

## **National Nursing Assistant Survey (NNAS) Questionnaire**

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**(Content of questionnaire, beginning with the Screening Section, starts on the next page.)**

**A. SCREENING**

A1. Are you currently working at {SAMPLED FACILITY}?

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

A2. Were you working there on {DATE OF SAMPLE LIST}?

[IF NEEDED: Even if you were not scheduled to work that day, we are interested in whether or not you were employed at the nursing facility at that time.]

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

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

- EMPLOYED BY FACILITY ..... 1
- AGENCY ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

A3. {Are/Were} you working as . . .

[STOP READING WHEN RESPONDENT ANSWERS.]

- a certified nursing assistant or CNA, .. 1
- a CNA II or CNA supervisor, ..... 2
- a certified nurse aide, ..... 3
- a licensed nursing assistant, ..... 4
- a state tested nursing assistant, ..... 5
- a geriatric nursing assistant, ..... 6
- a nurse aide, or..... 7
- something else? ..... 91
- DON'T KNOW ..... d
- REFUSED ..... r

A3a. [What {are/were} you working as?]

[SPECIFY:]

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A4. Did you become a {JOB TITLE FROM A3} before 1987?

[IF NEEDED: Were you trained as a {JOB TITLE FROM A3} in the U.S.?)

YES ..... 1  
NO ..... 2  
DON'T KNOW ..... d  
REFUSED ..... r

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

YES ..... 1  
NO ..... 2  
DON'T KNOW ..... d  
REFUSED ..... r

A6. Are you in the process of going through nursing assistant or nurse aide training?

YES ..... 1  
NO ..... 2  
DON'T KNOW ..... d  
REFUSED ..... r

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

YES ..... 1  
NO ..... 2  
DON'T KNOW ..... d  
REFUSED ..... r

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

YES, 16 HOURS OR MORE ..... 1

NO, LESS THAN 16 HOURS ..... 2

DON'T KNOW ..... d

REFUSED ..... r

**B. RECRUITMENT**

B1. {}The first section is about why you initially decided to become a nursing assistant.{} {For each item I read, please tell me whether this is a reason you chose this type of work.} {First, w/W}as it . . .

	YES	NO	DON'T KNOW	REFUSED
a. because you like helping other people? .....	1	2	d	r
b. because a family member or friend was also a nursing assistant?.....	1	2	d	r
c. because you wanted to work in health care? .	1	2	d	r
d. because the job was steady and secure? .....	1	2	d	r
e. because there were nursing assistant jobs readily available?.....	1	2	d	r
f. because there were nursing assistant jobs close to home? .....	1	2	d	r
g. because the work hours fit your schedule, or .	1	2	d	r
h. Is there any other reason you chose this type of work? .....	1	2	d	r

B1h1. [Is there any other reason you chose this type of work?]

SPECIFY:

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

[READ LIST OF RESPONSES IF NECESSARY.]

- {LIKE HELPING OTHER PEOPLE ..... 1}
- {FAMILY/FRIEND A NURSING ASSISTANT .2}
- {WANTED TO WORK IN HEALTH CARE .....3}
- {JOB SECURITY .....4}
- {JOB READILY AVAILABLE.....5}
- {JOB CLOSE TO HOME .....6}
- {WORK HOURS FIT SCHEDULE .....7}

{B1h1}.....	8}
DON'T KNOW .....	d
REFUSED .....	r

B3. How did you learn about being a nursing assistant as a possible job?

[SELECT ALL THAT APPLY. PROBE: Anything else?]

NEWSPAPER ADVERTISEMENT/ ARTICLE .....	10
FAMILY MEMBER OR FRIEND WAS ONE/ RECOMMENDED IT .....	11
SCHOOL OR JOB TRAINING PROGRAM.....	12
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)/WORK FIRST AGENCY ...	13
JOB FAIR .....	14
INTERNET/ONLINE EMPLOYMENT SERVICE.....	15
PROVIDING CARE TO A RELATIVE/ FRIEND AND BECAME INTERESTED.....	16
OTHER.....	17
DON'T KNOW .....	d
REFUSED .....	r

B4. Since you first became a nursing assistant, how long have you been doing this kind of work including the time at your current job? Do not count time between jobs or time spent on a leave of absence.

[READ CATEGORIES IF NECESSARY.]

6 MONTHS OR LESS .....	1
MORE THAN 6 MONTHS BUT LESS THAN ONE YEAR .....	2
1 YEAR BUT LESS THAN 2 YEARS.....	3
2 - 5 YEARS .....	4
6 -10 YEARS .....	5
11 - 20 YEARS .....	6
MORE THAN 20 YEARS .....	7
DON'T KNOW .....	d
REFUSED .....	r

B5. What were you doing BEFORE you became a nursing assistant? Were you mainly . . .

- working at another job, ..... 1
- going to school, ..... 2
- staying home with children..... 3
- unemployed, or..... 4
- doing something else? ..... 5
- DON'T KNOW ..... d
- REFUSED ..... r

B5a. What kind of work were you doing?

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

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

B5b. What were your most important activities or duties?

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

B6. What kind of business or industry did you work for?

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

[IF SELF-EMPLOYED:] What kind of business was it?

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

B7. If you had to decide whether to become a nursing assistant again, would you . .

definitely become one,..... 1  
probably become one, or..... 2  
probably not become one, or ..... 3  
would you definitely not become one, or? . 4  
DON'T KNOW ..... d  
REFUSED ..... r



**C. EDUCATION/TRAINING/LICENSURE**

C1. Next, I'd like to ask you a few questions about the training you initially received to become a nursing assistant.

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

[IF RESPONDENT RECEIVED TRAINING IN ANOTHER COUNTRY, PROBE:  
Where did you receive training in the U.S. to become a nursing assistant? Was it...]

- at a nursing facility, ..... 1
- at a community college, ..... 2
- in high school, or ..... 3
- somewhere else? ..... 91
- DON'T KNOW ..... d
- REFUSED ..... r

C1a. [Where did you receive your initial training?]

[SPECIFY:]

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

- ALL ..... 1
- PART ..... 2
- NONE ..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

C3. Who {else} paid for your training? Was it . . .

- your employer, or ..... 1
- someone else? ..... 91
- DON'T KNOW ..... d
- REFUSED ..... r

C3a. [Who {else} paid for your training?]

[SPECIFY:]

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C4. Were you reimbursed by your employer for any of the money you spent on your initial training?

YES ..... 1

NO ..... 2

DON'T KNOW ..... d

REFUSED ..... r

C5. {Next, I'd like to ask you to rate how well your initial nursing assistant training prepared you to perform in different areas of your job. For each area, please tell me whether the training you received was excellent, good, fair, or poor./[I'd like you to rate how well your initial nursing assistant training prepared you to perform in different areas of your job.]}

{The first area is resident care skills such as helping with bathing, eating, dressing, and moving. Would you say your initial training was...?}

	excellent	good	fair, or	poor?	NOT OFFERED	DON'T KNOW	REFUSED
a. resident care skills such as helping with bathing, eating, dressing, and moving .....	4	3	2	1	5	d	r
b. Talking with residents? .....	4	3	2	1	5	d	r
c. Working with co-workers? .....	4	3	2	1	5	d	r
d. Discussing resident care with residents' family members? .....	4	3	2	1	5	d	r
e. Working with supervisors? .....	4	3	2	1	5	d	r
f. Straightening out or dealing with problems at work? .....	4	3	2	1	5	d	r
g. Recording residents' information? ....	4	3	2	1	5	d	r
h. Organizing your work tasks so that everything gets done on time? .....	4	3	2	1	5	d	r
i. Dementia care? .....	4	3	2	1	5	d	r
j. Working with residents that act out or are abusive? .....	4	3	2	1	5	d	r
k. Preventing injuries at work? .....	4	3	2	1	5	d	r

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

- well prepared, ..... 1
- somewhat prepared, or..... 2
- not at all prepared?..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

C7. Were there any topics that were not covered which you felt would have been helpful to you starting work as a nursing assistant?

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

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

[SELECT ALL THAT APPLY. PROBE: Any other topics?]

- RESIDENT CARE SKILLS (*such as bathing, eating, dressing, and moving*)..... 10
- DEMENTIA CARE..... 11
- WORKING WITH RESIDENTS THAT ACT OUT, ARE ABUSIVE..... 12
- TALKING WITH RESIDENTS..... 13
- TALKING WITH FAMILY ABOUT RESIDENT'S CARE ..... 14
- WORKING WITH CO-WORKERS..... 15
- WORKING WITH SUPERVISORS..... 16
- DEALING WITH PROBLEMS AT WORK..... 17
- PREVENTING WORK INJURIES..... 18
- ORGANIZING WORK TASKS TO GET EVERYTHING DONE ON TIME..... 19
- RECORDING RESIDENTS' INFORMATION..... 20

OTHER.....91  
 DON'T KNOW.....d  
 REFUSED .....r

C8a. [What topics do you feel should have been covered?]

[SPECIFY:]

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C9. Would you describe your initial nursing assistant training as . . .

mostly spent doing or observing  
 hands-on work with residents, ..... 1  
 evenly split between hands-on work and  
 classroom study, or .....2  
 mostly spent doing classroom study? .....3  
 DON'T KNOW .....d  
 REFUSED .....r

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

[IF RESPONDENT ANSWERS "DID NOT WORK AT A FACILITY," ASK:] Was there a more experienced co-worker who was assigned to help you by answering questions?

YES ..... 1  
 NO .....2  
 DON'T KNOW .....d  
 REFUSED .....r

C10a. Was having a mentor or buddy helpful to you in your first job as a nursing assistant?

YES ..... 1  
 NO .....2  
 DON'T KNOW .....d  
 REFUSED .....r

C11a. Have you taken any nursing assistant continuing education classes in the past 2 years? This would include yearly 12 hour re-certification training, monthly videos, or other training activities.

[PROBE: That would be since {CURRENT MONTH 2 YEARS AGO}.]

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

C12. {{}}Have your continuing education classes covered . . . {{}}

	YES	NO	DON'T KNOW	REFUSED
a. resident care skills such as helping with bathing, eating, dressing, and moving?.....	1	2	d	r
b. talking with residents? .....	1	2	d	r
c. working with co-workers? .....	1	2	d	r
d. discussing resident care with residents' family members?.....	1	2	d	r
e. working with supervisors? .....	1	2	d	r
f. straightening out or dealing with problems at work? .	1	2	d	r
g. recording residents' information? .....	1	2	d	r
h. organizing your work tasks so that everything gets done on time? .....	1	2	d	r
i. training to mentor other nursing assistants?.....	1	2	d	r
j. dementia care?.....	1	2	d	r
k. working with residents that act out or are abusive?....	1	2	d	r
l. preventing injuries at work? .....	1	2	d	r
m. Has anything else been covered? .....	1	2	d	r

C12m1. [CONTINUING EDUCATION CLASSES.]

[Has anything else been covered?]

[SPECIFY:]

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

[PROBE:] Anywhere else?

[SELECT ALL THAT APPLY.]

- at a nursing facility, ..... 10
- at a community college, ..... 11
- in high school, or ..... 12
- somewhere else? ..... 91
- DON'T KNOW ..... d
- REFUSED ..... r

C13a. [Where have you taken continuing education classes?]

[SPECIFY:]

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C14. In general, how useful have your nursing assistant continuing education classes been in helping you do your job? Would you say . . .

[IF NEEDED: How useful were the classes overall?]

- very useful, ..... 1
- somewhat useful, or ..... 2
- not at all useful? ..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

C15. Does {SAMPLED FACILITY} pay for or offer any training or continuing education classes?

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

C16. How much say do you feel you have in deciding which topics are covered or offered in the classes your employer pays for or offers? Would you say . . .

- a lot, ..... 1
- some, ..... 2
- a little, or ..... 3

none? .....	4
DON'T KNOW .....	d
REFUSED .....	r

C17. What types of topics would you like to see covered in training classes at your current job?

[SELECT ALL THAT APPLY. PROBE: Any other topics?]

MEDICATION MANAGEMENT .....	10
PAIN MANAGEMENT .....	11
WORKING WITH RESIDENTS WITH DEMENTIA.....	12
WORKING WITH RESIDENTS WITH MENTAL ILLNESS .....	13
MOVING/LIFTING RESIDENTS.....	14
COMMUNICATING WITH RESIDENTS.....	15
WORKING WITH RESIDENTS' FAMILY MEMBERS .....	16
END OF LIFE ISSUES/ COPING WITH GRIEF .....	17
WORKING WITH SUPERVISORS.....	18
DEALING WITH PROBLEMS AT WORK .....	19
TIME MANAGEMENT/ORGANIZING WORK TASKS.....	20
WORKPLACE INJURY PREVENTION .....	21
OTHER.....	91
NONE/NO TOPICS .....	0
DON'T KNOW .....	d
REFUSED .....	r

C17a. [What types of topics would you like to see covered in training classes at your current job?]

[SPECIFY:]

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C18. Could {SAMPLED FACILITY} do anything to encourage you to take more training besides your yearly re-certification training?

- YES ..... 1
- NO ..... 2
- MAYBE/DEPENDS ..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

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

[SELECT ALL THAT APPLY. PROBE: Any others?]

- TUITION REIMBURSEMENT/FREE TRAINING/PAID TO ATTEND TRAINING..... 10
- INCREASE IN (SALARY/HOURLY WAGE) ... 11
- ONE-TIME BONUS ..... 12
- NEW/BETTER BENEFITS..... 13
- PROMOTION ..... 14
- CHANGE IN JOB TITLE..... 15
- ADDITIONAL JOB RESPONSIBILITIES ..... 16
- CONVENIENCE OF TRAINING (TIME/LOCATION) ..... 17
- OTHER..... 91
- DON'T KNOW ..... d
- REFUSED ..... r

C19a. [What types of things would encourage you to take more training at your current job?]

[SPECIFY:]

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**D. JOB HISTORY**

D1a. The next questions are about the jobs you have had including those in health care and those in other areas. About how many full-time or part-time jobs have you had during the past **five years**? Please include your current job and include military duty, self-employment, or your own business, such as babysitting or doing hair.

[READ CATEGORIES IF NECESSARY.]

- 1 ..... 1
- 2 - 4 ..... 2
- 5 - 7 ..... 3
- 8 - 10 ..... 4
- MORE THAN 10 ..... 5
- DON'T KNOW ..... d
- REFUSED ..... r

D1b. About how many full-time or part-time jobs have you had during the past **two years**? That would be since {MONTH, YEAR TWO YEARS PRIOR TO INTERVIEW DATE}. Please include your current job.

[ENTER NUMBER OF JOBS.]

\_\_|\_\_|

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

D3a1. When did you start working for {SAMPLED FACILITY/EMPLOYER}?

[ENTER MONTH.]

\_\_|\_\_|

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

D3a2. [When did you start working for {SAMPLED FACILITY/EMPLOYER}?]

[ENTER A 4-DIGIT YEAR.]

|\_|\_|\_|

DON'T KNOW .....d

REFUSED .....r

D3b1. When did you stop working there?

[ENTER MONTH. {IF STILL AT JOB, ENTER 96.}]

|\_|

DON'T KNOW .....d

REFUSED .....r

D3b2. [When did you stop working there?]

[ENTER A 4-DIGIT YEAR.]

|\_|\_|\_|

DON'T KNOW .....d

REFUSED .....r

D4a. What kind of work (are/were) you doing?

[IF CNA, TYPE CNA.]

\_\_\_\_\_

DON'T KNOW .....d

REFUSED .....r

D4b. What (are/were) your most important activities or duties?

[PROBE FOR CLEAR AND DESCRIPTIVE ACTIVITIES.]

\_\_\_\_\_

DON'T KNOW .....d

REFUSED .....r

D5. What kind of business or industry is this?

[PROBE:] What {do /did} {they/you} make, sell, or do?

[PROBE FOR PRODUCT OR SERVICE.]

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

D6. How many hours {do/did} you usually work in an average week for {SAMPLED FACILITY/EMPLOYER}?

[ENTER NUMBER OF HOURS PER WEEK. IF MORE THAN 99 HOURS PER WEEK, ENTER 99.]

\_\_\_\_

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

D6a. {Are/Were} you paid by the hour while working there?

[IF GET DIFFERENTIAL, CODE 'NO'.]

YES ..... 1  
NO ..... 2  
DON'T KNOW .....d  
REFUSED .....r

D6a2. What {is/was} your hourly rate, {just before you left that job} before taxes and deductions?

[ENTER HOURLY RATE UP TO 2 DECIMAL PLACES.]

\$\_\_\_\_\_.\_\_\_\_

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

D6b1. How much {are/were} your weekly or monthly earnings, before taxes and other deductions {just before you left that job}? Please include tips, commissions, and regular overtime pay.

[ENTER AMOUNT IN WHOLE DOLLAR. ROUND UP IF HALF OR MORE. ROUND DOWN IF LESS THAN HALF.]

\$|\_|\_|\_|, |\_|\_|\_|\_|

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

D6b2. How much {are/were} your weekly or monthly earnings, before taxes and other deductions {just before you left that job}? Please include tips, commissions, and regular overtime pay.

[ENTER UNIT. SELECT MOST CONVENIENT TIME PERIOD.]

PER DAY ..... 1  
PER WEEK ..... 2  
ONCE EVERY TWO WEEKS..... 3  
TWICE A MONTH ..... 4  
PER MONTH ..... 5  
PER YEAR..... 6  
OTHER ..... 91

D6b2a. [How much {are/were} your weekly or monthly earnings, before taxes and other deductions {just before you left that job}? Please include tips, commissions, and regular overtime pay.]

[SPECIFY UNIT.]

\_\_\_\_\_

D6d. Why did you stop working at this job? Did the job end or were you laid off, did you quit, or were you fired?

LAI D OFF OR JOB ENDED..... 1  
QUIT..... 2  
FIRED.....3  
DON'T KNOW .....d  
REFUSED .....r

D7. I'd like to ask you some more questions about your current job.

How did you find your current job?

[SELECT ALL THAT APPLY.]

[PROBE:] How did you hear about it?

[PROBE:] Anything else?

NEWSPAPER.....	10
PHONEBOOK.....	11
FAMILY MEMBER OR FRIEND WAS ONE/ RECOMMENDED IT .....	12
FACILITY WAS PART OF TRAINING PROGRAM.....	13
SCHOOL OR JOB TRAINING PROGRAM (INCLUDING CNA TRAINING).....	14
JOB FAIR .....	15
INTERNET/ ONLINE EMPLOYMENT SERVICE.....	16
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)/WORK FIRST AGENCY ...	17
OTHER.....	18
DON'T KNOW .....	d
REFUSED .....	r

D8. {{}}The next questions are about benefits that are available at {SAMPLED FACILITY}. Does your current employer offer you . . . {{}}

{{[PROBE:]This would include benefits that are offered after a certain number of months on the job.}}

{{[PROBE:]Whether you use the benefit or not, is it available to you?}}

	YES	NO	DON'T KNOW	REFUSED
a. paid sick leave? .....	1	2	d	r
b. paid holidays off? .....	1	2	d	r
c. any other paid time off, such as vacation or personal days? .....	1	2	d	r
d. extra pay for working on holidays? .....	1	2	d	r
e. a retirement or pension plan? .....	1	2	d	r
[PROBE:] This would <u>not</u> include social security or railroad retirement benefits.				
f. paid child care or child care subsidies or assistance? .....	1	2	d	r
g. paid transportation or transportation subsidies or assistance? .....	1	2	d	r

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

YES ..... 1  
 NO ..... 2  
 DON'T KNOW ..... d  
 REFUSED ..... r

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

[IF PARTIALLY PARTICIPATING, FOR EXAMPLE, DENTAL OR VISION, CODE "NO".]

YES ..... 1  
 NO ..... 2  
 DON'T KNOW ..... d  
 REFUSED ..... r

D8c. Why aren't you participating in the health insurance at your job?

CAN'T AFFORD IT; TOO EXPENSIVE ..... 1  
 ALREADY COVERED BY ANOTHER PRIVATE HEALTH INSURANCE PLAN ..... 2  
 COVERED BY MEDICAID; MEDICARE ..... 3  
 HAVEN'T WORKED LONG ENOUGH TO BE ELIGIBLE FOR HEALTH INSURANCE ..... 4

DON'T NEED HEALTH INSURANCE .....5  
 OTHER.....91  
 DON'T KNOW .....d  
 REFUSED .....r

D8c1.[Why aren't you participating in the health insurance at your job?]

[SPECIFY REASON:]

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

YES ..... 1  
 NO .....2  
 DON'T KNOW .....d  
 REFUSED .....r

D8e. What state are you living in?

[ENTER A 2-LETTER STATE ABBREVIATION].

[PRESS F1 FOR HELP SCREEN].

|\_|\_|

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

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

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

YES ..... 1  
 NO .....2  
 DON'T KNOW .....d  
 REFUSED .....r

D9a. Do you {also} have health insurance coverage either through your spouse or partner's job or employer, or {other} health insurance that you have purchased on your own?

[PROBE:] Include coverage on parent's plan.

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

D10. The next questions are about the hours you work on your current job at {SAMPLED FACILITY}.

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

- MORE HOURS ..... 1
- FEWER HOURS ..... 2
- ABOUT RIGHT ..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

D10a. What are the reasons you cannot work more hours on this job?

[SELECT ALL THAT APPLY.]

[PROBE:] Anything else?

- THE FACILITY HAS ENOUGH EMPLOYEES/DOES NOT REQUIRE MORE HOURS/NO OVERTIME ..... 10
- CHILD CARE OR FAMILY ISSUES PREVENT WORKING MORE HOURS ..... 11
- HEALTH ISSUES ..... 12
- OTHER ..... 91
- DON'T KNOW ..... d
- REFUSED ..... r



D10a1. [What are the reasons why you cannot work more hours on this job?]

[SPECIFY REASON:]

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D11. Are you ever required to work mandatory overtime at {SAMPLED FACILITY} even if you do not want to?

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

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

[INTERVIEWER: READ CATEGORIES IF NECESSARY.]

- NONE ..... 0
- 1 TO 2 TIMES ..... 1
- 3 TO 5 TIMES ..... 2
- OVER 5 TIMES ..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

D13a. {Since you started your job at {SAMPLED FACILITY}, have you been given a pay increase?/During the past year, were you given a pay increase while working at {SAMPLED FACILITY}??}

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

D14. Does your employer offer . . .

	YES	NO	DON'T KNOW	REFUSED
a. bonus es? .....	1	2	d	r
b. Time off for good work? .....	1	2	d	r
c. Tuition reimbursement or subsidy? .....	1	2	d	r
d. Anything else? .....	1	2	d	r

D14d1. [Anything else?]

[SPECIFY:]

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D15. If you had to decide whether to take your current job again, would you . . .

- definitely take it, ..... 1
- probably take it ..... 2
- probably not take it, or ..... 3
- would you definitely not take it? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

D16a. In addition to your job at {SAMPLED FACILITY}, you told me you also have {one/two/three/four} other job{s}. Why do you have more than one job currently?

[PROBE:] Anything else?

[SELECT ALL THAT APPLY.]

- NEED THE MONEY ..... 10
- LIKE THE VARIETY OF JOBS ..... 11
- CANNOT GET ENOUGH HOURS  
ON ANY ONE JOB ..... 12
- CAN GET HEALTH BENEFITS..... 13
- OTHER ..... 14
- DON'T KNOW ..... d
- ..... r

D17. If you could work the same number of hours and make the same amount of money at just one job, would you prefer that more than working at several jobs?

YES ..... 1  
NO ..... 2  
DON'T KNOW ..... d  
REFUSED ..... r

**E. FAMILY LIFE**

E1. Over the past month, how have you been traveling to and from your current job?

[IF MORE THAN ONE MODE, PROBE:] Which is your main form of transportation that you use most often to travel to and from this job?

[IF RESPONDENT SAYS "CAR," PROBE:] Do you drive yourself, carpool, or get a ride from someone?

[IF MODE HAS CHANGED OVER TIME, PROBE:] What have you used most recently?

- DRIVE SELF..... 1
- CAR POOL/GET A RIDE FROM OTHERS ...2
- PUBLIC TRANSPORTATION.....3
- WALKS/BICYCLE.....4
- TAXI .....5
- OTHER.....6
- DON'T KNOW .....d
- REFUSED .....r

E1a1. How long does it usually take you to get to work?

[PROBE:] Just one way, not round trip.

[ENTER NUMBER OF HOURS. IF LESS THAN 1 HOUR, ENTER 0.]

|\_|\_|  
HOURS

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

E1a2. [How long does it usually take you to get to work?]

[ENTER NUMBER OF MINUTES.]

|\_|\_|  
MINUTES

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

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

E3a. How much time from work did you miss because of transportation problems?

[PROBE:] During the past month.

[PROBE:] Your best estimate is fine.

[ENTER UNIT.]

- DAYS..... 1
- HOURS ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

E3b. [How much time from work did you miss because of transportation problems?]

[ENTER NUMBER.]

|\_|\_|

E4. The next questions are about you and the people living with you in your household. Again, I'd like to remind you that all of your answers will be kept strictly confidential.

How many people in your household are adults, age 18 or older, not including yourself? Please count people who normally stay with you for at least 2 nights per week.

[ENTER NUMBER OF ADULTS.]

[IF NONE 18 OR OLDER, ENTER 0.]

|\_|\_|  
NUMBER OF ADULTS

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

E5. {Are any of the people/Is the person} in your household that {are/is} over age 18 currently working full-time or part-time?

YES ..... 1  
NO ..... 2  
DON'T KNOW .....d  
REFUSED .....r

E6. And how many people in your household are children age 17 or younger?

[ENTER NUMBER OF CHILDREN.]

|\_|\_|  
NUMBER OF CHILDREN

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

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

[ENTER NUMBER OF CHILDREN RESPONSIBLE FOR.]

|\_|\_|  
NUMBER OF CHILDREN RESPONSIBLE FOR

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

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

[ENTER NUMBER OF CHILDREN REQUIRING CHILD CARE.]

|\_|\_|  
NUMBER OF CHILDREN REQUIRING CHILD CARE

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

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

- RESPONDENT'S OWN CHILD ..... 1
- NOT RESPONDENT'S CHILD .....2
- DON'T KNOW .....d
- REFUSED .....r

E6d. Does this child require child care while you are working at {SAMPLED FACILITY}?

- YES ..... 1
- NO .....2
- DON'T KNOW .....d
- REFUSED .....r

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

- YES ..... 1
- NO .....2
- DON'T KNOW .....d
- REFUSED .....r

E8a. How much time from work did you miss because of problems with child care?

[PROBE:] During the past month.

[PROBE:] Your best estimate is fine.

[ENTER UNIT.]

- DAYS..... 1
- HOURS .....2
- DON'T KNOW .....d
- REFUSED .....r

E8b. [How much time from work did you miss because problems with child care?]

[ENTER NUMBER.]

|\_|\_|

E9. Not counting care you get paid for, are you currently taking care of a family member, relative, or friend who has a disability or health problem?

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

E10. During the past month, did you miss any time from work because of having to take care of a family member, relative, or friend?

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

E11a. How much time did you miss?

[PROBE:] During the past month.

[PROBE:] Your best estimate is fine.

[ENTER        UNIT.]

- DAYS..... 1
- HOURS ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

E11b. [How much time did you miss?]

[ENTER        NUMBER.]

|\_|\_|

E12. Now I would like to ask you about sources of income and support you may have received.

Have you ever received cash welfare for families and children, which is also known as TANF or Temporary Assistance for Needy Families? TANF used to be called AFDC, or Aid to Families with Dependent Children.



[PROBE:] Please include electronically transferred benefits.  
[INTERVIEWER: TANF GRANT MAY BE SHARED WITH WORKER'S SPOUSE/BOYFRIEND/GIRLFRIEND.]

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

E13. Are you currently receiving cash welfare or TANF?

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

E14. Have you ever received Food Vouchers or food items from WIC which is the Women, Infants, and Children Program?

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

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

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

E15a. Have you or your child ever received disability insurance such as Supplemental Security Income or SSI?

[PROBE:] Please include electronically transferred benefits.

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

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

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

E16a. Have you ever received food stamp benefits?

[PROBE:] Please include electronically transferred benefits.

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

E16b. Are you currently receiving food stamps?

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

E17. Do you currently live in public housing, receive a rent subsidy such as Section Eight, or pay a lower rent because the government pays part of the cost?

[PRESS F1 FOR HELP SCREEN.]

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

## F. MANAGEMENT/SUPERVISION

F1\_PRE. The next questions are about your supervisor at {SAMPLED FACILITY}. This is the person who oversees you on a daily basis and instructs you on job tasks.

[PROBE:] Please remember this survey is confidential.

[PRESS 1 AND ENTER TO CONTINUE.]

CONTINUE..... 1

F1. {}I'm going to read you some statements about your supervisor. Please tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each statement.{} {The first statement is:}

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED
a. my supervisor provides clear instructions when assigning work .....	1	2	3	4	d	
b. My supervisor treats all nursing assistants equally .....	1	2	3	4	d	r
c. My supervisor deals with the complaints and concerns of nursing assistants .....	1	2	3	4	d	
d. (My supervisor) is open to new and different ideas, such as a new or better way of dealing with resident care.....	1	2	3	4	d	r
e. (My supervisor) is supportive of progress in my career, such as further training.....	1	2	3	4	d	
f. (My supervisor) helps me with my job tasks when help is needed.....	1	2	3	4	d	r
g. (My supervisor) listens to me when I am worried about a resident's care .....	1	2	3	4	d	
h. (My supervisor) supports nursing assistants working in groups or teams with other health care workers, such as physical therapists, dieticians, RNs, LPNs, or other nurses.....	1	2	3	4	d	r
i. (My supervisor) disciplines or removes other nursing assistants who do not do their job well or their share of the work .....	1	2	3	4	d	
j. (My supervisor) tells me when I am doing a good job .....	1	2	3	4	d	r

## G. CLIENT RELATIONS

G\_PRE. The next questions are about the amount of time available to spend with the residents on your current job at {SAMPLED FACILITY}.

[PRESS 1 AND ENTER TO CONTINUE.]

CONTINUE..... 1

G1. First, I want to ask you about things you do directly with residents such as helping them dress, bathe, get in and out of bed, or use the toilet. During a typical work week, how much time do you have to give individual attention to residents who need this type of assistance? Would you say you have . . .

more than enough time,..... 1

enough time, or..... 2

not enough time?..... 3

DON'T KNOW ..... d

REFUSED ..... r

G2. Again, during a typical work week, how much time do you have to complete other duties that don't directly involve the residents? This would be things like cleaning the tub room, making beds, restocking supplies, or record keeping. Would you say you have . . .

more than enough time,..... 1

enough time, or..... 2

not enough time?..... 3

DON'T KNOW ..... d

REFUSED ..... r

G3. In general, are you encouraged by supervisors to discuss the care and well-being of residents with their families?

YES ..... 1

NO ..... 2

DON'T KNOW ..... d

REFUSED ..... r

G4. Are you assigned to care for the same residents on most days you work, or do the residents you are assigned to change each day or week you work?

- SAME RESIDENTS ..... 1
- RESIDENTS CHANGE.....2
- COMBINATION .....3
- DON'T KNOW .....d
- REFUSED .....r

G5. To what degree do you feel residents respect you, as part of their health care team? Would you say . . .

- a great deal,..... 1
- somewhat, or .....2
- not at all? .....3
- DON'T KNOW/NOT APPLICABLE .....d
- REFUSED .....r

G6. To what degree do you feel residents' families respect you, as part of the health care team? Would you say . . .

- a great deal,..... 1
- somewhat, or .....2
- not at all? .....3
- RESIDENTS' FAMILIES  
DON'T KNOW ME .....4
- DON'T KNOW .....d
- REFUSED .....r

G7. To what degree do you feel your supervisor respects you, as part of the health care team? Would you say . . .

- a great deal,..... 1
- somewhat, or .....2
- not at all? .....3
- DON'T KNOW .....d
- REFUSED .....r

G8. In general, how often do the residents you care for let you know when you are doing a good job? Would you say . . .

- Always or most of the time,..... 1
- sometimes, or .....2
- does that never happen? .....3
- DON'T KNOW .....d
- REFUSED .....r

## H. ORGANIZATIONAL COMMITMENT/JOB SATISFACTION

H1. Now I'd like to ask you a few questions about how satisfied you are with your current job at {SAMPLED FACILITY}. Again, your answers are completely confidential.

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

- extremely satisfied, ..... 1
- somewhat satisfied, ..... 2
- somewhat dissatisfied, or ..... 3
- extremely dissatisfied? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

H2a–k. {}Please tell me whether or not each of the following items is a reason why you continue to work in your current position.{}

{First, is caring for others a reason why you continue to work in your current position?}

	YES	NO	NA	DON'T KNOW	REFUSED
a. caring for others?.....	1	2	3	d	r
b. the flexible schedule or hours? .....	1	2	3	d	r
c. the salary or pay is good? .....	1	2	3	d	r
d. the benefits? .....	1	2	3	d	r
e. co-workers you like?.....	1	2	3	d	r
f. your supervisor?.....	1	2	3	d	r
g. the opportunity for overtime?.....	1	2	3	d	r
h. feeling good about the work you do?.....	1	2	3 d		r
i. the work location?.....	1	2	3	d	r
j. career advancement?.....	1	2	3	d	r
k. Any other reasons? .....	1	2	3	d	r

H2k1. [Please tell me whether or not each of the following items is a reason why you continue to work in your current position.]

[SPECIFY REASON:]

---

---

H3a. Which one of these is the main reason why you continue to work at your job?

[READ RESPONSE CATEGORIES IF NECESSARY.]

- {CARE FOR OTHERS ..... 1}
- {FLEXIBLE SCHEDULE ..... 2}
- {GOOD SALARY ..... 3}
- {BENEFITS..... 4}
- {CO-WORKERS ..... 5}
- {SUPERVISOR..... 6}
- {OPPORTUNITY FOR OVERTIME ..... 7}
- {FEEL GOOD ABOUT WORK ..... 8}
- {WORK LOCATION ..... 9}
- {CAREER ADVANCEMENT ..... 10}
- {H1k1}..... 11}
- DON'T KNOW ..... d
- REFUSED ..... r

H4.  Are you extremely satisfied, somewhat satisfied, somewhat dissatisfied, or extremely dissatisfied with the following aspects of your current job? {First, . . . }.

[REPEAT SCALE AS NECESSARY.]

	EXTREMELY SATISFIED	SOMEWHAT SATISFIED	SOMEWHAT DISSATISFIED	EXTREMELY DISSATISFIED	DON'T KNOW	REFUSED
a. workplace morale? .....	1	2	3	4	d	r
b. Doing challenging work?.....	1	2	3	4	d	r
c. The benefits?.....	1	2	3	4	d	r
d. The salary or wages? .....	1	2	3	4	d	r
e. Learning new skills? .....	1	2	3	4	d	r



H5. There are usually things that people like and dislike about their jobs. Please tell me the types of problems or incidents at work that make it difficult for you to work there or cause you to dislike your job.

[PROBE:] Anything else?

[SELECT ALL THAT APPLY.]

[PRESS F1 FOR HELP SCREEN.]

PROBLEMS WITH SUPERVISOR OR NURSES .....	10
PROBLEMS WITH CO-WORKERS .....	11
LACK OF RESPECT/APPRECIATION FOR WORK.....	12
PAY OR BENEFITS .....	13
PROBLEMS WITH SCHEDULE .....	14
NEW RULES/ PROCEDURES.....	15
WORKLOAD.....	16
HEALTH OR PERSONAL ISSUES .....	17
NATURE OF JOB.....	18
NOTHING/NO COMPLAINTS .....	19
OTHER.....	91
DON'T KNOW .....	d
REFUSED .....	r

H5a. [There are usually things that people like and dislike about their jobs. Please tell me the types of problems or incidents at work that make it difficult for you to work there or cause you to dislike your job.]

[SPECIFY:]

---

---

H6. If a friend or family member needed care and asked your advice about staying at {SAMPLED FACILITY}, would you . . .

- definitely recommend it,..... 1
- probably recommend it, .....2
- probably not recommend it, or.....3
- would you definitely not recommend it?.....4
- DON'T KNOW .....d
- REFUSED .....r

H6a. If a friend or family member asked your advice about taking a nursing assistant job at {SAMPLED FACILITY}, would you . . .

- definitely recommend it,..... 1
- probably recommend it, .....2
- probably not recommend it, or.....3
- would you definitely not recommend it?.....4
- DON'T KNOW .....d
- REFUSED .....r

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

- definitely recommend it,..... 1
- probably recommend it, .....2
- probably not recommend it, or.....3
- would you definitely not recommend it?.....4
- DON'T KNOW .....d
- REFUSED .....r

H8. At your facility how much turnover among nursing assistants would you say there is? By turnover we mean assistants quitting or leaving and new nursing assistants starting work. Would you say there is . . .

- a lot,..... 1
- some,.....2
- a little, or.....3
- none? .....4
- DON'T KNOW .....d
- REFUSED .....r

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

- a lot,..... 1
- some,..... 2
- a little, or ..... 3
- none? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

H10. Why is that?

[SELECT ALL THAT APPLY.]

- WORKLOAD/TOO MANY PATIENTS/  
NOT ENOUGH TIME TO DO WORK ..... 10
- HAVE TO SPEND TIME TRAINING  
OTHER CNAs..... 11
- AFFECTS WORK PLACE MORALE ..... 12
- OTHER REASON..... 91
- DON'T KNOW ..... d
- REFUSED ..... r

H10a. [Why is that?]

[SPECIFY:]

---

---

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

- YES ..... 1
- NO ..... 2
- NO, BUT THINKING ABOUT IT ..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

H12. How likely is it that you will leave this job at {SAMPLED FACILITY} in the next year? Would you say . . .

- very likely, ..... 1
- somewhat likely, or ..... 2
- not at all likely? ..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

H13. What are the main reasons why you think you would leave?

[PROBE:] Any other reasons?

[SELECT ALL THAT APPLY.]

- POOR PAY ..... 10
- POOR BENEFITS (*health insurance, vacation days, etc.*) ..... 11
- PROBLEMS WITH SUPERVISORS ..... 12
- PROBLEMS WITH CO-WORKERS ..... 13
- PROBLEMS WITH THE FACILITY WORKING CONDITIONS, POLICIES, OR PRACTICES ..... 14
- PROBLEMS DEALING WITH RESIDENTS' FAMILIES ..... 15
- PROBLEMS DEALING WITH DYING RESIDENTS ..... 16
  
- TOO MANY RESIDENTS TO CARE FOR ..... 17
- ILL HEALTH ..... 18
- CHILD CARE ISSUES ..... 19
- CARE FOR AN ELDERLY FAMILY MEMBER ..... 20
- MOVING TO A DIFFERENT AREA (*you, your family*) ..... 21
- FOUND A NEW/BETTER JOB ..... 22
- OTHER ..... 91
- DON'T KNOW ..... d
- REFUSED ..... r

H13a. [What are the main reasons why you think you would leave?]

[SPECIFY:]

---

---

H14. Do you think your next job will be as a nursing assistant or doing something else?

- NURSING ASSISTANT ..... 1
- SOMETHING ELSE.....2
- DON'T KNOW .....d
- REFUSED .....r

## I. WORKPLACE ENVIRONMENT

11. {{I'd like you to continue thinking about {SAMPLED FACILITY}. I'm going to read you a few statements, and for each one tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree.}} {The first statement is... }

{{[REPEAT SCALE AS NECESSARY.]}}

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED
a. I am appropriately respected or rewarded by my nursing facility for my work.....	1	2	3	4	d	r
b. I can decide on my own how to go about doing my work.....	1	2	3	4	d	r
c. I am involved in challenging work.....	1	2	3	4	d	r
d. I have a chance to gain new skills and knowledge on the job .....	1	2	3	4	d	r
e. I am trusted to make resident care decisions .....	1	2	3	4	d	r
f. I have the opportunity to work in teams .....	1	2	3	4	d	r
g. I am confident in my ability to do my job.....	1	2	3	4	d	r

12. Now I'd like to ask you a few questions about how you think people view the work you do as a nursing assistant.

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

- very much, ..... 1
- somewhat, or ..... 2
- not at all? ..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

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

- very much, ..... 1
- somewhat, or ..... 2
- not at all? ..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

14. How much do you think the organization at {SAMPLED FACILITY} values or appreciates the work that you do as a nursing assistant? Would you say . . .

- very much, ..... 1
- somewhat, or ..... 2
- not at all? ..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

15. How important do you think your work is? Would you say . . .

- very important, ..... 1
- somewhat important, or ..... 2
- not important at all? ..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

16. How often do you ask other nursing assistants for help with problems that relate to your current job? Would you say . . .

- frequently, ..... 1
- sometimes, ..... 2
- once in awhile or ..... 3
- never? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

17. How often do you ask other employees, besides other nursing assistants, for help with problems that relate to your current job? Would you say . . .

- frequently, ..... 1
- sometimes, ..... 2
- once in awhile or ..... 3
- never? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

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

YES ..... 1

NO .....2

DON'T KNOW .....d

REFUSED .....r



## J. WORK-RELATED INJURIES

J\_PRE. The next questions are about any times you may have been hurt or injured while working at your job as a nursing assistant.

[PRESS 1 AND ENTER TO CONTINUE.]

CONTINUE..... 1

J2. {{[]}}Since you started your job at {SAMPLED FACILITY}, have you had any . . . / During the past 12 months at {SAMPLED FACILITY}, did you have any . . .{{[]}}

	YES	NO	DON'T KNOW	REFUSED
a. back injuries including pulled back muscles? ....	1	2	d	r
b. <b>OTHER</b> strains or pulled muscles? .....	1	2	d	r
c. human bites?.....	1	2	d	r
d. scratches, open wounds, or cuts? .....	1	2	d	r
e. black eyes or other types of bruising, or .....	1	2	d	r
f. other injuries from your job? .....	1	2	d	r

J2f1. [{}Since you started your job at {SAMPLED FACILITY}, have you had any . . . / During the past 12 months at {SAMPLED FACILITY}, did you have any . . .{}?]

[other injuries from your job?]

---



---

J3. {Since you started your job/During the past 12 months}, how many different times were you hurt or injured while working at this facility?

[ENTER NUMBER OF TIMES]

|\_|\_|  
TIMES

DON'T KNOW .....d

REFUSED .....r

J4. How did (this injury/these injuries) happen?

[PROBE:] Anything else?

[SELECT ALL THAT APPLY.]

- LIFTING, REPOSITIONING, BATHING OR HANDLING RESIDENTS ..... 10
- SLIPS/TRIPS/FALLS ..... 11
- AGGRESSION/VIOLENCE/ ABUSE BY RESIDENT(S) ..... 12
- BUMPING INTO OR HITTING EQUIPMENT ..... 13
- CONCERN WITH RESIDENTS' HEALTH/ LOSS OF LIFE ..... 14
- OTHER ..... 91
- DON'T KNOW ..... d
- REFUSED ..... r

J4a. [How did (this injury/these injuries) happen?]

[SPECIFY:]

---

---

J5. {Since you started your job/During the past 12 months}, in total, how many days were you unable to work because of the injuries?

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

[ENTER NUMBER OF DAYS.]

|\_|\_|\_| DAYS

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

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

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

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

[ENTER NUMBER OF DAYS. IF LESS THAN 1 DAY, ENTER 0.]

|\_|\_|\_| DAYS

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

J8b. (Since you started your job at (SAMPLED FACILITY)/During the past 12 months) how many times were you accidentally stuck with a needle while working?

[PROBE:] Since {CURRENT MONTH} of last year.

[PROBE:] Your best estimate is fine.

[ENTER NUMBER OF TIMES.]

|\_|\_|  
TIMES

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

J9. How often would you say you use lifting devices when moving or lifting residents who cannot move around on their own? Is it . . .

- always, ..... 1
- sometimes, or ..... 2
- never? ..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

J10. How often is a lifting device available when you actually need to use one?  
Would you say . . .

- always, ..... 1
- sometimes, ..... 2
- almost never, or ..... 3
- never? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

J11. Have you been trained to use lifts to move residents that cannot move around on their own?

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

J12. Aside from lifts, is there any other equipment or devices that your facility does not have or does not have enough of that would make your job safer?

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

J13. What types of equipment or devices?

[SELECT ALL THAT APPLY.]

- Other BATHING AIDS- (Shower chairs, adapted shower stalls,  
bathing systems) ..... 10
- TOILET SEAT RISERS ..... 11
- ELECTRIC BEDS (Height adjustable)..... 12
- TRAPEZE BARS (residents use to reposition  
themse lves ..... 13
- BELTS- WALKING/GAIT BELTS (with handles) ..... 14
- BELTS - BACK ..... 15
- standi WHEELCHAIRS with removable arms; sitting/  
ng..... 16

SLIDING BOARDS (to move resident from bed to chair) .....	17
SHEETS – (slip or roller; reduces friction when moving resident in bed) .....	18
SCALES – ROLL ON (to weight patients in Wheelchairs) .....	19
OTHER .....	91
DON'T KNOW .....	d
REFUSED .....	r

J13a. [What types of equipment or devices?]

[SPECIFY:]

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J14. Does {SAMPLED FACILITY} provide training on how to reduce workplace injuries?

YES .....	1
NO .....	2
DON'T KNOW .....	d
REFUSED .....	r

**K. DEMOGRAPHICS**

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

[PRESS 1 AND ENTER TO CONTINUE.]

CONTINUE..... 1

K1\_aa. What is your date of birth?

[ENTER MONTH.

\_\_|\_\_|

DON'T KNOW .....d

REFUSED .....r

K1\_ab. [What is your date of birth?]

[ENTER DAY.]

\_\_|\_\_|

K1\_ac. [What is your date of birth?]

[ENTER YEAR.]

\_\_|\_\_|

DON'T KNOW .....d

REFUSED .....r

K1a. Approximately, how old are you?

[ENTER AGE.]

\_\_|\_\_|

AGE

REFUSED .....r

K1b. [INTERVIEWER, CODE SEX, OR ASK IF NOT KNOWN:] Are you female or male?

FEMALE ..... 1  
MALE.....2

K2. Are you Hispanic or {Latina/Latino}?

YES ..... 1  
NO .....2  
DON'T KNOW .....d  
REFUSED .....r

K3. I'm going to read you a list of five race categories. Please choose one or more races that you consider yourself to be. Do you consider yourself . . . .

[PROBE FOR REFUSALS:] I understand that these questions may be sensitive. We are asking these questions to help understand differences in the nursing assistant workforce.

[PROBE IF R ANSWERS HISPANIC OR LATINO:] Would that be White Hispanic/Latino, African American Hispanic/Latino or something else?

[INTERVIEWER: READ ALL CATEGORIES.]

[SELECT ALL THAT APPLY.]

White, ..... 10  
African American or Black, ..... 11  
American Indian or Alaska Native,..... 12  
Asian, or ..... 13  
Native Hawaiian or Pacific Islander ..... 14  
OTHER .....91  
DON'T KNOW .....d  
REFUSED .....r

K3a. [I'm going to read you a list of five race categories. Please choose one or more races that you consider yourself to be.]

[SPECIFY:]

---

---

K4. Are you currently married, living with a partner in a marriage-like relationship, separated, divorced, widowed, or have you never been married?

- MARRIED ..... 1
- LIVING WITH PARTNER .....2
- SEPARATED .....3
- DIVORCED.....4
- WIDOWED .....5
- NEVER MARRIED.....6
- DON'T KNOW .....d
- REFUSED .....r

K5. Did you get your high school diploma or did you receive your G.E.D.?

[PROBE FOR WHICH ONE.]

- HIGH SCHOOL DIPLOMA ..... 1
- GED.....2
- NEITHER/NO .....3
- DON'T KNOW .....d
- REFUSED .....r

K6. What is the highest grade or year you completed in school?

[INTERVIEWER, IF THE RESPONDENT ANSWERS “GED,” ASK:] Before you received your GED, what was the highest grade of school you completed?

[IF EDUCATED IN ANOTHER COUNTRY:] And what is the highest equivalent year of school you completed?

- NONE ..... 0
- 1<sup>st</sup> GRADE ..... 1
- 2<sup>nd</sup> GRADE ..... 2
- 3<sup>rd</sup> GRADE ..... 3
- 4<sup>th</sup> GRADE ..... 4
- 5<sup>th</sup> GRADE ..... 5
- 6<sup>th</sup> GRADE ..... 6
- 7<sup>th</sup> GRADE ..... 7
- 8<sup>th</sup> GRADE ..... 8



9 <sup>th</sup> GRADE .....	9
10 <sup>th</sup> GRADE .....	10
11 <sup>th</sup> GRADE .....	11
12 <sup>th</sup> GRADE .....	12
1 YEAR OF COLLEGE / TRADE SCHOOL .....	13
2 YEARS OF COLLEGE / TRADE SCHOOL .....	14
3 YEARS OF COLLEGE / TRADE SCHOOL .....	15
COLLEGE GRADUATE .....	16
POST COLLEGE .....	17
DON'T KNOW .....	d
REFUSED .....	r

K7. Which of the following categories best describes your total household income last year, before taxes? Please include any income you and other family members may have received from jobs, public assistance, interest, or any other sources. Please stop me when I get to the right category . . .

[PROBE:] Your best estimate is fine.

less than \$10,000, .....	1
\$10,000 to under \$20,000, .....	2
\$20,000 to under \$30,000, .....	3
\$30,000 to under \$40,000, .....	4
\$40,000 to under \$50,000, .....	5
\$50,000 to under \$60,000, .....	6
\$60,000 to under \$70,000, .....	7
\$70,000 to under \$80,000, or .....	8
\$80,000 or over? .....	9
DON'T KNOW .....	d
REFUSED .....	r

K7a. During the past 12 months (that is, since {12 MONTHS BEFORE INTERVIEW DATE}), did you receive a flu shot?

YES .....	1
NO .....	2
DON'T KNOW .....	d
REFUSED .....	r

K8. Are you a citizen of the United States?

[PROBE:] Please remember this survey is confidential.

YES ..... 1  
NO ..... 2  
DON'T KNOW ..... d  
REFUSED ..... r

K8a. Were you born a citizen of the United States, or did you become a citizen of the US through naturalization?

BORN ..... 1  
NATURALIZED..... 2  
DON'T KNOW ..... d  
REFUSED ..... r

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

[TYPE THE FIRST 3 LETTERS OF THE COUNTRY. THEN USE ARROW KEYS TO LOCATE COUNTRY, AND PRESS ENTER TO SELECT. IF COUNTRY IS NOT LISTED, ENTER ZZZ-COUNTRY NOT LISTED.]

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

K9aa. [Where are you currently a citizen? What country?]

[SPECIFY COUNTRY. RECORD VERBATIM AND VERIFY SPELLING.]

---

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

[IF YES, PROBE:] What were you trained at?

- YES, TRAINED AS MD (medical doctor)..... 1
- YES, TRAINED AS RN/LPN (nurse).....2
- YES, TRAINED AS NURSING ASSISTANT .....3
- YES, OTHER .....91
- NO .....99
- DON'T KNOW.....d
- REFUSED.....r

K9a1. [Were you trained as a nursing assistant or as some other type of health professional outside of the United States?]

[SPECIFY JOB TITLE.]

---



---

K9b. What languages do you speak?

[PROBE:] Any others?

[SELECT ALL THAT APPLY.]

- CAMBODIAN..... 10
- CANTONESE/MANDARIN ..... 11
- CZECH ..... 12
- ENGLISH..... 13
- FRENCH ..... 14
- HAITIAN CREOLE..... 15
- HINDI..... 16
- KOREAN ..... 17
- POLISH ..... 18
- PORTUGUESE ..... 19
- RUSSIAN ..... 20

SPANISH.....	21
TAGALOG .....	22
URDU .....	23
VIETNAMESE .....	24
OTHER.....	91
DON'T KNOW .....	d
REFUSED .....	r

K9b1. [What languages do you speak?]

[SPECIFY LANGUAGE. VERIFY SPELLING.]

---



---

K9e. What do you consider to be your primary language?

CAMBODIAN.....	1
CANTONESE/MANDARIN .....	2
CZECH .....	3
ENGLISH.....	4
FRENCH .....	5
HAITIAN CREOLE.....	6
HINDI.....	7
KOREAN .....	8
POLISH .....	9
PORTUGUESE .....	10
RUSSIAN .....	11
SPANISH.....	12
TAGALOG .....	13
URDU .....	14
VIETNAMESE .....	15
OTHER.....	91
DON'T KNOW .....	d
REFUSED .....	r

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

- always, ..... 1
- sometimes, or ..... 2
- never? ..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

K10. How often do you have difficulty communicating with residents because they speak a different language than you? Would you say . . .

- always, ..... 1
- sometimes, or ..... 2
- never? ..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

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

- always, ..... 1
- sometimes, or ..... 2
- never? ..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

## L. FACILITY LEAVERS

L\_PRE. Now, I have some questions about being a nursing assistant.

[PRESS 1 AND ENTER TO CONTINUE.]

CONTINUE..... 1

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

YES ..... 1

NO ..... 2

DON'T KNOW ..... d

REFUSED ..... r

L1a. How likely is it that you will work as a nursing assistant again some day?  
Would you say . . .

very likely, ..... 1

somewhat likely, ..... 2

somewhat unlikely, or ..... 3

extremely unlikely? ..... 4

DON'T KNOW ..... d

REFUSED ..... r

L1b. Are you working in . . .

[SELECT ALL THAT APPLY.]

long-term care, such as a nursing home? ..... 10

acute care? ..... 11

ambulatory care? ..... 12

home care? ..... 13

DON'T KNOW ..... d

REFUSED ..... r

L2. Since you first became a nursing assistant, how long have you been doing this kind of work? Do not count time between jobs or time spent on a leave of absence.

[READ CATEGORIES IF NECESSARY.]

6 MONTHS OR LESS .....	1
MORE THAN 6 MONTHS BUT LESS THAN ONE YEAR .....	2
1 YEAR BUT LESS THAN 2 YEARS.....	3
2 - 5 YEARS .....	4
6 -10 YEARS .....	5
11 - 20 YEARS .....	6
MORE THAN 20 YEARS .....	7
DON'T KNOW .....	d
REFUSED .....	r

L3. If you had to decide whether to become a nursing assistant again, would you . .

definitely become one,.....	1
probably become one, .....	2
probably not become one, or? .....	3
would you definitely not become one?.....	4
DON'T KNOW .....	d
REFUSED .....	r

L4. If a friend or family member asked your advice, in general, about becoming a nursing assistant, would you . . .

definitely recommend it,.....	1
probably recommend it, .....	2
probably not recommend it, or.....	3
would you definitely not recommend it?.....	4
DON'T KNOW .....	d
REFUSED .....	r

L7\_PRE.

Next, I'd like to ask you some questions about your nursing assistant job at {SAMPLED FACILITY}.

[PRESS 1 AND ENTER TO CONTINUE.]

CONTINUE.....	1
---------------	---

L7. For what reasons did you {quit/get fired at/leave} {SAMPLED FACILITY}?

[SELECT ALL THAT APPLY.]

	PROBLEMS WITH SUPERVISOR/MANAGEMENT.....	10
	PROBLEMS WITH CO-WORKERS.....	11
	LOW PAY/ POOR BENEFITS (health insurance, vacation days, etc.).....	12
	SCHEDULING PROBLEM (not enough/too many/not regular hours) .....	13
	WORKLOAD (took care of too many residents).....	14
	FAMILY CONFLICTS (care for child/elderly family member).....	15
	NO OPPORTUNITY FOR ADVANCEMENT.....	16
	NATURE OF THE JOB (difficult dealing with residents/ their families/ dying residents).....	17
ILL	HEALTH .....	18
	YOU/YOUR FAMILY MOVED.....	19
	TOOK ANOTHER JOB.....	20
	TO GO BACK TO SCHOOL.....	21
	OTHER.....	91
DON'T	KNOW .....	d
	REFUSED.....	r

L7a. [For what reasons did you {quit/get fired at/leave} {SAMPLED FACILITY}??]

[SPECIFY REASON.]

---

L8a. What would have made you stay working as a nursing assistant at {SAMPLED FACILITY}?

[SELECT ALL THAT APPLY.]

	DIFFERENT SUPERVISOR/MANAGEMENT.....	10
	DIFFERENT OR BETTER CO-WORKERS .....	11
	BETTER WORKING CONDITIONS/LIGHTER WORKLOAD.....	12
	BETTER PAY/ BENEFITS.....	13
	BETTER HOURS (more/less/regular) .....	14



HELP WITH CHILD/ELDER CARE .....	15
OPPORTUNITIES FOR ADVANCEMENT.....	16
MORE STAFF APPRECIATION ACTIVITIES (employee recognition).....	17
MORE TRAINING/EDUCATION OFFERED.....	18
NOTHING WOULD MAKE ME STAY.....	19
OTHER.....	91
DON'T KNOW .....	d
REFUSED .....	r

L8a1. [What would have made you stay working as a nursing assistant at  
{SAMPLED FACILITY}??]

[SPECIFY REASON.]

---

L9. On this job, were you ever discriminated against because of your race or ethnic  
origin?

YES .....	1
NO .....	2
DON'T KNOW .....	d
REFUSED .....	r

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

it was the main reason,.....	1
it was one of a number of different reasons, or.....	2
it was not a reason at all? .....	3
DON'T KNOW .....	d
REFUSED .....	r

L11. Finally, if a friend or family member asked your advice about taking a nursing assistant job at {SAMPLED FACILITY}, would you . . .

- definitely recommend it,..... 1
- probably recommend it, .....2
- probably not recommend it, or.....3
- would you definitely not recommend it?.....4
- DON'T KNOW .....d
- REFUSED .....r

**M. END**

M1. Those are all the questions I have. Thank you very much for participating. Let me verify your address so that I could send your \$35 check.

{Address line 1}  
{Address line 2}  
{City} {State} {Zip}

Is that correct?

YES ..... 1  
NO ..... 2

M1a. What is your address?

[VERIFY SPELLING.]

[ENTER ADDRESS LINE 1.]

\_\_\_\_\_

M1b. [What is your address?]

[ENTER APT OR SUITE NUMBER. IF NO APT/SUITE NUMBER, PRESS ENTER TO CONTINUE.]

\_\_\_\_\_

M1c. [What is your address?]

[ENTER CITY. VERIFY SPELLING.]

\_\_\_\_\_

M1d. [What is your address?]

[ENTER STATE ABBREVIATION.]

[PRESS F1 FOR HELP SCREEN.]

|\_|\_|

M1e. [What is your address?]

[ENTER A 5-DIGIT ZIP CODE.]

|\_|\_|\_|\_|\_|

M1f. Let me make sure I have the correct spelling of your name.

[SPELL OUT RESPONDENT'S NAME.]

It's spelled {SAMPLE PERSON}. Is that correct?

YES ..... 1

NO ..... 2

M1g. What is the correct spelling of your first and last names?

[ENTER CORRECT FIRST AND LAST NAMES. VERIFY SPELLING.]

\_\_\_\_\_

M1h. I have your phone number as {AREA CODE AND PHONE NUMBER}. Is that correct?

YES ..... 1

NO ..... 2

M1i. What is the correct area code and phone number?

[ENTER AREA CODE AND PHONE NUMBER.]

|\_|\_|-|\_|\_|\_|-|\_|\_|\_|\_|

M2. Thank you again for your participation. Good-bye.

[PRESS 1 AND ENTER TO END QUESTIONNAIRE.]

END..... 1

M4. DID THE NNAS RESPONDENT EITHER REQUEST TO BE SENT THE NNAS REPORT WHEN IT'S AVAILABLE OR CHECK THE BOX ON THE RETURN POSTCARD TO BE SENT THE NNAS REPORT WHEN IT'S AVAILABLE?

YES ..... 1  
NO ..... 2

M5. WHAT LANGUAGE DID YOU USE TO CONDUCT THIS INTERVIEW?

ENGLISH..... 1  
SPANISH..... 2  
OTHER..... 91

M5a. [WHAT LANGUAGE DID YOU USE TO CONDUCT THIS INTERVIEW?]

[SPECIFY LANGUAGE:]

---

## HELP SCREENS

### C19.

**Promotion:** An *increase in job responsibilities and/or change in title* that may or may not be accompanied by an increase in salary/wages.

*Example:* A raise associated with moving from a CNA I to CNAII is a promotion since the new job title indicates greater responsibility although still performing CNA duties.

**Increase in salary/hourly wage:** An increase in salary or hourly wage, *without an increase in job responsibility or change in title*. This could include an annual raise, a cost of living adjustment (COLA), or a merit pay raise for good work.

*Example:* A raise associated with an annual review/length of service is an increase in salary/hourly wage because the CNA is getting the raise without greater responsibilities.

### D8e, M1d.

State	Abbreviation
Alabama	AL
Alaska	AK
Arizona	AZ
Arkansas	AR
California	CA
Colorado	CO
Connecticut	CT
Delaware	DE
Dist. of Columbia	DC
Florida	FL
Georgia	GA
Hawaii	HI
Idaho	ID
Illinois	IL
Indiana	IN
Iowa	IA
Kansas	KS
Kentucky	KY
Louisiana	LA

Maine	ME
Maryland	MD
Massachusetts	MA
Michigan	MI
Minnesota	MN
Mississippi	MS
Missouri	MO
Montana	MT
Nebraska	NE
Nevada	NV
New Hampshire	NH
New Jersey	NJ
New Mexico	NM
New York	NY
North Carolina	NC
North Dakota	ND
Ohio	OH
Oklahoma	OK
Oregon	OR
Pennsylvania	PA
Rhode Island	RI
South Carolina	SC
South Dakota	SD
Tennessee	TN
Texas	TX
Utah	UT
Vermont	VT
Virginia	VA
Virgin Islands	VI
Washington	WA
West Virginia	WV
Wisconsin	WI
Wyoming	WY

## **E17.**

**Section 8:** A government program that provides a subsidy for housing. This may include vouchers or certificates for housing or lower-cost housing that a person must qualify for through the government.

## **H5.**

### **Examples:**

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

**PROBLEMS WITH CO-WORKERS:** Don't do jobs correctly, Personality conflicts.

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

**THE PAY OR BENEFITS:** Poor or unfair raises, Salary/benefits not good enough, Benefits cost money.

**PROBLEMS WITH SCHEDULE:** Does not like schedule or shift, Wants to work more/less hours.

**WORKLOAD:** Too many patients, Not enough staff.

**HEALTH OR PERSONAL ISSUES:** Emotional attachments to residents and coping with loss, Sample member's own physical/mental health problem.

**NATURE OF JOB:** Physically demanding work, Not prepared for the reality of the job, Difficult clientele.

## **J13.**

### **Examples:**

**Bathing aids** include shower chairs, adapted shower stalls, and other bathing systems.

**Electric beds** include those that are height adjustable.

**Trapeze bars** allow residents to reposition themselves.

**Belts** (walking/gait belts) are those with handles.

**Wheelchairs** include those with removable arms, and sitting/standing wheelchairs.



**Sliding boards** allow nursing staff to move residents from bed to chair.

**Sheets:** include slip or roller. They reduce friction when moving resident in bed.

**Scales** (roll-on) are used to weight patients in wheelchairs.

### **L7a.**

**Examples:**

**Low pay/poor benefits:** include health insurance, vacation days, etc.

**Scheduling problem:** such as not enough / too many / not regular hours.

**Family conflicts:** such as the need to care for child/elderly family member.

**Nature of the job:** such as difficult dealing with residents/ their families/ dying residents.

### **L8a.**

**Examples:**

**Better hours** may include more hours, less hours, or regular hours.

Staff appreciation activities **may include employee recognition.**