.11	2 =CO-WORKERS
8	0.28	3 =EMPLOYER OR HUMAN RESOURCE OFFICE GAVE OUT INFORMATION
4	0.14	4 =POSTERS
4	0.14	5 =FAMILY MEMBER
2	0.07	6 =FRIEND OR NEIGHBOR
6	0.21	8 =OTHER (SPECIFY)

E3_4   E3. How have you learned about FMLA, fourth answer…
Type: Numeric

Frequency	Percent	Response
2846	99.79	.
1	0.04	2 =CO-WORKERS
1	0.04	3 =EMPLOYER OR HUMAN RESOURCE OFFICE GAVE OUT INFORMATION
1	0.04	4 =POSTERS
2	0.07	5 =FAMILY MEMBER
1	0.04	7 =UNION GAVE OUT INFORMATION

E3_5   E3. How have you learned about FMLA, fifth answer…
Type: Numeric

Frequency	Percent	Response
2850	99.93	.
2	0.07	7 =UNION GAVE OUT INFORMATION

E4   E4. Notice posted for FMLA at workplace
Type: Numeric

Frequency	Percent	Response
1331	46.67	.
1225	42.95	1 =Yes
296	10.38	2 =No

E4a_1   E4a_1. Does FMLA cover leave…to care for a newborn
Type: Numeric

Frequency	Percent	Response
2293	80.40	.
543	19.04	1 =Yes
16	0.56	2 =No

E4a_2   E4a_2. Does FMLA cover leave…for own serious health condition
Type: Numeric

Frequency	Percent	Response
2266	79.45	.
565	19.81	1 =Yes
21	0.74	2 =No

E4a_3   E4a_3. Does FMLA cover leave…to care for child with serious health condition
Type: Numeric

Frequency	Percent	Response
2288	80.22	.
542	19.00	1 =Yes
22	0.77	2 =No

E4a_4 E4a_4. Does FMLA cover leave…to care for spouse with serious health condition
Type: Numeric

Frequency	Percent	Response
2263	79.35	.
576	20.20	1 =Yes
13	0.46	2 =No

E4a_5 E4a_5. Does FMLA cover leave…to care for parent with serious health condition
Type: Numeric

Frequency	Percent	Response
2280	79.94	.
546	19.14	1 =Yes
26	0.91	2 =No

E4a_6 E4a_6. Does FMLA cover leave…to care for grandparent with serious health condition
Type: Numeric

Frequency	Percent	Response
2450	85.90	.
320	11.22	1 =Yes
82	2.88	2 =No

E4a_7 E4a_7. Does FMLA cover leave…to care for grandchild with serious health condition
Type: Numeric

Frequency	Percent	Response
2447	85.80	.
299	10.48	1 =Yes
106	3.72	2 =No

E4a_8 E4a_8. Does FMLA cover leave…to care for sibling with serious health condition
Type: Numeric

Frequency	Percent	Response
2409	84.47	.
363	12.73	1 =Yes
80	2.81	2 =No

E4a_9 E4a_9. Does FMLA cover leave…to care for adopted or foster child
Type: Numeric

Frequency	Percent	Response
2340	82.05	.
483	16.94	1 =Yes
29	1.02	2 =No

E4a_10 E4a_10. Does FMLA cover leave…for care of military service member
Type: Numeric

Frequency	Percent	Response
2182	76.51	.
586	20.55	1 =Yes
84	2.95	2 =No

E4a_11 E4a_11. Does FMLA cover leave…for reasons related to deployment
Type: Numeric

Frequency	Percent	Response
2247	78.79	.
520	18.23	1 =Yes
85	2.98	2 =No

E5   **E5. Have any coworkers taken leave in past 18 months**
Type: Numeric

Frequency	Percent	Response
688	24.12	.
1550	54.35	1 =Yes
614	21.53	2 =No

E6_1   **E6. As a result of these co-workers taking leave, did you, first answer…**
Type: Numeric

Frequency	Percent	Response
1305	45.76	.
374	13.11	1 =Work more hours than you usually do?
66	2.31	2 =Work a shift that you do not normally work?
260	9.12	3 =Take on additional duties?
50	1.75	4 =Take on different job responsibilities?
797	27.95	5 =(VOL) NONE OF THE ABOVE

E6_2   **E6. As a result of these co-workers taking leave, did you, second answer…**
Type: Numeric

Frequency	Percent	Response
2378	83.38	.
6	0.21	1 =Work more hours than you usually do?
178	6.24	2 =Work a shift that you do not normally work?
151	5.29	3 =Take on additional duties?
139	4.87	4 =Take on different job responsibilities?

E6_3   **E6. As a result of these co-workers taking leave, did you, third answer…**
Type: Numeric

Frequency	Percent	Response
2605	91.34	.
1	0.04	1 =Work more hours than you usually do?
1	0.04	2 =Work a shift that you do not normally work?
148	5.19	3 =Take on additional duties?
97	3.40	4 =Take on different job responsibilities?

E6_4   **E6. As a result of these co-workers taking leave, did you, fourth answer…**
Type: Numeric

Frequency	Percent	Response
2739	96.04	.
113	3.96	4 =Take on different job responsibilities?

E7_1   **E7_1. Benefits offered to employees, are you eligible for…flextime**
Type: Numeric

Frequency	Percent	Response
342	11.99	.
943	33.06	1 =Yes
1505	52.77	2 =No/BENEFIT NOT OFFERED BY EMPLOYER
62	2.17	3 =DEPENDS ON CIRCUMSTANCES

E7_2   **E7_2. Benefits offered to employees, are you eligible for…telecommuting**
Type: Numeric

Frequency	Percent	Response
380	13.32	.
583	20.44	1 =Yes
1832	64.24	2 =No/BENEFIT NOT OFFERED BY EMPLOYER
57	2.00	3 =DEPENDS ON CIRCUMSTANCES

E7_3   **E7_3. Benefits offered to employees, are you eligible for…job sharing**
Type: Numeric

Frequency	Percent	Response
460	16.13	.
395	13.85	1 =Yes
1968	69.00	2 =No/BENEFIT NOT OFFERED BY EMPLOYER
29	1.02	3 =DEPENDS ON CIRCUMSTANCES

E7_4   **E7_4. Benefits offered to employees, are you eligible for…paid family leave**
Type: Numeric

Frequency	Percent	Response
537	18.83	.
1250	43.83	1 =Yes
1031	36.15	2 =No/BENEFIT NOT OFFERED BY EMPLOYER
34	1.19	3 =DEPENDS ON CIRCUMSTANCES

E7_5   **E7_5. Benefits offered to employees, are you eligible for…paid vacation**
Type: Numeric

Frequency	Percent	Response
304	10.66	.
2002	70.20	1 =Yes
533	18.69	2 =No/BENEFIT NOT OFFERED BY EMPLOYER
13	0.46	3 =DEPENDS ON CIRCUMSTANCES

E7_6   **E7_6. Benefits offered to employees, are you eligible for…paid sick time**
Type: Numeric

Frequency	Percent	Response
314	11.01	.
1803	63.22	1 =Yes
719	25.21	2 =No/BENEFIT NOT OFFERED BY EMPLOYER
16	0.56	3 =DEPENDS ON CIRCUMSTANCES

E7_7   **E7_7. Benefits offered to employees, are you eligible for…paid time off**
Type: Numeric

Frequency	Percent	Response
339	11.89	.
1694	59.40	1 =Yes
795	27.88	2 =No/BENEFIT NOT OFFERED BY EMPLOYER
24	0.84	3 =DEPENDS ON CIRCUMSTANCES

E7_8   **E7_8. Benefits offered to employees, are you eligible for…break time for breastfeeding**
Type: Numeric

Frequency	Percent	Response
1815	63.64	.
544	19.07	1 =Yes
478	16.76	2 =No/BENEFIT NOT OFFERED BY EMPLOYER
15	0.53	3 =DEPENDS ON CIRCUMSTANCES

E8   **E8. Penalties for absences**
Type: Numeric

Frequency	Percent	Response
512	17.95	.
1381	48.42	1 =Yes
959	33.63	2 =No

E9_1   **E9. How paid, first answer…**
    Type: Numeric

Frequency	Percent	Response
285	9.99	.
1063	37.27	1 =SALARIED
1390	48.74	2 =HOURLY
41	1.44	3 =PIECEWORK/COMMISSION
73	2.56	4 =OTHER/COMBINATION

E9_2   **E9. How paid, second answer…**
    Type: Numeric

Frequency	Percent	Response
2828	99.16	.
7	0.25	2 =HOURLY
13	0.46	3 =PIECEWORK/COMMISSION
4	0.14	4 =OTHER/COMBINATION

E10   **E10. Are you a contract worker**
    Type: Numeric

Frequency	Percent	Response
319	11.19	.
227	7.96	1 =Yes
2306	80.86	2 =No

E11   **E11. Are there 50 or more employees at your work site**
    Type: Numeric

Frequency	Percent	Response
316	11.08	.
1698	59.54	1 =Yes
838	29.38	2 =No

E12   **E12. How many employees work at your organization within 75 mile radius**
    Type: Numeric

Frequency	Percent	Response
474	16.62	.
159	5.58	1 =1-9
126	4.42	2 =10-19
105	3.68	3 =20-29
79	2.77	4 =30-39
40	1.40	5 =40-49
282	9.89	6 =50-99
361	12.66	7 =100-249
258	9.05	8 =250-499
968	33.94	9 =500 OR MORE

E13   **E13. Worked continuously for same employer for the past year**
    Type: Numeric

Frequency	Percent	Response
287	10.06	.
2326	81.56	1 =Yes
239	8.38	2 =No

E14   **E14. Full time employee for past year**
    Type: Numeric

Frequency	Percent	Response
526	18.44	.
1951	68.41	1 =Yes
375	13.15	2 =No

E15_CAT E15_CAT E15. How many hours per week have you worked in the past year
Type: Numeric

Frequency	Percent	Response
2487	87.20	.
18	0.63	1 =8 hours or less
59	2.07	2 =9-16 hours
62	2.17	3 =17-20 hours
27	0.95	4 =21-24 hours
55	1.93	5 =25-29 hours
77	2.70	6 =30-34 hours
52	1.82	7 =35-40 hours
15	0.53	8 =More than 40 hours

D1_CAT D1_CAT D1. Education
Type: Numeric

Frequency	Percent	Response
16	0.56	.
52	1.82	1 =LESS THAN HIGH SCHOOL
85	2.98	2 =SOME HIGH SCHOOL
647	22.69	3 =HIGH SCHOOL GRADUATE/GED
862	30.22	5 =SOME COLLEGE/ASSOCIATE'S DEGREE
710	24.89	6 =COLLEGE GRADUATE
480	16.83	7 =GRADUATE SCHOOL

D2 **D2. Government employee…federal, state or local**
Type: Numeric

Frequency	Percent	Response
2230	78.19	.
172	6.03	1 =FEDERAL
243	8.52	2 =STATE
207	7.26	3 =LOCAL (COUNTY, CITY, TOWNSHIP)

D3 **D3. Labor union member**
Type: Numeric

Frequency	Percent	Response
19	0.67	.
511	17.92	1 =Yes
2322	81.42	2 =No

D4_CAT **D4_CAT D4. Family Income**
Type: Numeric

Frequency	Percent	Response
350	12.27	.
157	5.50	3 =Less than $20,000
237	8.31	4 =$20,000-$29,999
161	5.65	5 =$30,000-$34,999
204	7.15	6 =$35,000-$39,999
215	7.54	7 =$40,000-$49,999
461	16.16	8 =$50,000-$74,999
387	13.57	9 =$75,000-$99,999
680	23.84	10 =$100,000 or more

D5 **D5. Ethnicity**
Type: Numeric

Frequency	Percent	Response
24	0.84	.
259	9.08	1 =Yes
2569	90.08	2 =No

D6_1_CAT   D6_1_CAT D6. Race, first answer…
   Type: Numeric

Frequency	Percent	Response
52	1.82	.
68	2.38	1 =American Indian or Alaska Native,
82	2.88	2 =Asian,
323	11.33	4 =Black or African American, or
2160	75.74	5 =White
167	5.86	6 =(VOL) SOME OTHER RACE (SPECIFY:)

D6_2_CAT   D6_2_CAT D6. Race, second answer…
   Type: Numeric

Frequency	Percent	Response
2782	97.55	.
10	0.35	1 =American Indian or Alaska Native,
3	0.11	2 =Asian,
6	0.21	4 =Black or African American, or
37	1.30	5 =White
14	0.49	6 =(VOL) SOME OTHER RACE (SPECIFY:)

D6_3_CAT   D6_3_CAT D6. Race, third answer…
   Type: Numeric

Frequency	Percent	Response
2841	99.61	.
1	0.04	1 =American Indian or Alaska Native,
2	0.07	4 =Black or African American, or
2	0.07	5 =White
6	0.21	6 =(VOL) SOME OTHER RACE (SPECIFY:)

D6_4_CAT   D6_4_CAT D6. Race, fourth answer…
   Type: Numeric

Frequency	Percent	Response
2851	99.96	.
1	0.04	5 =White

D7_CAT   D7_CAT D7. How many children are in your care
   Type: Numeric

Frequency	Percent	Response
34	1.19	.
1670	58.56	0
450	15.78	1
435	15.25	2
180	6.31	3
83	2.91	4 OR MORE

D8_CAT   D8_CAT D8. How many people over age 65 are in your care
   Type: Numeric

Frequency	Percent	Response
28	0.98	.
2482	87.03	0
275	9.64	1
57	2.00	2
10	0.35	3 OR MORE

D9   D9. Do you think of yourself as…gay or lesbian, straight, bisexual, something else
Type: Numeric

Frequency	Percent	Response
125	4.38	.
30	1.05	1 =Gay / Lesbian or Gay
2647	92.81	2 =Straight / Not Lesbian or Gay
36	1.26	3 =Bisexual
14	0.49	4 =(VOL) SOMETHING ELSE

D10   D10. Marital status
Type: Numeric

Frequency	Percent	Response
42	1.47	.
1715	60.13	1 =Married,
169	5.93	2 =Living with a partner,
74	2.59	3 =Separated,
321	11.26	4 =Divorced,
96	3.37	5 =Widowed, or
435	15.25	6 =Never married?

D11   D11. Partner living outside household
Type: Numeric

Frequency	Percent	Response
212	7.43	.
262	9.19	1 =Yes
2378	83.38	2 =No

WEIGHT   WEIGHT. Main Weight
Type: Numeric
3211.34-334493.39   Range of Answers

RPL01 RPL01. Replicate for weights
through
RPL80 RPL80. Replicate for weights
Type: Numeric
0.00-334493.39   Range of Answers

A5_2_CAT_REV   A5_2_CAT_REV   Revised A5. Second Loop, Main reason took leave…
Type: Numeric

Frequency	Percent	Response
2705	94.85	.
87	3.05	1 = OWN ILLNESS, DISABILITY OR OTHER SERIOUS HEALTH CONDITION, EXCEPT MATERNITY-RELATED ILLNESS
13	0.46	11 =CHILD'S HEALTH CONDITION
11	0.39	12 =SPOUSE'S HEALTH CONDITION
24	0.84	13 =PARENT'S HEALTH CONDITION
6	0.21	25 =Other listed Non FMLA response
6	0.21	30 =Other listed FMLA response

A13_2_CAT_REV   **A13_2_CAT_REV   Revised   A13. Second Loop, Length of leave in months   (MONTH, YEAR leave started subtracted from MONTH, YEAR Survey Administered)**
    Type: Numeric

Frequency	Percent	Response
2712	95.09	.
18	0.63	0
19	0.67	1
20	0.70	2
16	0.56	3
10	0.35	4
11	0.39	5
19	0.67	7.1 =6-8 months
14	0.49	10.1 =9-12 months
13	0.46	12.1 =13 months or more

E15_CAT_REV E15_CAT_REV   Revised   E15. How many hours per week have you worked in the past year
    Type: Numeric

Frequency	Percent	Response
2487	87.20	.
18	0.63	1 =8 hours or less
27	0.95	2 =9-14 hours
42	1.47	3 =15-19 hours
61	2.14	4 =20-23 hours
73	2.56	5 =24-29 hours
77	2.70	6 =30-34 hours
52	1.82	7 =35-40 hours
15	0.53	8 =More than 40 hours

Data Set Name	OUT.FMLA_2012_EMPLOYEE_REVISED_PUF
Member Type	DATA
Engine	V9
Created	Thursday, August 22, 2013 10:25:11 AM
Last Modified	Thursday, August 22, 2013 10:25:11 AM
Protection	
Data Set Type	
Label	
Data Representation	WINDOWS_64
Encoding	wlatin1 Western (Windows)
Observations	2852
Variables	299
Indexes	0
Observation Length	2392
Deleted Observations	0
Compressed	NO
Sorted	NO

Engine/Host Dependent Information

Data Set Page Size	16384
Number of Data Set Pages	479
First Data Page	3
Max Obs per Page	6
Obs in First Data Page	1
Number of Data Set Repairs	0
Filename	S:\PROJECTS\DOL_FMLA\DATA\PUF\2013\fmla_2012_employee_revised_puf.sas7bdat
Release Created	9.0301M1
Host Created	X64_S08R2

Variables in Creation Order

#	Variable	Type	Len	Label
1	EMPID	Num	8	EMPID. Respondent ID
2	LEAVE_CAT	Num	8	LEAVE_CAT Type of Survey Respondent
3	AGE_CAT	Num	8	AGE_CAT S7. Age of respondent
4	GENDER_CAT	Num	8	GENDER_CAT S8. Gender of respondent
5	A1	Num	8	A1. Have you taken leave from work in last 18 months to care for a new child, your own or someone else's serious health condition, pregnancy, or military deployment
6	A2	Num	8	A2. Was there an event like this in the last year
7	A3	Num	8	A3. Are you currently on this type of leave from work
8	A4_CAT	Num	8	A4_CAT A4. For how many TOTAL reasons did you take leave in the last 18 months
9	A4a_CAT	Num	8	A4A_CAT A4a. For how many TOTAL reasons did you take leave in the last year
10	A5_1_CAT	Num	8	A5_1_CAT A5. First Loop, Main reason took leave…
11	A5_2_CAT	Num	8	A5_2_CAT A5. Second Loop, Main reason took leave…
12	A5a1_1_CAT	Num	8	A5a1_1_CAT A5a1. First Loop, Deployment related, first answer…

#	Variable	Type	Len	Label
13	A5a1_2_CAT	Num	8	A5a1_2_CAT A5a2 .First Loop, Deployment related, second answer…
14	A6_1_CAT	Num	8	A6_1_CAT A6_1_CAT A6. First Loop, What is that other relative's relationship to you…
15	A6_2_CAT	Num	8	A6_2_CAT A6. Second Loop, What is that other relative's relationship to you…
16	A8_1_CAT	Num	8	A8_1_CAT A8. First Loop, Age of care recipient …
17	A8_2_CAT	Num	8	A8_2_CAT A8. Second Loop, Age of care recipient …
18	A9_1	Num	8	A9. First Loop, Leave taken for military service injury or to care for injured military member
19	A9a_1_CAT	Num	8	A9a_1_CAT A9a. First Loop, what is the military member's relationship to you…
20	A10_1	Num	8	A10. First Loop, Health condition for which you took leave…
21	A10_2	Num	8	A10. Second Loop, Health condition for which you took leave…
22	A11_1	Num	8	A11. First Loop, Did you or your care recipient require a doctor's care during this leave
23	A11_2	Num	8	A11. Second Loop, Did you or your care recipient require a doctor's care during this leave
24	A12_1	Num	8	A12. First Loop, Did you/your care recipient require hospitalization during this leave
25	A12_2	Num	8	A12. Second Loop, Did you/your care recipient require hospitalization during this leave
26	A13_1_CAT	Num	8	A13_1_CAT A13. First Loop, Length of leave in months (MONTH, YEAR leave started subtracted from MONTH, YEAR Survey Administered
27	A13_2_CAT	Num	8	A13_2_CAT A13. Second Loop, Length of leave in months (MONTH, YEAR leave started subtracted from MONTH, YEAR Survey Administered)
28	A14_1	Num	8	A14. First Loop, Took time off continuously or on separate occasions
29	A14_2	Num	8	A14. Second Loop, Took time off continuously or on separate occasions
30	A15_1_CAT	Num	8	A15_1_CAT A15. First Loop, How many blocks of time
31	A15_2_CAT	Num	8	A15_2_CAT A15. Second Loop, How many blocks of time
32	A16_1_CAT	Num	8	A16_1_CAT A16. First Loop, Length of last block of intermittent leave in months
33	A16_2_CAT	Num	8	A16_2_CAT A16. Second Loop, Length of last block of leave in months
34	A19_1_CAT	Num	8	A19_1_CAT A19. First Loop, Total time off
35	A19_2_CAT	Num	8	A19_2_CAT A19. Second Loop, Total time off
36	A19a_1_CAT	Num	8	A19a_1_CAT A19a. First Loop, Time needed to care for military member
37	A19b_1	Num	8	A19b. First Loop, Other household member took leave in last 18 months
38	A19b_2	Num	8	A19b. Second Loop, Other household member took leave in last 18 months
39	A19c_1_CAT	Num	8	A19c_1_CAT A19c. First Loop, What is this person's relationship to you…
40	A19c_2_CAT	Num	8	A19c_2_CAT A19c. Second Loop, What is this person's relationship to you…
41	A19d_1_CAT	Num	8	A19d_1_CAT A19d. First Loop, How much total time did this person take off for the same reason
42	A19d_2_CAT	Num	8	A19d_2_CAT A19d. Second Loop, How much total time did this person take off for the same reason
43	A20	Num	8	A20. for multiple leaves, 1=most recent leave for same reason as longest leave.2 = second loop answered for most recent leave.
44	na21_1	Num	8	Na21_1 A21. Employer categorization of leave, first answer…
45	na21_2	Num	8	Na21_2 A21. Employer categorization of leave, second answer…
46	na21_3	Num	8	Na21_3 A21. Employer categorization of leave, third answer…
47	na21_4	Num	8	Na21_4 A21. Employer categorization of leave, fourth answer…
48	A23a_CAT	Num	8	A23a_CAT A23a_CAT A23a. As a result of taking leave…Did you lose your job
49	A23b	Num	8	A23b. As a result of taking leave…Did you lose your seniority or potential for advancement
50	A23c	Num	8	A23c. As a result of taking leave…Were you unable to afford unpaid leave
51	A23d	Num	8	A23d. As a result of taking leave…Did you reveal personal information

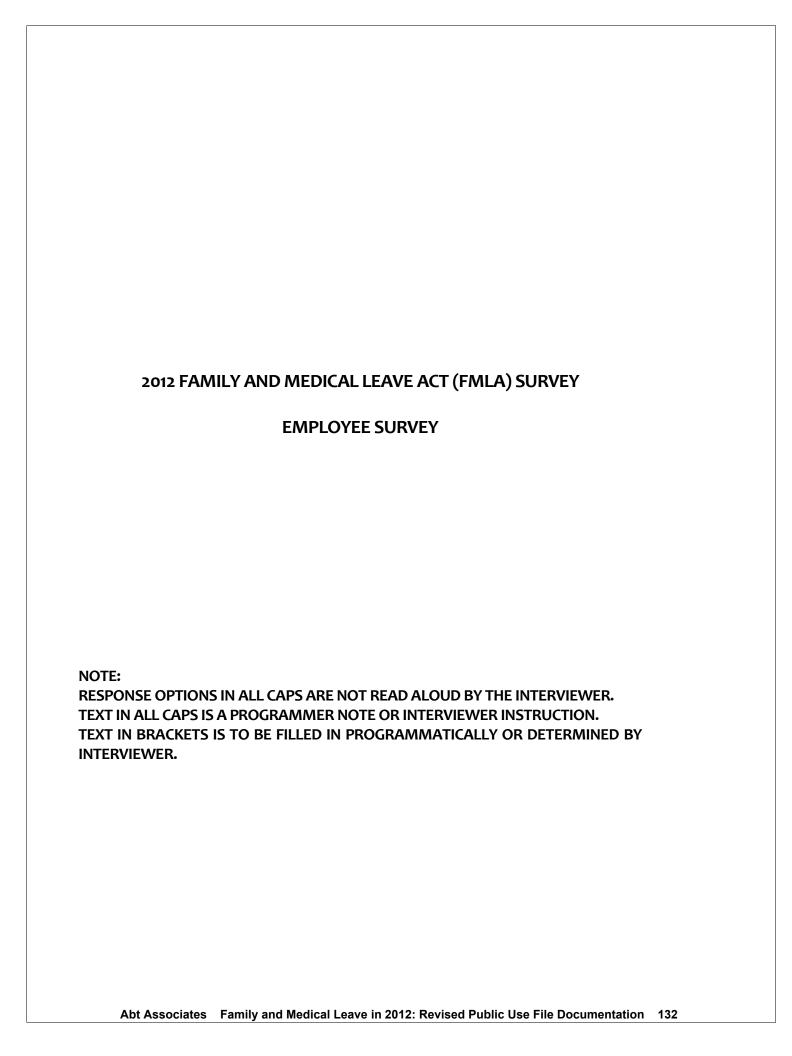| #	Variable	Type	Len	Label
52	A23e	Num	8	A23e. As a result of taking leave…Were you treated differently
53	A23f	Num	8	A23f. As a result of taking leave…Able to keep health insurance
54	A23g_CAT	Num	8	A23g_CAT A23g. As a result of taking leave…Does anything else happen
55	A26	Num	8	A26. Employer required medical certification
56	A28	Num	8	A28. Medical certification accepted on the first submission
57	A29_1_CAT	Num	8	A29_1_CAT A29. Why medical certification not accepted on first submission, first answer…
58	A29_2	Num	8	A29. Why medical certification not accepted on first submission, second answer…
59	A30	Num	8	A30. Employer required multiple doctor visits to obtain initial medical certification
60	A33	Num	8	A33. Paid out of pocket for medical recertification
61	A35	Num	8	A35. Employer required medical re-certification
62	A39	Num	8	A39. Paid out of pocket for medical recertification
63	A41_CAT	Num	8	A41_CAT A41. Time off to obtain medical certification
64	A42_CAT	Num	8	A42_CAT A42. How long before you took leave did you provide notice to your employer
65	A44	Num	8	A44. On leave, did you keep health insurance, lose part or all, or did you not have health insurance when took leave
66	A45	Num	8	A45. Did you receive pay for any part of your leave
67	A46a	Num	8	A46a. Was some of the pay you received part of…Paid time off
68	A46b	Num	8	A46b. Was some of the pay you received part of…sick leave
69	A46c	Num	8	A46c. Was some of the pay you received part of…vacation leave
70	A46d	Num	8	A46d. Was some of the pay you received part of…personal leave
71	A46e	Num	8	A46e. Was some of the pay you received part of…maternity leave
72	A46f	Num	8	A46f. Was some of the pay you received part of…paternity leave
73	A47a	Num	8	A47a. Was receiving some of the pay as paid time off your choice, employer required, or both
74	A47b	Num	8	A47b. Was receiving some of the pay as sick leave your choice, employer required, or both
75	A47c	Num	8	A47c. Was receiving some of the pay as vacation your choice, employer required, or both
76	A47d	Num	8	A47d. Was receiving some of the pay as personal leave your choice, employer required, or both
77	A47e	Num	8	A47e. Was receiving some of the pay as maternity leave your choice, employer required, or both
78	A47f_CAT	Num	8	A47f_CAT A47f. Was receiving some of the pay as paternity leave your choice, employer required, or both
79	A48a	Num	8	A48a. Was some of the pay you received part of…Temporary disability insurance
80	A48b	Num	8	A48b. Was some of the pay you received part of…state paid family leave
81	A48c	Num	8	A48c. Was some of the pay you received part of…state paid disability leave
82	A48d	Num	8	A48d. Was some of the pay you received part of…other benefit
83	A49	Num	8	A49. When you received pay during leave, was it the same amount or only part of your regular pay
84	A50	Num	8	A50. How much of your regular pay did you receive…
85	A52a	Num	8	A52a. To cover your work while you were on leave, did your employer...assign your work to other employees
86	A52b	Num	8	A52b. To cover your work while you were on leave, did your employer...Hire a permanent employee to cover your work
87	A52c	Num	8	A52c. To cover your work while you were on leave, did your employer...Hire a temporary employee to cover your work
88	A52d	Num	8	A52d. To cover your work while you were on leave, did your employer...Let your work go undone until you returned
89	A52e	Num	8	A52e. To cover your work while you were on leave, did your employer...Cover your work in some other way
90	A53a	Num	8	A53a. To cover lost wages, did you…use savings earmarked for this situation

#	Variable	Type	Len	Label
91	A53b	Num	8	A53b. To cover lost wages, did you…use savings earmarked for something else
92	A53c	Num	8	A53c. To cover lost wages, did you…borrow money
93	A53d	Num	8	A53d. To cover lost wages, did you…go on public assistance
94	A53e	Num	8	A53e. To cover lost wages, did you…limit spending
95	A53f	Num	8	A53f. To cover lost wages, did you…put off paying bills
96	A53g	Num	8	A53g. To cover lost wages, did you…cut leave time short
97	A53h	Num	8	A53h. To cover lost wages, did you…do anything else
98	A54	Num	8	A54. How easy or difficult was it to make ends meet during leave…
99	A55	Num	8	A55. If you had received pay would you have taken leave for a longer period of time
100	A59	Num	8	A59. Return to work after leave, same employer, new employer, did not return to work
101	A60	Num	8	A60. Did you employer require fitness for duty certification
102	A61_1_CAT	Num	8	A61_1_CAT A61. Why did't you return to work, first answer…
103	A61_2	Num	8	A61. Why did't you return to work, second answer…
104	A62a	Num	8	A62a. Did you return to work because…could not afford to take more time off
105	A62b	Num	8	A62b. Did you return to work because…wanted to get back to work
106	A62c	Num	8	A62c. Did you return to work because…you used up all leave time
107	A62d	Num	8	A62d. Did you return to work because…felt pressured to return
108	A62e	Num	8	A62e. Did you return to work because…too much work to stay away longer
109	A62f	Num	8	A62f. Did you return to work because…someone else took over care-giving
110	A62g	Num	8	A62g. Did you return to work because…no longer needed leave
111	A62h	Num	8	A62h. Did you return to work because…doctor said that you were ready
112	A62i	Num	8	A62i. Did you return to work because…care recipient's doctor told you that it was safe for you to return
113	A62j	Num	8	A62j. Did you return to work because…did not want to lose seniority or potential for advancement
114	A63	Num	8	A63. After leave, did you return to same, better or worse position than the one you had before leave
115	A64	Num	8	A64. Did you choose to take different position or did employer assign you to different position
116	B1	Num	8	B1. Needed but did not take leave in the past 18 months
117	B3	Num	8	B3. Needed but did not take leave in the last year
118	B4_CAT	Num	8	B4_CAT B4. How many different time did you need leave but not take it in the last 18 months
119	B5_CAT	Num	8	B5_CAT B5. How many different times did you need leave but not take it in the last year
120	B5a	Num	8	B5a. Needed leave in past 18 months for same or different reasons
121	B5b_CAT	Num	8	B5b_CAT B5b. For how many TOTAL reasons or conditions did you need leave from work, but not take it, in the past 18 months?
122	B6_1_CAT	Num	8	B6_1_CAT B6_1. Reason for which you needed to take leave from work
123	B6_2_CAT	Num	8	B6_2_CAT B6_2. Second reason for which you needed to take leave from work
124	B6_3_CAT	Num	8	B6_3_CAT B6_3. Third reason for which you needed to take leave from work
125	B7_1_CAT	Num	8	B7_1_CAT B7_1. What is that person's relationship to you…
126	B7_2_CAT	Num	8	B7_2_CAT B7_1. What is that person's relationship to you…
127	B9_1_CAT	Num	8	B9_1_CAT B9_1. Age of care recipient
128	B9_2_CAT	Num	8	B9_2_CAT B9_2. Age of care recipient
129	B9_3_CAT	Num	8	B9_3_CAT B9_3. Age of care recipient
130	B11_1	Num	8	B11_1. Nature of health condition
131	B11_2	Num	8	B11_2. Nature of health condition
132	B11_3_CAT	Num	8	B11_3_CAT B11_3. Nature of health condition

#	Variable	Type	Len	Label
133	B12_1	Num	8	B12_1. Did you or your care recipient need doctor's care
134	B12_2	Num	8	B12_2. Did you or your care recipient need doctor's care
135	B13_1	Num	8	B13_1. Hospital overnight stay required for you/your care recipient
136	B13_2	Num	8	B13_2. Hospital overnight stay required for you/your care recipient
137	B14_1_CAT	Num	8	B14_1_CAT B14_1. How many times in the past 18 months did you need leave
138	B14_2_CAT	Num	8	B14_2_CAT B14_2. How many times in the past 18 months did you need leave
139	B14_3_CAT	Num	8	B14_3_CAT B14_3. How many times in the past 18 months did you need leave
140	B14a_1_CAT	Num	8	B14a_1_CAT B14a_1. How many times did you need leave for this reason in the last year
141	B14a_2_CAT	Num	8	B14a_2_CAT B14a_2. How many times did you need leave for this reason in the last year
142	B14a_3_CAT	Num	8	B14a_3_CAT B14a_3. How many times did you need leave for this reason in the last year
143	B15_1_CAT	Num	8	B15_1_CAT B15. Reason you did not take most recent leave, first answer…
144	B15_2_CAT	Num	8	B15_2_CAT B15. Reason you did not take most recent leave, second answer…
145	B15_3_CAT	Num	8	B15_3_CAT B15. Reason you did not take most recent leave, third answer…
146	B15_4_CAT	Num	8	B15_4_CAT B15. Reason you did not take most recent leave, fourth answer…
147	B15_5_CAT	Num	8	B15_5_CAT B15. Reason you did not take most recent leave, fifth answer…
148	B17	Num	8	B17. Were you ineligible because you had not worked long enough
149	B19a	Num	8	B19a. Were you denied leave…because your employer does not offer family or medical leave
150	B19d	Num	8	B19d. Were you denied leave... because you used up all of your leave time
151	B19f	Num	8	B19f. Were you denied leave…because you provided insufficient medical certification
152	B19h	Num	8	B19h. Were you denied leave...other reason
153	B20a	Num	8	B20a. What did you do in order to meet your or your care recipient's needs…forewent medical treatment
154	B20b	Num	8	B20b. What did you do in order to meet your or your care recipient's needs…delayed medical treatment
155	B20c	Num	8	B20c. What did you do in order to meet your or your care recipient's needs…someone else in family took leave
156	B20d	Num	8	B20d. What did you do in order to meet your or your care recipient's needs…someone else took over care giving
157	B20e	Num	8	B20e. What did you do in order to meet your or your care recipient's needs…paid someone for childcare
158	B20f	Num	8	B20f. What did you do in order to meet your or your care recipient's needs…paid someone for elder care
159	B20g	Num	8	B20g. What did you do in order to meet your or your care recipient's needs…other not mentioned
160	C1	Num	8	C1. Have NOT taken or needed to take leave from work in past 18 months
161	E1	Num	8	E1. Currently employed
162	E2	Num	8	E2. Heard of Family and Medical Leave Act
163	E3_1	Num	8	E3. How have you learned about FMLA, first answer…
164	E3_2	Num	8	E3. How have you learned about FMLA, second answer…
165	E3_3	Num	8	E3. How have you learned about FMLA, third answer…
166	E3_4	Num	8	E3. How have you learned about FMLA, fourth answer…
167	E3_5	Num	8	E3. How have you learned about FMLA, fifth answer…
168	E4	Num	8	E4. Notice posted for FMLA at workplace
169	E4a_1	Num	8	E4a_1. Does FMLA cover leave…to care for a newborn
170	E4a_2	Num	8	E4a_2. Does FMLA cover leave…for own serious health condition
171	E4a_3	Num	8	E4a_3. Does FMLA cover leave…to care for child with serious health condition
172	E4a_4	Num	8	E4a_4. Does FMLA cover leave…to care for spouse with serious health condition
173	E4a_5	Num	8	E4a_5. Does FMLA cover leave…to care for parent with serious health condition

#	Variable	Type	Len	Label
174	E4a_6	Num	8	E4a_6. Does FMLA cover leave…to care for grandparent with serious health condition
175	E4a_7	Num	8	E4a_7. Does FMLA cover leave…to care for grandchild with serious health condition
176	E4a_8	Num	8	E4a_8. Does FMLA cover leave…to care for sibling with serious health condition
177	E4a_9	Num	8	E4a_9. Does FMLA cover leave…to care for adopted or foster child
178	E4a_10	Num	8	E4a_10. Does FMLA cover leave…for care of military service member
179	E4a_11	Num	8	E4a_11. Does FMLA cover leave…for reasons related to deployment
180	E5	Num	8	E5. Have any coworkers taken leave in past 18 months
181	E6_1	Num	8	E6. As a result of these co-workers taking leave, did you, first answer…
182	E6_2	Num	8	E6. As a result of these co-workers taking leave, did you, second answer…
183	E6_3	Num	8	E6. As a result of these co-workers taking leave, did you, third answer…
184	E6_4	Num	8	E6. As a result of these co-workers taking leave, did you, fourth answer…
185	E7_1	Num	8	E7_1. Benefits offered to employees, are you eligible for…flextime
186	E7_2	Num	8	E7_2. Benefits offered to employees, are you eligible for…telecommuting
187	E7_3	Num	8	E7_3. Benefits offered to employees, are you eligible for…job sharing
188	E7_4	Num	8	E7_4. Benefits offered to employees, are you eligible for…paid family leave
189	E7_5	Num	8	E7_5. Benefits offered to employees, are you eligible for…paid vacation
190	E7_6	Num	8	E7_6. Benefits offered to employees, are you eligible for…paid sick time
191	E7_7	Num	8	E7_7. Benefits offered to employees, are you eligible for…paid time off
192	E7_8	Num	8	E7_8. Benefits offered to employees, are you eligible for…break time for breastfeeding
193	E8	Num	8	E8. Penalties for absences
194	E9_1	Num	8	E9. How paid, first answer…
195	E9_2	Num	8	E9. How paid, second answer…
196	E10	Num	8	E10. Are you a contract worker
197	E11	Num	8	E11. Are there 50 or more employees at your work site
198	E12	Num	8	E12. How many employees work at your organization within 75 mile radius
199	E13	Num	8	E13. Worked continuously for same employer for the past year
200	E14	Num	8	E14. Full time employee for past year
201	E15_CAT	Num	8	E15_CAT E15. How many hours per week have you worked in the past year
202	D1_CAT	Num	8	D1_CAT D1. Education
203	D2	Num	8	D2. Government employee…federal, state or local
204	D3	Num	8	D3. Labor union member
205	D4_CAT	Num	8	D4_CAT D4. Family Income
206	D5	Num	8	D5. Ethnicity
207	D6_1_CAT	Num	8	D6_1_CAT D6. Race, first answer…
208	D6_2_CAT	Num	8	D6_2_CAT D6. Race, second answer…
209	D6_3_CAT	Num	8	D6_3_CAT D6. Race, third answer…
210	D6_4_CAT	Num	8	D6_4_CAT D6. Race, fourth answer…
211	D7_CAT	Num	8	D7_CAT D7. How many children are in your care
212	D8_CAT	Num	8	D8_CAT D8. How many people over age 65 are in your care
213	D9	Num	8	D9. Do you think of yourself as…gay or lesbian, straight, bisexual, something else
214	D10	Num	8	D10. Marital status
215	D11	Num	8	D11. Partner living outside household
216	WEIGHT	Num	8	WEIGHT. Main Weight

#	Variable	Type	Len	Label
217	rpl01	Num	8	RPL01. Replicate for weights
218	rpl02	Num	8	RPL02. Replicate for weights
219	rpl03	Num	8	RPL03. Replicate for weights
220	rpl04	Num	8	RPL04. Replicate for weights
221	rpl05	Num	8	RPL05. Replicate for weights
222	rpl06	Num	8	RPL06. Replicate for weights
223	rpl07	Num	8	RPL07. Replicate for weights
224	rpl08	Num	8	RPL08. Replicate for weights
225	rpl09	Num	8	RPL09. Replicate for weights
226	rpl10	Num	8	RPL10. Replicate for weights
227	rpl11	Num	8	RPL11. Replicate for weights
228	rpl12	Num	8	RPL12. Replicate for weights
229	rpl13	Num	8	RPL13. Replicate for weights
230	rpl14	Num	8	RPL14. Replicate for weights
231	rpl15	Num	8	RPL15. Replicate for weights
232	rpl16	Num	8	RPL16. Replicate for weights
233	rpl17	Num	8	RPL17. Replicate for weights
234	rpl18	Num	8	RPL18. Replicate for weights
235	rpl19	Num	8	RPL19. Replicate for weights
236	rpl20	Num	8	RPL20. Replicate for weights
237	rpl21	Num	8	RPL21. Replicate for weights
238	rpl22	Num	8	RPL22. Replicate for weights
239	rpl23	Num	8	RPL23. Replicate for weights
240	rpl24	Num	8	RPL24. Replicate for weights
241	rpl25	Num	8	RPL25. Replicate for weights
242	rpl26	Num	8	RPL26. Replicate for weights
243	rpl27	Num	8	RPL27. Replicate for weights
244	rpl28	Num	8	RPL28. Replicate for weights
245	rpl29	Num	8	RPL29. Replicate for weights
246	rpl30	Num	8	RPL30. Replicate for weights
247	rpl31	Num	8	RPL31. Replicate for weights
248	rpl32	Num	8	RPL32. Replicate for weights
249	rpl33	Num	8	RPL33. Replicate for weights
250	rpl34	Num	8	RPL34. Replicate for weights
251	rpl35	Num	8	RPL35. Replicate for weights
252	rpl36	Num	8	RPL36. Replicate for weights
253	rpl37	Num	8	RPL37. Replicate for weights
254	rpl38	Num	8	RPL38. Replicate for weights
255	rpl39	Num	8	RPL39. Replicate for weights
256	rpl40	Num	8	RPL40. Replicate for weights
257	rpl41	Num	8	RPL41. Replicate for weights
258	rpl42	Num	8	RPL42. Replicate for weights
259	rpl43	Num	8	RPL43. Replicate for weights

#	Variable	Type	Len	Label
260	rpl44	Num	8	RPL44. Replicate for weights
261	rpl45	Num	8	RPL45. Replicate for weights
262	rpl46	Num	8	RPL46. Replicate for weights
263	rpl47	Num	8	RPL47. Replicate for weights
264	rpl48	Num	8	RPL48. Replicate for weights
265	rpl49	Num	8	RPL49. Replicate for weights
266	rpl50	Num	8	RPL50. Replicate for weights
267	rpl51	Num	8	RPL51. Replicate for weights
268	rpl52	Num	8	RPL52. Replicate for weights
269	rpl53	Num	8	RPL53. Replicate for weights
270	rpl54	Num	8	RPL54. Replicate for weights
271	rpl55	Num	8	RPL55. Replicate for weights
272	rpl56	Num	8	RPL56. Replicate for weights
273	rpl57	Num	8	RPL57. Replicate for weights
274	rpl58	Num	8	RPL58. Replicate for weights
275	rpl59	Num	8	RPL59. Replicate for weights
276	rpl60	Num	8	RPL60. Replicate for weights
277	rpl61	Num	8	RPL61. Replicate for weights
278	rpl62	Num	8	RPL62. Replicate for weights
279	rpl63	Num	8	RPL63. Replicate for weights
280	rpl64	Num	8	RPL64. Replicate for weights
281	rpl65	Num	8	RPL65. Replicate for weights
282	rpl66	Num	8	RPL66. Replicate for weights
283	rpl67	Num	8	RPL67. Replicate for weights
284	rpl68	Num	8	RPL68. Replicate for weights
285	rpl69	Num	8	RPL69. Replicate for weights
286	rpl70	Num	8	RPL70. Replicate for weights
287	rpl71	Num	8	RPL71. Replicate for weights
288	rpl72	Num	8	RPL72. Replicate for weights
289	rpl73	Num	8	RPL73. Replicate for weights
290	rpl74	Num	8	RPL74. Replicate for weights
291	rpl75	Num	8	RPL75. Replicate for weights
292	rpl76	Num	8	RPL76. Replicate for weights
293	rpl77	Num	8	RPL77. Replicate for weights
294	rpl78	Num	8	RPL78. Replicate for weights
295	rpl79	Num	8	RPL79. Replicate for weights
296	rpl80	Num	8	RPL80. Replicate for weights
297	A5_2_CAT_REV	Num	8	A5_2_CAT_REV Revised A5. Second Loop, Main reason took leave…
298	A13_2_CAT_REV	Num	8	A13_2_CAT_REV Revised A13. Second Loop, Length of leave in months (MONTH, YEAR leave started subtracted from MONTH, YEAR Survey Administered)
299	E15_CAT_REV	Num	8	E15_CAT_REV Revised E15. How many hours per week have you worked in the past year

2012 FAMILY AND MEDICAL LEAVE ACT (FMLA) SURVEY

EMPLOYEE SURVEY

NOTE:
RESPONSE OPTIONS IN ALL CAPS ARE NOT READ ALOUD BY THE INTERVIEWER.
TEXT IN ALL CAPS IS A PROGRAMMER NOTE OR INTERVIEWER INSTRUCTION.
TEXT IN BRACKETS IS TO BE FILLED IN PROGRAMMATICALLY OR DETERMINED BY INTERVIEWER.

RDD INTRODUCTION

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

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

[PROGRAMMER: START SCREENER TIME STAMP HERE]

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

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

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

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

[CATI: Ask UP1 if S2 = 3]
UP1.   Is that a landline or cell phone?

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

        [IF NECESSARY: Household members include people who think of this household as their primary place of residence. It includes persons who usually stay in the household but are

temporarily away, such as in the military, on business, on vacation, in a hospital, or living at school in a dorm, fraternity, or sorority.]

CELL PHONE INTRODUCTION
[CATI: Only ask INTRO2 if FRAME=1]

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

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

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

[CATI: Ask UP2 if INTRO2 = 3]
UP2.　Is that a landline or cell phone?

3　　Landline [CATI: Flag CELL = 0)
4　　Cell Phone [CATI: Flag CELL = 1]

S3.　　Are you at least 18 years old?

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

[CATI: Ask all S4]
S4.　Results from this study will be used to assess the impact of family and medical leave policies on employees.

[IF INCENT=1, DISPLAY:]
If you qualify and then complete the survey, we will pay you $10 as a token of our appreciation.

To determine if your household qualifies for the survey, I need to get some information about the members of your household who are age 18 or over. These questions will take under three minutes to complete.

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

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

Let's start with you.

S6 (A1-X)	S7 (A1-X)	S8 (A1-X)	S9 (A1-X)	S10 (A1-X)	S11 (A1-x)	S12 (A1-x)	LEAVE DESIGNATION
What is [your/the A2-X]'s first name or initials?	What is [your/A2-X]'s age?	[IF NECESSARY: I know this may sound awkward, but I have to ask:] What is [your/A2-X's] gender?	[Have you / has A2-X] worked for pay or profit in the last 12 months?	In the last 12 months, [have you / has A2-X] worked for the government, a private company, a non-profit organization, or [have you / has A2-X] been self-employed? [IF NECESSARY: Please think about your most recent/main job.]	**TAKEN LEAVE IN LAST 18 MONTHS**	**NEEDED BUT DID NOT TAKE LEAVE IN LAST 18 MONTHS**	**FMLAFLG_A1-X** IF [QS11=1 AND QS12>1], FMLAFLG=1. IF [QS12=1], FMLAFLG=2. IF [QS11=2 AND QS12=2] OR [QS11=2 AND QS12>1] OR [QS11>1 AND QS12=2], FMLAFLG=3. IF [QS11>2 AND QS12>2], CODE INELIGIBLE.
Your			YES (1) NO (2)	GOV (1) PRV (2) NON (3) SELF (4)	YES (1) NO (2)	YES (1) NO (2)	
2nd adult's			YES (1) NO (2)	GOV (1) PRV (2) NON (3) SELF (4)	YES (1) NO (2)	YES (1) NO (2)	
3rd adult's			YES (1) NO (2)	GOV (1) PRV (2) NON (3) SELF (4)	YES (1) NO (2)	YES (1) NO (2)	
4th adult's			YES (1) NO (2)	GOV (1) PRV (2) NON (3) SELF (4)	YES (1) NO (2)	YES (1) NO (2)	
5th adult's			YES (1) NO (2)	GOV (1) PRV (2) NON (3) SELF (4)	YES (1) NO (2)	YES (1) NO (2)	
6th adult's			YES (1) NO (2)	GOV (1) PRV (2) NON (3) SELF (4)	YES (1) NO (2)	YES (1) NO (2)	
7th adult's			YES (1) NO (2)	GOV (1) PRV (2) NON (3) SELF (4)	YES (1) NO (2)	YES (1) NO (2)	
8th adult's			YES (1) NO (2)	GOV (1) PRV (2) NON (3) SELF (4)	YES (1) NO (2)	YES (1) NO (2)	
9th adult's			YES (1) NO (2)	GOV (1) PRV (2) NON (3) SELF (4)	YES (1) NO (2)	YES (1) NO (2)	
10th adult's			YES (1) NO (2)	GOV (1) PRV (2) NON (3) SELF (4)	YES (1) NO (2)	YES (1) NO (2)	
11th adult's			YES (1) NO (2)	GOV (1) PRV (2) NON (3) SELF (4)	YES (1) NO (2)	YES (1) NO (2)	

[IF QS6 = DK/REF FOR 2ND-11TH ADULT, REFER TO BY "second adult/third adult/etc" AND AGE/GENDER (QS7/QS8)]
[QS7: RANGE 18-97; DK/REF (99)]
[QS8: MALE (1) FEMALE (2) DK/REF (9)]
[IF QS9 = 1, ASK QS10. IF QS9>1, LOOP BACK TO QS6 FOR NEXT ADULT HH MEMBER]
[IF QS10 = 4, CODE INELIGIBLE AND LOOP BACK TO QS6 FOR NEXT ADULT HH MEMBER]

S11. In the LAST 18 MONTHS, that is, since [INSERT 18 MONTH PERIOD] [have you/has [FILL A1-X FROM QS6]] <u>taken leave</u> from work for ANY of the following reasons:

- to care for a newborn, newly adopted or new foster child; (IF NECESSARY: This includes both maternity AND paternity leave)
- for [your own/[FILL A1-X FROM QS6]'s] serious health condition or to care for someone else's serious health condition;
- for pregnancy-related reasons (IF NECESSARY: [IF QS8 >1: your own/[FILL A1-X FROM QS6]'s or] a family member's); or
- to care for a military service member, or for reasons related to the deployment of a military service member?

[IF YES: READ FOR FIRST LOOP ONLY; READ IF NECESSARY FOR ALL OTHER HH MEMBERS (A2-X): A serious health condition, for purposes of this survey, means a condition that lasted more than 3 days and required treatment by a health care provider, a condition that required an overnight hospital stay, or a long-lasting condition for which one must see a health care provider at least twice a year for treatment. It may also include a condition that makes one permanently unable to work or perform other daily functions, or that requires treatments to keep from becoming incapacitated.]

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

S12. In the LAST 18 MONTHS [have you/has [FILL A1-X FROM QS6]] <u>NEEDED to take leave from work but DID NOT</u>, for ANY of the reasons I just listed? [INTERVIEWER: IF NECESSARY, REFER TO JOB AID ON LEAVE DEFINITION]

[IF NECESSARY: I can read the reasons again if you'd like:
- to care for a newborn, newly adopted or new foster child; (IF NECESSARY: This includes both maternity AND paternity leave)
- for [your own/[FILL A1-X FROM QS6]'s] serious health condition or to care for someone else's serious health condition;
- for pregnancy-related reasons (IF NECESSARY: [IF QS8 >1: your own/[FILL A1-X FROM QS6]'s or] a family member's); or
- to care for a military service member, or for reasons related to the deployment of a military service member?]

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

[CATI: LOOP BACK TO QS6 –QS12 FOR NEXT ADULT HH MEMBER]

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

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

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

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

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

[PROGRAMMER: END SCREENER TIME STAMP HERE]

TERMINATIONS:

READMSG.   [READ THE FOLLOWING MESSAGE INTO THE ANSWERING MACHINE:]

            This is [INTERVIEWER] calling for a study that is being conducted for the U.S. Department of Labor. We are conducting this study to ask you about family and medical leave policies provided in your workplace. Study results will be used to assess the impact of family and medical leave policies on employees, so your opinions are important. Your phone number was randomly selected and your answers will be kept private. [If you complete the survey, we will pay you $10 as a token of our appreciation.] We will call back within the next day or two. Thank you.

THANK01.   Thank you very much, but we are only interviewing in households with members who are 18 and over.

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

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

RESPONDENT SELECTION INSTRUCTIONS – FOR PROGRAMMING USE ONLY

1) IF S5=1, HHFLG=FMLAFLG_A1.

2) IF ALL [FMLAFLG_A1 THRU FMLAFLG_AX=1], HHFLG=1.

3) IF ALL [FMLAFLG_A1 THRU FMLAFLG_AX=2], HHFLG=2.

4) IF ALL [FMLAFLG_A1 THRU FMLAFLG_AX=3], HHFLG=3.
SELECT 20% OF THESE HHFLG= 3 RESPONDENTS ONLY TO BE SUBSAMPLED.

5) IF [FMLAFLG_A1 TO FMLAFLG_AX=2] AND [FMLAFLG_A1 TO FMLAFLG_AX=1], ASSIGN HHFLG=2 WITH 90%, HHFLG=1 WITH 10% PROB.

6) IF [FMLAFLG_A1 TO FMLAFLG_AX=2] AND [FMLAFLG_A1 TO FMLAFLG_AX=3], ASSIGN HHFLG=2 WITH 90%, HHFLG=3 WITH 10% PROB (NOT ELIGIBLE FOR 20% SUBSAMPLE).

7) IF [FMLAFLG_A1 TO FMLAFLG_AX=1] AND [FMLAFLG_A1 TO FMLAFLG_AX=3], ASSIGN HHFLG=1 WITH 90%, HHFLG=3 WITH 10% PROB (NOT ELIGIBLE FOR 20% SUBSAMPLE).

8) IF [FMLAFLG_A1 TO FMLAFLG_AX=1] AND [FMLAFLG_A1 TO FMLAFLG_AX=2] AND [FMLAFLG_A1 TO FMLAFLG_AX=3], ASSIGN HHFLG=1 WITH 10%, HHFLG=2 WITH 80%, AND HHFLG=3 WITH 10% PROB (NOT ELIGIBLE FOR 20% SUBSAMPLE).

9) IF RESPONDENT IS A LEAVE TAKER OR LEAVE NEEDER [FMLAFLG=1 OR 2], CONTINUE TO SECTION T.

10) IF FMLAFLG=3 AND HAS BEEN SUBSAMPLED FOR EXTENDED INTERVIEW, CONTINUE TO SECTION T.

11) IF FMLAFLG=3 AND RESPONDENT HAS NOT BEEN SUBSAMPLED, THANK03 AND END.

12) IF [S11=1] AND [S12=1] FOR SELECTED RESPONDENT, THEN FMLAFLG_DUAL=1, ELSE FMLAFLG_DUAL=0.

13) IF [QS9=2] FOR ALL [A1 THRU AX], THANK03 AND END (SCREEN OUT).
IF [QS9>2] FOR ALL [A1 THRU AX], THANK AND END. CODE SOFT REFUSAL.
IF [QS11>2 AND QS12>2] FOR ALL [A1 THRU AX], THANK AND END. CODE SOFT REFUSAL.

14) IF MORE THAN 1 HH MEMBER HAS THE SAME FMLAFLG, AND THAT FMLAFLG = HHFLG, THEN RANDOMLY SELECT ONE RESPONDENT

CATI: CREATE 3 QUALIFIED LEVELS BASED ON:
QUALFIED LEAVE TAKER (HHFLG = 1)
QUALFIED LEAVE NEEDER (HHFLG = 2)
QUALFIED SUBSAMPLED EMPLOYED ONLY (HHFLG = 3)

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

[ASK T1 IF FRAME=0]
T1.   Now thinking about your telephone use, do you have a working cell phone?

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

[ASK IF T1=1 OR FRAME=1]
T2.   [IF FRAME=1: Including this one,] How many working cell phones do YOU personally have?

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

[ASK IF QS5 > 1 (2+ ADULT HOUSEHOLD)]
T3.   Thinking about the other adults in your household, how many working cell phones in total do THEY have?

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

[ASK IF FRAME=1]
T4.   Is a cell phone your ONLY phone, or do you also have a regular landline telephone at home?

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

[ASK IF FRAME=0 OR T4=2]
T5.   [IF FRAME=0: Including this number,] How many different residential phone NUMBERS do you have coming into your household, not including lines dedicated to a fax machine, modem, or used strictly for business purposes? Do not include cellular phones.
> (1-6)   RECORD NUMBER [ENTER 6 IF 6 OR GREATER]
> 9   DK/REF (VOL)

[IF FRAME=0: ASK IF T1=1 OR T3=1-6
IF FRAME=1: ASK IF T4=2]

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

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

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

SECTION A – LEAVE TAKERS

[IF SELECTED RESPONDENT IS PERSON ON THE PHONE, SKIP TO INTRO3]

[IF SELECTED RESPONDENT IS NOT PERSON ON THE PHONE:]
HANDOFF1.   [FILL QS6 AX] has been selected as the respondent for this survey. May I please speak to [FILL QS6 AX] for the rest of the interview?

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

[CATI: Ask UP3 if HANDOFF1 = 3]
UP3.   Is that a landline or cell phone?

        5   Landline [CATI: Flag CELL = 0)
        6   Cell Phone [CATI: Flag CELL = 1]

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

[IF INCENT=1, DISPLAY:]
If you qualify and then complete the survey, we will pay you $10 as a token of our appreciation.

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

A1.   [IF NEW RESPONDENT:] Can you please confirm that in the last 18 months, that is, since [INSERT 18 MONTH PERIOD],

[IF SAME RESPONDENT:] I want to confirm with you that in the last 18 months, that is, since [INSERT 18 MONTH PERIOD],

you have <u>taken leave</u> from work for ANY of the following reasons:

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

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

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

1	YES	[GO TO QA2]
2	NO	[GO TO QB2]
8	DK (VOL)	[GO TO QS5]
9	REF (VOL)	[GO TO QS5]

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

A2.   Was there an event like this IN THE LAST YEAR [12 MONTHS, INSERT DATE]?

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

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

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

[IF QS8=9 FOR SELECTED RESPONDENT:]
GUESSGENDER1.   1   MALE
                   2   FEMALE
                   9   DK

A4.   We are interested in the number of times you took leave from work for A SINGLE reason or
         condition (yours, or that of the person you cared for), and this is regardless of whether
         you took time off all at once or in separate blocks of time. So, for how many TOTAL
         reasons or conditions did you take leave from work since [INSERT 18 MONTH PERIOD]?

                   [RANGE: 1-100]
                   DK (VOL) 888
                   REF (VOL) 999

                   [IF QA4=1, CONFIRM: "So, that's just one leave in the last 18 months?"]
                   [IF QA4=2-100, CONFIRM: "So, that's [FILL] or more leave occasions for [FILL]
                   separate reasons?"]

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

[IF QA2=2, SKIP TO QA5]
A4a. For how many TOTAL reasons or conditions did you take leave from work IN THE PAST YEAR,
that is since [INSERT 12 MONTH PERIOD]?

                   [RANGE: 1-100]
                   DK (VOL) 888
                   REF (VOL) 999

                   [NUMBER ENTERED MUST BE LESS THAN OR EQUAL TO QA4.]
                   [IF QA4a=1, CONFIRM: "So, that's just one leave in the last 12 months?"]
                   [IF QA4a=2-100, CONFIRM: "So, that's [FILL] or more leave occasions for [FILL]
                   separate reasons?"]

[IF A4=2-100 DISPLAY: INTERVIEWER: BEFORE PROCEEDING, CONFIRM PAST 12 MONTHS ENTRY
IN EVENT HISTORY CALENDAR]

[IF QA4>1, READ:] Let's begin by talking about the LONGEST time that you took leave from work
         since [INSERT 18 MONTH PERIOD].

A5.   What was the main reason you took this type of leave from work [IF QA4>1, READ: on your [longest/most recent] leave]? [SINGLE MENTION]

1   OWN ILLNESS, DISABILITY OR OTHER SERIOUS HEALTH
      CONDITION, EXCEPT MATERNITY-RELATED ILLNESS   [GO TO QA10]
2   [IF (QS8=2) OR (GUESSGENDER1>1) FOR SELECTED RESPONDENT:]
      FOR MATERNITY-RELATED DISABILITY, OR OTHER
      PREGNANCY-RELATED AILMENT PRIOR TO DELIVERY   [GO TO QA10]
3   [IF (QS8=2) OR (GUESSGENDER1>1) FOR SELECTED RESPONDENT:]
      FOR MATERNITY-RELATED DISABILITY
      AND TO CARE FOR A NEWBORN   [GO TO QA11]
4   [IF (QS8=2) OR (GUESSGENDER1>1) FOR SELECTED RESPONDENT:]
      MISCARRIAGE   [GO TO QA11]
5   TO CARE FOR NEWBORN   [GO TO QA11]
6   TO CARE FOR NEWLY ADOPTED CHILD   [GO TO QA11]
7   TO CARE FOR NEWLY PLACED FOSTER CHILD   [GO TO QA11]
8   TO BOND WITH NEWBORN   [GO TO QA13]
9   TO BOND WITH NEWLY ADOPTED CHILD   [GO TO QA13]
10   TO BOND WITH NEWLY PLACED FOSTER CHILD   [GO TO QA13]
11   CHILD'S HEALTH CONDITION   [GO TO QA8]
12   SPOUSE'S HEALTH CONDITION   [GO TO QA8]
13   PARENT'S HEALTH CONDITION   [GO TO QA8]
14   OTHER RELATIVE'S HEALTH CONDITION   [GO TO QA6]
15   OTHER NON-RELATIVE'S HEALTH CONDITION   [GO TO QA7]
16   DOMESTIC PARTNER'S HEALTH CONDITION   [GO TO QA8]
17   TO ADDRESS ISSUES ARISING FROM THE DEPLOYMENT OF A MILITARY
      MEMBER   [GO TO QA5A]
98   DK (VOL)   [GO TO QA10]
99   REF (VOL)   [GO TO QA10]

A5a.   What type of deployment-related issue did you need to address for this leave?
[READ IF NECESSARY: PLEASE SELECT ALL THAT APPLY]

1   Events or activities sponsored by the military before deployment
2   Childcare or school activities
3   Financial or legal arrangements
4   Non-medical counseling
5   Short-notice deployment
6   Events or activities sponsored by the military after the military member
      returned
7   Issues arising from the death of the military member
8   OTHER (SPECIFY) _____
98   DK (VOL)
99   REF (VOL)

[GO TO A9a]

A6.   What is that person's relationship to you?

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

        [GO TO QA8]

A7.   What is that person's relationship to you?

        1   PARENT-IN-LAW
        2   CHILD THAT IS NOT YOUR BIOLOGICAL CHILD
        3   OTHER (SPECIFY) _____
        8   DK (VOL)
        9   REF (VOL)

[IF QA5 = 11-16, READ:]
You said that you've taken leave to care for your [FILL PERSON FROM QA5/QA6/QA7, AS
APPROPRIATE]. Throughout the rest of the survey, we will refer to this person as your "care
recipient."

A8.   What was the age of your care recipient? [DO NOT READ LIST]

        1   0-1 YEARS
        2   2-17 YEARS
        3   18-40 YEARS
        4   41-59 YEARS
        5   60-69 YEARS
        6   70-79 YEARS
        7   80-89 YEARS
        8   90 OR OLDER
        98   DK (VOL)
        99   REF (VOL)

        [IF QA8>2 → ASK QA9, ELSE SKIP TO PROGRAMMING NOTE BEFORE QA10]

A9.   Was this leave taken in order to care for a military service member for a service-related health condition or injury? [IF NECESSARY: This includes both current active duty members as well as reserve members.]

        1   YES
        2   NO   [SKIP TO PROGRAMMING NOTE BEFORE QA10]
        8   DK (VOL)   [SKIP TO PROGRAMMING NOTE BEFORE QA10]
        9   REF (VOL)   [SKIP TO PROGRAMMING NOTE BEFORE QA10]

[IF A5=17]:
A9a.   What is that person's relationship to you?

        1   SPOUSE
        2   PARENT
        3   SON OR DAUGHTER
        4   NEXT OF KIN
        5   OTHER (SPECIFY) _____
        8   DK (VOL)
        9   REF (VOL)

 [ASK QA10 IF QA5 = 1-2, 11-16, 98, 99]
A10.   What was the nature of the health condition for which you took this leave? Was it:
        [READ LIST]

        1   A one-time health matter, such as appendicitis or injury;
        2   The **treatment** of an injury or illness that now requires routine scheduled care, such as chemotherapy or physical therapy; or
        3   An ongoing health condition that affects one's ability to work from time to time, such as diabetes, migraines, depression, or Multiple Sclerosis?
        4   OTHER (SPECIFY): _____
        8   DK (VOL)
        9   REF (VOL)

[IF QA5 = 3, 5-7, READ:]
You said that you've taken leave to care for your [FILL PERSON FROM QA5]. Throughout the rest of the survey, we will refer to this person as your "care recipient."

[IF QA5=1, 2, 4, 98, 99: READ "you"
IF A5=3, 5: READ "you OR your care recipient"
ELSE, READ "your care recipient"]
A11.   Did [you/your care recipient] require a doctor's care at any time during this leave?

        1   YES   [ASK QA12]
        2   NO
        8   DK (VOL)
        9   REF (VOL)

        [IF QA11>1, SKIP TO A13]

[IF QA5=1, 2, 4, 98, 99: READ "you"
IF A5=3, 5: READ "you OR your care recipient"
ELSE, READ "your care recipient"]
A12.   [Were/Was] [you/your care recipient] in the hospital overnight at any time during this leave?

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

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

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

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

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

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

        [IF QA14 = 1, 8, 9 → GO TO QA17]

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

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

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

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

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

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

[ASK QA17 IF QA3 > 1 OR QA4>1, ELSE SKIP TO QA18]
A17.   And in what month and year did this leave end? [IF NECESSARY: Please think about special
        events, holidays, or seasons to help you remember.] [IF NECESSARY, INTERVIEWER
        CONFIRM DATES WITH RESPONDENT – END DATE CANNOT BE EARLIER THAN [INSERT 18
        MONTH PERIOD]]

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

                [LOOP 1: DATE ENTERED MUST BE LATER THAN OR EQUAL TO DATES FROM QA13
                AND QA16
                LOOP 2: DATE ENTERED MUST BE LATER THAN OR EQUAL TO QA17'S DATE FROM
                LOOP 1]

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

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

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

[IF QA17=9997, DISPLAY "so far"
IF QA14=2, DISPLAY "including all blocks of time"]
A19.   Great, so how much time in TOTAL did you take off from work [so far] for the reason you mentioned [including all blocks of time]?

        1   ____HOURS [RANGE 1-500]
        2   ____DAYS [RANGE 1-500]
        3   ____WEEKS [RANGE 1-100]
        4   ____MONTHS [RANGE 1-24]
        9   DK/REF (VOL)

[IF A9=1]:
A19a.   How much time was needed for the care for the military member? [IF NECESSARY: Was the time you took off of work *SUFFICIENT to care for the military member?*]
        1   ____HOURS [RANGE 1-500]
        2   ____DAYS [RANGE 1-500]
        3   ____WEEKS [RANGE 1-100]
        4   ____MONTHS [RANGE 1-24]
        9   DK/REF (VOL)

[ONLY IF ANYONE ELSE IN HH TOOK LEAVE BASED ON S11]:
A19b.   In the last 18 months, did anyone else in your household take leave for the same reason you mentioned? [INTERVIEWER ONLY IF NEEDED: the reason mentioned is [A5]]

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

A19c.   What is this person's relationship to you? [IF NECESSARY: you said that someone else in your household took leave for the same reason you mentioned, what is THAT person's relationship to you?]

        1   Spouse
        2   Unmarried partner
        3   Parent
        4   Child
        5   Sibling
        6   Aunt or Uncle
        7   Son- or Daughter-in-law
        8   Father- or Mother-in-law
        9   Grandchild
       10   Grandparent
       11   Other (specify)
       98   DK (VOL)
       99   REF (VOL)

A19d.   How much time in total did this person take off from work for the same reason you mentioned? [INTERVIEWER ONLY IF NEEDED: the reason mentioned is [A5]]

        1   ____HOURS [RANGE 1-500]
        2   ____DAYS [RANGE 1-500]
        3   ____WEEKS [RANGE 1-100]
        4   ____MONTHS [RANGE 1-24]
        9   DK/REF (VOL)

[ASK QA20 IF QA4 = 2-100, ELSE GO TO QA21]
[IF R HAS GONE THROUGH LOOP TWICE (QA20 = 2) → GO TO QA21]

A20.   You told me that you have taken [FILL A4] leaves, and we've just talked about your LONGEST LEAVE. Was your MOST RECENT leave for that same reason?

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

[PROGRAMMING NOTE:
IF QA20 = 2 → LOOP BACK TO QA5 AND READ "Now let's talk about the MOST RECENT time that you took leave from work." FILL QA5 WITH "MOST RECENT". CREATE NEW VARIABLE NAMES FOR MOST RECENT LEAVE DATA; DO NOT OVERWRITE LONGEST LEAVE DATA]

MOST RECENT LEAVE – EXTENDED BATTERY

[IF QA20=2, DISPLAY: For each of the following questions, please think about your MOST RECENT leave.]

A21.   How did your employer designate or categorize the leave you just told me about? That is, WHAT TYPE of leave did your employer assign to your time off? [DO NOT READ LIST] [SELECT ALL THAT APPLY]

        1   VACATION LEAVE
        2   SICK LEAVE
        3   FAMILY AND MEDICAL LEAVE
        4   SHORT-TERM DISABILITY
        5   LONG-TERM DISABILITY
        6   OTHER (SPECIFY): _____
        8   DK (VOL)
        9   REF (VOL)

[IF QA5 = 8-10, READ:]
[QA5 – FROM 1ST ITERATION IF QA20 = 1,8,9... FROM 2ND ITERATION IF QA20= 2]
You said that you've taken leave to care for your [FILL PERSON FROM QA5]. Throughout the rest of the survey, we will refer to this person as your "care recipient."

A23.   I'm going to read you some possible effects from taking leave from work that you may or may not have experienced. As a result of taking leave:
    [RANDOMIZE QA23a-f]

    a. Did you lose your job?

    b. Did you lose your seniority or potential for job advancement?

    c. Were you unable to afford an unpaid leave?

    d. Did you reveal personal information about yourself, your care recipient, or family relationships?

    e. Were you treated differently because of the reason you took leave?

    f. Were you able to maintain or pay for health insurance?

    g. Did anything else happen? [SPECIFY]

    [RESPONSE CATEGORIES:]
        1   YES
        2   NO
        3   DOES NOT APPLY (VOL)
        8   DK (VOL)
        9   REF (VOL)

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

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

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

        [IF QA26=2, 8, 9 → GO TO QA42]

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

        1   YES   [GO TO QA30]
        2   NO   [GO TO QA29]
        8   DK (VOL)
        9   REF (VOL)

        [IF QA28 = 1, 8, 9 → GO TO QA30]

A29.   Why wasn't your medical certification accepted on the first submission?
        [DO NOT READ. SELECT ALL THAT APPLY]

        1   INSUFFICIENT INFORMATION
        2   PHYSICIAN WAS NOT ACCEPTED
        3   CONDITION WAS NOT ACCEPTED
        4   SUBMISSION NOT CONSIDERED TIMELY
        5   OTHER (SPECIFY) _____
        8   DK (VOL)
        9   REF (VOL)

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

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

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

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

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

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

> [IF QA35 = 2, 8, 9 → GO TO QA41]

A39. Did you pay out of your own pocket for your medical RE-certification (for example, a co-pay or a portion of the cost)?

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

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

> 1 ____HOURS [RANGE: 1-100]
> 2 ____DAYS [RANGE: 1-100]
> 3 ____ WEEKS [RANGE: 1-50]
> 4 DID NOT TAKE EXTRA TIME OFF (VOL)
> 8 DK (VOL)
> 9 REF (VOL)

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

[IF QA14=1, 8, 9, DISPLAY "leave"
IF QA14=2, DISPLAY "most recent block of time off from work"]

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

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

__WHILE YOU WERE ON LEAVE__

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

[ASK QA44 IF QA19 >= (30 DAYS OR 4 WEEKS OR ONE MONTH)]
[FOR QA44-A45 AND QA49-A50: IF A3=1, REPLACE "your" WITH "this"]

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

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

A45.   Did you receive pay for any part of your leave?

         1   YES   [GO TO QA46]
         2   NO
         8   DK (VOL)
         9   REF (VOL)

         [IF QA45 = 2, 8, 9 → GO TO QA52]

A46.   Was some of the pay you received part of…

         a. Paid time off, or PTO, which provides a "pool" of hours that an employee can
             draw from to take time off from work. It can include vacation, sick time, and
             such.
         b. [SKIP IF QA46a= 1] Your sick days or sick leave?
         c. [SKIP IF QA46a= 1] Your vacation days or vacation leave?
         d. Personal leave?

e. [ASK IF QS8=2 OR GUESSGENDER1=2 FOR SELECTED RESPONDENT:] Maternity leave?

f. [ASK IF QS8=1 OR GUESSGENDER1=1 FOR SELECTED RESPONDENT:] Paternity leave?

[RESPONSE CATEGORIES:]
   1   YES
   2   NO
   8   DK (VOL)
   9   REF (VOL)

[IF ANY ITEM IN QA46=1 → GO TO QA47, ELSE GO TO QA48]

A47.   Was receiving some of the pay as part of [FILL ITEMS FROM QA46 THAT EQUAL 1] your choice, did your employer require it, or both?

[DISPLAY ITEMS FROM QA46 THAT EQUAL 1:]
   a. Paid time off, or PTO
   b. Your sick days or sick leave
   c. Your vacation days or vacation leave
   d. Personal leave
   e. Maternity leave
   f. Paternity leave

[RESPONSE CATEGORIES:]
   1   EMPLOYEE'S CHOICE
   2   REQUIRED BY EMPLOYER
   3   BOTH
   8   DK (VOL)
   9   REF (VOL)

A48.   Was some of the pay you received part of… [READ STEM BEFORE EACH ITEM A-D]

   a. Temporary disability insurance?
   b. State-paid family leave?
   c. State-paid disability leave?
   d. Some other benefit I haven't already mentioned? (SPECIFY) _____

[RESPONSE CATEGORIES:]
   1   YES
   2   NO
   8   DK (VOL)
   9   REF (VOL)

A49. When you received pay during your leave, was it the same amount as your regular pay or only part of your pay?

       1   SAME AMOUNT AS REGULAR PAY
       2   PART OF PAY   [GO TO QA50]
       8   DK (VOL)
       9   REF (VOL)

       [IF QA49 = 1, 8, 9 → GO TO QA52]

A50. Over the entire time you were on leave, about how much of your *regular* pay did you receive in total? Would you say... [READ LIST]

       1   One quarter or less,
       2   More than one-quarter but less than half,
       3   About half,
       4   More than half but less than three-quarters, or
       5   Three quarters or more?
       8   DK (VOL)
       9   REF (VOL)

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

      a. Cover your work by assigning it to other employees?
      b. Hire a permanent employee to cover your work?
      c. Hire a temporary employee to cover your work?
      d. Let your work go undone until you returned?
      e. Cover your work in some other way? (SPECIFY): _____

      [RESPONSE CATEGORIES:]
       1   YES
       2   NO
       8   DK (VOL)
       9   REF (VOL)

[IF QA49=1, SKIP TO PROGRAMMING NOTE AFTER A58]

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

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

   [RESPONSE CATEGORIES:]
   1   YES
   2   NO
   8   DK (VOL)
   9   REF (VOL)

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

   1   Very easy,
   2   Somewhat easy,
   3   Neither easy nor difficult,
   4   Somewhat difficult, or
   5   Very difficult?
   8   DK (VOL)
   9   REF (VOL)

   PROGRAMMING NOTE:
   IF QA45 OR QA49 = 2, 8, 9, ASK QA55.
   IF QA45 = 2, 8, 9, DISPLAY "some."
   IF QA49=2, 8, 9, DISPLAY "additional."
   IF QA45 = 1 AND QA49 = 1, SKIP TO PROGRAMMING NOTE AFTER Q58.

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

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

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

WHEN LEAVE WAS OVER

[IF QA20=2, DISPLAY: "most recent"]
The next few questions are about returning to work after your [most recent] leave.

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

       1   SAME EMPLOYER   [GO TO QA60]
       2   NEW EMPLOYER   [GO TO QA61]
       3   DID NOT RETURN TO WORK   [GO TO QA61]
       8   DK (VOL)   [GO TO QB1]
       9   REF (VOL)   [GO TO QB1]

[IF QA5=5-16 → GO TO QA62]
A60. Did your employer require you to obtain fitness for duty certification before you returned to work?

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

       [GO TO QA62]

A61. Why didn't you return to work [IF QA59=2, ADD: "at the same employer"]?
[MULTIPLE RECORD]

       1   OBTAINED OTHER INCOME SOURCE (SELF-EMPLOYED)
       2   HEALTH CONDITION CONTINUED (ILLNESS CONTINUES)
       3   LAID OFF/FIRED/REPLACED
       4   DID NOT WANT TO RETURN TO WORK
       5   COULD NOT FIND CHILDCARE
       6   COULD NOT FIND ELDERCARE
       7   FOUND BETTER JOB
       8   DID NOT PASS FITNESS FOR DUTY CERTIFICATION
       9   CHANGE IN SCHEDULE OR JOB RESPONSIBILITIES
       10   OTHER (SPECIFY): _____
       98   DK (VOL)
       99   REF (VOL)

       [IF QA59 = 3, GO TO QB1]

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

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

[RESPONSE CATEGORIES:]
1   YES
2   NO
8   DK (VOL)
9   REF (VOL)

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

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

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

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

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

SECTION B – LEAVE NEEDERS

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

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

B1.   We've just talked about the leave[s] taken in the last 18 months. Now I'd like to ask you if, IN THE LAST 18 MONTHS, was there a time when you <u>NEEDED to take leave from work but DID NOT</u>, for ANY of the following reasons:

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

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

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

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

    [IF B1 = 2, 8, 9 → GO TO QE1]

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

[IF SELECTED RESPONDENT IS NOT PERSON ON THE PHONE:]
HANDOFF2.   [FILL QS6 AX] has been selected as the respondent for this survey. May I please speak to [FILL QS6 AX] for the rest of the interview?

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

[CATI: Ask UP2 if HANDOFF2 = 3]
UP4.   Is that a landline or cell phone?

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

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

[IF INCENT=1, DISPLAY:]
If you qualify and then complete the survey, we will pay you $10 as a token of our appreciation.

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

B2.   [IF LEAVE NEEDER ONLY:] I want to confirm with you that in the last 18 months, that is, since [INSERT 18 MONTH PERIOD]:

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

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

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

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

> 1   YES   [ASK QB3]
> 2   NO   [GO TO QS5]
> 8   DK (VOL)   [GO TO QS5]
> 9   REF (VOL)   [GO TO QS5]
>
> [IF QB2>1, RE-SCREEN TO CONFIRM LEAVE STATUS. IF THE SAME R COMES BACK TO QB2 AND ANSWERS (2, 8, 9) A SECOND TIME, GO TO SECTION C]

B3.   Was there an event like this IN THE LAST YEAR [12 MONTHS, INSERT DATE]?

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

B4.   How many different times did you need leave but not take it, since [INSERT 18 MONTH PERIOD]?

> [RANGE: 1-100]
> DK (VOL) 888
> REF (VOL) 999

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

[IF QB3 = 2, 8, 9 → SKIP TO Logic before B5a
IF QB3 = 1 AND QB4 = 1 → SKIP TO QB6]
B5.   How many different times did you need leave but not take it, IN THE LAST YEAR [12
       MONTHS, INSERT DATE]?

              [RANGE: 1-100]
              DK (VOL) 888
              REF (VOL) 999

              [NUMBER ENTERED MUST BE LESS THAN OR EQUAL TO QB4. IF NECESSARY,
              INTERVIEWER CONFIRM WITH RESPONDENT]

[IF B4>1]:
B5a.   Were all of the times you needed leave but did not take it since [INSERT 18 MONTH
PERIOD] for the SAME reason or condition, or were they for DIFFERENT reasons or conditions?

              1   SAME
              2   DIFFERENT
              8   DK (VOL)
              9   REF (VOL)

[IF B5a=2,8,9]:
B5b.   For how many TOTAL reasons or conditions did you need leave from work, but not take it,
       since [INSERT 18 MONTH PERIOD]?

              [RANGE: 1-100]
              DK (VOL) 888
              REF (VOL) 999

[IF QS8=9 FOR RESPONDENT WHO IS LEAVE-NEEDER ONLY:]
GUESSGENDER2.   1   MALE
                    2   FEMALE
                    9   DK

[IF B4=1 OR QB5a = 1, DISPLAY "reason"
IF QB5b = 2-100, 888, 999 DISPLAY "reasons" AND "most recent" FOR THE FIRST LOOP
IF ON SECOND OR THIRD LOOP, BASED ON B5b, DISPLAY
"second reason"/"reason" FOR SECOND LOOP AND "third reason"/"reason" FOR THIRD LOOP.]
B6.   Thinking of the [second/third] reason[s] you needed leave since [INSERT 18 MONTH
       PERIOD], what was the [most recent] reason for which you needed to take leave from
       work? [SINGLE MENTION]

              1   OWN ILLNESS, DISABILITY OR OTHER SERIOUS HEALTH
                       CONDITION, EXCEPT MATERNITY-RELATED ILLNESS   [GO TO QB11]
              2   [IF (QS8=2) OR (ANY GUESSGENDER1-2>1) FOR SELECTED RESPONDENT:]
                       FOR MATERNITY-RELATED

	DISABILITY, OR OTHER PREGNANCY-RELATED	
	AILMENT PRIOR TO DELIVERY	[GO TO QB11]
3	[IF (QS8=2) OR (ANY GUESSGENDER1-2>1) FOR SELECTED RESPONDENT:] FOR MATERNITY-RELATED DISABILITY	
	AND TO CARE FOR A NEWBORN	[GO TO QB12]
4	[IF (QS8=2) OR (ANY GUESSGENDER1-2>1) FOR SELECTED RESPONDENT:] MISCARRIAGE	[GO TO QB12]
5	TO CARE FOR NEWBORN	[GO TO QB12]
6	TO CARE FOR NEWLY ADOPTED CHILD	[GO TO QB12]
7	TO CARE FOR NEWLY PLACED FOSTER CHILD	[GO TO QB12]
8	TO BOND WITH NEWBORN	[GO TO QB14]
9	TO BOND WITH NEWLY ADOPTED CHILD	[GO TO QB14]
10	TO BOND WITH NEWLY PLACED FOSTER CHILD	[GO TO QB14]
11	CHILD'S HEALTH CONDITION	[GO TO QB9]
12	SPOUSE'S HEALTH CONDITION	[GO TO QB9]
13	PARENT'S HEALTH CONDITION	[GO TO QB9]
14	OTHER RELATIVE'S HEALTH CONDITION	[GO TO QB7]
15	OTHER NON-RELATIVE'S HEALTH CONDITION	[GO TO QB8]
16	DOMESTIC PARTNER'S HEALTH CONDITION	[GO TO QB9]
17	TO ADDRESS ISSUES ARISING FROM THE DEPLOYMENT OF A MILITARY MEMBER	[GO TO QB6A]
98	DK (VOL)	[GO TO QB11]
99	REF (VOL)	[GO TO QB11]

B6a. What type of deployment-related issue did you need to address for this leave? [READ IF NECESSARY: PLEASE SELECT ALL THAT APPLY]

1   Events or activities sponsored by the military BEFORE deployment
2   Childcare or school activities
3   Financial or legal arrangements
4   Non-medical counseling
5   Short-notice deployment
6   Events or activities sponsored by the military AFTER the military member returned
7   Issues arising from the death of the military member
8   OTHER (SPECIFY) _____
98   DK (VOL)
99   REF (VOL)

[GO TO B10a]

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

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

      [GO TO QB9]

B8.   What is that person's relationship to you?

      1   PARENT-IN-LAW
      2   CHILD THAT IS NOT YOUR BIOLOGICAL CHILD
      3   OTHER (SPECIFY) _____
      8   DK (VOL)
      9   REF (VOL)

[IF QB6 = 11-16, READ:]
You said that you've needed to take leave to care for your [FILL PERSON FROM QB6/QB7/QB8, AS APPROPRIATE]. Throughout the rest of the survey, we will refer to this person as your "care recipient."

B9.   What was the age of your care recipient? [DO NOT READ LIST]

      1   0-1 YEARS
      2   2-17 YEARS
      3   18-40 YEARS
      4   41-59 YEARS
      5   60-69 YEARS
      6   70-79 YEARS
      7   80-89 YEARS
      8   90 OR OLDER
      98   DK (VOL)
      99   REF (VOL)

      [IF QB9>2 → ASK QB10, ELSE SKIP TO PROGRAMMING NOTE BEFORE QB11]

B10. Was this leave needed in order to care for a military service member for a service-related health condition or injury? [IF NECESSARY: This includes both current active duty members as well as reserve members.]

      1   YES
      2   NO   [SKIP TO PROGRAMMING NOTE BEFORE QB11]
      8   DK (VOL)   [SKIP TO PROGRAMMING NOTE BEFORE QB11]
      9   REF (VOL) [SKIP TO PROGRAMMING NOTE BEFORE QB11]

[IF B6=17]:
B10a. What is that person's relationship to you?

      1   SPOUSE
      2   PARENT
      3   SON OR DAUGHTER
      4   NEXT OF KIN
      5   OTHER (SPECIFY) _____
      8   DK (VOL)
      9   REF (VOL)

[IF B10=1]:
B10b. How much time was needed to care for the military member?

      1   ____HOURS [RANGE 1-500]
      2   ____DAYS [RANGE 1-500]
      3   ____WEEKS [RANGE 1-100]
      4   ____MONTHS [RANGE 1-24]
      9   DK/REF (VOL)

[ASK QB11 IF QB6 = 1-2, 11-16, 98, 99]
B11. What was the nature of the health condition for which you needed to take this leave? Was it: [READ LIST]

      1   A one-time health matter, such as appendicitis or injury;
      2   The **treatment** of an injury or illness that now requires routine scheduled care, such as chemotherapy or physical therapy; or
      3   An ongoing health condition that affects one's ability to work from time to time, such as diabetes, migraines, depression, or Multiple Sclerosis?
      4   OTHER (SPECIFY): _____
      8   DK (VOL)
      9   REF (VOL)

[IF QB6 = 3, 5-7, READ:]
You said that you've needed to take leave to care for your [FILL PERSON FROM QB6]. Throughout the rest of the survey, we will refer to this person as your "care recipient."

[IF QB6=1, 2, 4, 98, 99: READ "your"
IF QB6=3, 5, 8: READ "your OR your care recipient's"
ELSE, READ "your care recipient's"]
B12.   Did [your/your care recipient's] condition for which you needed to take leave require a doctor's care?

        1   YES   [ASK QB13]
        2   NO
        8   DK (VOL)
        9   REF (VOL)

        [IF QB12>1, SKIP TO B14]

[IF QB6=1, 2, 4, 98, 99: READ "you"
IF QB6=3, 5, 8: READ "you OR your care recipient"
ELSE, READ "your care recipient"]
B13.   [Were/Was] [you/your care recipient] in the hospital overnight at any time during the time that you needed this leave?

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

[IF B4=1, SKIP TO B15]
B14.   How many different times, since [INSERT 18 MONTH PERIOD], did you need leave for the REASON OR CONDITION you mentioned? [DISPLAY REASON FROM QB6]

        [RANGE: 1-100]
        DK (VOL) 888
        REF (VOL) 999

B14a. And how many different times did you need leave for this reason or condition, IN THE LAST YEAR [12 MONTHS, INSERT DATE]?

        [RANGE: 1-100]
        DK (VOL) 888
        REF (VOL) 999

[IF B5b=2-100, CREATE SECOND LOOP TO B6-B14a.
THEN IF B5b=3-100, CREATE THIRD LOOP TO B6-B14a. I.E., COLLECT DATA FOR REMAINING LEAVE-NEEDING REASON(S), MAXIMUM 2 ADDITIONAL LOOPS (3 REASONS TOTAL).

IF ANSWERED FOR MULTIPLE LOOPS, COMBINED B14 TOTALS SHOULD BE LESS THAN OR EQUAL TO QB4]

[IF QB6 (LOOP 1) = 8-10, READ:]
You said that you've needed to take leave to care for your [FILL PERSON FROM QB6]. Throughout the rest of the survey, we will refer to this person as your "care recipient."

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

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

[CATI: ALLOW MULTI-PUNCH ANSWER]

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

[PROGRAMMING NOTE:
IF QB15 = 3 AND NOT 4, ASK QB16-QB17 THEN SKIP TO QB20
IF QB15 = 4 AND NOT 3, SKIP QB16-QB17 AND ASK QB19
IF QB15 = 3 AND QB15 = 4, SKIP QB16-QB17 AND ASK QB19
OTHERWISE, SKIP TO QB20]

B16.   Were you ineligible because you only worked part-time?

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

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

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

B19.   Were you denied leave…

[RANDOMIZE ITEMS a-g]
a. Because your employer does not offer family or medical leave?
b. Because you hadn't worked for your employer long enough to be eligible for family or medical leave?
c. Because you had worked too few hours in the previous year?
d. Because you used up all the leave time you were allowed?
e. Because you did not submit notification that was sufficient for your employer's requirements?
f. Because the medical certification you submitted was deemed insufficient?
g. [IF QB6 (LOOP 1) = 3, 5-16]: Because the person you wanted to care for was not eligible for care under the FMLA?
h. For any other reasons? (SPECIFY)_____

[RESPONSE CATEGORIES:]
1   YES
2   NO
8   DK (VOL)
9   REF (VOL)

[IF QB6 (LOOP 1) = 1, 2, 4, 98, 99: READ "your"
ELSE, READ "your care recipient's care-giving"]
B20.   Since you did not take leave from work for this reason or condition, what did you do in order to meet [your / your care recipient's care-giving] needs? [READ LIST]

[PROGRAMMING NOTES:
READ QB20a IF QB6 (LOOP 1) = 1-4, 11-16
READ QB20b IF QB6 (LOOP 1) = 1-4, 11-16
READ QB20c IF QB6 (LOOP 1) = 5-16
READ QB20d IF QB6 (LOOP 1) = 5-16

READ QB20e IF QB6 (LOOP 1) = 3, 5-11
READ QB20f IF QB9 (LOOP 1) = 5-8
READ QB20g FOR ALL RESPONDENTS]

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

[RESPONSE CATEGORIES:]
　　　1　　YES
　　　2　　NO
　　　8　　DK (VOL)
　　　9　　REF (VOL)

[ALL RESPONDENTS SKIP TO QE1]

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

SECTION C – EMPLOYED ONLY

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

[IF SELECTED RESPONDENT IS NOT PERSON ON THE PHONE:]
HANDOFF3.   [FILL QS6 AX] has been selected as the respondent for this survey. May I please speak to [FILL QS6 AX] for the rest of the interview?

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

[CATI: Ask UP1 if HANDOFF3 = 3]
UP5.   Is that a landline or cell phone?

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

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

[IF INCENT=1, DISPLAY:]
If you qualify and then complete the survey, we will pay you $10 as a token of our appreciation.

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

C1.   I want to confirm with you that in the last 18 months, that is, since [INSERT 18 MONTH PERIOD], you have NOT taken or needed to take leave from work, for ANY of the following reasons:

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

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

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

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

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

[IF QS8=9 FOR SELECTED RESPONDENT:]
GUESSGENDER3.   1   MALE
                2   FEMALE
                9   DK

E1.   Are you currently employed?

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

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

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

        [IF QE2 > 1 AND QE1 = 1, GO TO QE5
        IF QE2 > 1 AND QE1 > 1, GO TO QD1]

E3.   How have you learned about the federal Family and Medical Leave Act?
        [SELECT ALL THAT APPLY; DO NOT READ LIST, BUT PROBE IF NECESSARY]

        1   MEDIA (TV, NEWSPAPERS, INTERNET, ETC.)
        2   CO-WORKERS
        3   EMPLOYER OR HUMAN RESOURCE OFFICE GAVE OUT INFORMATION
        4   POSTERS   [IF NOT SELECTED AND QE1=1, GO TO QE4]
        5   FAMILY MEMBER
        6   FRIEND OR NEIGHBOR
        7   UNION GAVE OUT INFORMATION
        8   OTHER (SPECIFY) _____
        98   DK (VOL)
        99   REF (VOL)

        [IF QE1 = 2, 8, 9 → GO TO QD1]
        [IF POSTERS (4) SELECTED AND QE1=1, GO TO QE5]

E4.   At your place of employment, is there a notice posted that explains the federal Family and
        Medical Leave Act?

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

E4a. To the best of your knowledge, are employees who are covered by the federal FMLA law entitled to take leave for the following reasons?
[PROGRAMMER: RANDOMLY SELECT 4 ITEMS FROM THE LIST BELOW, ONE AND ONLY ONE OF WHICH MUST BE EITHER {F,G,H} AND ONE AND ONLY ONE OF WHICH MUST BE EITHER J OR K].

a. For the care of a newborn?
b. For an employee's own serious health condition?
c. For the care of a child with a serious health condition?
d. For the care of a spouse with a serious health condition?
e. For the care of a parent with a serious health condition?
f. For the care of a grandparent with a serious health condition?
g. For the care of a grandchild with a serious health condition?
h. For the care of a sibling with a serious health condition?
i. For the care of an adopted child or foster child?
j. For the care of a military service member?
k. For reasons related to the deployment of a military service member?

[RESPONSE CATEGORIES:]
1 YES
2 NO
8 DK (VOL)
9 REF (VOL)

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

E5. Since [INSERT 18 MONTH PERIOD], have any co-workers where you work taken leave for family or medical reasons?

1 YES [ASK QE6]
2 NO [GO TO E7]
8 DK (VOL) [GO TO E7]
9 REF (VOL) [GO TO E7]

E6. As a result of these co-workers taking leave, did you...   [SELECT ALL THAT APPLY]

1 Work more hours than you usually do?
2 Work a shift that you do not normally work?
3 Take on additional duties?
4 Take on different job responsibilities?
5 NONE OF THE ABOVE (VOL)
8 DK (VOL)
9 REF (VOL)

E7.   I'm going to read a list of benefits that some employers offer to their employees. Are you
eligible to receive any of these benefits?

[RANDOMIZE]
a. Flextime [IF NECESSARY: a flexible work schedule which allows you to choose
when you work, as long as you meet your total expected work hours]
b. Flexplace or telecommuting [IF NECESSARY: an option which allows you to
work away from the regular office site for a specified number of hours]
c. Job sharing [IF NECESSARY: a work arrangement in which two people share one
position in a company, with each working a part of the week]
d. Paid family leave [IF NECESSARY: this includes maternity leave, paternity leave,
and paid adoption leave]
e. Paid vacation
f. Paid sick time
g. Paid time off [IF NECESSARY: Paid time off or PTO provides a "pool" of hours
that an employee can draw from to take time off from work. It can include
vacation, sick time, and such.]
h. [READ IF (QS8=2) OR (ANY GUESSGENDER1-3>1) FOR SELECTED RESPONDENT:]
Break time for mothers who are breastfeeding [IF NECESSARY: a reasonable
amount of break time provided for an employee any time she needs to nurse
her child]

[RESPONSE CATEGORIES:]
1   YES
2   NO/BENEFIT NOT OFFERED BY EMPLOYER
3   DEPENDS ON CIRCUMSTANCES
8   DK (VOL)
9   REF (VOL)

E8.   Does your employer have an attendance policy that includes penalties for absences?

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

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

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

E10.   Are you a contract worker?

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

E11.   At the place where you work -- for example the site, store, or building -- would you say there are 50 or more employees?

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

[IF E11=1, DISPLAY RESPONSES 6-99 ONLY]

E12.   Please think now of all of your organization's work sites within 75 miles. How many people are employed at your organization across all of the work sites within that 75 mile range, including this site?

    [IF DK, READ: "Would you say it is…"]
        1   1-9
        2   10-19
        3   20-29
        4   30-39
        5   40-49
        6   50-99
        7   100-249
        8   250-499
        9   500 OR MORE
      98   DK (VOL)
      99   REF (VOL)

> PROGRAMMING NOTE: IF R IS LEAVE TAKER (QA1 = 1), ALSO DISPLAY "except for the leave you just told me about"

E13.   Between [INSERT 12 MONTH PERIOD] and the present, have you worked continuously for the same employer [except for the leave you just told me about]?

        1   YES
        2   NO   [GO TO QD1]
        8   DK (VOL)
        9   REF (VOL)

E14. Between [INSERT 12 MONTH PERIOD] and the present, were you always a full-time employee [except for the leave you just told me about]?

        1   YES   [GO TO QD1]
        2   NO
        8   DK (VOL)
        9   REF (VOL)

E15. Between [INSERT 12 MONTH PERIOD] and the present, how many hours per week have you worked on average?

        [RANGE: 0-80]
        DK (VOL) 888
        REF (VOL) 999

        [GO TO QD1]

SECTION D – DEMOGRAPHICS

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

D1. What is the highest level of education you have completed?

        1   LESS THAN HIGH SCHOOL
        2   SOME HIGH SCHOOL
        3   HIGH SCHOOL GRADUATE
        4   GED
        5   SOME COLLEGE/ASSOCIATE'S DEGREE
        6   COLLEGE GRADUATE
        7   GRADUATE SCHOOL
        8   DK (VOL)
        9   REF (VOL)

[ASK IF QS10 = 1 FOR QS6 AX]
D2. Earlier [you/someone in your household] said that you had been employed by the government. Would that be the federal, state or local government?

        1   FEDERAL
        2   STATE
        3   LOCAL (COUNTY, CITY, TOWNSHIP)
        8   DK (VOL)
        9   REF (VOL)

PROGRAMMING NOTE:
   IF QE1 = 1, DISPLAY "Are"; OTHERWISE, DISPLAY "Were"

D3.   [Were/Are] you a member of a labor union?

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

D4.   What is the total combined income of all members of your FAMILY during the past 12 months? This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income received by members of your family who are 15 years of age or older.

     D4a.   Was your family income $35,000 or above?
            1   YES
            2   NO   [GO TO QD4f]
            8   DK   [GO TO QD5]
            9   REF [GO TO QD5]

     D4b.   Was it $40,000 or above?
            1   YES
            2   NO   [GO TO QD5]
            8   DK   [GO TO QD5]
            9   REF [GO TO QD5]

     D4c.   Was it $50,000 or above?
            1   YES
             2   NO   [GO TO QD5]
             8   DK   [GO TO QD5]
             9   REF [GO TO QD5]

     D4d.   Was it $75,000 or above?
            1   YES
             2   NO   [GO TO QD5]
             8   DK   [GO TO QD5]
             9   REF [GO TO QD5]

     D4e.   Was it $100,000 or above?
            1   YES [GO TO QD5]
             2   NO   [GO TO QD5]
             8   DK   [GO TO QD5]
             9   REF [GO TO QD5]

     D4f.   Was it $30,000 or above?
            1   YES [GO TO QD5]
             2   NO
             8   DK   [GO TO QD5]

9   REF   [GO TO QD5]

        D4g.   Was it $20,000 or above?
                1   YES   [GO TO QD5]
                2   NO
                8   DK   [GO TO QD5]
                9   REF   [GO TO QD5]

        D4h.   Was it $10,000 or above?
                1   YES   [GO TO QD5]
                2   NO
                8   DK   [GO TO QD5]
                9   REF   [GO TO QD5]

        D4j.   Was it $5,000 or above?
                1   YES   [GO TO QD5]
                2   NO   [GO TO QD5]
                8   DK   [GO TO QD5]
                9   REF   [GO TO QD5]

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

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

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

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

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

                [ENTER RANGE 0-7; 7 = 7 OR MORE]
                8   DK (VOL)
                9   REF (VOL)

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

        [ENTER RANGE 0-7; 7 = 7 OR MORE]
        8   DK (VOL)
        9   REF (VOL)

D9.   Do you think of yourself as: [READ LIST]

    1   [For men / IF FINGEND=1 FOR SELECTED RESPONDENT:] Gay / [For women / IF FINGEND=2 FOR SELECTED RESPONDENT:] Lesbian or gay
    2   [For men / IF FINGEND=1 FOR SELECTED RESPONDENT:] Straight, that is, not gay / [For women / IF FINGEND=2 FOR SELECTED RESPONDENT:] Straight, that is, not lesbian or gay, or
    3   Bisexual?
    4   SOMETHING ELSE (VOL)
    8   DK (VOL)
    9   REF (VOL)

D10.   Are you currently…   [READ LIST]

    1   Married,
    2   Living with a partner,   [GO TO QD12]
    3   Separated,
    4   Divorced,
    5   Widowed, or
    6   Never married?
    8   DK (VOL)
    9   REF (VOL)

    [IF QD10=1, 3-9 → GO TO QD11]

[FOR QD11]:
IF QD10 = 1, DISPLAY "Is your spouse"
IF QD10 = 2-6, DISPLAY "Do you have a partner"
IF QD10 = 8-9, DISPLAY "Do you have a spouse or partner"]

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

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

[CATI: Ask END1 only if INCENT=1]

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

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

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

[CATI: Ask ZIP if END1=2 OR if INCENT=0]
ZIP.   So that we can group households geographically, may I have your zip code?

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

        [GO TO QEND3]

[CATI: Ask END2 only if INCENT=1 and END1=1]
END2. ENTER:
        NAME [ASK FOR SPELLING IF UNSURE]
        ADDRESS
        CITY/STATE/ZIP
        [RE-READ ALL TO CONFIRM]

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

[FOR INTERVIEWER USE ONLY:]
LANGUAGE OF INTERVIEW:
    1. ENGLISH
    2. SPANISH

[FOR PROGRAMMER USE ONLY:]
CLASSIFICATION:
    1. LEAVE TAKER ONLY (A1 = 1 and (B1 NE 1 or B2 NE 1))
    2. LEAVE NEEDER ONLY (A1 NE 1 and (B1 = 1 OR B2 = 1))
    3. EMPLOYED ONLY (C1 = 1)
    4. DUAL TAKER/NEEDER (A1 = 1 and (B1 = 1 or B2 = 1))