

**Hawaii Paid Family Leave Survey**

*Please fill in the blanks below to the best of your ability and send to:*

*Catherine.a.betts@hawaii.gov*

*For questions: please call 586-5757*

*If you would like to remain anonymous, please omit your name and contact information.*

**Name:** (Please enter first and last name)

**Email Address (optional):** (Please enter email address)

**Area of Residence:** [Please enter city & zipcode (e.g., Honolulu, 96815)]

**Section 1**

1. **I work as a** (job type or title) **at a** (type of company or organization)
2. **OR: [ ]** I am a business owner. **Please skip to Section 3 (page 4)**
3. **At my current place of employment, I have access to:**
	* 1. [ ]  Paid sick leave/paid sick days
		2. [ ]  Paid vacation days
		3. [ ]  Paid family leave days
		4. [ ]  Temporary Disability Insurance (TDI)
		5. [ ]  Not applicable/not sure
		6. [ ]  I am currently unemployed.
4. Have you taken extended leave from your job (paid or unpaid) within the past five years due to childbirth, a family medical illness/emergency or caregiving situation? (This could include short- or long-term absences, with or without the use of sick or vacation time.) Please share your story below:

1. Have you ever been denied Temporary Disability Insurance (TDI) in the event of childbirth or a medical illness/emergency? Please tell your story below.

Please continue on to Section 2.

**Section 2**

1. **Are you the primary/sole breadwinner (earning the majority of the household income) in your family?**

[ ]  Yes, primary breadwinner

[ ]  Yes, sole breadwinner

[ ]  No

[ ]  Not applicable

1. **Have you ever had to report to work sick because you feared losing a day's pay or feared losing your job?**

[ ]  Yes

[ ]  No

[ ]  Not applicable

1. **Have you ever had to stay home to care for an ill child/spouse/parent/neighbor/friend and been docked pay or lost your job as a result? (check all that apply)**

[ ]  Yes, docked pay; If YES, please share details on how you were affected.

[ ]  Yes, lost job; If YES, please share details on how you were affected.

[ ]  No

[ ]  Not applicable

1. **Have you ever experienced any other situation where you were unable to take time off work to care for a family member, neighbor, or friend (new baby/child/parent/spouse/other)?**

[ ]  Yes; If YES, please share details (circumstances, financial impact on your family, any long-term effects, etc.)

[ ]  No

[ ]  Not applicable

1. **Have you ever passed on a job promotion or advancement because of your caretaking responsibilities for family, friends, or neighbors?**

[ ]  Yes

[ ]  No

[ ]  Not applicable

1. **Have you ever heard of Paid Family Leave?**

[ ]  Yes

[ ]  No

1. **Have you heard of the Hawaii Family Leave Law (HFLL), and if so, do you know if you are covered under HFLL?**

[ ]  Yes, I have heard of it, and am eligible for HFLL under my employer.

[ ]  Yes, I have heard of it, but am not covered/am unsure about eligibility.

[ ]  No, I have never heard of HFLL.

[ ]  Unsure/Don’t know

1. **Would you like to know more about Paid Family Leave?**
	1. [ ]  YES, please contact me at the following:

 **Email:**

 **Phone:**

b) [ ]  No

1. **Please list any questions or concerns you have about Paid Family Leave below.**

*Thank you for completing our survey! Please visit humanservices.hawaii.gov/hscsw for more information on Paid Family Leave and how you can help Hawaii’s working families.*

**Section 3:**

**Employers/Business Owners**

1. **Type of business:**
2. **How long have you been in business?**
3. **How many employees (full-time, part-time, on-call) do you have in Hawaii?**
	1. # of employees
	2. Type of employees: (Description: F/T, P/T, Temp, Contract, etc)
	3. [ ]  None
4. **For your employees, do you provide or offer access to (please check all that apply):**
	* 1. [ ]  Paid sick leave/paid sick days
		2. [ ]  Paid vacation days
		3. [ ]  Paid family leave days
		4. [ ]  Temporary Disability Insurance (TDI)
		5. [ ]  Not applicable/not sure
		6. [ ]  Other:
		7. [ ]  None of the above
5. **Have you ever lost employees because of their personal caretaking responsibilities or conflicts (i.e., childbirth, no babysitter, no elder caretaker)?**

[ ]  Yes; If YES, please share your story here. (Optional)

[ ]  No

[ ]  Not applicable

1. **Before owning your business, have you ever been unable to take time off for your family care needs (i.e., for postpartum/childbirth, illnesses, caretaking issues, eldercare issues) because of the potential loss in pay?**

[ ]  Yes; If YES, please share your story here. (Optional)

[ ]  No

[ ]  Not applicable

1. **Are you the primary or sole breadwinner (earning the majority of the household income) in your family?**

[ ]  Yes, primary breadwinner

[ ]  Yes, sole breadwinner

[ ]  No

[ ]  Not applicable

1. **Have you ever heard of Paid Family Leave?**

[ ]  Yes

[ ]  No

1. **Have you heard of the Hawaii Family Leave Law (HFLL), and if so, do you know if your employees are covered under HFLL?**

[ ]  Yes, I have heard of it, and my employees are eligible under HFLL

[ ]  Yes, I have heard of it, but my employees are not eligible under HFLL

[ ]  No, I have never heard of HFLL

[ ]  Unsure/Don’t know

1. **Would you like to know more about Paid Family Leave?**
	1. [ ]  Yes **(please provide your contact information below or on pg. 1)**

If YES, please provide contact information:

 **Email:**

 **Other:**

b) [ ]  No

1. **Please list any questions or concerns you have about Paid Family Leave below.**

*Thank you for completing our survey!*

*Please visit* ***humanservices.gov/hscsw*** *or email* ***catherine.a.betts@hawaii.gov*** *for more information on Paid Family Leave and how you can help Hawaii’s working families.*

*Interested in sharing your personal story about caregiving? Do you know anyone who would be interested in sharing his or her story about caregiving or access to family leave? Please contact Anna Marie Abraham at* *aabraham1201@yahoo.com* *to share your story and help make paid family leave for caregivers a reality in Hawaii!*