

<b>Better Work Impact Assessment</b> <b>Survey questionnaire for Better Work Haiti – Workers</b>	
Question Number/Label	Question/Instruction
[program begins with computer tutorial]	
Purpose	In 2008 a program named Better Work was introduced in apparel factories like yours. Our purpose today is to learn about factory life. We would like to ask you several questions about your life and experience working in your factory.
Benefits	Your participation gives you the opportunity to share your own ideas about how programs like <u>Better Work</u> can help factory workers and their families.
Confide	All of your answers will remain confidential. We will keep your answers private. Your answers will only be used to assess how the <u>Better Work Program</u> affects factory life.
Voluntary	Please understand that participation in this study is voluntary. You may refuse to participate. If, for any reason, you wish to stop the interview, you will be free to go. Simply raise your hand and tell one of the staff that you would like to leave.
Risk	<p>You may not know the answers to some of our questions. If that is the case, you can click on the green square that says “I do not know the answer.”</p> <p>Some of our questions may make you feel uncomfortable. You can skip uncomfortable questions by clicking on the green square that says “I do not want to answer.”</p> <p>Some of our questions may sound confusing. If you need us to read the question again, just click on the replay button at the bottom of the screen.</p> <p>Some of our questions may have more than one right answer. In these cases, we will ask you to check all of the choices that apply to you.</p> <p>If you have a question during the survey, raise your hand. A staff person will help you.</p>
Follow	After you have completed the survey you may have some questions or concerns. We will provide you with contact information for <u>Better Work</u> and the name of a person who you can talk to. We would also like to offer you a small gift showing our appreciation for your participation.
A01	Do you consent to participate in this study of the <u>Better Work</u> Program?
	<p>Yes</p> <p>No</p>
	<i>If “no” on A01: Thank you for your time. Please raise your hand and inform the staff that you are done.</i>
A02	<i>If yes on A01: Thank you for agreeing to participate. Please click on the green forward arrow to continue.</i>
A03	When you arrived today, you were given a card with a number on it. First, we would like you to enter the number using the number pad.

	We would like to begin by asking some questions about you and your background.
B2	Are you Female or Male?
	Female Male
B3	How old are you?
	Younger than 16 16-17 18-20 21-25 26-30 30-35 36-40 40 or older I do not know my age
	<i>If 17 or younger:</i> Thank you for your time. Please raise your hand and let a staff person know that you are done.
T13	Are you married?
	No No, placée Yes, married
B8	Where do you reside now?
	Living by someone else With my family With friends or coworkers Living on my own I rent a bedroom
C4	What is your highest level of schooling completed?
	No school Primary school Secondary school or higher
T2	Do you have any sons?
	Yes No
T2.1	How many sons do you have?
	1 2 3 4 5 6 7 8 9 10 or more
T3	Are all of your school aged sons attending school?  (check all of the answers that apply to you)

	<p>My school age sons are in school.</p> <p>I cannot afford to send all of my sons to school.</p> <p>No, there are other reasons why my sons are not in school.</p>
T4	Do you have any daughters?
	<p>Yes</p> <p>No</p>
T4.1	How many daughters do you have?
	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10 or more</p>
T5	<p>If “yes” on T4: Are all of your school aged daughters attending school?</p> <p>(check all of the answers that apply to you)</p>
	<p>My school age daughters are in school.</p> <p>I cannot afford to send all of my daughters to school.</p> <p>No, there are other reasons why my daughters are not in school.</p>
D14	Do you currently owe money to your factory, money lender or friend?
	<p>No. I do not have any debt.</p> <p>Yes. I still owe money</p>
	Now we would like to ask you some questions about your work history in your factory.
E1	How long have you been working in your factory?
	<p>0-3 months</p> <p>4-6 months</p> <p>7-9 months</p> <p>10-12 months</p> <p>13-18 months</p> <p>19-23 months</p> <p>2 years</p> <p>3 years</p> <p>4 years</p> <p>5 years</p> <p>5 to 8 years</p> <p>9 or more years</p>
E2	What department do you work in?
	<p>Check all that apply.</p> <p>Cutting</p> <p>Printing</p> <p>Packing</p> <p>Embroidery</p> <p>Quality control</p> <p>Washing</p>

	Weaving Design Marker-making Sample-making Training Finishing Other
E3	What is your job in the factory?  Check all that apply.
	Sewer Cutter Spreader Checker Mechanic Packer Quality control Supervisor Helper Other
E4	How long have you been in your present position?
	0-3 months 4-6 months 7-9 months 10-12 months 12-18 months 19-23 months 2 years 3 years 4 years 5 years 6 to 8 years 9 or more years
E5	Have you been promoted since you entered your factory?
	Yes, once Yes, two times Yes, more than two times No
E6	Are there any barriers you face getting promoted in your factory?  Check all that apply.
	Because I am a woman My age My education My religion My skin color Family obligations My skill or ability Relationship with supervisors There are no opportunities for promotion My union activities My political views

	There are no barriers to promotion Other reason I am not interested in a promotion
	Is there a Union at the factory?
	Yes No
F8	Are you represented by a collective bargaining agreement?
	Yes No
F9	Are you a member of a Union?
	Yes No
J22	We are going to list some workplace <u>facilities</u> .  Check all the facilities that are available in your factory.
	Canteen Food Water Dormitory Toilet
J27	How satisfied are you with the <u>Toilet Facilities</u> in your factory?   Very satisfied Satisfied Somewhat dissatisfied Very dissatisfied Not satisfied at all
J30	How satisfied are you with the quality and availability of drinking water in your factory?
	Very satisfied Satisfied Somewhat dissatisfied Very dissatisfied Not satisfied at all
H27	Is <u>too much overtime</u> a concern for workers in your factory?  Check all that apply.
	No, not a concern Yes, discussed with co-workers Yes, discussed with supervisor or manager Yes, discussed with the trade union representative Yes, considered quitting Yes, threatened a strike Yes, caused a strike  <i>Response "1" and "2-7" mutually exclusive.</i>
H29	Is <u>too much work</u> on Sunday a concern for workers in your factory?

	Check all that apply.
	No, not a concern Yes, discussed with co-workers Yes, discussed with supervisor or manager Yes, discussed with the trade union representative Yes, considered quitting Yes, threatened a strike Yes, caused a strike  <i>Response "1" and "2-7" mutually exclusive.</i>
	Now we would like to ask you some questions about your terms of employment.
F1	Did you sign a contract before beginning work in your factory?
	Yes No
F2	<i>If "yes" on F1</i> Was the contract in a language you can understand?
	Yes No
	Now we would like to ask you some questions about your health care.
G1	Does your factory have a health clinic?
	Yes No
G2	What health services are available in the factory?
	Please check all that apply.
	Treatment for workplace injuries Treatment for headaches or fatigue Treatment for general illness General health check-up Check-up for pregnant women Treatment for colic Health education Health care for my family No health services  <i>1-8 and 9 mutually exclusive</i>
G3	Have you ever used the factory clinic?
	Yes No
G4	<i>If "yes":</i> How would you rate the treatment you receive at the factory clinic?
	Excellent Very good Good Fair Poor
T14	Have you been injured working in this factory?

	Never Rarely Occasionally Often
T15	If not "never" on T14: How have your injuries been treated?
	Your injury was not treated Treated by yourself Treated in the factory clinic using factory first aid supplies Other treatment
	We are now going to ask you about some health symptoms you may have experienced recently.
G5	How often do you experience <u>severe fatigue or exhaustion</u> ?
	Never Rarely Occasionally Often Every day
G10	How often do you experience <u>headache, dizziness, backache or neck ache</u> ?
	Never Rarely Occasionally Often Every day
G14	How often do you experience <u>severe thirst</u> ?
	Never Rarely Occasionally Often Every day
	Now we would like to ask you some questions about your work hours.
H1	What days do you usually work in your factory? Check all the days that you usually work.
	Sunday Monday Tuesday Wednesday Thursday Friday Saturday
H2	What time do you usually being work on Monday? <i>Conditional on H1</i>
H3	What time do you usually leave work on Monday? <i>Conditional on H1</i>
H4	What time do you usually being work on Thursday? <i>Conditional on H1</i>

H5	What time do you usually leave work on Thursday? <i>Conditional on H1</i>
H6	What time do you usually being work on Friday? <i>Conditional on H1</i>
H7	What time do you usually leave work on Friday? <i>Conditional on H1</i>
H8	What time do you usually being work on Saturday? <i>Conditional on H1</i>
H9	What time do you usually leave work on Saturday? <i>Conditional on H1</i>
	We are now going to ask some questions about the pay you receive for your work.
J3	When you get paid, do you also receive a pay slip?
	Yes No
J4	If "yes" to H04: Which of the following information is included on your pay slip?  Check all that apply.
	The date My name My factory identification number My regular hours My over-time hours My wage rate My piece rate My number of pieces completed My bonuses My deductions My union dues My fines
	Yes, always Yes, sometimes No
T10	Does this factory send workers home at noon if they are not working hard enough?
	Yes, always Yes, sometimes No
I7	Do you correct your own work errors or defects?
	Yes No
I8	(If yes ) How much time do you spend in a typical day correcting your own errors or defects?
I10	Do you correct your co-workers' errors or defects?
	Yes No



J5	Do you receive any pay bonuses or allowances? Check all that apply.
	<input type="checkbox"/> No <input type="checkbox"/> Attendance bonus <input type="checkbox"/> Bonus for my own productivity <input type="checkbox"/> Bonus for my line's productivity <input type="checkbox"/> 13 <sup>th</sup> month bonus <input type="checkbox"/> An allowance for food <input type="checkbox"/> Transportation allowance <input type="checkbox"/> Other bonus
J7	How often are you paid?
	<input type="checkbox"/> Once each week <input type="checkbox"/> Once every two weeks <input type="checkbox"/> Once each month <input type="checkbox"/> Once every two months <input type="checkbox"/> I do not get paid regularly
J8	When was the last time you were paid?
	<input type="checkbox"/> Yesterday <input type="checkbox"/> Last week <input type="checkbox"/> 2 weeks ago <input type="checkbox"/> 1 months ago <input type="checkbox"/> 2 months ago <input type="checkbox"/> I have not been paid yet
J9	How much money did you receive the last time you were paid?
J13	Do you receive overtime pay?
	<input type="checkbox"/> Yes, after my production target is complete <input type="checkbox"/> Yes, if I work more than 8 hours in a day <input type="checkbox"/> Yes, if I work more than 48 hours in a week <input type="checkbox"/> Yes, if I work on Saturday or Sunday <input type="checkbox"/> No, I don't work overtime <input type="checkbox"/> No, my factory does not pay for overtime
	Does the factory explain to you how your overtime pay is calculated?
	<input type="checkbox"/> Always <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Rarely <input type="checkbox"/> Never
T1	Do you trust the factory to pay you all the money you have earned?
	<input type="checkbox"/> Always <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Rarely <input type="checkbox"/> Never
T16	Are you bothered by noise at work?
	<input type="checkbox"/> Yes, a lot <input type="checkbox"/> Sometimes <input type="checkbox"/> No, not at all

T17	<i>If not “no” on T16:</i> Is the noise so loud that you frequently have to shout to talk with someone standing nearby?
	Yes, often Yes, Sometimes No
T18	How often does the mechanic check the equipment and machinery you use to make sure they are working properly?
	Never Only when they break Only when I complain Every Year Every Week Every Day
T19	Would you be able to quickly stop the equipment you use in case of an emergency?
	Yes No
	We would like to ask about worker concerns with pay.  For each question, check all that apply.  No, not a concern Yes, discussed with co-workers Yes, discussed with supervisor or manager Yes, discussed with the trade union representative Yes, considered quitting Yes, threatened a strike Yes, caused a strike  <i>Response “1” and “2-7” mutually exclusive.</i>
J16	Is <u>late payment of wages</u> a concern for workers in your factory?
J 14	Are <u>excessive deductions from wages</u> a concern for workers in your factory?
J18	Are <u>low wages</u> a concern for workers in your factory?
J21	Are workers concerned that the factory does not calculate pay correctly?
	Now we would like to ask you some questions about training.
L1	What types of training did you receive when you first started working in your factory?
	Check all that apply.  None Basic skills Upgrading skills Worker rights Labor law Collective bargaining agreement Health and safety Safe machine operation Pay procedures Benefits

	<p>Fines</p> <p>Work hours</p> <p>Over time regulations</p> <p>Grievance or complaints procedures</p>
L2	<p>What types of training have you received in the <u>past 6 months</u>?</p> <p>Check all that apply.</p> <p>None</p> <p>New skills</p> <p>New equipment</p> <p>New operations</p> <p>Worker rights</p> <p>Collective bargaining agreement</p> <p>Supervisory skills training</p> <p>Grievance procedures</p> <p>Health and safety</p> <p>Safe machine operation</p> <p>Factory organization</p> <p>Other training</p>
	We would now like to ask you some questions about the communication within your factory.
M1	Does your supervisor speak your language?
	<p>Yes</p> <p>No</p>
M2	If you were having a problem at your factory, how comfortable would you feel seeking help from your <u>supervisor</u> ?
	<p>Very comfortable</p> <p>Comfortable</p> <p>Uncomfortable</p> <p>Very uncomfortable</p> <p>Not comfortable at all</p>
T11	Is your supervisor a man or a woman?
	<p>Man</p> <p>Woman</p>
M3	If you were having a problem at your factory, how comfortable would you feel seeking help from the <u>trade union representative</u> ?
	<p>Very comfortable</p> <p>Comfortable</p> <p>Uncomfortable</p> <p>Very uncomfortable</p> <p>Not comfortable at all</p>
M6	Does your supervisor correct a worker who has made a mistake with fairness and respect?
	<p>All of the time</p> <p>Most of the time</p> <p>Sometimes</p> <p>Rarely</p> <p>Never</p>
M5	If you were having a problem at your factory, how comfortable would you feel seeking help from the PICC?

	Very comfortable Comfortable Uncomfortable Very uncomfortable Not comfortable at all
T12	Do you have to be someone's girlfriend or boyfriend to keep your job?
	Yes No
M8	Have you had any complaints about work in your factory during the last year?
	Yes No
M9	If "yes": Who did you discuss your complaint with?  Check all that apply.
	Supervisor Factory manager Suggestion box Co-workers My family or friends Trade union representative Customer representative CSR representative PICC member Hotline Human Resource Department No one  <i>1-11 mutually exclusive with 12</i>
M10	If "yes": How satisfied were you with the outcome of your complaint?  Very satisfied Satisfied Somewhat dissatisfied Very dissatisfied Not satisfied at all
N1A	Have you or someone you know been punished in the last month for and of the following reasons?  (Check all that apply.)
	Asking for water Asking to use the toilet Asking for back wages Asking for overtime wages Asking for medicine Asking for health care Asking for help from the Union or PICC No
N1C	Have you or someone you know been punished in the last month for and of the following reasons?  (Check all that apply.)
	Refusing to work overtime

	Missing a production tariff Complaining about a production tariff Talking to the union Participating in a strike No
	<p>We would like to ask about worker concerns with working conditions.</p> <p>For each question, check all that apply:</p> <p>No, not a concern  Yes, discussed with co-workers  Yes, discussed with supervisor or manager  Yes, discussed with the trade union representative  Yes, considered quitting  Yes, threatened a strike  Yes, caused a strike</p> <p><i>Response "1" and "2-7" mutually exclusive.</i></p>
N3	Is <u>sexual harassment or sexual touching</u> a concern for workers in your factory?
N4	Is <u>verbal abuse such as yelling or vulgar language</u> a concern for workers in your factory?
N5	Is <u>physical abuse such as hitting or shoving</u> a concern for workers in your factory?
N6	Over the last year, have you been denied permission to use the factory toilet during work hours?
	Never Rarely Occasionally Frequently Always
	<p>We would like to ask about worker concerns with health and safety.</p> <p>For each question, check all that apply:</p> <p>No, not a concern  Yes, discussed with co-workers  Yes, discussed with supervisor or manager  Yes, discussed with the trade union representative  Yes, considered quitting  Yes, threatened a strike  Yes, caused a strike</p> <p><i>Response "1" and "2-7" mutually exclusive.</i></p>
N9	Are workers in your factory concerned about <u>dangerous equipment or machinery</u> ?
N10	Are workers concerned about <u>accidents or injuries</u> in your factory?
N11	Are workers concerned about <u>dusty or polluted air</u> in your factory?
N12	Are workers concerned about <u>bad chemical smells</u> in your factory?

N17	Are you often uncomfortably hungry?
	Rarely, only just before meals Occasionally, sometimes during the day Often, hungry most of the time Very often, sometime hunger keeps me awake at night All of the time
T6	Are you a member of a SOL or loan circle?
	Yes, one Yes, more than one No
T7	If "yes" on T6: How much do you contribute to the SOL each month?  <i>Gourde</i>
T8	If "yes" on T6: Are you the mama or papa of a SOL?  Yes No
	Now we would like to ask you some questions about money that you may send home or receive from home.
O2	Do you send or give money to your parents or other family members?
	Yes, regularly Yes, occasionally Yes, rarely Yes, very rarely No
	How much money did you send or give to your family in the last two weeks?
	We would like to ask you some questions about concerns in your life.
Q3	During the past month, including today, how much have you been bothered or troubled by <u>feeling fearful</u> ?
	Not at all A little of the time Some of the time Most of the time All of the time
Q6	During the past month, including today, how much have you been bothered or troubled by crying easily?
	Not at all A little of the time Some of the time Most of the time All of the time
	Did you eat today before starting to work?
	Yes, a healthy amount Yes, a small amount No, none
R10	If you were not working in your factory what would you be doing?

	Working in another factory in Haiti Going to school Married Taking care of my family Starting a small business
Q12	Have you seen a co-worker fall asleep at her work station in the last 6 months?
	Everyday Often Occasionally Rarely Never
	We now ask you some questions about work productivity.
I1	Does your supervisor set a production tariff, target or quota for you or your line?
	Yes No
I2	What is your usual production target?
	Your answer can be in boxes, dozens or pieces.
	Have you ever participated in one or more of the following Better Work trainings?
	Please mark all relevant trainings
	Workplace cooperation Negotiation skills PICC training Human resource management Worker induction ToT for HR managers Occupational safety and health awareness Supervisory skills training Rights and responsibilities at work Maternal health care Financial literacy Introduction to HIV and AIDS Introduction to workplace communication Nutrition Other Better Work training No
	The relationship between me and my direct supervisor is:
	Excellent Good, most of the time Not good, not bad Bad, most of the time Very bad
	I am comfortable raising concerns about poor quality and low productivity work by my direct colleague to my direct supervisor
	All of the time Most of the time Sometimes Rarely Never

	I feel valued at my job
	Strongly agree Agree Neutral Disagree Strongly disagree
	I know what is expected of me in my job
	All of the time Most of the time Sometimes Rarely Never
	Do you believe a strong community can help you and your family?
	Very much Somewhat Not so much Not at all
	Do you believe you have a responsibility to be engaged outside the factory?
	Check all that apply.
	Towards my family In my community In my neighborhood In a sports club In a religious group In a school committee In a political organization In a volunteer group in another type of group I do not think I have a responsibility outside the factory I do not see myself engaged outside the factory
	Has this training help you believe a strong community is good for you and your family?
	Very much Somewhat Not so much Not at all
	Has training affected your life outside the factory?
	Changed my behavior at home with my family Changed my sense of responsibility in my community Inspired me to participate politically Changed my understanding of the importance of the rights of people No
Debrief	<p>You have now completed the survey! We want to thank you very much for taking the time to answer our questions. We will keep your answers private. Your answers will only be used to assess how the <u>Better Work Program</u> affects factory life.</p> <p>After you leave today, you may have some questions or concerns about this survey. The staff person will provide you with the name, phone number and address of someone you can talk to about your concerns. We would also like to offer you a small gift showing our appreciation for your participation.</p>



	Thank you again.
	Please raise your hand to let the staff person know that you are finished.