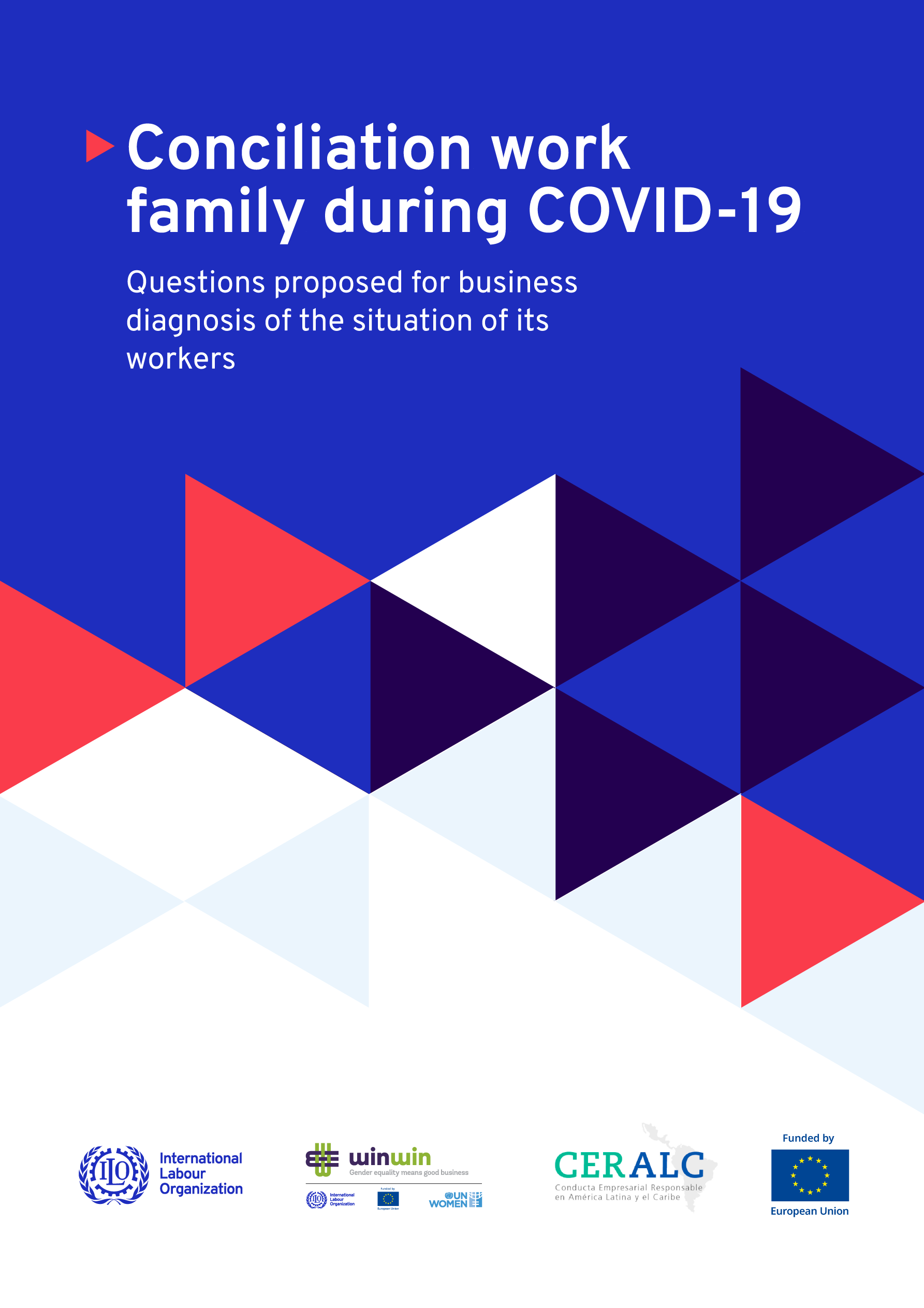
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# Instructions

Thank you so much for your time! Please read the following instructions before responding:

* Answer questions based on your personal experience, within the context of the COVID-19 pandemic.

# Demographic Data

1. Job position. Indicate the type of position you currently occupy at the organization:

( ) Operational

( ) Technical or Administrative

( ) Supervisory

( ) Management

( ) Leadership

( ) Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) I prefer not to respond

1. Type of work contract:

( ) Full Time

( ) Part Time

( ) Internship

( ) Temporary Agreement

( ) Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) I prefer not to respond

1. Work modality. Indicate the type of work you currently do, most of the time:

( ) 100% onsite

( ) 100% remote

( ) Mixed

( ) Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) I prefer not to respond

1. Seniority. Please indicate how long you have worked for your current employer:

( ) 0-11 months

( ) 1-5 years

( ) 6-10 years

( ) More than 10 years

( ) I prefer not to respond

1. Location:

( ) Country

( ) Region

( ) Province

( ) I prefer not to respond

1. Gender:

( ) Female

( ) Male

( ) Other

( ) I prefer not to respond

1. Age. Please indicate your current age range:

( ) Under 18

( ) 18-35 years

( ) 36-49 years

( ) 50-64 years

( ) Over 65

( ) I prefer not to respond

1. Are you in charge of any staff?

( ) Yes

( ) No

( ) I prefer not to respond

* 1. **Personal Impact of Responsibilities**

1. In the current context of the COVID-19 pandemic, how would you assess the following aspects:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Considerably Improved | Moderately Improved | Remained the Same (Compared to pre-Pandemic) | Moderately Decreased | | Considerably Decreased | Does Not Apply | I prefer not to respond |
| Your ability to meet your individual job responsibilities |  |  |  | |  |  |  |  |
| The quality of your interactions with coworkers |  |  |  | |  |  |  |  |
| The quality of interactions with your household and the family circle |  |  |  | |  |  |  |  |
| Your ability to manage your emotions in response to your environment (emotional balance) |  |  |  | |  |  |  |  |
| Your ability to meet your responsibilities for people under your leadership |  |  |  | |  |  |  |  |

Mention any reasons or causes for the changes indicated above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. How do you think the COVID-19 pandemic has impacted your job performance?

( ) The pandemic has positively impacted my performance

( ) The pandemic has NOT impacted my performance in any way

( ) The pandemic has negatively impacted my performance

( ) I prefer not to respond

* 1. In the current context of the COVID-19 pandemic, how satisfied are you with your work?

( ) Totally Satisfied

( ) Moderately Satisfied

( ) Neutral

( ) Moderately Dissatisfied

( ) Totally Dissatisfied

( ) I prefer not to respond

* 1. In the current context of the COVID-19 pandemic, please indicate the factors that have most limited your ability to attend to your job responsibilities. Check all that apply:

( ) My remote workspace is unsuitable

( ) My workspace furniture is inadequate

( ) I don't have the necessary work equipment

( ) It's difficult to focus

( ) I have poor or insufficient connectivity

( ) My ambient conditions (temperature, noise) are unsuitable

( ) There are frequent distractions

( ) Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) I prefer not to respond

## Care Work

* 1. In the context of the COVID-19 pandemic, which of the following activities do you combine with your work obligations, due to the fact that they cannot wait to be executed during outside-of-work hours? Check all that apply.

( ) Activities related to taking care of your personal needs (preparing food, cleaning, regular shopping for the home)

( ) Indirect care activities for others (cooking, cleaning, regular household purchases, home repairs, paying for services)

( ) Activities that provide direct care to others (feeding, cleaning, and caring for children or people who cannot fend for themselves or who are in a condition of disability or limited health; assistance in activities related to the education of cohabitants, transportation of cohabitants, or care of other people in the home)

( ) None of the above

( ) Others:

( ) I prefer not to respond

* 1. To what degree has the COVID-19 pandemic changed the following aspects of your life:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Considerably | Moderately | Slightly | Has Not Changed | Does Not Apply | I prefer not to respon |
| The way you take care of your personal care needs (preparing your meals, cleaning, regular household purchases) |  |  |  |  |  |  |
| How you tend to the indirect care needs of others (cooking, cleaning, regular household purchases, home repairs, paying for services) |  |  |  |  |  |  |
| The way in which you take care of your dependents' direct care needs (feeding, cleaning, caring for children or people who cannot care for themselves or who are in a condition of disability or limited health; assistance in activities related to the education of cohabitants, transportation of cohabitants, care of other people in the home) |  |  |  |  |  |  |
| Time spent on care responsibilities |  |  |  |  |  |  |

Generally speaking, what is the reason(s) for these changes (optional)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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* 1. Household. State how many people currently live with you.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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* 1. State how many people you must currently care for, directly or indirectly, classified according to their age and cohabitation situation.

**Indirect Care:** Cooking, cleaning, regular purchases for the home, home repairs, and payment of services.

**Direct Care:** Feeding, cleaning, caring for children or people who cannot fend for themselves or who are in a condition of disability or limited health; assistance in activities related to the education of cohabitants, transportation of cohabitants, and care of other people in the home.

|  |  |  |
| --- | --- | --- |
| Group / Number of People | Number of people in this group who live with you | Number of people in this group who do not live with you |
| Children under 5 years old |  |  |
| Children aged 6 to 12 |  |  |
| Teenagers age 13 to 18 |  |  |
| Adults aged 19 to 64 |  |  |
| Seniors over age 65 |  |  |
| Any people with disabilities or limited health conditions. |  |  |

* 1. In the current context of the COVID-19 pandemic, please indicate the factors that have limited your ability to better reconcile your work and outside-of-work responsibilities. Check all that apply:

( ) Closure of educational centers

( ) Closure of care centers

( ) Decision to have your family stay home as a preventive measure

( ) Limitations on hiring domestic help

( ) Limitations on access to care centers

( ) Need to meet new responsibilities necessitated by the pandemic

( ) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) I prefer not to respond

## Time invested in Responsibilities

How much more time in a workday do you spend in direct care activities for other people? For example, feeding, cleaning, and caring for children or people who cannot care for themselves or who are in a condition of disability or limited health? This may also include activities related to the education of cohabitants, transportation of cohabitants, and general care of other people in the home.

( ) The same amount of time as before the pandemic

( ) 1 to 2 more hours per day than before the pandemic

( ) 2 to 4 more hours per day than before the pandemic

( ) 4+ more hours per day than before the pandemic

( ) Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) I prefer not to respond

* 1. ¿ How much more time in a workday do you spend on indirect care activities for yourself or others? For example, cooking, cleaning, regular household purchases, home repairs, and paying for utilities.

( ) The same amount of time as before the pandemic

( ) 1 to 2 more hours per day than before the pandemic

( ) 2 to 4 more hours per day than before the pandemic

( ) 4+ more hours per day than before the pandemic

( ) Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) I prefer not to respond

## Access to Employer

* 1. Are you familiar with the policies and benefits your organization offers to support its workforce in reconciling their responsibilities, within the context of the COVID-19 pandemic?

( ) Yes, I am very familiar.

( ) I’m familiar with them, but not of the details.

( ) I’m not familiar at all.

( ) I prefer not to respond

* 1. Please indicate your level of satisfaction with the following aspects of the policies and benefits offered by your employer to support balanced responsibilities during the COVID-19 pandemic:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Completely Satisfied | Somewhat Satisfied | Neutral | Not Very Satisfied | Unsatisfied | Not Enough Information to Respond | I Prefer Not to Respond |
| Support areas that the support policies focus on |  |  |  |  |  |  |  |
| The ease with which support policies can be accessed |  |  |  |  |  |  |  |
| Frequency of communications regarding support policies and benefits |  |  |  |  |  |  |  |
| Clarity of communications regarding policies and benefits |  |  |  |  |  |  |  |

Please add any comments that complement your answers

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Durante la pandemia de COVID-19 cuáles de los siguientes recursos ha utilizado usted para conciliar mejor sus responsabilidades. Marque todas las opciones que apliquen:

( ) Workday flexibility

( ) Segmenting the workday to balance with care activities

( ) Compressed workweek

( ) Change in shifts

( ) Reassignment of work team tasks

( ) Paid leave to care for dependents with disabilities or limiting health conditions

( ) Long-term leave with labor protections

( ) Paid breastfeeding breaks

( ) Part-time or reduced working hours

( ) Remote work (telecommuting)

( ) Temporary telecommuting to provide care

( ) Change in job responsibilities

( ) Holidays

( ) Worker assistance program (psychology, financial counseling, legal counseling)

( ) Business grants or loans

( ) Care centers

( ) Additional computer equipment

( ) Ergonomic features

( ) Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) None of the above

( ) I prefer not to respond

* 1. Within the context of the COVID-19 pandemic, rate the support you have received from your supervisor, in finding solutions to balance your work and personal responsibilities:

( ) Sufficient

( ) Scarce

( ) None

( ) I prefer not to respond

* 1. If you have not received support from your supervisor in finding solutions to balance your work and personal responsibilities, what are the reasons? Check all that apply:

( ) I haven’t needed any

( ) I haven’t been offered any

( ) I haven’t requested help from my supervisor

( ) Other (please specify)

( ) None of the above

( ) I prefer not to respond

* 1. Please state who has provided you with support in better balancing your work and personal responsibilities during the course of the pandemic, and your level of satisfaction with the support received:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Completely Satisfied | Somewhat Satisfied | Neutral | Not Very Satisfied | Unsatisfied | Does Not Apply | I prefer not to respond |
| From your employer, in general |  |  |  |  |  |  |  |
| From your supervisor |  |  |  |  |  |  |  |
| Other superiors |  |  |  |  |  |  |  |
| Other people at work |  |  |  |  |  |  |  |
| Others outside of work |  |  |  |  |  |  |  |

## Access to After-

* 1. Check all options that describe the people who, during the COVID-19 pandemic, have complemented the work you do in the direct care of your dependents (feeding, cleaning, caring for children or people who cannot care for themselves or who are in a condition of disability or limited health; assistance in activities related to the education of cohabitants, transportation of cohabitants, and general care of other people in the home). Check all that apply.

( ) Spouse or partner

( ) Relatives or others

( ) Hired domestic help

( ) Hired patient assistance

( ) Educational or care institutions

( ) Other (please specify)

( ) I do not receive any help

( ) I prefer not to respond

( ) Comment

* 1. Check all options that describe the people or organizations that, during the COVID-19 pandemic, have complemented the work you do in the indirect care of your dependents (cooking, cleaning, regular purchases for the home, home repairs, and payment of services):

( ) Spouse or partner

( ) Relatives or others

( ) Hired domestic help

( ) Other (please specify)

( ) I do not receive any help

( ) I prefer not to respond

* 1. Check all options that describe the people or organizations that have provided you with support during the COVID-19 pandemic, in improving your ability to manage emotions and respond to your environment:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Very Satisfied | Satisfied | Neutral | Unsatisfied | Very Unsatisfied | Does Not Apply |
| Spouse or Partner |  |  |  |  |  |  |
| Relatives or Others |  |  |  |  |  |  |
| Hired Domestic Help |  |  |  |  |  |  |
| Hired Patience Assistance |  |  |  |  |  |  |
| Educational or Care Institutions |  |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |  |

* 1. Check all options that describe the people or organizations that have provided you with support during the COVID-19 pandemic, in improving your ability to manage emotions and respond to your environment:

( ) Spouse or partner

( ) Relatives or others

( ) Support centers or groups

( ) Educational or care institutions

( ) Other (please specify)

( ) I do not receive any help

( ) I prefer not to respond

* 1. Please indicate which resources you have used to promote well-being during the COVID-19 pandemic. Check all that apply:

( ) Take breaks during the day

( ) Exercising or playing sports

( ) Take time to do something you enjoy

( ) Talk to a trusted person

( ) Receive professional therapy or coaching

( ) Sleep more hours

( ) Other (please specify)

( ) None of the above

( ) I prefer not to respond

1. **Exploring Other Support Options**
   1. What other resources or initiatives would you recommend to your employer in supporting the working population and finding solutions to balance work and personal responsibilities, within the context of the current COVID-19 pandemic?

( ) I am willing to provide additional information, if required.

Nome: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) I would like to keep my responses anonymous and prefer not to provide my contact information.

