

## **Tool 3.1: Domestic Workers United Survey Template**

Surveyor Name: \_\_\_\_\_\_Date: \_\_\_\_\_

Site of Survey:	Survey: Borough:						
of domestic workers that have domestic workers, and to es independent, nonprofit, non- to document working condit	ed by Domestic Workers United, a city-wide alliance we come together to gain respect and recognition for tablish fair labor standards for our industry. We are an governmental alliance. The purpose of this survey is ions for domestic workers. This information will help is and higher labor standards for domestic workers. I and anonymous.						
currently working, please an	about your work as a domestic worker. If you are swer the following questions about your current d, please answer the questions based on the most						
1. Are you currently em	1. Are you currently employed as a domestic worker?						
•Yes • No (If No, ask #2, if Yes, skip to	#3)						
2. If you are unemployed, what month and year did your last job as a domestic worker end?							
MoYr							
3. Which of the following tasks do/(did) you do at your job(s) as a domestic worker? (check all that apply)							
<ul><li>Childcare</li><li>Baby-nursing</li><li>Elderly companion</li><li>Provide medication</li><li>House cleaning</li></ul>	<ul><li>Laundry and Ironing</li><li>Cooking</li><li>Running Errands</li><li>Home repairs</li></ul>						
4. Who pays/(paid) you	salary?						
<ul> <li>An agency</li> <li>Family that I work for</li> <li>Other:</li> </ul>							
5. In your last month of employment, how many different households did you do domestic work for, including part time jobs?							
•1 •2 •	3 • 4 • 5 • 6						



6. Are/were any of these jobs full time (40 or more hrs/week)?						
•Yes • No						
7. How many hours per week do/(did)	you work in each household?					
(Write down hours worked per week for each household, starting with (a) as the most hours and ending with the least)						
	usehold 4hrs/wk usehold 5hrs/wk usehold 6hrs/wk					
8. How many other workers, besides where you work?	you, work in the household (s)					
a. Household 1# workers d. Household 2# workers e. Household 3# workers f. Household d.	old 5# workers					
9. Are/(were) you a live-in employee for the household where you work(ed) the most hours?						
•Yes/Live-in	• No/Live-out					
10. On average, how much do/ (did) yo domestic work jobs?	u get paid per week for all of you					
\$dollars per week • Not	Sure					
<b>Benefit Questions</b> For currently employed: Now I want you to t work the most hours.	hink about the employer where you					
For unemployed: Now I want you to think at where you worked the most hours.	out your most recent employer,					
In the questions that come next, only answer	for that employer.					
<b>SICK DAYS</b> : First I'm going to ask you about can take off of work because of illness or injif you need to care for a family member that	ury; if you need to go to the doctor or					
11. Do/ (did) you have an agreement w days?	ith your employer about sick					
•Yes • No (If Yes, ask #12If No or Not Sure, skip to 1	• Not Sure					



12.	If you made an agreement with your employer about sick days, was
	the agreement kent or broken?

<ul><li>Agreement kept</li><li>Not sure</li></ul>	<ul><li>Agreement was broken</li><li>N/A</li></ul>						
13. In your last year of employment, did how many days did you take?)	I you take any sick days? (If yes,						
•Yes# of days • No (If Yes, ask #14If No or Not Sure, skip to 15	• Not Sure						
14. Are/ (were) the sick days paid or un	paid?						
•Paid • Unpaid • Both paid an	d unpaid • Not Sure						
15. What is the maximum number of paid sick days that you can/(could) take per year? (if none, write zero)							
# of days • Not Sure	• N/A						
16. What is the maximum number of unpaid sick days that you can/ (could) take per year? (if none, write zero)							
# of days • Not Sure	• N/A						
17. If you don't/(didn't) use your sick days in a certain amount of time, what happens?							
<ul> <li>I get paid for the sick days I didn't use</li> <li>I lose the sick days</li> <li>Other:</li> <li>No</li> <li>No</li> </ul>	ot Sure						
18. How comfortable or uncomfortable your employer about sick days?	do/(did) you feel talking with						
<ul> <li>Very Comfortable</li> <li>Somewhat Comfortable</li> <li>Very Uncomfortable</li> <li>Comfortable</li> <li>Uncomfortable</li> <li>Not Sure</li> </ul>	ble						
19. In your last year of employment, how many times did you go to work, even though you were sick?							
<ul> <li>Never</li> <li>1-2 times</li> <li>3-5 times</li> <li>Not</li> </ul>							



## **Current Demographic Information (See Sample Demographic Questions for more options)**

Age: • 20yrs or less 64yrs • 65yrs	-	•32-42yrs	• 43-53yrs	• 54-					
Gender: • Female • Male • Transgender • Other:									
Race/Ethnicity:									
<ul><li> African American</li><li> South Asian</li></ul>									
Do you have children? • Yes •No									
Number of children:									
• 1 • 2 • 3 • 4 • 5 • More than 5									
Neighborhood(s)/ zip code where you work: zip code									
Neighborhood/zip code where you live:zip code									