

## Employment Status, Benefits, and Job Quality

This survey accompanies a measure in the SPARQTools.org [Measuring Mobility toolkit](#), which provides practitioners curated instruments for assessing mobility from poverty and tools for selecting the most appropriate measures for their programs.

**Age:** Adult

**Duration:** < 3 minutes

**Reading Level:** < 6th grade

**Number of items:** 12

**Answer Format:** These questions are administered verbally by an interviewer. The questions have different answer formats and can be used individually.

### Sources:

#### Employment Status

Items adapted from:

U.S. Census Bureau (2015). *Current Population Survey Interviewing Manual*. Retrieved from

[https://www2.census.gov/programs-surveys/cps/methodology/intman/CPS\\_Manual\\_April2015.pdf](https://www2.census.gov/programs-surveys/cps/methodology/intman/CPS_Manual_April2015.pdf).

#### Job Features

##### Regular hours/shifts

Items adapted from:

U.S. Census (2008). *Survey of Income and Program Participation (SIPP) 2008 Panel Wave 5 - Topical Module Microdata File*. Retrieved from

<https://www.census.gov/content/dam/Census/programs-surveys/sipp/tech-documentation/complete-documents/2008/SIPP%202008%20Panel%20Wave%2005%20-%20Topical%20Module.pdf>

Federal Reserve Board of Governors (2016). *Codebook for 2016 Survey of Household Economics and Decisionmaking*. Retrieved from

[https://www.federalreserve.gov/consumerscommunities/files/shed\\_2016codebook.pdf](https://www.federalreserve.gov/consumerscommunities/files/shed_2016codebook.pdf)

##### Non-Wage Benefits

Federal Reserve Board of Governors (2016). *Codebook for 2016 Survey of Household Economics and Decisionmaking*. Retrieved from

[https://www.federalreserve.gov/consumerscommunities/files/shed\\_2016codebook.pdf](https://www.federalreserve.gov/consumerscommunities/files/shed_2016codebook.pdf)

## Employment Status

The next few questions ask about your employment.

1. Are you currently working for pay or self-employed?
  - a. Yes, working for pay or self-employed
  - b. No, not working

*If yes, then ask,*

2. Are you employed by government, by a private company, by a nonprofit organization, or self-employed?
  - a. Employed by government
  - b. Employed by a private company
  - c. Employed by a nonprofit organization
  - d. Self-employed
3. Do you have more than one job including part time, evening, or weekend work? Do not include unpaid or volunteer work.
  - a. Yes, more than one job
  - b. No, I have one job
4. How many hours per week do you usually work at your [main] job?
  - a. Hours each week: \_\_\_\_\_ (number 0-168)
  - b. Hours vary each week
5. How many hours per week do you usually work at all of your other jobs?  
Hours each week: \_\_\_\_\_ (number 0-168)

## Job Features

### Regular hours/shifts

6. How many employers did you/he/she work for during a typical week?
7. How many hours per day/days per week did you/he/she work that week for each of your/his/her employers?
8. Which days per week? What time did you/he/she begin work most days? What time did you/he/she end work most days?
9. Which of the following best describes your/his/her work schedule at this job?
  - a. Regular daytime schedule
  - b. Regular evening shift
  - c. Regular night shift
  - d. Rotating shift (one that changes regularly from days to evenings or nights)

- e. Split shift (one consisting of two distinct periods each day)
  - f. Irregular schedule (one that changes from day to day)
  - g. Other (specify)
10. Do you work for pay for as many hours as you would like?
- a. Yes, I work for pay for as many hours as I would like
  - b. No, I would prefer to work more hours
  - c. No, I would prefer to work fewer hours
11. How much do each of the following impact your ability to work for pay or work as much as you would like?
- a. Child care responsibilities
    - No impact
    - Minor impact
    - Moderate impact
    - Severe impact
  - b. Caretaking responsibilities for someone other than a child (such as a parent, spouse or partner, or other adult family member or friend)
    - No impact
    - Minor impact
    - Moderate impact
    - Severe impact
  - c. Health problems of your own
    - No impact
    - Minor impact
    - Moderate impact
    - Severe impact
  - d. Difficulty arranging transportation to or from work
    - No impact
    - Minor impact
    - Moderate impact
    - Severe impact
  - e. Employer's restrictions on how many hours you work
    - No impact
    - Minor impact
    - Moderate impact
    - Severe impact
  - f. Employer sets or schedules the times or shifts that you work
    - No impact
    - Minor impact
    - Moderate impact
    - Severe impact

**Non-Wage Benefits**

12. Thinking about your main job, does your employer offer you each of the following benefits, even if you do not personally use the benefit?

- a. Paid sick leave
- b. Paid vacation/personal leave
- c. Paid family and medical leave (such as maternity/paternity leave or leave to care for a sick family member)
- d. Health insurance
- e. Retirement