

2019

## The cost of care: A closer look survey questionnaire

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### Recommended Citation

Braun Marks, Alexis; Dryer, Rachael; Johnson, Jennifer; and Sweetser, Michelle, "The cost of care: A closer look survey questionnaire" (2019). *University Library Faculty Scholarship*. 32.  
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# The Cost of Care: A Closer Look

## Survey Flow

Block: INTRODUCTION (3 Questions)  
Standard: Q1-4: DEMOGRAPHIC (Race/Ethnicity, Gender, State, ADA, & Age) (5 Questions)  
Standard: Q5\_a-e: DEMOGRAPHIC (11 Questions)  
Standard: Q6-9: INCOME (16 Questions)  
Standard: Q9 LOOP (1 Question)  
Standard: Q10-13: EMPLOYMENT (23 Questions)  
Standard: Q14-22: BENEFIT OFFERINGS (36 Questions)  
Standard: Q23: CAREGIVING ARRANGEMENTS (1 Question)  
Standard: Q23 LOOP\_PriorTOMar1st (2 Questions)  
Standard: Q23 LOOP\_Mar1stTOAug31st (2 Questions)  
Standard: Q23 LOOP\_Sept1stON (2 Questions)  
Standard: Q23\_Other (3 Questions)  
Standard: Q24: CAREGIVING ARRANGEMENTS (1 Question)  
Standard: Q24 LOOP\_PriorTOMar1st (2 Questions)  
Standard: Q24 LOOP\_Mar1stTOAug31st (2 Questions)  
Standard: Q24 LOOP\_Sept1stON (2 Questions)  
Standard: Q24\_OTHER (3 Questions)  
Standard: Q25-27: CAREGIVING ARRANGEMENTS (4 Questions)  
Standard: Q28-37: PROFESSIONAL INDIRECT COSTS OF CAREGIVING (20 Questions)  
Standard: Q38-Q40: COVID-19 (7 Questions)  
Standard: LAST PAGE (2 Questions)

**End Survey:**

Page Break

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## Start of Block: INTRODUCTION

INTRO Thank you for your willingness to provide information we feel will allow for a better understanding of the true costs of care for individuals in the archives profession. For our purposes we are broadly defining a caregiver as “someone who takes care of a person who is young or old and/or a loved one or relative with a disease, disability, or other diagnosis.”

We began drafting the survey before the pandemic. Just before sending it out, states began to implement stay-at-home orders to prevent the spread of Covid-19 and we adjusted the questions to gauge the impact of these stay-at-home orders. But as the pandemic has gone on and the impact has evolved over time we have revised the survey one last time in an effort to collect data that will allow us to see side-by-side comparisons of how your caregiving role and responsibilities have changed since March 1st of 2020.

The survey will take approximately 20 minutes and while the outcome of the survey will be made public the confidentiality of all participants will be maintained by the research team. We appreciate you and all that you are doing to support those around you.

Our Research Team: Alexis Braun Marks, Rachael Dreyer, Jennifer Johnson, and Michelle Sweetser

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Page Break

InfCon **Consent Form**    **Project Title:** Cost of Care Follow Up

**Principal Investigator:** Alexis Braun Marks, CA, Assistant Professor, Eastern Michigan University

**Purpose:** The purpose of this research study is to explore the impact of caregiving responsibilities on individuals in the archives profession.

**Study Procedures:** Participation in this study involves completing an online survey. It should take approximately 20 minutes to complete the survey.

**Types of Data Collected:** We will ask for information about your ethnic origin, gender, and nuclear and extended family.

**Risks:** The primary risk of participation in this study is a potential loss of confidentiality. Some of the survey questions are personal in nature and may make you feel uncomfortable. You do not have to answer any questions that make you uncomfortable or that you do not want to answer.

**Benefits:** You will not directly benefit from participating in this research. Benefits to the profession include understanding the impact of caregiving on practitioners.

**Confidentiality:** The principal investigator and the research team will have access to the information you provide for research purposes only. We may share your information with other researchers outside of Eastern Michigan University. The results of this research may be published or used for teaching.

**Contact Information:** If you have any questions about the research, you can contact the Principal Investigator, Alexis Braun Marks at abraunma@emich.edu or by phone at 734-487-2594. For questions about your rights as a research subject, you can contact the Eastern Michigan University Office of Research Compliance at human.subjects@emich.edu or by phone at 734-487-3090.

**Voluntary participation:** Participation in this research study is your choice. You may refuse to participate at any time, even after signing this form, with no penalty or loss of benefits to which you are otherwise entitled. You may choose to leave the study at any time with no loss of benefits to which you are otherwise entitled. If you leave the study, the information you provided will be kept confidential. You can withdraw your consent by emailing the Principal Investigator listed above.

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InfCon\_Agree I have read this form. I have had an opportunity to ask questions and am satisfied with the answers I received. By selecting the option below, I am indicating my consent to participate in this research study.

- Yes, I have read the informed consent and wish to to participate in this research study (1)
- I do not wish to participate in this survey (4)

*Skip To: End of Survey If InfCon\_Agree = I do not wish to participate in this survey*

End of Block: INTRODUCTION

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Start of Block: Q1-4: DEMOGRAPHIC (Race/Ethnicity, Gender, State, ADA, & Age)

Q2\_1\_State Please select the state in which you reside?

▼ Alabama (1) ... Wyoming (50)

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Q1\_Ethnicity Please select which one best describes you.

- White (1)
- African American (2)
- Hispanic, Latino or Spanish origin (3)
- Asian American (4)
- East Asian American (Chinese, including Hong Kong and Macao, Tibetan, Taiwanese, Mongolian, North or South Korean, or Japanese) (5)
- Southeast Asian American (Vietnamese, Laotian, Cambodian, Thai, Myanmar, Malaysian, Indonesian, Singaporean, Filipino, East Timorese, Brunei, or Cocos or Christmas islanders) (6)
- South Asian American (Afghani, Bangladeshi, Bhutanese, Maldives/Dhivehin, Nepalese, Indian, Pakistani, and Sri Lankan) (7)
- Middle Eastern or North African-American (8)
- First Nation Pacific Islander (9)
- First Nation Alaskan Native (10)
- First Nation Tribal designation within continental United States (11)
- Bi/Multiracial American (12)
- Other (13) \_\_\_\_\_
- I choose not to specify my ethnicity (14)

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Page Break

Q2\_Gender How do you identify?

- Woman (1)
- Man (2)
- Transgender/Trans woman (3)
- Transgender/Trans man (4)
- Genderqueer/Non-Binary (5)
- Not Listed (6) \_\_\_\_\_
- Prefer not to reply (7)

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Page Break

Q3\_ADA Do any of the following statements apply to you? (Select all that apply)

- Differently abled needing ADA accommodation (1)
- Differently abled but do not need/utilize ADA accommodation (2)
- Neurodiverse (3)
- Sought mental health care services or treatment prior to March 1st (4)
- Sought/continued mental health care services or treatment after March 1st (7)
- Other (5) \_\_\_\_\_
- None of the above (6)

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Page Break



Q4\_Age What is your age?

- 18-22 (4)
- 23-27 (5)
- 28-32 (6)
- 33-37 (7)
- 38-42 (8)
- 43-47 (9)
- 48-52 (10)
- 53-57 (11)
- 58-62 (12)
- 63-67 (13)
- 68 or order (14)
- I prefer not to answer (15)

End of Block: Q1-4: DEMOGRAPHIC (Race/Ethnicity, Gender, State, ADA, & Age)

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Start of Block: Q5\_a-e: DEMOGRAPHIC

Q5 Do you have caregiving responsibilities for any of the following? (Select all that apply)

Child(ren) (1)

Spouse/Partner (2)

Parent(s) and/or In-law(s) (3)

Friend(s) or non-relation(s) (4)

Extended family member(s) (5)

Other (6) \_\_\_\_\_

No caregiving responsibilities (7)

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Page Break

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*Display This Question:*

*If Q5 = Child(ren)*

Q5\_a\_Numchld How many children are you providing caregiving responsibilities for?

▼ 1 (1) ... 15 (15)

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Page Break

Display This Question:

If Q5\_a\_Numchld = 1  
Or Q5\_a\_Numchld = 2  
Or Q5\_a\_Numchld = 3  
Or Q5\_a\_Numchld = 4  
Or Q5\_a\_Numchld = 5  
Or Q5\_a\_Numchld = 6  
Or Q5\_a\_Numchld = 7  
Or Q5\_a\_Numchld = 8  
Or Q5\_a\_Numchld = 9  
Or Q5\_a\_Numchld = 10  
Or Q5\_a\_Numchld = 11  
Or Q5\_a\_Numchld = 12  
Or Q5\_a\_Numchld = 13  
Or Q5\_a\_Numchld = 14  
Or Q5\_a\_Numchld = 15

Q5\_a\_Child Please provide the age(es) of your child(ren) for which you have caregiving responsibilities and indicate your age at the time caregiving responsibilities began.

Age of your child							Your age at time of caregiving
0-1 year (1)	2-5 years (2)	6-9 years (3)	10-13 years (4)	14-17 years (5)	18 years or older (6)	Age in years (1)	

Child #1 (21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Child #2 (22)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Child #3 (23)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Child #4 (26)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Child #5 (27)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Child #6 (28)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Child #7 (29)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Child #8 (30)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Child #9 (31)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Child #10 (32)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Child #11 (33)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Child #12 (34)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Child #13 (35)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Child #14 (36)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Child #15 (37)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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Page Break

*Display This Question:*

*If Q5 = Spouse/Partner*



Q5\_b\_SpseAge Please provide the age of your spouse/partner for which you have caregiving responsibilities.

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*Display This Question:*

*If Q5 = Spouse/Partner*



Q5\_b\_1\_SpseAgeCare Please indicate your age at the time that caregiving responsibilities began.

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Page Break

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*Display This Question:*

*If Q5 = Parent(s) and/or In-law(s)*

Q5\_c\_Pnt-InLaw\_0 How many parents or in-laws are you providing caregiving responsibilities for?

▼ 1 (1) ... 6 (6)

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Page Break



Display This Question:

If Q5\_c\_Pnt-InLaw\_0 = 1

Or Q5\_c\_Pnt-InLaw\_0 = 2

Or Q5\_c\_Pnt-InLaw\_0 = 3

Or Q5\_c\_Pnt-InLaw\_0 = 4

Or Q5\_c\_Pnt-InLaw\_0 = 5

Or Q5\_c\_Pnt-InLaw\_0 = 6

Q5\_c\_Pnt-InLaw Please provide information about your parent(s) or in-law(s) for which you have caregiving responsibilities.

	What relation are they to you?	Please provide their age	Please provide your age when the caregiving responsibilities began
		Age in years (1)	Age in years (1)

Person #1 (1)	▼ Mother (1 ... Father-in-Law (4)		
Person #2 (2)	▼ Mother (1 ... Father-in-Law (4)		
Person #3 (3)	▼ Mother (1 ... Father-in-Law (4)		
Person #4 (4)	▼ Mother (1 ... Father-in-Law (4)		
Person #5 (5)	▼ Mother (1 ... Father-in-Law (4)		
Person #6 (6)	▼ Mother (1 ... Father-in-Law (4)		

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Page Break

*Display This Question:*

*If Q5 = Friend(s) or non-relation(s)*

Q5\_d\_FndNon-Rel\_0 How many friends or non-relations are you providing caregiving responsibilities for?

▼ 1 (1) ... 5 (5)

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Page Break

Display This Question:

If Q5\_d\_FndNon-Rel\_0 = 1

Or Q5\_d\_FndNon-Rel\_0 = 2

Or Q5\_d\_FndNon-Rel\_0 = 3

Or Q5\_d\_FndNon-Rel\_0 = 4

Or Q5\_d\_FndNon-Rel\_0 = 5

Q5\_d\_FndNon-Rel Please provide information about your friend(s) or non-relation(s) for which you have caregiving responsibilities.

	Please provide their age	Please provide your age when the caregiving responsibilities began
	Age in years (1)	Age in years (1)
Person #1 (1)		
Person #2 (2)		
Person #3 (3)		
Person #4 (4)		
Person #5 (5)		



*Display This Question:*

*If Q5 = Extended family member(s)*

Q5\_e\_ExtFam\_0 How many extended family members are you providing caregiving responsibilities for?

▼ 1 (1) ... 5 (5)

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Page Break

Display This Question:

If Q5\_e\_ExtFam\_0 = 1

Or Q5\_e\_ExtFam\_0 = 2

Or Q5\_e\_ExtFam\_0 = 3

Or Q5\_e\_ExtFam\_0 = 4

Or Q5\_e\_ExtFam\_0 = 5

Q5\_e\_ExtFam Please provide information about your extended family member(s) for which you have caregiving responsibilities.

	Please provide their age.	Please provide your age when the caregiving responsibilities began
	Age in years (1)	Age in years (1)
Person #1 (1)		
Person #2 (2)		
Person #3 (3)		
Person #4 (4)		
Person #5 (5)		

End of Block: Q5\_a-e: DEMOGRAPHIC

Start of Block: Q6-9: INCOME

Q6\_Provider Are you the sole income provider for your household?

	On or before March 1st (1)	After March 1st (2)
<input checked="" type="radio"/> Yes (1)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> No (3)	<input type="checkbox"/>	<input type="checkbox"/>

Q6\_1\_a\_incomeindcom Has your individual or combined income changed as a result of the pandemic?

Yes (1)

No (3)

Page Break



*Display This Question:*

*If Q6\_1\_a\_incomeindcom = No*

Q6\_1\_a\_SoleIncome What is your individual pre-tax income?

- Less than \$20,000 (1)
- \$20,000-\$39,999 (2)
- \$40,000-\$59,999 (3)
- \$60,000-\$79,000 (4)
- \$80,000-\$99,000 (5)
- \$100,000 and over (6)

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*Display This Question:*

*If Q6\_1\_a\_incomeindcom = No*

Q6\_1\_b\_CombIncome What is your combined family pre-tax income?

- Less than \$40,000 (1)
- \$40,000 - \$69,000 (2)
- \$70,000 - \$99,000 (3)
- \$100,000 - \$199,000 (4)
- \$200,000 and over (5)

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Page Break

Display This Question:

If Q6\_1\_a\_incomeindcom = Yes

Q6\_1\_a\_Covid What is your individual pre-tax income?

	On or before March 1, 2020 (1)	After March 1, 2020 (2)
<input checked="" type="checkbox"/> Less than \$20,000 (1)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> \$20,000-\$39,999 (2)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> \$40,000-\$59,999 (3)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> \$60,000-\$79,000 (4)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> \$80,000-\$99,000 (5)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> \$100,000 and over (6)	<input type="checkbox"/>	<input type="checkbox"/>

Display This Question:

If Q6\_1\_a\_incomeindcom = Yes

Q6\_1\_b\_Covid What is your combined family pre-tax income?

	On or before March 1, 2020 (1)	After March 1, 2020 (2)
<input checked="" type="checkbox"/> Less than \$40,000 (1)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> \$40,000 - \$69,000 (2)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> \$70,000 - \$99,000 (3)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> \$100,000 - \$199,000 (4)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> \$200,000 and over (5)	<input type="checkbox"/>	<input type="checkbox"/>

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Page Break

Q7\_Relat Have you ever been in a long-term relationship?

Yes (1)

No (2)

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Page Break

*Display This Question:*

*If Q7\_Relat = Yes*

Q7\_a\_RelatType Which option below best describes that relationship?

- Currently in heterosexual partnership (1)
- Currently in same-sex partnership (2)
- Widowed (3)
- Divorced (4)
- Would prefer not to share (5)
- Other (6) \_\_\_\_\_

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Page Break

*Display This Question:*

*If Q7\_Relat = Yes*

Q7\_b\_RelatChng9mo Has your relationship status changed in the past nine months?

- Yes (1)
- No (2)
- Would prefer not to share (4)

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Page Break

*Display This Question:*

*If Q7\_b\_RelatChng9mo = Yes*

Q7\_b\_1 How has this change in your relationship status directly impacted your caregiving responsibilities?

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Page Break

*Display This Question:*

*If Q7\_a\_RelatType = Currently in heterosexual partnership*

*And Q7\_a\_RelatType = Currently in same-sex partnership*

*And Q7\_a\_RelatType = Would prefer not to share*

Q7\_1\_ptnressentialwr If your partner is employed, are they employed in a profession considered to be essential?

- Yes (1)
- No (2)
- Would prefer not to share (4)
- Not applicable (3)

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Page Break



Q8\_CareCostDir What is your average monthly direct costs of care (e.g., tuition, hired home health aide, nanny, before and after care).

	Prior to March 1, 2020 (1)	Between March 1, 2020 and August 31, 2020 (2)	Since September 1, 2020 (3)
<input checked="" type="checkbox"/> No Cost (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Less than \$500 (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> \$500 - \$999 (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> \$1,000 - \$1,999 (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> \$2,000 - \$2,999 (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> \$3,000 - \$4,000 (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Greater than \$4,000 (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page Break

Q9\_0\_CareCost12mo Have you incurred unplanned costs in the past 12 months?

Yes (1)

No (2)

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Page Break

Display This Question:  
If Q9\_0\_CareCost12mo = Yes

Q9\_CareCost12mo Please indicate which of the following unplanned costs you have incurred prior to March 1st and since March 1st: (Select all that apply)

	Prior to March 1, 2020 (1)	Since March 1, 2020 (2)
Unexpected or sudden change in planned caregiving arrangements (5)	<input type="checkbox"/>	<input type="checkbox"/>
Personal health related (1)	<input type="checkbox"/>	<input type="checkbox"/>
Health of other(s) (2)	<input type="checkbox"/>	<input type="checkbox"/>
Inclement weather (3)	<input type="checkbox"/>	<input type="checkbox"/>
Work outside of 9-5 (4)	<input type="checkbox"/>	<input type="checkbox"/>
Workplace or state government response to Covid-19 (6)	<input type="checkbox"/>	<input type="checkbox"/>
Other unplanned costs (7)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Not Applicable (9)	<input type="checkbox"/>	<input type="checkbox"/>

Page Break

*Display This Question:*

*If Q9\_CareCost12mo = Other unplanned costs [ Prior to March 1, 2020 ]*

Q9\_CareCost12m1 Prior to March 1st, what other unplanned costs did you incur in the past 12 months?

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Page Break

Display This Question:

If Q9\_CareCost12mo = Other unplanned costs [ Since March 1, 2020 ]

Q9\_CareCost12m2 Since March 1st, what other unplanned costs have you incurred?

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Page Break \_\_\_\_\_

## End of Block: Q6-9: INCOME

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### Start of Block: Q9 LOOP

*Display This Question:*

*If Q9\_CareCost12mo = Personal health related [ Prior to March 1, 2020 ]*

*Or Q9\_CareCost12mo = Personal health related [ Since March 1, 2020 ]*

*Or Q9\_CareCost12mo = Health of other(s) [ Prior to March 1, 2020 ]*

*Or Q9\_CareCost12mo = Health of other(s) [ Since March 1, 2020 ]*

*Or Q9\_CareCost12mo = Inclement weather [ Prior to March 1, 2020 ]*

*Or Q9\_CareCost12mo = Inclement weather [ Since March 1, 2020 ]*

*Or Q9\_CareCost12mo = Work outside of 9-5 [ Prior to March 1, 2020 ]*

*Or Q9\_CareCost12mo = Work outside of 9-5 [ Since March 1, 2020 ]*

*Or Q9\_CareCost12mo = Unexpected or sudden change in planned caregiving arrangements [ Prior to March 1, 2020 ]*

*Or Q9\_CareCost12mo = Unexpected or sudden change in planned caregiving arrangements [ Since March 1, 2020 ]*

*Or Q9\_CareCost12mo = Workplace or state government response to Covid-19 [ Prior to March 1, 2020 ]*

*Or Q9\_CareCost12mo = Workplace or state government response to Covid-19 [ Since March 1, 2020 ]*

*Or Q9\_CareCost12mo = Other unplanned costs [ Prior to March 1, 2020 ]*

*Or Q9\_CareCost12mo = Other unplanned costs [ Since March 1, 2020 ]*

Q9\_a\_CareCostAmt Regarding  $\{\text{Im://Field/1}\}$ , please approximate the amount of unplanned costs that you have incurred.

	Prior to March 1, 2020 (1)	Since March 1, 2020 (2)
<input checked="" type="checkbox"/> Under \$500 (1)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> \$500 - \$999 (2)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> \$1,000 - \$1,499 (3)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> \$1,500 - \$1,999 (4)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> \$2,000 - \$5,000 (5)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Over \$5,000 (6)	<input type="checkbox"/>	<input type="checkbox"/>

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Page Break

Start of Block: Q10-13: EMPLOYMENT

Q10\_Employ Please select the statement that best describes your employment status for each of the following time periods.

	Prior to March 1, 2020 (1)	Between March 1, 2020 and August 31, 2020 (2)	Since September 1, 2020 (3)
<input checked="" type="checkbox"/> Full-time permanent (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Full-time limited term employment (temporary, contract, term) (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Part-time permanent (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Part-time limited term employment (temporary, contract, term) (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Unemployed (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Unemployed seeking work (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Student (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Retired (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Self-employed (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Other (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Page Break

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*Display This Question:*

*If Q10\_Employ = Other [ Prior to March 1, 2020 ]*

Q10\_Employ\_Oth1 Please explain the other employment status(es) that best describes your situation prior to March 1, 2020.

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Page Break

*Display This Question:*

*If Q10\_Employ = Other [ Between March 1, 2020 and August 31, 2020 ]*

Q10\_Employ\_Oth2 Please explain the other employment status(es) that best describes your situation between March 1st and August 31, 2020

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Page Break

*Display This Question:*

*If Q10\_Employ = Other [ Since September 1, 2020 ]*

Q10\_Employ\_Oth3 Please explain the other employment status(es) that best describes your situation since September 1, 2020

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Page Break

Display This Question:

If Q10\_Employ = Full-time permanent [ Since September 1, 2020 ]

And Q10\_Employ = Full-time limited term employment (temporary, contract, term) [ Since September 1, 2020 ]

And Q10\_Employ = Part-time permanent [ Since September 1, 2020 ]

And Q10\_Employ = Part-time limited term employment (temporary, contract, term) [ Since September 1, 2020 ]

And Q10\_Employ = Self-employed [ Since September 1, 2020 ]

And Q10\_Employ = Other [ Since September 1, 2020 ]

Q10\_1\_wrklocal Where are you currently working?

- On-site (1)
- Telecommuting or Remote (2)
- Both on-site and telecommuting (hybrid) (3)
- Intentionally not working on-site to provide care (4)
- Other (explain) (5) \_\_\_\_\_
- Not applicable (6)

---

Page Break

*Display This Question:*

*If Q10\_Employ = Unemployed [ Prior to March 1, 2020 ]*

*And Q10\_Employ = Unemployed [ Between March 1, 2020 and August 31, 2020 ]*

*And Q10\_Employ = Unemployed [ Since September 1, 2020 ]*

*And Q10\_Employ = Unemployed seeking work [ Prior to March 1, 2020 ]*

*And Q10\_Employ = Unemployed seeking work [ Between March 1, 2020 and August 31, 2020 ]*

*And Q10\_Employ = Unemployed seeking work [ Since September 1, 2020 ]*

Q10\_2 What is the reason for your change in employment status?

- Furloughed (1)
- Laid-off (2)
- Let go (3)
- Intentionally not working to provide care (4)

---

Page Break

*Display This Question:*

*If Q10\_Employ = Full-time permanent [ Since September 1, 2020 ]*

*Or Q10\_Employ = Full-time limited term employment (temporary, contract, term) [ Since September 1, 2020 ]*

*Or Q10\_Employ = Part-time permanent [ Since September 1, 2020 ]*

*Or Q10\_Employ = Part-time limited term employment (temporary, contract, term) [ Since September 1, 2020 ]*

*Or Q10\_Employ = Other [ Since September 1, 2020 ]*

Q10\_a\_Title Would you say you are in an Administrative position (e.g. Assistant Director, Director, Manager, etc.)?

Yes (1)

No (2)

Not applicable (3)

---

Page Break

*Display This Question:*

*If Q10\_1\_wrklocal = On-site*

*Or Q10\_1\_wrklocal = Telecommuting or Remote*

*Or Q10\_1\_wrklocal = Both on-site and telecommuting (hybrid)*

*Or Q10\_1\_wrklocal = Intentionally not working on-site to provide care*

*Or Q10\_1\_wrklocal = Other (explain)*

*Or Q10\_1\_wrklocal = Not applicable*

Q10\_a\_1\_choice Did you have a choice about work location (i.e., home versus in-person) after the pandemic set in?

Yes (1)

No (2)

---

Page Break



*Display This Question:*

*If Q10\_a\_1\_choice = Yes*

*And Q10\_a\_Title = Yes*

Q10\_a\_1\_a\_infwrkloca My role as a manager influenced my choice of work location.

- Strongly disagree (1)
- Disagree (2)
- Neither agree nor disagree (3)
- Agree (4)
- Strongly Agree (5)

---

Page Break

*Display This Question:*

*If Q10\_a\_1\_choice = Yes*

Q10\_a\_1\_b\_careinfwrk My role as a caregiver influenced my choice of work location.

- Strongly disagree (1)
- Disagree (2)
- Neither agree nor disagree (3)
- Agree (4)
- Strongly Agree (5)

*Display This Question:*

*If Q10\_a\_1\_choice = Yes*

Q10\_a\_1\_c\_rtntowork Did you experience pressure to return to an in-person work environment?  
(Select all that apply)

- From supervisor(s) (1)
- From direct reports (2)
- From organization administration (3)
- From users (students, faculty, staff, and/or library patrons) (4)
- I did not experience pressure (6)

Page Break

*Display This Question:*

*If Q10\_a\_Title = No*

Q10\_a\_2\_Title Would you say you are an employee/direct report?

Yes (1)

No (2)

---

Page Break

*Display This Question:*

*If Q10\_1\_wrklocal = Telecommuting or Remote*

*And Q10\_1\_wrklocal = Both on-site and telecommuting (hybrid)*

*And Q10\_1\_wrklocal = Intentionally not working on-site to provide care*

*And Q10\_1\_wrklocal = Other (explain)*

Q144 To accommodate caregiving responsibilities that occur during "normal" work hours, do you shift assigned work to either the early morning or late evening?

Yes (1)

No (2)

---

Page Break

*Display This Question:*  
 If Q144 = Yes

Q145 On average, how frequently did/do you shift assigned work to either the early morning or late evening?

	Prior to March 1, 2020						After March 1, 2020					
	1-5 hours (1)	6-10 hours (2)	11-15 hours (3)	16-20 hours (4)	21+ hours (5)	N/A (6)	1-5 hours (1)	6-10 hours (2)	11-15 hours (3)	16-20 hours (4)	21+ hours (5)	N/A (6)
Daily (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weekly (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monthly (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Display This Question:

If Q5 = Child(ren)

And Q5 = Spouse/Partner

And Q5 = Parent(s) and/or In-law(s)

And Q5 = Friend(s) or non-relation(s)

And Q5 = Extended family member(s)

And Q5 = Other

Q147 How often do you feel that your workday is interrupted by issues related to caregiving?

	Prior to March 1, 2020 (1)	After March 1, 2020 (1)
Not at all (7)	<input type="radio"/>	<input type="radio"/>
Rarely (1)	<input type="radio"/>	<input type="radio"/>
Sometimes (4)	<input type="radio"/>	<input type="radio"/>
Often (5)	<input type="radio"/>	<input type="radio"/>

---

Page Break

Display This Question:

If Q147#1 = Rarely [ Prior to March 1, 2020 ]

And Q147#1 = Sometimes [ Prior to March 1, 2020 ]

And Q147#1 = Often [ Prior to March 1, 2020 ]

And Q147#2 = Rarely [ After March 1, 2020 ]

And Q147#2 = Sometimes [ After March 1, 2020 ]

And Q147#2 = Often [ After March 1, 2020 ]

Q150 How impactful are these interruptions?

	Prior to March 1, 2020 (1)	After March 1, 2020 (1)
Not at all (7)	<input type="radio"/>	<input type="radio"/>
Very Little (1)	<input type="radio"/>	<input type="radio"/>
Somewhat (4)	<input type="radio"/>	<input type="radio"/>
Extremely (5)	<input type="radio"/>	<input type="radio"/>

---

Page Break

Display This Question:

If Q147#1 = Rarely [ Prior to March 1, 2020 ]

And Q147#1 = Sometimes [ Prior to March 1, 2020 ]

And Q147#1 = Often [ Prior to March 1, 2020 ]

And Q147#2 = Rarely [ After March 1, 2020 ]

And Q147#2 = Sometimes [ After March 1, 2020 ]

And Q147#2 = Often [ After March 1, 2020 ]

Q151 How often do you have feelings of guilt about how these interruptions are handled?

	Prior to March 1, 2020 (1)	After March 1, 2020 (1)
Not at all (7)	<input type="radio"/>	<input type="radio"/>
Rarely (1)	<input type="radio"/>	<input type="radio"/>
Sometimes (4)	<input type="radio"/>	<input type="radio"/>
Often (5)	<input type="radio"/>	<input type="radio"/>

Page Break



Q11\_YearsInPos How many years have you worked in the field of Archives or an Affiliated profession (e.g., special collections librarianship, museum registrar, records manager)?

- 0-4 year(s) (1)
  - 5-10 years (2)
  - 11-15 years (3)
  - 16-20 years (4)
  - 21 or more years (5)
- 

Q12\_Institution How would you classify the type of institution you work for?

- Government (1)
  - Academic (2)
  - Museum (3)
  - Nonprofit (4)
  - For profit/Corporate (5)
  - Public library (6)
  - Religious (7)
  - Other (8) \_\_\_\_\_
- 

Page Break \_\_\_\_\_

*Display This Question:*

*If Q12\_Institution = Academic*

Q12\_a\_Position What best describes your position?

- Tenure Track 8-10 month appointment (1)
- Tenure Track 12 month appointment (2)
- Faculty status, no tenure (3)
- Administrative (4)
- Staff (5)
- Other (6) \_\_\_\_\_

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Page Break

*Display This Question:*

*If Q12\_a\_Position = Tenure Track 8-10 month appointment*

*And Q12\_a\_Position = Tenure Track 12 month appointment*

Q12\_a\_1\_tenureclock Did your institution offer faculty the option to delay the tenure clock?

Yes (1)

No (2)

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Page Break

*Display This Question:*

*If Q12\_a\_1\_tenureclock = Yes*

Q12\_a\_1\_a\_takeadv Did you take advantage of the offered delay the tenure clock?

Yes (1)

No (2)

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Page Break

Q13\_Degree What is the highest degree you have obtained?

- Associate (1)
- Bachelor's (2)
- Master's (3)
- Doctorate (4)

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Page Break

End of Block: Q10-13: EMPLOYMENT

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Start of Block: Q14-22: BENEFIT OFFERINGS

Q14\_CompPln What is included in your employer's compensation package? (Select all that apply)

- Pension (1)
- 401(k) match (2)
- 401(k) (3)
- 403(b) (17)
- Stock options (18)
- Health (4)
- Dental (5)
- Vision (6)
- Paid Time Off (e.g., sick, vacation, general PTO) (7)
- Pre-tax flexible spending deductions (dependent care and health care) (19)
- Housing subsidy (8)
- Transit subsidy (9)
- Education allowance (10)
- Relocation expenses (11)
- Paid parental/family leave (not FMLA) (12)
- Financial support of professional development (13)
- Employee assistance program (14)

Other (please specify) (15)

---

None of the Above (16)

---

Q14\_1\_CompPlnCovid Did your employer's compensation offerings change after the start of the Pandemic?

- Yes, there was a change (1)
  - No, there was no change (2)
  - No, but a greater awareness of employer benefits (4)
- 

Page Break

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*Display This Question:*

*If Q14\_1\_CompPlnCovid = Yes, there was a change*

Q14\_1\_a\_CmpPlnCovid How did your employer's compensation offerings change after the start of the Pandemic?

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Page Break

*Display This Question:*

*If Q14\_CompPIn = None of the Above*

Q14\_a\_HlthCarCst How much does your family spend on health care monthly (e.g., open market, healthcare plan, etc.)?

- No Cost (6)
- Less than \$500 (12)
- \$500 - \$999 (13)
- \$1,000 - \$1,999 (14)
- \$2,000 - \$2,999 (15)
- \$3,000 - \$4,000 (16)
- Greater than \$4,000 (17)

---

Page Break

Display This Question:

If Q14\_CompPln = Financial support of professional development

Q14\_b\_FinSupp What type of financial support for professional development was provided prior to the pandemic? (Select all that apply)

- Reimbursements for all professional development (1)
- Annual Flat Stipend (2)
- Annual Variable Stipend (3)
- Conferences only when presenting (4)
- Conferences only when in position of leadership (5)
- Workshops paid for by employer (6)
- Purchase of institutional memberships (7)
- Purchase of individual memberships (8)
- Other (9) \_\_\_\_\_

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Page Break

Q14\_1\_finsuppCovid Did financial support for professional development change after the start of the pandemic?

Yes (1)

No (2)

---

Page Break

Display This Question:

If Q14\_1\_finsuppCovid = Yes

Q14\_1\_a\_finsupCovHow Which of the answer(s) below describes how financial support for professional development changed after the start of the pandemic? (Select all that apply)

Professional development budget zeroed out (1)

Professional development budget reduced (2)

Other (3) \_\_\_\_\_

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Page Break

Q14\_1\_1\_supvirtual What type of support was/is offered for virtual professional development?  
(Select all that apply)

	Prior to March 1, 2020 (1)	After March 1, 2020 (1)
All or some conferences and fees paid for by employer (1)	<input type="checkbox"/>	<input type="checkbox"/>
Fees only if presenting (2)	<input type="checkbox"/>	<input type="checkbox"/>
Given Time-off for participation (3)	<input type="checkbox"/>	<input type="checkbox"/>
Expected to attend while also working (4)	<input type="checkbox"/>	<input type="checkbox"/>
Other (5)	<input type="checkbox"/>	<input type="checkbox"/>

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Q15\_FMLA Is your institution FMLA eligible? If the larger organization has 50 or more employees answer yes. If 49 or less, answer no.

- Yes (1)
- No (2)

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Page Break

Q16\_Intro For the next question, "paid leave" means an established paid caregiver leave program and not using vacation or sick days.

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Q16\_LvePgrms What caregiving leave programs are in place at your organization/institution for employees? (Select all that apply)

- FMLA, paid (2)
- FMLA, partially paid (3)
- FMLA, unpaid (4)
- Paid Maternity Leave (5)
- Paid Parental Leave (6)
- Paid Family Leave (7)
- Sliding Scale based on length of employment (8)
- Unpaid leave (9)
- Other (10) \_\_\_\_\_
- None (11)
- I don't know (1)

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Page Break

Display This Question:

If Q16\_LvePgrms = FMLA, paid

Or Q16\_LvePgrms = FMLA, partially paid

Q16\_a\_LvePgrmsPd When taking advantage of paid or partially paid time off, how much time are employees paid for?

	100% (1)	50% to 99% (2)	Less than 50% (4)
0 to 5 weeks (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 to 12 weeks (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 to 12 weeks (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 12 weeks (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Page Break



Q16\_2\_Covidcareprgm With the start of the pandemic, did the status of any of the following caregiving programs change? (Select all that apply)

	Yes, newly offered (1)	Yes, newly rescinded (2)	No (3)
<input checked="" type="checkbox"/> Emergency Family Medical Leave (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> FMLA, paid (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> FMLA, partially paid (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> FMLA, unpaid (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Sliding Scale based on length of employment (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Unpaid leave (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> None (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> I don't know (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page Break

Display This Question:

If Q16\_2\_Covidcareprgm = Other [ Yes, newly offered ]

Q16\_2\_1 With the start of the pandemic, what other newly offered caregiving program changed? (Select all that apply)

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Page Break

Display This Question:

If Q16\_2\_Covidcareprgm = Other [ Yes, newly rescinded ]

Q16\_2\_2 With the start of the pandemic, what other newly rescinded caregiving program changed? (Select all that apply)

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Page Break

Q17\_FlxAct Are you able to take advantage of dependent care pre-tax deductions for Flexible Spending Account?

- Yes (1)
- No (2)
- Not Applicable (3)

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Page Break

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*Display This Question:*

*If Q17\_FlxAct = No*

Q17\_a\_FlxWhy Please list why you are not able to take advantage of dependent care pre-tax deductions for Flexible Spending Account.

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Page Break

*Display This Question:*

*If Q17\_FlxAct = Yes*

Q17\_b\_FlxMax Do you take the maximum amount allowed by your employer for the flexible spending account, pre-tax deductions for dependent care?

Yes (1)

No (2)

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Page Break

*Display This Question:*

*If Q17\_FlxAct = Yes*

Q18\_0 Did you modify your pre-tax deduction for dependent care after the start of the pandemic?

Yes (1)

No (2)

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Page Break

Q18\_CareSupport What caregiving supports are in place at the organization/institution for which you work? (Select all that apply)

- Flexible working hours (1)
- Caregiving subsidies (2)
- Comp time (3)
- Onsite childcare (infant to 5 years old) (4)
- Onsite childcare (12-18month to 5 years old) (5)
- Nursing rooms (6)
- Dedicated Lactation rooms (7)
- Infant to 9 month old allowed at work (8)
- Other (12) \_\_\_\_\_
- None (9)
- I don't know (11)

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Page Break



Q18\_1\_CaresupcngCov Did any of the caregiving supports change after the start of the pandemic? (Select all that apply)

	Yes, newly offered (1)	Yes, newly rescinded (2)	No (3)
Flexible working hours (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiving subsidies (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comp time (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-site childcare (infant to 12 months) (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-site childcare (13 months to 5 years) (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing rooms (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dedicated lactation rooms (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant-9months allowed at work (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> None (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> I don't know (11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page Break

*Display This Question:*

*If Q18\_1\_CaresupcngCov = Other [ Yes, newly offered ]*

Q18\_1\_1 What other newly offered caregiving support changed after the start of the pandemic?

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Page Break

*Display This Question:*

*If Q18\_1\_CaresupcngCov = Other [ Yes, newly rescinded ]*

Q18\_1\_2 What other newly rescinded caregiving support changed after the start of the pandemic?

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Page Break

*Display This Question:*

*If Q18\_CareSupport = Caregiving subsidies*

Q18\_a\_CareSubdz How are caregiving subsidy services subsidized?

- Employee discounts (1)
- Employee reimbursements (2)
- Pre-tax deductions (3)
- Other (4) \_\_\_\_\_

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Page Break

Q19\_CareSatsfcn Were you satisfied with the caregiver support(s) offered to caregivers at your organization/institution prior to the Pandemic?

Yes (1)

No (2)

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Page Break

*Display This Question:*

*If Q19\_CareSatsfcn = No*

Q19\_a\_CareTxtAns Please describe what caregiver supports you would like to see.

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Page Break \_\_\_\_\_

Q19\_CareSatsfcn2 Are you satisfied with the caregiver support(s) offered to caregivers at your organization/institution since the start of the Pandemic?

yes (1)

No (2)

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Page Break

Display This Question:

If Q19\_CareSatsfcn2 = No

Q19\_a\_CareTxtAns2 Please describe what caregiver supports you would like to see.

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Page Break \_\_\_\_\_



Q20\_FMLADepen Prior to the pandemic, did your employer offer temporary reduction of hours, rather than 100% FMLA leave, to accommodate caregiving responsibility for dependents?

- Yes (1)
- No (2)
- I don't know (3)

---

Page Break

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Q20\_1\_tempredhrsCov Does your employer offer temporary reduction of hours, rather than 100% FMLA leave, to accommodate caregiving responsibility for dependents during the pandemic?

- Yes (1)
- No (2)
- I don't know (3)

---

*Display This Question:*

*If Q20\_FMLADepen = Yes*

Q20\_a\_FMLADepenTxt Please indicate the number of hours per week your employer offers for a temporary reduction of hours to accommodate caregiving responsibility for dependents (rather than 100% FMLA leave).

- Hours per week (6) \_\_\_\_\_
- I don't know (7)

---

Page Break \_\_\_\_\_

Q21\_FMLAElder Prior to the pandemic, did your employer offer temporary reduction of hours, rather than FMLA leave, to accommodate adult or eldercare responsibilities?

- Yes (1)
- No (2)
- I don't know (3)

---

Page Break

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Q21\_1\_tempredhrsCovF Does your employer offer temporary reduction of hours, rather than FMLA leave, to accommodate adult or eldercare responsibilities during the pandemic?

- Yes (1)
- No (2)
- I don't know (3)

---

*Display This Question:*

*If Q21\_FMLAElder = Yes*



Q21\_a\_FMLAElderTxt Please indicate the number of hours per week for the temporary reduction of hours that your employer offers (rather than 100% FMLA leave) to accommodate adult or eldercare responsibilities.

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---

Page Break

Q22\_LvPgmStfy Are you satisfied with leave programs offered?

Yes (1)

No (2)

---

Page Break

*Display This Question:*

*If Q22\_LvPgmStfy = No*

Q22\_LvPgmStfyTxt Please describe what could be improved.

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End of Block: Q14-22: BENEFIT OFFERINGS

---

Start of Block: Q23: CAREGIVING ARRANGEMENTS

*Display This Question:*

*If Q5\_a\_Child#1 = 0-1 year*

*And Q5\_a\_Child#1 = 2-5 years*

*And Q5\_a\_Child#1 = 6-9 years*

*And Q5\_a\_Child#1 = 10-13 years*

*And Q5\_a\_Child#1 = 14-17 years*

*And Q5\_a\_Child#1 = 14-17 years*

Q23\_Care0-18 Select what best describes your primary external caregiving arrangement for individuals ages 0-17 before and during the pandemic. (Select all that apply)

	Prior to March 1, 2020 (1)	Between March 1, 2020 and August 31, 2020 (2)	Since September 1, 2020 (3)
Daycare center (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified home daycare (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nanny full-time (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nanny share (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Au pair (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family member provides childcare (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified before or after school care (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer or day camps (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-home babysitter (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Not applicable (11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

End of Block: Q23: CAREGIVING ARRANGEMENTS

Start of Block: Q23 LOOP\_PriorTOMar1st

Q23\_LM\_1\_a How many days a week for  $\${m://Field/1}$  prior to March 1, 2020?

- 1 (1)
  - 2 (2)
  - 3 (3)
  - 4 (4)
  - 5 (5)
  - 6 (6)
  - 7 (7)
- 

Q23\_LM\_1\_b How many hours a day on average for  $\${m://Field/1}$  prior to March 1, 2020?

- Fewer than 5 (1)
- 5-8 (2)
- 9-12 (3)
- More than 12 (4)

End of Block: Q23 LOOP\_PriorTOMar1st

---

Start of Block: Q23 LOOP\_Mar1stTOAug31st



Q23\_LM\_2\_a How many days a week for  $\{\text{Im://Field/1}\}$  between March 1st and August 31, 2020?

- 1 (1)
  - 2 (2)
  - 3 (3)
  - 4 (4)
  - 5 (5)
  - 6 (6)
  - 7 (7)
- 

Q23\_LM\_2\_b How many hours a day on average for  $\{\text{Im://Field/1}\}$  between March 1st and August 31, 2020?

- Fewer than 5 (1)
- 5-8 (2)
- 9-12 (3)
- More than 12 (4)

End of Block: Q23 LOOP\_Mar1stTOAug31st

---

Start of Block: Q23 LOOP\_Sept1stON

Q23\_LM\_3\_a How many days a week for  $\${m://Field/1}$  since September 1, 2020?

- 1 (1)
  - 2 (2)
  - 3 (3)
  - 4 (4)
  - 5 (5)
  - 6 (6)
  - 7 (7)
- 

Q23\_LM\_3\_b How many hours a day on average for  $\${m://Field/1}$  since September 1, 2020?

- Fewer than 5 (1)
- 5-8 (2)
- 9-12 (3)
- More than 12 (4)

End of Block: Q23\_LOOP\_Sept1stON

---

Start of Block: Q23\_Other

*Display This Question:*

*If Q23\_Care0-18 = Other [ Prior to March 1, 2020 ]*

Q23\_other\_a What best describes your primary external caregiving arrangement for individuals ages 0-17 prior to March 1, 2020?

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Page Break 

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*Display This Question:*

*If Q23\_Care0-18 = Other [ Between March 1, 2020 and August 31, 2020 ]*

Q23\_other\_b What best describes your primary external caregiving arrangement for individuals ages 0-17 between March 1st and August 31, 2020?

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Page Break

*Display This Question:*

*If Q23\_Care0-18 = Other [ Since September 1, 2020 ]*

Q23\_other\_c What best describes your primary external caregiving arrangement for individuals ages 0-17 since September 1, 2020?

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End of Block: Q23\_Other

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Start of Block: Q24: CAREGIVING ARRANGEMENTS

*Display This Question:*

*If Q5\_a\_Child#1 = 18 years or older*

Q24\_Care19pls Select what best describes your primary external caregiving arrangement for individuals ages 18 and up before and during the pandemic. (Select all that apply)

	Prior to March 1, 2020 (1)	Between March 1, 2020 and August 31, 2020 (2)	Since September 1, 2020 (3)
Daycare Center (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting Nurse (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisted Living (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Not applicable (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

End of Block: Q24: CAREGIVING ARRANGEMENTS

Start of Block: Q24 LOOP\_PriorTOMar1st

Display This Question:

If Q24\_Care19pls = Skilled Nursing Facility [ Prior to March 1, 2020 ]

And Q24\_Care19pls = Not applicable [ Prior to March 1, 2020 ]

Q24\_LM\_1\_a How many days a week for  $\{\text{Im://Field/1}\}$  prior to March 1, 2020?

- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)

---

*Display This Question:*

*If Q24\_Care19pls = Skilled Nursing Facility [ Prior to March 1, 2020 ]*

*And Q24\_Care19pls = Not applicable [ Prior to March 1, 2020 ]*

Q24\_LM\_1\_b How many hours a day on average for  $\{\text{Im://Field/1}\}$  prior to March 1, 2020?

- Fewer than 5 (1)
- 5-8 (2)
- 9-12 (3)
- More than 12 (4)

End of Block: Q24\_LOOP\_PriorTOMar1st

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Start of Block: Q24\_LOOP\_Mar1stTOAug31st

*Display This Question:*

*If Q24\_Care19pls = Skilled Nursing Facility [ Between March 1, 2020 and August 31, 2020 ]*

*And Q24\_Care19pls = Not applicable [ Between March 1, 2020 and August 31, 2020 ]*

Q24\_LM\_2\_a How many days a week for  $\${m://Field/1}$  between March 1st and August 31, 2020?

- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)

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*Display This Question:*

*If Q24\_Care19pls = Skilled Nursing Facility [ Between March 1, 2020 and August 31, 2020 ]  
And Q24\_Care19pls = Not applicable [ Between March 1, 2020 and August 31, 2020 ]*

Q24\_LM\_2\_b How many hours a day on average for  $\${m://Field/1}$  between March 1st and August 31, 2020?

- Fewer than 5 (1)
- 5-8 (2)
- 9-12 (3)
- More than 12 (4)

End of Block: Q24 LOOP\_Mar1stTOAug31st

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Start of Block: Q24 LOOP\_Sept1stON

*Display This Question:*

*If Q24\_Care19pls = Skilled Nursing Facility [ Since September 1, 2020 ]  
And Q24\_Care19pls = Not applicable [ Since September 1, 2020 ]*



Q24\_LM\_3\_a How many days a week for  $\{\text{Im}://\text{Field}/1\}$  since September 1, 2020?

- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)

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*Display This Question:*

*If Q24\_Care19pls = Skilled Nursing Facility [ Since September 1, 2020 ]*

*And Q24\_Care19pls = Not applicable [ Since September 1, 2020 ]*

Q24\_LM\_3\_b How many hours a day on average for  $\{\text{Im}://\text{Field}/1\}$  since September 1, 2020?

- Fewer than 5 (1)
- 5-8 (2)
- 9-12 (3)
- More than 12 (4)

End of Block: Q24\_LOOP\_Sept1stON

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Start of Block: Q24\_OTHER

*Display This Question:*

*If Q24\_Care19pls = Other [ Prior to March 1, 2020 ]*

Q24\_Other\_a What primary external caregiving arrangement best describes your situation for individuals ages 18 and older prior to March 1, 2020?

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Page Break

Display This Question:

If Q24\_Care19pls = Other [ Between March 1, 2020 and August 31, 2020 ]

Q24\_Other\_b

What primary external caregiving arrangement best describes your situation for individuals ages 18 and older between March 1st and August 31, 2020?

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Page Break

*Display This Question:*

*If Q24\_Care19pls = Other [ Since September 1, 2020 ]*

Q24\_Other\_c What primary external caregiving arrangement best describes your situation for individuals ages 19 and older since September 1, 2020?

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End of Block: Q24\_OTHER

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Start of Block: Q25-27: CAREGIVING ARRANGEMENTS

Q25\_BckUpCare Prior to the pandemic, who provided back up care when you need additional help in an emergency?

	Always (1)	Sometimes (2)	Rarely (3)	Never (4)	N/A (5)
I do (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partner (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family member (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extended family (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friend(s) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighbor(s) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Babysitter (not friend, family, or neighbor) (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drop in care center (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nanny (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Au pair (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting nurse (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q25\_1\_BckUpCareCovid During the pandemic, who has provided back up care when you needed additional help in an emergency?

	Always (1)	Sometimes (2)	Rarely (3)	Never (4)	N/A (5)
I do (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partner (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family member (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extended family (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friend(s) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighbor(s) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Babysitter (not friend, family, or neighbor) (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drop in care center (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nanny (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Au pair (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting nurse (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





Q26\_BrngDepToWrk If additional help is not available (e.g., childcare is unexpectedly unavailable, school system closures) does your employer allow you to bring dependents with you to work on-site?

	Prior to March 1, 2020 (1)	Between March 1, 2020 and August 31, 2020 (2)	Since September 1, 2020 (3)
No (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, for less than 2 hours (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, for 2-4 hours (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, for 5-10 hours (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, for more than 10 hours (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> I don't know (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page Break

Q27\_TrvlHlp Prior to March 1st who provided additional help when you traveled for work?

	Always (1)	Sometimes (3)	Rarely (4)	Never (5)	N/A (6)
Partner (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family member (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extended family (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friend(s) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighbor(s) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Babysitter (not friend, family, or neighbor) (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drop in care center (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nanny (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Au pair (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting nurse (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Q25-27: CAREGIVING ARRANGEMENTS

Start of Block: Q28-37: PROFESSIONAL INDIRECT COSTS OF CAREGIVING

Q28\_Prolmpct To what extent have caregiving costs and responsibilities impacted professional decisions?

	Never (1)	Sometimes (2)	Certainly (3)	N/A (4)
Accepting a new position in current organization (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accepting a new position in a new organization (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accepting new responsibilities in current role (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accepting/pursuing new responsibilities in professional organizations (e.g., SAA, MAC, MARAC) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leaving employment temporarily (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leaving employment permanently (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relocating for a professional position (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relocating to be geographically closer to caregiving supports, such as family or friends (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

*Display This Question:*

*If Q28\_ProImpct = Leaving employment temporarily [ Sometimes ]*

*And Q28\_ProImpct = Leaving employment temporarily [ Certainly ]*

*And Q28\_ProImpct = Leaving employment permanently [ Sometimes ]*

*And Q28\_ProImpct = Leaving employment permanently [ Certainly ]*

Q28\_1\_Covid How much was your decision to leave your employment arrangement impacted by the pandemic?

- Greatly (1)
- Somewhat (2)
- Not at all (3)

---

Page Break

*Display This Question:*

*If Q28\_ProImpct = Leaving employment temporarily [ Sometimes ]*

*Or Q28\_ProImpct = Leaving employment temporarily [ Certainly ]*

*Or Q28\_ProImpct = Leaving employment permanently [ Sometimes ]*

*Or Q28\_ProImpct = Leaving employment permanently [ Certainly ]*

Q28\_a\_TmeOutPro How much time did you spend out of the profession?

- Less than one year (1)
- 1-2 Years (2)
- 3-5 Years (3)
- Have not returned to the profession (4)

---

Page Break

*Display This Question:*

*If Q7\_Relat = Yes*

Q29\_ProTimeOut Has your spouse/partner taken time out of their profession due to caregiving responsibilities (this does not include employer offered leaves or FMLA)?

Yes (1)

No (2)

---

Page Break

*Display This Question:*

*If Q29\_ProTimeOut = Yes*

Q29\_a\_Covid How much was your spouse/partner decision to leave their employment arrangement impacted by the pandemic?

- Greatly (1)
- Somewhat (2)
- Not at all (3)

---

Page Break

*Display This Question:*

*If Q29\_ProTimeOut = Yes*

Q29\_a\_ProTimeOutTxt What is the length of time your spouse/partner spent out of their profession?

- Less than one year (4)
- 1-2 Years (5)
- 3-5 Years (6)
- Has not returned to work (7)

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Page Break



Q30\_TimeFertCost Are you, or have you ever timed family planning/fertility?

Yes (1)

No (2)

---

Page Break

*Display This Question:*

*If Q30\_TimeFertCost = Yes*

Q30\_a\_TmFrtCstImpct Please indicate to what extent these impacted your fertility/family planning.

	Not at all (1)	Somewhat (2)	Entirely (3)	N/A (4)
Caregiving responsibilities of individuals under 18 (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caregiving responsibilities of individuals over 18 (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of care too great for individuals under 18 (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of care too great for individual over 18 (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of fertility treatments too great (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impact of the pandemic on caregiving responsibilities of individuals under 18 (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impact of the pandemic on caregiving responsibilities of individuals over 18 (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Since the start of the pandemic, cost of care too great for individuals under 18 (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Since the start of the pandemic, cost of care too great for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

individual over  
18 (10)

Other (12)



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Page Break

Q31\_TimeFert Are you, or have you ever timed family planning/fertility based on professional responsibilities?

- Yes (1)
- No (2)
- Not applicable (3)

---

Page Break

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Display This Question:

If Q31\_TimeFert = Yes

Q31\_a\_TimeFertTxt What were/are some of the reasons considered when timing family planning/fertility? (Select all that apply)

- Academic Calendar (4)
- Commitment to professional organization (10)
- Commitment at work (11)
- Existing caregiving responsibilities (14)
- Pandemic stressors (15)
- Professional Advancement (12)
- Tenure Clock (13)
- Other (9) \_\_\_\_\_

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Page Break

Q32\_Reloc Have you ever relocated for a job?

Yes (1)

No (2)

---

Page Break

*Display This Question:*

*If Q32\_Reloc = Yes*

Q33\_TmsReloc How many times have you relocated?

▼ 7 (7) ... More than 4 times (4)

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Page Break



Q34\_ProfConf Has a lack of caregiving support ever prevented you from attending professional conferences?

Yes (1)

No (2)

---

Page Break

*Display This Question:*

*If Q34\_ProfConf = Yes*

Q34\_a\_ProfConfTimes How many times has the lack of caregiving support prevented you from attending professional conferences?

- 1-2 (1)
- 3-5 (2)
- 6-9 (3)
- More than 10 (4)

---

*Display This Question:*

*If Q34\_ProfConf = Yes*

Q34\_b\_ProfConfType Please indicate the type of meeting. (Select all that apply)

- Local (1)
- State (2)
- Regional (3)
- National (4)
- International (5)
- Other (6) \_\_\_\_\_

---

*Display This Question:*

*If Q34\_ProfConf = Yes*

Q34\_c\_PossToAttnMtg What would have made it possible for you to attend these professional meetings? (Select all that apply)

Reimbursement for caregiving (1)

Paid time off (2)

Flex time (3)

Additional funding (4)

Onsite care options (5)

Other (6) \_\_\_\_\_

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Page Break

Q35\_LckCrePrevProDvp Has the lack of caregiving support ever prevented you from attending professional development opportunities other than conferences?

Yes (1)

No (2)

---

Page Break

Display This Question:

If Q35\_LckCrePrevProDvp = Yes

Q35\_a\_HowMnyTms How many times has lack of caregiving support prevented you from attending professional development opportunities other than conferences?

- 1-2 (1)
- 3-5 (2)
- 6-9 (3)
- More than 10 (4)

Display This Question:

If Q35\_LckCrePrevProDvp = Yes

Q35\_b\_MadeltPoss What would have made it possible for you to attend these professional development opportunities other than conferences? (Select all that apply)

- Reimbursement for caregiving (1)
- Paid time off (2)
- Flex time (3)
- Additional funding (4)
- Onsite care options (5)
- Other (6) \_\_\_\_\_

Page Break

Q36\_Barriers Beyond caregiving responsibilities, what other barriers do you have to professional development? ( Select all that apply)

- Unable to fund travel (1)
- Unable to fund registration (2)
- Unable to fund membership fees (3)
- Lack of staff coverage (4)
- Lack of support/encouragement (5)
- No paid time off to attend (6)
- Too busy/too much work to do (7)
- Other (8) \_\_\_\_\_
- None (9)

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Page Break

Q38\_CovidTest\_R Have you tested positive for Covid-19?

- Yes (1)
  - No (2)
  - Prefer not to answer (3)
- 

Q39\_CovidTest\_NonR Do you know anyone that has tested positive for Covid-19?

- Yes (1)
  - No (2)
  - Prefer not to answer (3)
- 

Page Break

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Display This Question:

If Q39\_CovidTest\_NonR = Yes

Q40\_Covid\_nonR\_relat Who in your immediate circle has tested positive for Covid-19? (Select all that apply)

- Someone living in my house (1)
- Someone not living in my house that I have caregiving responsibilities for (2)
- Someone not living in my house that I do not have caregiving responsibilities for (3)
- Prefer not to answer (5)

---

Page Break



Display This Question:

If Q38\_CovidTest\_R = Yes

Or Q39\_CovidTest\_NonR = Yes

Q41\_Covid\_Impact How did this positive test impact you and/or your family? (Select all that apply)

In-home separation from family (1)

Hospitalization separation from family (2)

Additional medical costs (3)

Minimal to no impact (6)

Other (4) \_\_\_\_\_

Prefer not to answer (7)

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Page Break

Q42\_Covid\_Employment Please share how Covid-19 has impacted your employment status. If you prefer not to answer, please write N/A.

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Page Break

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Q43\_Covid\_WorkResp Please share how Covid-19 has impacted your work responsibilities. If you prefer not to answer, please write N/A.

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Page Break

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Q44\_Covid\_Caregiving Please share how Covid-19 has impacted your caregiving responsibilities. If you prefer not to answer, please write N/A.

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End of Block: Q38-Q40: COVID-19

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Start of Block: LAST PAGE

CloseInfo If you would be interested in being interviewed by the research team, please provide your contact information below. Personal information will not be linked to survey responses if you are interested in having a member of the research team contact you. Alternatively, you are welcome to email the P.I., Alexis Braun Marks, directly at: [alexisbraunmarks@gmail.com](mailto:alexisbraunmarks@gmail.com).

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FormInfo Please list your contact information below if you are interested in being contacted about a follow-up interview.

- Name (first & last) (1) \_\_\_\_\_
- Phone number 1: (2) \_\_\_\_\_
- Phone number 2: (3) \_\_\_\_\_
- Best time to call (4) \_\_\_\_\_
- E-mail address: (5) \_\_\_\_\_

End of Block: LAST PAGE

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