

* Required Information

Well-being at Work Survey

Welcome to the Well-being at Work Survey!

Press the lower right button that says "Next" to go to the next page of the survey.

*** 1. How old are you? (Click the box to select your age) (Select one option)**

- Less than 18
- 18
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- 78
- 79
- 80
- More than 80

NOTE : IF ANSWER TO Q1 is

Less than 18 Stop, you have finished the survey

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More than 80 Go to Page No. 2

Well-being at Work Survey

* 2. Dear Employee,

The Well-being at Work Survey is based on a survey designed by the Harvard T.H. Chan School of Public Health and aims to better understand the well-being of employees at this factory. Please select below whether you agree to participate in the survey. (Select one option)

- Agree
- Disagree

NOTE : IF ANSWER TO Q2 is
Agree Go to Page No. 3
Disagree Stop, you have finished the survey

Well-being at Work Survey

* 3. Which factory do you work at? (Select one option)

- Factory A
- Factory B
- Factory C
- Factory D
- Factory E
- Other (Please specify) _____

Well-being at Work Survey

*** 4. What area of production do you work in? (Select one option)**

- Sewing
- Cutting
- Dry processes
- Special finishes
- Washing/Laundry
- Ironing
- Finishing
- Embroidery
- Other (Please specify) _____

*** 5. Which of the following titles best describes your job position? (Select one option)**

- Operator
- Supervisor
- Trainer
- Coordinator
- Quality auditor
- Area chief
- Manager
- Assistant/Help
- Loader
- Mechanic
- Technician
- Checker
- None of the above

Well-being at Work Survey

*** 6. How long have you worked at this factory? (Select one option)**

- Less than 6 months
- More than 6 months and up to 1 year
- More than 1 year and up to 3 years
- More than 3 years and up to 5 years
- More than 5 years and up to 10 years
- More than 10 years

*** 7. How many days per week do you usually work at this factory? (Click on the box to select answer) (Select one option)**

- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

*** 8. How many hours do you usually spend at the factory on a typical work day (from the time you arrive until the time you leave, including breaks)? (Click on the box to select the number of hours) (Select one option)**

- Less than 1 hour
- 1 hour
- 2 hours
- 3 hours
- 4 hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 hours
- 11 hours
- 12 hours
- 13 hours
- 14 hours
- 15 hours
- 16 hours
- 17 hours
- 18 hours or more

Well-being at Work Survey

* 9. **Do you work part-time or full-time at this factory?** (Select one option)

- Full-time
- Part-time, but I wish I could work full-time
- Part-time and that works well for me

* 10. **Your work at this factory is...** (Select one option)

- Permanent (this means that there is no end date for your employment)
- Temporary (this means that your work at the factory ends on a specific date, e.g. in two months, and you don't know if you will be re-hired again)
- Apprenticeship or training
- I don't know / I'm not sure

Well-being at Work Survey

* 11. **Which of these payments do you receive for the work you do at this factory? (Select all that apply)**

- Basic fixed salary/wage
- Piece rate or productivity payments
- Extra payments for additional hours of work/overtime
- Extra payments compensating for Sunday work
- Payments based on your individual performance
- Payments based on the performance of your team / working group / department

* 12. **How much did you get paid in the most recent payment you received for your work at this factory? Please include the total amount in *local currency (rupees)* you got paid, including pay for extra hours, overtime, bonuses, etc.**

Tip: In local currency (rupees)
(Enter a value greater than 0)

Well-being at Work Survey

* 13. **How many times have you been promoted at this factory? A promotion is when you are raised to a higher work position.** (Select one option)

- Never
- 1 time
- 2 times
- 3 times or more

Well-being at Work Survey

* 14. **Is there a formal group at this factory for managers and workers to discuss problems in the workplace and jointly find solutions to those problems? These groups can be called unions, employee associations, or employee-management committees.** (Select one option)

- Yes
- No
- I don't know / I'm not sure

NOTE : Answer the below question only if answer to Q#14 is Yes

* 15. **How effective is the group (*union, employee association, or employee-management committee*) in helping improve the well-being of workers at this factory?** (Select one option)

- Very effective
- Somewhat effective
- Somewhat ineffective
- Very ineffective
- I don't know / I'm not sure

NOTE : Answer the below question only if answer to Q#14 is Yes

* 16. **How would you describe factory management's general attitude towards these types of groups (*union, employee association, or employee-management committee*)?** (Select one option)

- Management is in favour of manager-worker groups.
- Management is not in favour of manager-worker groups
- Management is neutral about manager-worker groups
- I don't know / I'm not sure

Well-being at Work Survey

Tell us about your well-being

* Overall, how satisfied (*content*) are you with your life these days? (0 = Not at all satisfied and 10 = Completely satisfied) (Select one option)

0	1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not At All Satisfied										Extremely Satisfied

* How would you rate your **GENERAL HEALTH?** (Select one option)

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor	Fair	Good	Very Good	Excellent

Well-being at Work Survey

* 19. Now thinking specifically about your ***PHYSICAL HEALTH***, which is the health of your body and includes physical illness and injury, how many days during the past 30 days was your physical health ***NOT GOOD?*** (Click on the box to select the number of days) (Select one option)

- None
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days
- 8 days
- 9 days
- 10 days
- 11 days
- 12 days
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- 29 days
- 30 days

* 20. Now thinking specifically about your ***MENTAL HEALTH***, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health ***NOT GOOD***? (Click on the box to select the number of days) (Select one option)

- None
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days
- 8 days
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- 30 days

* 21. **During the past 30 days, how many days did POOR PHYSICAL HEALTH or POOR MENTAL HEALTH keep you from doing your usual activities, like taking care of yourself, work, or leisure? (Click on the box to select the number of days) (Select one option)**

- None
- 1 day
- 2 days
- 3 days
- 4 days
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- 30 days

Well-being at Work Survey

* 22. During the past 30 days, how many days did **PAIN** make it hard for you to do your usual activities, like taking care of yourself, work, or leisure? (Click on the box to select the number of days) (Select one option)

- None
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days
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- 11 days
- 12 days
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- 28 days
- 29 days
- 30 days

*** 23. During the past 30 days, how many days did you feel SAD or DEPRESSED?
(Click on the box to select the number of days) (Select one option)**

- None
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days
- 8 days
- 9 days
- 10 days
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- 30 days

* 24. **During the past 30 days, how many days did you feel *WORRIED, TENSE, or ANXIOUS*? (Click on the box to select the number of days) (Select one option)**

- None
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days
- 8 days
- 9 days
- 10 days
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- 28 days
- 29 days
- 30 days

Well-being at Work Survey

* 25. During the past 30 days, how many days did you ***NOT*** get enough ***SLEEP?***
(Click on the box to select the number of days) (Select one option)

- None
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days
- 8 days
- 9 days
- 10 days
- 11 days
- 12 days
- 13 days
- 14 days
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- 16 days
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- 24 days
- 25 days
- 26 days
- 27 days
- 28 days
- 29 days
- 30 days

* 26. During the past 30 days, how many times did you suffer a work injury that caused you to slow down production, stop work, or miss work? (Click on the box to select an answer) (Select one option)

- Never
- 1 time
- 2 times
- 3 times
- 4 times
- 5 times or more

* 27. **In the past 6 months, how many times did you faint AT WORK?** (Select one option)

- Never
- 1 time
- 2 times
- 3 times or more

Well-being at Work Survey

28. How much do you agree with the following...

	Strongly Disagree	Disagree	Agree	Strongly Agree
*(a) I know what is expected of me at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(b) I get to decide how I do my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(c) I have a lot of say about what happens in the factory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(d) I get to use my best skills and talents at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(e) I feel recognized for my work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(f) My supervisor treats me fairly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Well-being at Work Survey

29. How much do you agree with the following...

	Strongly Disagree	Disagree	Agree	Strongly Agree
*(a) My supervisor is helpful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(b) My supervisor truly cares about me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(c) I feel like I'm part of a team at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(d) Some of my coworkers are personal friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Well-being at Work Survey

30. How much do you agree with the following...

	Strongly Disagree	Disagree	Agree	Strongly Agree
*(a) I can depend on my coworkers for help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(b) I have sufficient rest/break time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(c) My schedule is predictable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(d) It's easy to take time off to take care of personal things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Well-being at Work Survey

31. How much do you agree with the following...

	Strongly Disagree	Disagree	Agree	Strongly Agree
*(a) I have too much to do to do a good job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) My job is stressful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) I work too many long hours or too many overtime hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Demands of my job interfere with my home life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) I worry about losing my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Well-being at Work Survey

32. In the past 30 days, how often did these conditions prevent you from doing your job properly?

	Never	Occasionally	Frequently	All the time
*(a) Temperature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(b) Humidity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(c) Lighting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(d) Air Quality (how dirty the air is)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(e) Air Flow (the air doesn't move properly in the building)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Well-being at Work Survey

33. In the past 30 days, how often did these conditions prevent you from doing your job properly?

	Never	Occasionally	Frequently	All the time
*(a) Noise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(b) Machines/ Tools don't work properly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(c) Not having enough tools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(d) Uncomfortable/ awkward position	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(e) Prolonged position (constant standing or sitting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Well-being at Work Survey

34. On a scale of 0 to 6, how strongly do you feel the following about your job? (0 = I do not feel this at all, and 6 = I feel this all of the time)

	I do not feel this at all							I feel this all of the time
	0	1	2	3	4	5	6	
*(a) At my work, I feel full of energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
*(b) I love my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
*(c) I feel happy when I am working hard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
*(d) At my job, I feel strong and active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
*(e) My job inspires me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Well-being at Work Survey

35. On a scale of 0 to 6, how strongly do you feel the following about your job? (0 = I do not feel this at all, and 6 = I feel this all of the time)

	I do not feel this at all	0	1	2	3	4	5	I feel this all of the time	6
* (a) I am so busy doing my work that I forget about time/hours	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
* (b) When I get up in the morning, I feel like going to work	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
* (c) I am proud of the work I do	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
* (d) I get really excited at work	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>

Well-being at Work Survey

36. During the past 30 days, how often did you feel the following while ***AT WORK?***

	Never	Occasionally	Frequently	All the time
*(a) Thirsty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(b) Uncomfortably hungry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Well-being at Work Survey

*** Overall, how do you like your job at this factory? (0 = I Do Not Like It At All and 10 = I Like It Very Much) (Select one option)**

0	1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I Do Not Like It At All										I Like It Very Much

*** What do you think about the quality of the work of your coworkers? (0 = Poor Quality and 10 = Excellent Quality) (Select one option)**

0	1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor Quality										Excellent Quality

Well-being at Work Survey

39. In the last 12 months, how often have you felt that people treated you badly at work because of...

	Never	Occasionally	Frequently	All the time
*(a) Your gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(b) Your race/ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(c) Your religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(d) You are not from this region (you are a migrant worker)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Well-being at Work Survey

* 40. Do you plan to quit your job in the next 12 months? (Select one option)

- Yes
- No
- I don't know / I'm not sure

Well-being at Work Survey

41. How much do you agree with the following...

	Strongly Disagree	Disagree	Agree	Strongly Agree
*(a) Management truly cares about the health and well-being of employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(b) Safety is a high priority in my workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(c) Employees feel they are treated respectfully	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(d) Employees trust management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(e) Employees feel they are treated fairly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Well-being at Work Survey

42. How much do you agree with the following...

	Strongly Disagree	Disagree	Agree	Strongly Agree
* (a) There are opportunities for advancement or a higher position in the factory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* (b) My employer pays me fairly for my work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* (c) Management helps me deal with stressful situations at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* (d) The factory offers employees training opportunities to improve or gain more skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Well-being at Work Survey

* 43. **In the last 12 months, how many times have you been yelled at, shouted at, or cursed at while AT WORK?** (Select one option)

- Never
- 1 time
- 2-3 times
- 4 times or more
- I don't know / I'm not sure

* 44. **In the last 12 months, how many times did you experience unwelcome sexual advances, requests for sexual favors, or other verbal or physical harassment of a sexual nature (*sexual harassment*) AT WORK?** (Select one option)

- Never
- 1 time
- 2-3 times
- 4 times or more
- I don't know / I'm not sure

* 45. **Does sexual harassment happen at the factory?** (Select one option)

- Yes
- No
- I don't know / I'm not sure

Well-being at Work Survey

Tell us about your personal life.

*** 46. What is your gender?** (Select one option)

- Male
- Female
- I choose not to answer

*** 47. What is your marital status?** (Select one option)

- Married
- Widowed
- Divorced
- Separated
- Single/Never married
- Living Together With My Partner, But Not Married

*** 48. What is the highest level of education that you have completed?** (Select one option)

- None
- Primary School (Grades 1 - 5)
- Secondary School (Grades 6 - 9)
- GCE O/L (Grades 10 - 11)
- GCE A/L (Grades 12 - 13)
- Technical School/Vocational Training
- University (undergraduate degree)
- Masters degree or higher

Well-being at Work Survey

* 49. How many of your *children UNDER the age of 18* do you support with the money you make at the factory? If you do not have children or all of your children are 18 years old or above, please select "*None*" below. (Select one option)

- None
- 1 child
- 2 children
- 3 children
- 4 children or more

* 50. How many other relatives (*not including children under the age of 18*) do you take care of with the money you make at the factory? (Select one option)

- None
- 1 relative
- 2 relatives
- 3 relatives or more

* 51. Do you feel safe when traveling to and from work? (Select one option)

- Yes
- No
- I don't know / I'm not sure

Well-being at Work Survey

* How much do you worry about being able to meet your monthly living expenses? (0 = I Never Worry and 10 = I Worry All the Time) (Select one option)

0	1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I Never Worry										I Worry All the Time

* How much do you worry about safety, food, or housing? (0 = I Never Worry and 10 = I Worry All the Time) (Select one option)

0	1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I Never Worry										I Worry All the Time

* 54. Suppose you had an emergency and needed 25,000 rupees (Rs). Based on your current earnings, how would you pay this emergency? (Select one option)

- Use the money that is in my checking/savings account or with cash
- Borrow money from a bank or from someone (friend, family, etc.)
- I would not be able to pay this expense right now
- Other (Please specify) _____