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| **Better Work Impact Assessment**  **Survey questionnaire for Better Work Nicaragua – Workers** | |
|  |  |
| **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 Better Work 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 Better Work Program 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 | 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.”    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.”  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.  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.  If you have a question during the survey, raise your hand. A staff person will help you. |
|  |  |
| Follow | After you have completed the survey you may have some questions or concerns. We will provide you with contact information for Better Work 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 Better Work Program? |
|  | Yes  No |
|  | *If “no” on A01*: Thank you for your time. Please raise your hand and inform the staff that you are done. |
|  |  |
| A02 | *If yes on A01:* Thank you for agreeing to participate. Please click on the green forward arrow to continue. |
|  |  |
| 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 |
|  | *If 17 or younger:* Thank you for your time. Please raise your hand and let a staff person know that you are done. |
|  |  |
| B8 | Where do you reside now? |
|  | In a factory dormitory  With my family  With friends or coworkers outside of the factory |
|  |  |
| C4 | What is your highest level of schooling completed? |
|  | No formal education  Playground  Elementary (6 years)  Junior High (3 years)  High School (3 years)  University |
|  |  |
| T2 | Do you have any sons? |
|  | Yes  No |
|  |  |
| T3 | Are all of your school aged sons attending school?  (check all of the answers that apply to you) |
|  | My school age sons are in school.  I cannot afford to send all of my sons to school.  No, there are other reasons why my sons are not in school. |
|  |  |
| T4 | Do you have any daughters? |
|  | Yes  No |
|  |  |
| T5 | *If “yes” on T4*: Are all of your school aged daughters attending school?  (check all of the answers that apply to you) |
|  | My school age daughters are in school.  I cannot afford to send all of my daughters to school.  No, there are other reasons why my daughters are not in school. |
|  |  |
|  | Do you have any children who are too young to attend school? |
|  | Yes  No |
|  |  |
|  | Do you feel that your children are safe while you are at work? |
|  | Always  Most of the time  Some of the time  Rarely  Never |
|  |  |
|  | Who takes care of your preschool children while you are at work? |
|  | Factory-based child care center  Other child care center  Relatives  A friend or neighbor  Other  No one. He or she takes care of himself or herself. |
|  |  |
|  | Now we would like to ask you some questions about your work experience. |
| E1 | How many years have you worked full time? |
|  | 1 year or less  2 years  3 years  4 years  5 years  6 years  7 years or more |
|  |  |
|  | Where did you work before starting your job in your factory? |
|  | Another apparel factory in Nicaragua  Another apparel factory outside of Nicaragua  Non-apparel factory – in Nicaragua  Non-apparel factory – outside of Nicaragua  Another business in Nicaragua  Household enterprise non-agricultural  At home taking care of my family  None, this is my first job  Other |
|  |  |
|  | Who decided for you to come to work in this factory? |
|  | I did  My mother  My father  My spouse  Another family member  A family friend  An acquaintance  A recruiter  A coworker or supervisor |
|  |  |
|  | How much money did you have to pay to get a contract to work at your factory? Enter 0 if you did not have to pay any money for a contract. |
|  |  |
|  | Do you currently owe money to your factory, money lender or friend? |
|  | No. I do not have any debt.  No. The debt is paid.  Yes, I still owe money. |
|  |  |
|  | How much money did you pay towards your debt last month? |
|  |  |
|  | Now we would like to ask you some questions about your work history in your factory. |
|  | How long have you been working in your factory? |
|  | 0-3 months  4-6 months  7-9 months  10-12 months  13-18 months  19-23 months  2 years  3 years  4 years  5 years  6 to 8 years  9 or more years |
|  |  |
| E2 | What department do you work in?  Check all that apply. |
|  | Sewing  Cutting  Printing  Packing  Ironing  Embroidery  Quality control  Washing  Weaving  Design  Marker-making  Sample-making  Training  Finishing  Other |
|  |  |
| E3 | What is your job in the factory?  Check all that apply. |
|  | Sewer  Cutter  Spreader  Ironing  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  Ethnic minority  Family obligations  My skill or ability  Relationship with supervisors  There are no opportunities for promotion  Lack of seniority  My nationality  There are no barriers to promotion |
|  |  |
|  | 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 | Was the contract in a language you can understand? |
|  | Yes  No |
|  |  |
|  | Do you have a copy of this contract? |
|  | Yes, it is in my home  Yes, it is in my room in the dormitory  No, the factory has it |
|  |  |
|  | What type of work agreement or contract do you have? |
|  | Training  Apprentice  Home work  Subcontract  Bonded  Probationary  Temporary  Fixed time  Unlimited time |
|  |  |
|  | When did this work agreement or contract begin? |
|  | Less than 1 month ago  1 month ago  2 months ago  3 months ago  4 to 6 months ago  7 to 9 months ago  10 to 12 months ago  More than 1 year ago |
|  |  |
|  | What year does your current work contract expire? |
|  | 2010  2011  2012  2013  2014  2015 or later |
|  |  |
| F8 | Are you represented by a collective bargaining agreement? |
|  | Yes  No |
|  |  |
| F9 | Are you a member of a Union? |
|  | Yes  No |
|  |  |
|  | If you joined a union, do you think you would lose your job? |
|  | Yes, probably  Yes, maybe  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  *1-8 and 9 mutually exclusive* |
|  |  |
| G3 | Have you ever used the factory clinic?  Please check all that apply. |
|  | Yes, Treatment for workplace injuries  Yes, Treatment for headaches or fatigue  Yes, Treatment for general illness  Yes, General health check-up  Yes, Check-up for pregnant women  Yes, Check-up for women after giving birth  Yes, Health education  Yes, Health care for my family  No, I have not used the factory clinic |
|  |  |
| G4 | *If “yes”:* 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. |
|  | *For the following questions, respondents must choose from the scale:*  Never  Rarely  Occasionally  Often  Every day |
| G5 | How often do you experience severe fatigue or exhaustion? |
|  | How often do you experience dizziness? |
|  | How often do you experience stomach pain? |
| G10 | How often do you experience headache, dizziness, backache or neck ache? |
| G14 | How often do you experience severe thirst? |
|  |  |
|  | 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?  *Conditional on H1* |
|  |  |
| H3 | What time do you usually leave work on Monday?  *Conditional on H1* |
|  |  |
| H4 | What time do you usually being work on Thursday?  *Conditional on H1* |
|  |  |
| H5 | What time do you usually leave work on Thursday?  *Conditional on H1* |
|  |  |
| H6 | What time do you usually being work on Friday?  *Conditional on H1* |
|  |  |
| H7 | What time do you usually leave work on Friday?  *Conditional on H1* |
|  |  |
| H8 | What time do you usually being work on Saturday?  *Conditional on H1* |
|  |  |
| H9 | What time do you usually leave work on Saturday?  *Conditional on H1* |
|  |  |
|  | How many Sundays do you usually work each month? |
|  | None  1  2  3  4 or more |
|  |  |
|  | How long do you stop work for lunch? |
|  | 10 minutes or less.  15 minutes  20 minutes  25 minutes  30 minutes  35 minutes  40 minutes  45 minutes  50 minutes  55 minutes  1 hour  I do not eat lunch in the factory  We do not stop for lunch in the factory |
|  |  |
|  | How long do you stop work for dinner? |
|  | 10 minutes or less.  15 minutes  20 minutes  25 minutes  30 minutes  35 minutes  40 minutes  45 minutes  50 minutes  55 minutes  1 hour  I do not eat lunch in the factory  We do not stop for lunch in the factory |
|  |  |
|  | We would like to ask about worker concerns with work hours. For each concern indicate the importance for workers in your factory.  No, not a concern  *Was the concern*  Discussed with co-workers  Discussed with the supervisor or manager  Discussed with the trade union representative  *Did the concern*  Make some workers consider quitting  Lead some workers to consider striking  Casuse a strike |
|  |  |
|  | Is too much overtime a concern for workers in your factory? |
|  |  |
|  | Is too much work on Sunday a concern for workers in your factory? |
|  |  |
|  | If you refused to work overtime do you think you would lose your job? |
|  | Yes, probably  Yes, maybe  No |
|  |  |
|  | Does your supervisor set a production target or quota for you or your line? |
|  | Yes, we have a daily production target  Yes, we have a weekly production target  No |
|  |  |
|  | What was your production target last week? |
|  |  |
|  | What day of the week do you usually complete your weekly production target? |
|  | Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday |
|  |  |
|  | What time do you complete your weekly quota? |
|  |  |
|  | Do you receive a pay bonus if you finish your production tariff before the end of the workday? |
|  | Yes, always  Yes, sometimes  No |
|  |  |
|  | Do you correct your co-workers’ errors or defects? |
|  | Yes  No |
|  |  |
|  | How much time do you spend in a typical day correcting your coworker’s errors or defects? |
|  |  |
|  | When do you correct coworker’s error or defects?  Check all times that apply. |
|  | During the lunch, dinner or work break  At the end of the regular workday  During the overtime shift  During the regular workday |
|  |  |
|  | Now we are going to ask some questions about the pay you receive for your work. |
|  | Is your pay determined by piece rate? |
|  | No, none of my pay is determined by piece rate.  Yes, some of my pay is determined by piece rate.  Yes, all of my pay is determined by piece rate. |
|  |  |
|  | How do you receive your pay?  Check all that apply. |
|  | Cash  Check  Direct deposit or ATM  Food  Housing  Other in-kind |
|  |  |
| J3 | When you get paid, do you also receive a pay slip? |
|  | Yes  No |
|  |  |
| J4 | *If “yes”:* 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 |
|  |  |
| J5 | Do you receive any pay bonuses or allowances?  Check all that apply. |
|  | No  Attendance bonus  Bonus for my own productivity  Bonus for my line’s productivity  13th month bonus  An allowance for food  Transportation allowance  Other bonus |
|  |  |
|  | Does your employer make any of the following deductions from your wages?  Check all that apply. |
|  | Absent from work  Late for work  Food  Housing  Lowproduction  Social Security  Union dues  My behavior at work  Sick days  First month’s pay  Missing production target  Medicine  Uniforms  Purchases from the factory store  Other |
|  |  |
|  | How often are you paid? |
|  | Once each week  Once every two weeks  Once each month  Once every two months  I do not get paid regularly |
|  |  |
|  | When was the last time you were paid? |
|  | Yesterday  Last week  2 weeks ago  1 months ago  2 months ago  I have not been paid yet |
|  |  |
|  | How much money did you receive the last time you were paid? |
|  |  |
|  | Thinking about when you were deciding to work at your factory, how much money did you expect to earn each month? |
|  |  |
|  | If you did not work in this factory, how much money could you earn each month in another job? |
|  |  |
|  | Do you receive overtime pay? |
|  | Yes, after the daily production target is complete  Yes, if I work more than 8 hours in a day  Yes, if I work more than 48 hours in a week  Yes, if I work on Saturday or Sunday  No, I don’t work overtime  No, my factory does not pay for overtime |
|  |  |
| T1 | Do you trust the factory to pay you all the money you have earned? |
|  | Always  Most of the time  Some of the time  Rarely  Never |
|  |  |
|  | We would like to ask about worker concerns with pay.  *For the following questions, workers choose from the scale:*  No, not a concern  Yes, discussed with co-workers  Yes, discussed with the supervisor or manager  Yes, discussed with the trade union representative  Yes, considered quitting  Yes, threatened a strike  Yes, casused a strike |
|  | Is late payment of wages a concern for workers in your factory? |
|  | Are low wages a concern for workers in your factory? |
|  | Is the piece rate a concern for workers in your factory? |
|  | Are workers concerned that the factory does not calculate pay correctly? |
|  | Are excessive deductions from wages a concern for workers in your factory? |
|  | Is confusion about the piece rate a concern for workers in your factory? |
|  |  |
|  | Are you bothered by noise at work? |
|  | Yes, a lot  Sometimes  No, not at all |
|  |  |
|  | Is the noise so loud that you frequently have to shout to talk with someone standing nearby? |
|  | Yes, often  Yes, sometimes  No |
|  |  |
|  | 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 |
|  |  |
|  | Would you be able to quickly stop the equipment you use in case of an emergency? |
|  | Yes  No |
|  |  |
|  | We are going to list some workplace facilities.  Check all the facilities that are available in your factory. |
|  | Canteen  Food  Water  Dormitory  Toilet |
|  |  |
|  | 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 |
|  |  |
|  | 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  Fines  Work hours  Over time regulations  Grievance or complaints procedures |
|  |  |
| L2 | What types of training have you received in the past 6 months?  Check all that apply. |
|  | None  New skills  New equipment  New operations  Worker rights  Collective bargaining agreement  Supervisory skills training  Grievance procedures  Health and safety  Safe machine operation  Factory organization  Other training |
|  |  |
|  | We would now like to ask you some questions about the communication within your factory. |
| M1 | Does your supervisor speak your language? |
|  | Yes  No |
|  |  |
| M2 | If you were having a problem at your factory, how comfortable would you feel seeking help from your supervisor? |
|  | Very comfortable  Comfortable  Uncomfortable  Very uncomfortable  Not comfortable at all |
|  |  |
| M3 | If you were having a problem at your factory, how comfortable would you feel seeking help from the trade union representative? |
|  | Very comfortable  Comfortable  Uncomfortable  Very uncomfortable  Not comfortable at all |
|  |  |
| 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 |
|  |  |
|  | How would you rate your supervisor’s ability to follow the rules of the factory? |
|  | Excellent  Very good  Good  Fair  Poor |
|  |  |
| M6 | Does your supervisor correct a worker who has made a mistake with fairness and respect? |
|  | All of the time  Most of the time  Sometimes  Rarely  Never |
|  |  |
| 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  *1-11 mutually exclusive with 12* |
|  |  |
| 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? (Split A)  (Check all that apply.) |
|  | Asking for more food  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  Asking to go home  No |
|  |  |
|  | What punishments are common in your factory?  (Check all that apply.) |
|  | Yelling  Insulting language  Vulgar language  Slapping  Hitting with a stick, belt or whip  Hitting with a garment or piece of material  Losing wages  Extra hours of work  Work during lunch  Work during dinner  Other punishments |
|  |  |
| N1C | Have you or someone you know been punished in the last month for and of the following reasons? (Split B)  (Check all that apply.) |
|  | Refusing to work overtime  Making a mistake  Missing work  Speaking while at work  Falling asleep at the workstation  Participating in a strike  Being pregnant  Complaining about a high production target  No |
|  |  |
|  | We would like to ask about worker concerns with working conditions.  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  *Response “1” and “2-7” mutually exclusive.* |
| N3 | Is sexual harassment or sexual touching a concern for workers in your factory? |
|  |  |
| N4 | Is verbal abuse such as yelling or vulgar language a concern for workers in your factory? |
|  |  |
| N5 | Is physical abuse such as hitting or shoving 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 |
|  |  |
|  | Now we would like to ask about worker concerns with health and safety.  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  *Response “1” and “2-7” mutually exclusive.* |
|  |  |
|  | Are workers concerned that your factory is too hot or too cold? |
|  |  |
| N9 | Are workers in your factory concerned about dangerous equipment or machinery? |
|  |  |
| N10 | Are workers concerned about accidents or injuries in your factory? |
|  |  |
| N11 | Are workers concerned about dusty or polluted air in your factory? |
|  |  |
| N12 | Are workers concerned about bad chemical smells 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 |
|  |  |
|  | Do you need financial support from your parents or other people in your family? |
|  | Yes, regularly  Yes, occasionally  Yes, rarely  Yes, very rarely  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 12 months? |
|  |  |
|  | If you send or give money to your family, what do they usually spend it on?  Check all that apply. |
|  | Food  Clothes  Household items  Pay their debt  Pay my debt  Family business or household enterprise  House building or renovation  Wedding or other ceremonies  Education for your children  Education for your siblings  Health care  Farming tools  Transportation  Luxury good like TV sets  Leisure  Travel |
|  |  |
|  | We would like to ask you some questions about concerns in your life. |
|  | During the past month, including today, how much have you been bothered or troubled by feeling restless/not being able to sit calmly? |
|  | Not at all  A little of the time  Some of the time  Most of the time  All of the time |
|  |  |
|  | During the past month, including today, how much have you been bothered or troubled by feeling sad? |
|  | Not at all  A little of the time  Some of the time  Most of the time  All of the time |
|  |  |
|  | During the past month, including today, how much have you been bothered or troubled by feeling hopeless about the future? |
|  | Not at all  A little of the time  Some of the time  Most of the time  All of the time |
|  |  |
| Q3 | During the past month, including today, how much have you been bothered or troubled by feeling fearful? |
|  | 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 |
|  |  |
|  | During the past month, including today, how much have you been bothered or troubled by feeling angry? |
|  | Not at all  A little of the time  Some of the time  Most of the time  All of the time |
|  |  |
|  | Do you feel safe at home? |
|  | Always  Most of the time  Some of the time  Rarely  Never |
|  |  |
|  | Have you seen a co-worker fall asleep at her work station in the last 6 months? |
|  | Everyday  Often  Occasionally  Rarely  Never |
|  |  |
|  | Finally, we would like to ask you some questions about your life outside the factory. |
|  | How much time do you have each work day for activities you do for fun such as reading, writing, listening to music and visiting friends and family? |
|  |  |
| R10 | If you were not working in your factory what would you be doing? |
|  | Working in another factory  Going to school  Married  Taking care of my family |
|  |  |
|  | 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 goot, 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 | 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 Better Work Program affects factory life.  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.  Thank you again.  Please raise your hand to let the staff person know that you are finished. |
|  |  |