

**Survey Results
(English Version)**

Q#	Question Content	Answer Choices	# of Responses	Fillable Content
Q1	In the last year have you been paid to work as a domestic worker or day laborer?	Yes	31	
		No	2	
Q2	What kind of work do you do?	House cleaner	28	
		Nanny or other in-home childcare	1	
		Gardner		
		Day laborer	2	
		Other	2	
Q3	Which of the following work arrangements apply to you? (Check all that apply)	I work for one or more household employer(s) on a regular schedule (For example, daily, weekly, or monthly work).	25	
		I work for a company that provides services to private homes (For example, a housecleaning or landscaping company).		
		I get referred by a temporary agency to provide work to a household employer. The temporary agency pays me directly.	1	
		I work for myself through a licensed business I own	2	
		I work for a household employer on one-time jobs.	8	
Q4	How long have you been regularly working as a domestic worker or day laborer?	6 months or less	3	
		1 year	8	
		1-5 years	13	
		More than 5 years	10	
Q5	On average within a single week, how many different household employers do you generally work for?	a. Prior to COVID pandemic		
		1	9	
		2-5	19	
		6-10	2	
		More than 10		
		b. During COVID pandemic	17	
		1	13	
2-5				
6-10				
More than 10				

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Q6	When you work for a single household employer, how many hours per week do you usually work?			
	a. Prior to COVID pandemic			
		Less than 5	16	
		6-10	7	
		11-20	4	
		21-30	5	
		31-40	1	
		More than 40		
	b. During COVID pandemic			
		Less than 5	18	
		6-10	7	
		11-20	3	
		21-30	1	
		31-40	1	
		More than 40		
Q7	If you work for the same household employer, how often do you work for them?			
		Daily	3	
		Several days each week	2	
		Once per week	7	
		Three times per month	1	
		Two times per month	14	
		Once per month	4	
		Every other month	1	
		Other		
Q8	When at a household, do you work together with other workers? If never, skip to question 10.			
		Never	19	
		Sometimes	6	
		Always	3	
Q9	When you work with other workers, how many others do you work with?			
		1	6	
		2-5	2	
Q10	When at a household, is the household employer usually present?			
		Yes	16	
		No	3	
		Sometimes	12	

Q#	Question Content	Answer Choices	# of Responses	Fillable Content
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Q11 Have you been injured while working for a household employer, OR has a doctor or other medical professional diagnosed you with a work-related illness related to this work? If no, skip to question 29.

Yes	8
No	22

Q12 How did your injury occur?

Bend, reach, or twist	1
Chemical exposure	2
Fall from a height	
Trip, slip or fall	4
Fire	
Repetitive motion	1
Violence	
Other	1

Hook in hand from folding a blanket

Q13 What was your injury?

Sprain, strain, tear	1
Animal or insect bites or scratches	
Abrasion/bruise	3
Cuts	1
Open wound or puncture	1
Broken or fractured bone(s)	1
Burn	
Poisoning	1
Dislocation	1
Illness or disease	2
Other	

Q14 Did you tell the household employer of the injury?

Yes	7
No	10

Q15 If no, why not?

fillable	4
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1. fear of being fired;
 2. Many times they would not rehire us, and didn't want to get in trouble
 3. I thought the blow was mild.
 4. I didn't think they could help me

Q16 If yes, check all that apply.

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		Pay for medical expenses	1	<div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div>
		Cover lost earnings	1	
		File a homeowners insurance claim		
		Other		
Q17	Did you inform anyone else (i.e., another worker on site, organization) of your injury?	Yes	2	
		No	8	
Q18	If yes, who? (Limit response to generic position/title of individual, type of organization. Do not use real names of individuals or organizations)	Fillable	1	
Q19	Did the person/organization you informed help you in any way?	Yes	3	
		No	3	
Q20	If yes, check all that apply	File a claim against the homeowner's insurance		
		Apply for government assistance		
		Other	1	
Q21	Did this injury prevent you from working?	Yes	5	
		No	6	
Q22	Did you seek medical care/treatment for your injury?	Yes	5	
		No	6	
Q23	If yes, were you asked by medical personnel if the injury occurred at work?	Yes	3	
		No	4	
Q24	Who paid for your medical care/treatment?	You or your family; out of pocket	5	
		Workers' compensation or L&I		
		Your employer without a workers' compensation claim or through on-site medical treatment	1	
		Other source	1	

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Q25 How long were you out of work due to this injury?

Less than one day	2
Less than a week	5
Less than 1 month	1
More than 1 month	1
More than 6 months	
More than a year	

Q26 How much were your out-of-pocket costs for required medical care (estimated)?

Under \$100	3
\$100-500	6
\$500-1000	
\$1000-5000	
More than \$5000	1

Q27 How much income did you lose due to your inability to work (estimated)?

Under \$100	1
\$100-500	5
\$500-1000	3
\$1000-5000	
More than \$5000	1

Q28 When you returned to work, were you able to return to the same household?

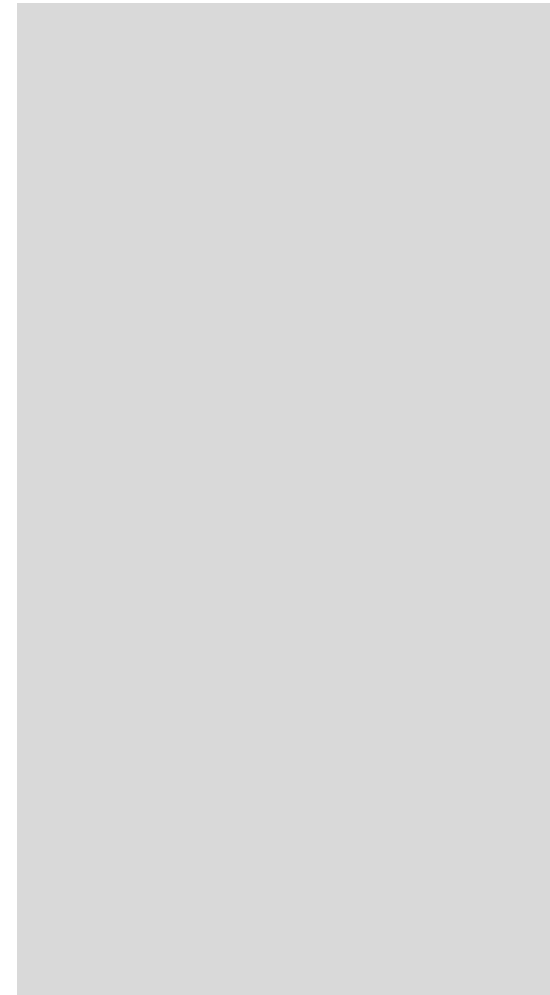
Yes	5
No	4

Q29 Upon returning to work, does your injury currently impact your ability to do any part of your normal job?

Yes	5
No	6

Q30 Is there any other information you would like to provide for this survey?

Fillable	1
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That we cherry pickers fall down the stairs or fall down the ladders on our heads and I don't see them helping us and our job is the most dangerous