



Direct Care Worker Survey

National Post-acute and Long-term Care Study

The Centers for Disease Control and Prevention is conducting a Direct Care Worker (DCW) Survey as part of the National Post-acute and Long-term Care Study (NPALS). We appreciate your participation in this important study. The information you provide will help in the development of future DCW surveys.

Please think about the facility listed below as you answer the questions in this survey.

- You may also work at additional facilities or for another employer, but we would like you to answer only about your experiences working at the facility below.
- If you are no longer working at the facility below, please answer each question about when you were employed or contracted at this facility.
- If you need assistance or have questions call 1-866-214-2047.

<<FACILITY NAME>>

<<FACILITY PHYSICAL STREET ADDRESS>>

<<CITY>>, <<ST>> <<ZIP>>

<<CASE ID BARCODE>>

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Background Information

1. At the facility specified on the questionnaire cover, are you...

- Employed full-time or part-time
- Contracted from another agency—temporarily or long-term
- Not currently employed or contracted at this facility

2. Please continue to think about the facility on the questionnaire cover as you answer the remaining survey questions.

- You may also work at an additional facility(s) or for another employer, but we would like you to answer only about your experiences working at the facility on the cover of this survey.
- If you are no longer working at the facility specified on the cover, please answer each question about when you were employed or contracted at this facility.

At this facility, do you provide assistance with each of the following? **MARK YES OR NO IN EACH ROW**

	Yes	No
a. ADLs, or activities of daily living? <i>By ADLs, we mean eating, dressing, bathing, transferring and toileting.</i>	<input type="radio"/>	<input type="radio"/>
b. Medications, such as opening or passing medications or giving reminders to take medications?	<input type="radio"/>	<input type="radio"/>
c. Companionship, recreation, or social activities?	<input type="radio"/>	<input type="radio"/>
d. Nurse delegated or assigned roles/responsibilities, such as medication administration, blood glucose monitoring, or wound care?	<input type="radio"/>	<input type="radio"/>

3. Why did you initially decide to become a direct care worker? **MARK ALL THAT APPLY**

- Like helping or caring for people
- Wanted to interact with disabled or older populations
- Family member or friend was a direct care worker
- Wanted to work in health care
- Provided care to a friend or relative
- Job was steady or work hours fit schedule
- Job available or close to home
- Other reason (please specify) →

4. How have you found jobs as a direct care worker? **MARK ALL THAT APPLY**

- Family member or friend recommended it
- Learned about it while working in other health care setting
- Online, Newspaper, TV, Radio
- School/job training program
- Completed training at this facility
- Other way

5. At this facility, do you use any of the following when providing care? **MARK YES OR NO IN EACH ROW**

	Yes	No
a. An Electronic Health Record (EHR) or a computerized version of a resident's or participant's health and personal information?	<input type="radio"/>	<input type="radio"/>
b. Telehealth tools to connect with other care providers, such as smartphone or tablet with videoconference software?	<input type="radio"/>	<input type="radio"/>
c. A smartphone or tablet with videoconference software to connect with family members?	<input type="radio"/>	<input type="radio"/>

Training

6. About how many hours of training have you had as a direct care worker? **Enter 0 hours if no training.**

	Hours	Don't Know
a. Initial training prior to providing care	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/>
b. Continuing education, on-going, or on-the-job training	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/>

7. Where have you received any training to work as a direct care worker? **MARK ALL THAT APPLY**

- Facility where currently working
- Facility other than where currently working
- Community college, vocational, technical, or high school program
- On-demand or on-line training
- Apprenticeship program
- Federal or state jobs program for healthcare professionals
- Somewhere else (please specify) →
- No training

8. Have you received training as a direct care worker for the following specialized topics? If yes, how useful was the training? **MARK NO OR YES IN EACH ROW. IF YES, THEN MARK VERY, SOMEWHAT, OR NOT AT ALL.**

	Have you received this training?		<i>(If yes)</i> How useful was it?		
	No	Yes	Very	Somewhat	Not at All
a. Discussing care with participants'/residents' families	<input type="radio"/>	<input type="radio"/> If yes →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Dementia care	<input type="radio"/>	<input type="radio"/> If yes →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Preventing physical harm from residents/participants	<input type="radio"/>	<input type="radio"/> If yes →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Preventing personal injuries at work	<input type="radio"/>	<input type="radio"/> If yes →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. End of life issues (advance care planning, help families cope with grief)	<input type="radio"/>	<input type="radio"/> If yes →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Relating to participants/residents of different cultures, languages, ethnicities, or with different values, beliefs, or gender identity	<input type="radio"/>	<input type="radio"/> If yes →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Resident/participant rights	<input type="radio"/>	<input type="radio"/> If yes →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Infection control (putting on and taking off personal protective equipment, hand washing)	<input type="radio"/>	<input type="radio"/> If yes →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Working with persons with intellectual or developmental disabilities	<input type="radio"/>	<input type="radio"/> If yes →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Working with persons with specific medical or health conditions	<input type="radio"/>	<input type="radio"/> If yes →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Medications, side-effects or contraindications	<input type="radio"/>	<input type="radio"/> If yes →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Using electronic health records or telehealth technologies	<input type="radio"/>	<input type="radio"/> If yes →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Other training (please specify) ▼	<input type="radio"/>	<input type="radio"/> If yes →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Benefits, Public Assistance, and Wages

9. Are you receiving any of the following benefits from this facility? **MARK YES, NO, OR NOT OFFERED IN EACH ROW.**

	Yes	No	Not Offered
a. Health insurance for yourself only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Health insurance that includes family coverage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Life insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. A retirement plan or pension, a 401(k), or a 403(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Paid personal time off, vacation time, or sick leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Reimbursement for initial training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Paid childcare, childcare subsidies or assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Overtime pay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Dental, vision, or prescription drug benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Bonuses or regular pay increases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Travel reimbursements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Other (please specify) ▾	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Are you enrolled, or do you participate in, any of the following public assistance programs? **MARK ALL THAT APPLY**

- Government programs that pay for medical care, such as Medicare or Medicaid?
- Cash welfare for families and children, also known as TANF or Temporary Assistance for Needy Families
- Food assistance, like SNAP, food stamps, or WIC for food vouchers or food items
- Supplemental Security Income (SSI)
- Social Security Disability Insurance (SSDI)
- Public housing or government rent subsidy, such as Section 8
- Other public assistance program (please specify) ▾

- Do not participate in any public assistance program

11. What is your current hourly wage at this facility?

\$. per hour

12. Unions negotiate a contract for workers for better workplaces, conditions, or wage. Are you represented by a union?

- Yes
- No

Job Satisfaction and Challenges

13. At this facility, what is your satisfaction level with each of the following? **MARK ONE RESPONSE IN EACH ROW**

	Extremely Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Extremely Dissatisfied
a. Overall job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Schedule or hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Salary or wages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Type of work that you do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Opportunities to learn new skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Working with your supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Working with your coworkers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Opportunities for career advancement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Relationship with residents/participants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Thinking about this facility, how much do you agree or disagree with each of the following?
MARK ONE RESPONSE IN EACH ROW

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
a. I am consistently assigned to care for the same residents/participants on most weeks or shifts I work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I have enough time to give individual attention to residents/participants who need assistance with dressing, bathing, transferring, or using the toilet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I have enough time to complete other duties that don't directly involve the residents/participants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Residents/participants let me know when I am doing a good job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I am encouraged to discuss the care and well-being of residents/participants with their families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I participate as a member of a care team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. In the past year, for which of the following reasons did you miss any time from work at this facility?
MARK ALL THAT APPLY

- Problems with transportation or traveling to job
- Problems with childcare arrangements
- Having to take care of a family member, relative, or friend
- Injury while working at your current job
- COVID-19 illness
- Health issues or illness, other than COVID-19
- Scheduling issue because of another job
- Other (please specify) ↓

- Did not miss any time from work in the past year

16. How often have you experienced the following at this facility? **MARK ONE RESPONSE IN EACH ROW**

	Often	Sometimes	Rarely	Never
a. Communication problems with staff or residents/participants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Difficult behavior from residents/participants or their family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Unpleasant coworkers or supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Low pay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Limited benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Workload too little	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Workload too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Inability to take sufficient time off for COVID-19 illnesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Difficulty dealing with COVID-19-related regulations or restrictions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Shortages of personal protection equipment (PPE), such as gloves or face masks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Discrimination in the workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Sexual harassment in the workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. This question is about your supervisor at this facility. This is the person to whom you report about your day-to-day activities. Please remember this survey is confidential. How much do you agree or disagree with each of the following statements? **MARK ONE RESPONSE IN EACH ROW**

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
a. My supervisor provides clear instructions when assigning work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. My supervisor is supportive of progress in my career, such as further training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. My supervisor listens to me when I am worried about a resident's/participant's care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My supervisor tells me when I am doing a good job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. How often is this facility short-staffed?

- Never
- Sometimes
- Often
- Always

19. How long do you think you will continue to work at this facility? *Please remember this survey is confidential.*

- Less than 6 months
- 6 months – 1 year
- More than 1 year
- Don't know/unsure
- No longer work at this facility

20. If you were to leave your job at this facility, what would be the reasons why? If you have left already, what were the reasons why? *Please remember this survey is confidential.* **MARK ALL THAT APPLY**

- Retirement
- Relocation
- Better Pay
- Better benefits package
- Family reasons
- Work stress or burnout
- Lack of career growth opportunities
- Other job or position in another field
- Injury or the possibility of being injured
- Views others have about the job
- Other job or position available as a direct care worker
- Other reason

Health and Workplace Safety

21. In the last 12 months, have you...

	Yes	No
a. Received a flu shot?	<input type="radio"/>	<input type="radio"/>
b. Received a COVID-19 shot or booster?	<input type="radio"/>	<input type="radio"/>

22. In the past 12 months, as a direct care worker, how many times have you been hurt or injured, such as having broken bones or pulled back muscles, human bites, scratches, open wounds or cuts, black eyes or other types of bruising, or burns? *Include only work-related injuries that you reported to a facility, that required medical attention, or that caused you to miss work. Enter "0" if none.*

times

→ If you answered "0", skip to question 24

23. If more than 0, how did these injuries happen? **MARK ALL THAT APPLY**

- Lifting, repositioning, bathing, or handling residents/participants
- Slips, trips, falls
- Aggression or violence by residents/participants
- Bumping into, hitting, or using equipment
- Performing janitorial tasks
- Some other way (please specify) →

24. Since you started your job at this facility, have you ever used assistive devices, such as lifting aides, belts, trapeze bars, or other assistive equipment, when moving or lifting residents/participants who cannot move around on their own?

- Yes
- No

25. How often are assistive devices available to you at this facility when they are needed?

- Always
- Sometimes
- Never

26. Overall, how prepared are you to care for residents/participants at this facility if there were to be an emergency, such as a pandemic, weather event, or environmental disaster?

- Not prepared at all
- Somewhat prepared
- Extremely prepared

Demographics

27. Are you a direct care worker at any other facilities?

- Yes
- No → Skip to question 29

28. If yes, how many hours a week do you work at another facility/other facilities?

hours

29. What is your age in years?

years

30. Are you of Hispanic, Latino, or Spanish origin or descent?

- Yes
- No

31. Which one or more of the following would you say is your race? **MARK ALL THAT APPLY**

- American Indian or Alaska Native
- Asian
- Black
- Native Hawaiian or other Pacific Islander
- White

32. What is your current gender identity?

MARK ALL THAT APPLY

- Female
- Male
- Transgender, non-binary, or another gender

33. What is your current relationship status?

MARK ALL THAT APPLY

- Married
- With a partner
- Separated
- Divorced
- Widowed
- Single
- Never married
- Other

34. Not counting yourself, how many other people in your household are the following ages? *Only count people who normally stay with you for at least 2 nights per week. If no one of that age lives in your household, please enter "0".*

	Other People
a. Children, age 17 or younger	<input type="text"/> <input type="text"/>
b. Adults, age 18-64 years	<input type="text"/> <input type="text"/>
c. Adults, age 65 and older	<input type="text"/> <input type="text"/>
TOTAL	<input type="text"/> <input type="text"/>

35. What is the highest level of education or degree you have achieved to date? **MARK ONLY ONE RESPONSE**

- Some high school or less
- High school diploma or equivalent (GED)
- Some vocational/technical training (after high school)
- Some college
- College graduate
- Some graduate school
- Graduate degree

36. Were you born outside of the United States? *Please remember this survey is confidential.*

- Yes
- No

37. What languages do you speak fluently?

MARK ALL THAT APPLY

- English
- Spanish
- Other language (please specify) ↴

38. In the following box, please share any feedback with us.

For example:

- *Is there anything we asked, we should not have?*
- *Anything we did not ask, but should have?*
- *Were there questions that were difficult to answer?*
- *Was there a better way for us to contact you?*
- *How much time would you be willing to spend on this survey?*
- *Anything else?*

Thank you for participating in the Direct Care Worker Pilot Study component of the National Post-acute and Long-term Care Study!