

2019

The cost of care: A closer look survey questionnaire

Alexis Braun Marks
Eastern Michigan University

Rachael Dryer
The Pennsylvania State University

Jennifer Johnson
Cargill, Inc.

Michelle Sweetser
Bowling Green State University

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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

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

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.

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

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)

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)

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)

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)

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)

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)

Page Break

Display This Question:

If Q5 = Child(ren)

Q5_a_Numchld How many children are you providing caregiving responsibilities for?

▼ 1 (1) ... 15 (15)

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"/>	

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.

Display This Question:

If Q5 = Spouse/Partner



Q5_b_1_SpseAgeCare Please indicate your age at the time that caregiving responsibilities began.

Page Break

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)

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)		

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)

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)		

Page Break

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)

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)

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)

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"/>

Page Break

Q7_Relat Have you ever been in a long-term relationship?

Yes (1)

No (2)

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) _____

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)

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?

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)

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)

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?

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?

Page Break _____

End of Block: Q6-9: INCOME

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"/>

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"/>

Page Break

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.

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

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

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) _____

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)

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)

Page Break

Q13_Degree What is the highest degree you have obtained?

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

Page Break

End of Block: Q10-13: EMPLOYMENT

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

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?

Page Break

Display This Question:

If Q14_CompPln = 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) _____

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) _____

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"/>

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)

Page Break

Q16_Intro For the next question, "paid leave" means an established paid caregiver leave program and not using vacation or sick days.

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)

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"/>

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)

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)

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)

Page Break

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.

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)

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)

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)

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?

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?

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) _____

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)

Page Break

Display This Question:

If Q19_CareSatsfcn = No

Q19_a_CareTxtAns Please describe what caregiver supports you would like to see.

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)

Page Break

Display This Question:

If Q19_CareSatsfcn2 = No

Q19_a_CareTxtAns2 Please describe what caregiver supports you would like to see.

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

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

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.

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.

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?

Page Break

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?

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?

End of Block: Q23_Other

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

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)

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

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)

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

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?

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?

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?

End of Block: Q24_OTHER

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)

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)



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

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) _____

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)

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) _____

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)

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

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)

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.

Page Break

Q43_Covid_WorkResp Please share how Covid-19 has impacted your work responsibilities. If you prefer not to answer, please write N/A.

Page Break

Q44_Covid_Caregiving Please share how Covid-19 has impacted your caregiving responsibilities. If you prefer not to answer, please write N/A.

End of Block: Q38-Q40: COVID-19

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.

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
