
Employee Services Survey

Please complete this survey and return in the enclosed envelope by DATE. **All answers will be anonymous, and your employer will not have access to your survey answers.** Information will be returned to and compiled by EEC Analysis. If you have any questions, comments, or concerns, please call EEC Analysis at 1-866-EEC-LLC-0 (1-800-332-5520).

Demographic Information

I am a: Male Female I am _____ years old.

I am currently:

Never Married Married Divorced
 In a committed, non-marital relationship Separated Widowed

The best description of my job is:

Professional Managerial Administrative Technical

My annual salary is between:

\$0-\$20,000 \$50,001-\$70,000
 \$20,001-\$35,000 \$70,001-\$100,000
 \$35,001-\$50,000 \$100,001+

Other items as appropriate (e.g., living arrangements, racial identity, etc)

Eldercare in the Workplace

Are you currently providing care for any person(s) over age 50 in YOUR HOME?

Yes No

If yes, how long have you been providing care?

____ years ____ months

How are they related to you (check all that apply)?

Spouse/partner Mother Father Mother-in-law Father-in-law
 Child Sister(s) Brother(s) Other: _____

Do you work with anyone who you know is helping or caring for a person over age 50?

Yes No Unsure

Have you had to change your work routine (work later, work different days, work days off) because of a co-worker who is helping someone over 50?

- Yes No

Have you used your health benefits more often in the past year due to stress-related illnesses or injuries?

- Yes No

Other items related to prevalence of eldercare in the workplace

Impact of Eldercare in the Workplace

While you are at work, have you spent time doing the following activities related to providing care for a person over age 50 (check all that apply)?

Check all that apply	If yes, how much time each week in hours?
<input type="checkbox"/> Talking to the older person on the telephone	_____
<input type="checkbox"/> Arranging services for the older person	_____
<input type="checkbox"/> Talking to a family member/friend about Usual/typical care for the older person	_____

Have you ever faced difficulty trying to balance responsibilities at work and responsibilities of providing this help or care?

- No
Yes (Briefly describe: _____
_____)

How much time do you spend during a typical week arranging/coordinating or providing help or care for this person/these people WHILE YOU ARE AT WORK?
_____per week

Because of providing help or care for this person/these people, in the PAST YEAR have you (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Arrived to work late | <input type="checkbox"/> Turned down or lost a promotion |
| <input type="checkbox"/> Left work early | <input type="checkbox"/> Worked less than normal number of hours because of providing care |
| <input type="checkbox"/> Taken days off to provide care | |

Other items related to lost productivity due to eldercare

Awareness of Existing Eldercare-Related Benefits

The following are eldercare resources provided by your employer. Please check all of the resources that you **WERE AWARE** of before this survey:

Have you utilized any of the following resources provided by your employer?

What are the reasons that you have not used them (check all that apply)?

Other items related to awareness, usage, and perception of benefits currently offered.

Please place completed form in the provided envelope. Your answers are strictly confidential, and will not be reported individually to your employer. Thank you for completing this questionnaire!