

COMPASS Adaptation for Personal Support Workers: Report of Formative Research Findings

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Overview and Objectives

The objective of this report is to summarize the results of formative research to guide adjustments to the COMPASS (COMMunity of Practice And Safety Support) guidebooks to be inclusive of Personal Support Workers (PSWs). COMPASS is a supportive group program designed to advance Home Care Workers' (HCWs) safety, health, and well-being. It was developed by researchers at Oregon Health & Science University (OHSU) with funding from NIOSH (grant # U19OH010154) and with support and guidance from the SEIU Local 503 and the Oregon Home Care Commission (OHCC). Formative research to guide the current adaptation of COMPASS for PSWs was accomplished by researchers at the Oregon Institute of Occupational Health Sciences at OHSU with funding support through a contract with the OHCC.

Formative research with PSWs summarized in this report included:

1. Personal Support Worker Survey (n=314) administered during October of 2017
2. Observations of COMPASS groups and conversations with participating PSWs during Fall 2017 and Winter 2018
3. Qualitative interviews/focus groups with workers (n=19) conducted during July and September of 2018

The goals of formative research were to better understand similarities and differences between PSWs' and HCWs work tasks and their consumer-employers/service recipients, learn about and understand unique occupational demands and hazards for PSWs, and identify adjustments or new activities for the COMPASS guidebooks to address and support PSW needs. The overarching goal of curriculum modifications will be to encourage PSW participation in the COMPASS program into the future.

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(A) Summary of Findings and Recommendations

Like HCWs, PSWs are an isolated working population and face many similar occupational challenges. Both working populations are: involved with housekeeping tasks and supporting consumer-employer/service recipients' activities of daily living; lack access to more traditional workplace supports, such as assistance from coworkers or traditional supervision (consumer-employers or service-recipient's family members are their supervisors); and rely upon case managers to assess and help them get access to - and training with - durable medical equipment to prevent physical injuries.

Relative to HCWs, in surveys PSWs reported performing many of the same tasks to support service recipients' activities of daily living, but at somewhat lower frequencies than HCWs (e.g., assisting with transfers from place to place, assisting with walking, using wheel chairs, assisting with bathing, and cleaning). In surveys and qualitative interviews, relative to HCWs, PSWs reported spending more time out in the community with their service recipients, managing challenging behaviors more often, and caring for service recipients with greater variability in age and verbal/cognitive abilities. In contrast with HCWs, PSWs spent more time talking with, guiding, prompting, and coaching their service recipients. In qualitative interviews, if a PSW also had HCW experience, they were asked if they could identify any key differences between the two types of work. A common response was that workers felt PSW work was more relation-focused and centered around skill building and community involvement, and HCW work was more service and routine-based.

Similar to our past qualitative research with HCWs, in qualitative interviews with PSWs they reported disappointments with the availability and/or responsiveness of case managers, and challenges navigating governmental systems and processes for getting access to durable medical equipment. Types of tools and equipment needed were similar to those needed by HCWs in many instances (wheel chairs, walkers) but needed to be tailored to age or cognitive/disability needs of their service recipients (leg braces, walkers with special features for children). Some workers also reported desiring or needing pictorial communication assistive devices, or using/learning some sign language. We also heard stories of situations where workers were performing dangerous tasks due to a lack of a suitable tool or resource out in the community (e.g., lifting an early teen-aged service recipient into the child seat in a grocery cart so the child wouldn't run away during shopping; the PSW reported only Target has carts suitable for larger children to step into by themselves).

Given these high-level findings, we recommend the following adaptations, adjustments, and/or enhancements to the COMPASS curriculum:

- Meeting 3 Adjustments: “Neutral Spine Posture”
 - Add an example of avoiding non-neutral postures with a service recipient who is a child or adolescent heavier than 35 lbs in weight. Potentially while managing a challenging behavior in a community setting.
- Meeting 5 Adjustments: “Take a Load off with Tools”
 - Add examples of relatively low cost durable medical equipment of common use to both PSWs and HCWs, such as walkers for adults, and also for children.

- Delete the hands-on practice activity with slide boards and Gimme-A-Lift due to complexity and time consuming nature of the activity (the practice was meant for illustration only, and is not sufficient training for safe use), and to not over-emphasize a tool that is not currently covered by Medicaid (e.g., Gimme-A-Lift).
 - Both tools will still be shown as examples of low tech ergonomic tools that may prevent injury, just not practiced. COMPASS participants will be directed to videos online showing the usefulness of various tools with demonstrations, and encouraged to seek out tools and training with the support of their case managers and family of their consumer-employers/service recipients.
 - We will likely add additional content related to using walkers and wheel chairs in ways to minimize physical demands and to reduce the risk of injury.
- Meeting 6 Adjustments: “Communicating for Hazard Correction”
 - We will rename the meeting to “Communicating to Reduce Hazards” or something similar.
 - Replace or supplement the “PRAISE” communication strategy with a strategy that addresses de-escalation techniques for challenging behaviors.
 - Add a communication scenario (less effective and effective examples) of managing a challenging behavior and preventing it from escalating, and/or communicating effectively with case managers to obtain tools and resources.
 - Add example of a facilitated pictorial communication tool for a non- or partially verbal service recipient.
- Meeting 7 Adjustments: “Mental Health”
 - Add book options to the final “book club” take home goal focused on healthy relationships and positive ways to manage challenging behaviors.
 - Delete the requirement for the group to pick the same book for the book club – this will save valuable time in the last meeting and allow every worker to pick a book that speaks to their interests, read it, and report back to the group by email.
- “Extras” section Adjustments:
 - Add books on understanding autism or developmental disabilities.
 - Add social resource groups for those caring for individuals with cognitive or developmental disabilities.

Other adjustments planned based on observations of COMPASS groups

- A range of typo/arrangement/formatting edits identified during observations of COMPASS groups
- Extras section: Printing the NIOSH “Caring for Yourself While Caring for Others” tool as a separate bound handbook for homework assignments to increase ease of finding it, and to not give an incorrect indication that the entire COMPASS program is endorsed by NIOSH (last page of “Caring for Yourself...” has NIOSH logo).
 - COMPASS was funded by NIOSH but has not passed the review required to use the NIOSH logo endorsement

- In collaboration with the OHCC, add additional photos to the guidebooks of workers from diverse backgrounds to enhance visible inclusiveness in materials.

(B) Personal Support Worker Survey Summary

Background and Methods

PSWs care for individuals with intellectual and/or developmental disabilities. Service recipients' ages range across the human lifespan. To better understand the demands of personal support workers in the Oregon system, a PSW survey was designed. To construct the survey we reviewed previous research with PSWs and selected many work task-related questions to be comparable to our (and others') previous research with HCWs in Oregon's publicly funded programs. The survey included questions addressing:

- Background and current work hours and service recipients
- Work tasks and task frequencies
- Experience with challenging behaviors
- Injuries, illnesses, and musculoskeletal symptoms
- Safety practices, physical activity, and psychosocial factors
- Open-ended questions about workers' biggest safety concerns

The survey was programmed and administered via OHSU's instance of the Research Electronic Data Capture (REDCap) system, a secure online data management and survey platform. Eligibility requirements included a) having an active provider number and b) currently working with a service recipient funded through a public program. On behalf of OHSU researchers, the OHCC sent an email with a survey link to all PSWs in their system with an active provider number. The survey was advertised to participants as follows:

Email Subject Line: Help OHSU Learn More about Personal Support Workers

You are invited to participate in a short online research survey to help researchers at Oregon Health & Science University learn more about work tasks and stressors associated with personal support work. This confidential survey is supported by the Oregon Home Care Commission and will take 20-30 minutes to complete.

Participants who complete the research survey and provide their email address will receive an electronic \$10 Amazon gift card.

*Follow the link below to take the research survey:
<insert survey link here>*

If you have any questions regarding the survey and/or participation, contact the research team at compass@ohsu.edu or (503) 494-6580 (eIRB #5473; Ryan Olson, Principal Investigator)

Thank you for your time and consideration!

<insert sender here>

Upon completion of the survey, participants received a \$10 Amazon gift card.

Results

Background of PSWs: Data were included in this report for individuals who completed the scale of interest for each analysis. The mean age of participants was 45.1 years (SD=15.2), 83.9% of the participants were white, and 91.6% were female. PSWs worked an average of 29.4 hours per week (SD=21.23). The large standard deviation was influenced by individuals reporting live-in care work arrangements with very high weekly hours. The average time spent in the PSW field of work was 6.5 years (SD=7.53), and PSWs cared for an average of 1.59 service recipients. Age ranges for PSWs' service recipients ranged across the lifespan, and are presented in Table 1 below for the service recipients that workers reported spending the most hours with each week. Note that only 156 workers reported the age range for their primary service recipient.

Table 1
Percentage and count of service recipients in each age category

Age interval	% (count) of service recipients
<5yrs	1.5% (5)
5-17 yrs	13.3% (44)
18-24 yrs	9.3% (31)
25-44 yrs	15.4% (51)
45-64 yrs	5.7% (19)
65 yrs or older	1.8% (6)
Total	100% (156)

Work tasks and task frequencies: Relative to HCWs, in surveys PSWs reported performing many of the same tasks to support activities of daily living, but at somewhat lower frequencies than HCWs (e.g., assisting with transfers from place to place, assisting with walking, using wheel chairs, assisting with bathing, and cleaning). See Table 2 on the next page.

Table 2
Work Task Frequencies for Personal Support Workers compared to Home Care Workers

Work Tasks	Personal Support Workers			Home Care Workers			M diff
	N	M	SD	N	M	SD	
Help a service recipient transfer from place to place	314	2.60	2.89	93	3.47	2.96	-0.87
Move heavy/medium weight household objects? (More than 15 lbs or about two gallons of milk)	301	2.12	2.33	125	2.74	2.32	-0.62
Assist a service recipient while walking	296	1.84	2.67	114	3.39	2.69	-1.55
Stand in place for 30 cont. minutes	294	2.16	2.47	122	2.72	2.70	-0.56
Push, pull, or lift a wheelchair (With or without a person in it)	290	1.31	2.64	90	2.14	2.50	-0.83
Bathe a service recipient	288	1.12	1.67	101	2.02	1.72	-0.90
Help a service recipient dress	287	2.14	2.45	121	2.76	2.21	-0.62
Clean a floor (vacuum, mop, or sweep)	284	2.02	1.882	140	3.24	1.89	-1.22
Clean in the kitchen, not including floors (Such as a sink, stove, fridge, walls or counter top)	284	2.86	2.38	142	4.05	2.04	-1.19
Clean in the bathroom, not including floors? (tub, shower, sink, or walls)	284	1.69	1.82	137	2.88	1.74	-1.19

TABLE NOTE: The task frequency scale included the following frequency intervals: 0, 0 times per month | 1, 1-3 times per month | 2, 1-2 times per week | 3, 3-4 times per week | 4, 5-6 times per week | 5, Once per day | 6, 2 times per day | 7, 3-4 times per day | 8, 5 or more times per day. Thus, a mean score of 2 would equal the task being performed 1-2 times per week.

In another question we asked workers to estimate the percentage of time they spent supporting various types of service recipients' needs. PSWs reported the highest mean percentages of time supporting activities of daily living, social needs, and behavioral needs (see Table 3). The large standard deviations for each activity suggest that there is great variability in time spent supporting various service recipient needs, depending on the particular service recipient.

Table 3
Percent time PSWs reported spending supporting various service recipient needs

Needs supported	Mean % time	SD
Activities of daily living	42.4	28.4
Medical needs	27.0	28.9
Night time needs	10.0	21.8
Social needs	41.0	32.0
Behavioral needs	35.1	32.2
Other needs	13.0	23.9

Experience with challenging behaviors:

To compare PSWs' experiences with challenging behaviors to HCWs, we asked 17 questions that matched or aligned with two prior studies with HCWs (Hansen et al, 2015 with n=1219 HCWs; Barling et al., 2001 with n=292). We note that the survey was advertised as being about work tasks and stressors, and not explicitly about aggression or challenging behaviors. Of these 17 types of behaviors, many were experienced by PSWs at a level twice that reported by HCWs in prior studies. Those behaviors are highlighted in italics in Table 4 below.

Table 4
Percentage of Personal Support Workers Experiencing Challenging Behaviors Relative to Home Care Workers

In the last 12 months of work, have you...	PSW Yes % (n)	HCW Yes % (n)
Had someone cry to make you feel guilty	28.1 (70)	29.2 (351) ^a
Been yelled at, shouted at, or sworn at	47.9 (126)	41.6 (496) ^a
Had someone be verbally aggressive with you	40.1 (107)	34.7 (408) ^a
<i>Had a door slammed in your face</i>	28.9 (76)	11.3 (135) ^a
<i>Had someone harm themselves in front of you</i>	15.2 (40)	6.5 (78) ^a
Been cornered, or placed in a position that was difficult to get out of	18.6 (49)	18.6 (223) ^a
<i>Had someone try (but fail) to hit you with something</i>	20.5 (54)	9.3 (112) ^a
<i>Been threatened with a weapon other than a knife or gun</i>	6.1 (16)	2.2 (26) ^a
<i>Been choked</i>	1.1 (3)	0.2 (3) ^a
<i>Been spat on</i>	15.6 (41)	Originally merged
<i>Been bumped with unnecessary force</i>	26.2 (69)	9.1 (108) ^a
<i>Been slapped</i>	13.3 (35)	3.5 (10.22) ^b
<i>Been pushed, grabbed, or shoved</i>	27.4 (72)	3.5 (10.22) ^b
<i>Been bitten, kicked, or hit with a fist</i>	18.6 (49)	3.2 (9.34) ^b
<i>Had someone smash something in your presence or display a loss of control</i>	38.2 (100)	9.3 (27.16) ^b
<i>Has something thrown at you, or had someone threaten to throw something at you</i>	22.9 (60)	5.8 (16.94) ^b
Been threatened with a knife, or had someone handle a knife near you in a threatening manner	3.4 (9)	11.9 (34.75) ^b

TABLE NOTE: (a) data from Hansen et al. (2015), female Home Care Workers in Oregon compensated via Medicaid Waiver or having worked as an HCW within 3 months (n = 1219). (b) data from Barling et al. (2001), nurses, social workers, child management specialists, behavior management specialists in Canada working with clients in their own homes (n= 292)

Injuries, illnesses, and musculoskeletal symptoms:

The prevalence of illness and minor injuries was relatively high among the sample. Nearly 40% of PSWs (39.9%) reported missing one or more work days due to illness or personal reasons in the past 6 months. Most of those reporting missed work for illness or personal reasons missed 5 or fewer days (33.5%). Twenty-seven percent of PSWs reported experiencing a minor injury in the past 6 months that did not result in missed work time. Four of the 248 workers reported filing a workers' compensation claim in the prior 6 months. Lost time work injuries were experienced by 3.6% of PSWs (9 of 248 reporting), with one of those 9 workers experiencing 2 lost time injuries. Given the sample averaged about 30 hours of work per week, we were able to estimate an annual lost time injury rate of 10.3 per 100 full time workers using the formula below:

$$\text{Annual lost time injury rate per 100 full time workers} = \frac{\text{number of cases} * 200,000}{\text{number of employee labor hours worked}}$$

- 9 workers experienced **10** total lost time injuries
- for the reporting period, the sample (n=248) would have worked an estimated 30 hours per week over 26 weeks (6 months), which is a total of **193,440** estimated hours worked [248*(30*26 weeks)]

$$\text{Annual lost time injury rate per 100 full time workers} = \frac{10 * 200,000}{193,440}$$

$$\text{Annual lost time injury rate per 100 full time workers} = 10.3$$

A number of factors impact injury reporting, and self-reported injury rates are typically higher than those reported through official channels as OSHA recordable injuries (national average OSHA recordable rate = 2.9 per 100 full time workers). However, injuries resulting in lost work time are a meaningful metric to examine as they would qualify as recordable for OSHA for employers with 10 or more employees.

Self-reported prevalence of pain or discomfort in four body regions over the past 3 months were: 64.1% for the neck/shoulders; 31.5% for the forearm/wrist; 58.5% for the low back, and 50.8% for lower extremities (see Table 5 below). Of those reporting pain in these regions, the majority of workers reported the pain interfering with work to some degree (a little bit, to extremely).

Table 5
Prevalence of pain and pain interference with work in the past 3 months

Body Region	3-month pain prevalence % (n)	Pain interfered with work % (n)
Neck/shoulders	64.1 (159)	74.8 (119)
Forearm/wrist	31.5% (78)	80.8 (63)
Low back	58.5% (145)	87.6 (127)
Lower extremities	50.8% (126)	91.3 (115)

Safety behaviors, physical activity, and psychosocial factors:

PSWs reported taking roughly half as many key safety actions in the prior 6 months compared to HCWs in our prior research, although base rates for these actions among HCWs were also relatively low. PSWs reported the following mean (SD) frequencies for safety actions in the past 6 months: talking with service recipient or employer about improving safety=1.02 (SD=1.65); correcting slip/trip/fall hazards in service recipients' homes=0.81 (SD=1.42); correcting other hazards in service recipients' homes=0.35 (SD=0.88); using new tools or techniques to make tasks safer=0.26 (SD=0.82); using new tools or techniques to make house cleaning safer=0.44 (SD=0.90). How these mean behavior frequencies compare to HCWs from the COMPASS randomized trial control group at baseline are listed in the table below:

Table 6

Average safety behavior counts in the past 6 months for personal support workers vs. home care workers in the control group in the COMPASS randomized trial

Safety Actions	Personal Support Workers	Home Care Workers
Talking with service recipient or employer about improving safety	1.02	1.64
Correcting slip/trip/fall hazards in service recipients' homes	0.81	1.58
Correcting other hazards in service recipients' homes	0.35	0.93
Using new tools/techniques to make moving objects or service recipients safer	0.26	0.60
Using new tools or techniques to make house cleaning safer	0.44	1.07

We asked about healthy physical activity to explore whether PSWs were more or less active than HCWs. The average number of days with 30 minutes of healthy physical activity reported by PSWs was 2.01 (SD=1.5). This level of physical activity is essentially identical to HCWs, who averaged about 1.9 days per week with 30 minutes of healthy physical activity at baseline in the COMPASS randomized controlled trial.

Among PSWs, experienced community of practice averaged a score of 29.6 (SD=8.8; possible scores range from 9 to 45 [strongest community of practice]). This is about 3 points lower than the community of practice levels observed with home care workers before they participated in COMPASS (mean score ~33). Experienced community of practice is a measure of the strength of your professional network. We cannot say whether a three point difference is meaningful or not, only that the level was somewhat lower relative to HCWs. Reported occupational fatigue averaged 18.5 (SD=7.9; possible scores range from 8 to 40 [most fatigue]). Depressive symptoms averaged 3.1 (SD=3.1; possible scores range 0 to 15 [symptoms almost every day]). Perceived stress averaged 9.8 (SD=5.8; possible scores range from 0 to 28).

Open-ended questions:

The survey included open ended questions about what PSWs felt were the biggest safety concerns for them, and 283 workers entered responses. These responses were coded by general themes. Some workers (~20) shared more than one concern, but workers' first reported concerns in the survey were categorized as follows: no concerns (n=97; 34%), physical demands (n=135; 48%), challenging behaviors (n=28; 10%), and other (n=23; 8%).

Examples of physical demands or concerns for physical injury included handling wheel chairs and wheel chair transfers, physically supporting or transferring, bathing/showering/toileting, carrying and moving heavy objects, navigating stairs with service recipients, and dressing service recipients. Challenging behavior examples included kicking/scratching/punching/grabbing, biting, threats of violence, objects being thrown, outbursts (yelling, screaming), absconding (including potential for service recipient to jump out of moving cars), and self-harm. Many workers reported challenging behaviors being especially stressful and concerning for safety if the occurred out in the community, during a potentially physically dangerous task like bathing, or while driving.

Examples of the most common "other" concerns reported included driving and transportation; and exposure to communicable diseases/pathogens (exposure to blood, urine, feces, saliva), chemicals, and airborne pathogens. Additional examples of other exposures reported included psychosocial stressors (e.g., the unpredictability of navigating activities out in the community, exposure to outrageous or "psychotic" behaviors); very hot or cold work environments at houses; long shifts/work hours; and a lack of safety training.

(C) Qualitative Interviews Summary

A total of 15 phone interviews were carried out and 4 people participated in focus groups (total n=19). The phone interviews were held at times that were convenient for the participant, and the focus groups took place at the SEIU Local 503 in Portland. Participants were recruited from those who completed the PSW survey and expressed an interest in participating in future research, and from visiting training classes. Phone interviews and focus groups followed a set of structured interview questions addressing: background, well-being and stress, communication, challenging behaviors, daily tasks/activities, training experiences, and extra questions if they had served as both a PSW and HCW. Themes related to each set of interview questions are summarized below.

Background: All participants were women who served individuals with developmental disabilities as a PSW. Many were related to their service recipient (grandmother, parent, aunt, or sister). When no family relation was present, many reported being connected with their service recipients through prior work experiences. Several had work experiences in special education classrooms, but none expressed having gone through a “formal” training to perform PSW work. Workers reported actively seeking out self-sought or selected training and classes about autism or supporting individuals with disabilities outside of the Oregon Home Care Commission training system. The length of service as a PSW ranged from 2 years to more than two decades.

Stress and well-being: When asked about well-being and stress, there were several common themes that came about. Many generally agreed that from time to time their job was “stressful,” but each had their own definitions of such stress. To maintain well-being and manage stress, some shared they went for walks, gardened, talked with a partner about their day or feelings, or at times just took a step back from situations to gather themselves. Stressors reported ranged from service recipient disagreements or challenging behaviors, case manager or parent/guardian struggles, lack of resources (such as a place to “vent,”), and low pay levels. Aspects of the job that supported well-being focused around fulfilling relationships with service recipients, and knowing that they were helping the people they served lead more full and enjoyable lives. This especially applied to PSWs providing care for family members.

Communication: Workers reported that cognitive and verbal functioning varied quite a bit among their service recipients, but that they relied mainly upon verbal communication. This primary tactic was often supplemented by communication through gestures, cue cards, and physical direction (pointing at something and walking with the service recipient toward desired object/area). Some service recipients used grunting and/or physical gestures or some sign language. When asked if communication was a daily stressor, many answered that initially it was when they first started working with their service recipient until they learned how their service recipient communicated their needs, desires, likes and dislikes. Even though many workers spoke about having adapted to their situations, workers did express that daily communication could swing between being a challenge and not being challenge rapidly, often based on the mood of their service recipient or demanding situations.

Challenging behaviors: The portion of the survey asking about challenging behaviors garnered a variety of responses. What one worker considered challenging others didn’t think twice about.

Self-injury and emotional outbursts were mentioned as examples, often emitted by service recipients in situations involving a communication failures, or failure by the service recipient to obtain a desired outcome/want/need. While the exact same scenario was never reported twice, many workers spoke about the challenge of community outings and the stress and strain this regular activity caused them. Service recipients would at times become overwhelmed and upset, resulting in “meltdowns” in public. Other challenging behaviors in public settings included service recipients’ running away suddenly, or engaging in socially inappropriate behaviors with strangers. PSWs reported frequently being concerned about whether people out in the community during an outing would be accommodating or people might react toward their service recipient’s behavior. Many factors out in the community, including events during shopping, attending appointments, going to school, or on other settings, are out of the PSWs control. This led to situations feeling stressful and difficult to manage.

Physically demanding tasks: For about half of those interviewed, the most physically demanding tasks reported were related to moving service recipients from one position to another. About half of the service recipients described were able to move independently or mostly independently, but these individuals were often older children or obese young adults who could be difficult to manage – especially if challenging behaviors were being emitted during assistive tasks (like bathing or toileting). In such cases these potential physical hazards had to be managed by workers by being aware of and anticipating what the service recipient would do in different situations or when reacting to new activities. For workers who did have to physically assist their service recipients, tasks like moving and positing them, helping them in and out of wheel chairs, helping them use walkers, changing their clothes, or changing diapers, were often reported as the most physically demanding. An interesting theme that emerged when this question was asked and discussed was that many workers didn’t initially consider dressing and moving and positioning service recipients as physically demanding tasks. Rather, workers had gotten so accustomed to such work, that they didn’t realize the physical demands of what they did from day to day until examples of various types of physical work were shared.

Tools or assistive devices: When asked about the tools they used, a few PSWs interviewed mentioned using Hoyer Lifts (when available). But, more often, workers spoke about not having any assistive tools, or not having the tools they thought they needed. House cleaning tools were typically available and utilized, like brooms and bathroom chemicals. Walkers were mentioned as useful by a handful of the interviewees, but were not always easy to obtain. One worker reported feeling like she needed some kind of walker for her adult service recipient (20-30 years old), and began using the walker she had at her house that her deceased mother had used - even though it may not have been the best model or style for her service recipient. In this domain, many workers had difficulty thinking of tools they might use or need to prevent injuries unless prompted with specific examples.

Training needs: Reported training needs or interests varied based on workers’ length of time working as a PSW and the needs of their current service recipients. Many workers reported expending extensive individual efforts over the years to get training and support relevant to the needs of their service recipients, including finding online resources, taking community college classes, and reading books. About half mentioned knowing about the classes offered from the Home Care Commission, but others weren’t aware of the many training topics that were

available to them through the training system. When asked what trainings they would like to take, many spoke about autism education, self-defense, and alternative feeding methods (g-tubes, etc).

PSWs with home care experience: When asked if PSWs also had experience as HCWs, those who did have such experience shared similarities and differences between these worker roles. Workers felt that their PSW work was more community-based and independence/growth oriented, while home care work was more routine and maintenance oriented. Many enjoyed the age range of service recipients that one can work with as a PSW, and that their job could extend beyond household tasks (which was a common reported difference between the two types of work).

Open comments at the end of interviews: In closing comments many workers expressed an appreciation for the chance to provide feedback and comments that might be listened to or help make their work, or the systems/training supporting their work, better. For example, one of the most experienced PSWs interviewed reported that the main reason she volunteered for an interview was to share her story and some of her frustrations with changing rules and support systems for her work. She reported that in her decades doing this kind of work the structures had become more limiting, complex, and bureaucratic; caused a prior supervisor and trainer she worked for to dissolve her business; and overall, caused her wages to decline or stagnate. While the generality of her experience to other PSWs' situations is unknown, it was a common theme of interviews that case managers turned over or changed frequently, and were hard to get a hold of and get support from. In other words, workers often felt like they were on their own to make due with their own resources and those provided by families of their service recipients. On a very positive note, in closing comments another strong common theme was that in spite of many challenges, PSWs often reported their work was extremely gratifying and meaningful. The level of commitment and care they exhibited for service recipients was evident throughout the interview process.

(D) Observations Summary

In the Fall of 2017 Drs. Parker and Olson observed nearly every meeting of two initial “soft launch” COMPASS groups – one in Portland, and one in Salem. Trouble spots in the guidebooks and typos/errors were flagged with the assistance of facilitators. Researchers also had informal conversations with PSWs who were taking these initial COMPASS courses about how it fit with their work and work tasks. In the Winter of 2018 we observed about half of the meetings for two groups, which were also held in Portland and Salem with revised guidebooks. Additional trouble spots and errors were flagged, but with fewer total. Once again, we had informal discussions with PSWs who were taking these initial courses. For all groups observed, we had informal debriefing conversations with facilitators about process and flow, and anything we might streamline about the materials and process.

Typos, formatting, and minor adjustments being made to the guidebooks are not reported here. However, some strategic adjustments to the guidebooks were identified through observations that relate more to workers’ ease of participation in general rather to HCWs or PSWs specifically. A few of these adjustments are repeated below as examples, but are also noted at the beginning of this report:

- **Meeting 5 Adjustments: “Take a Load off with Tools”**
 - Delete the hands-on practice activity with slide boards and Gimme-A-Lift due to complexity and time consuming nature of the activity (the practice was meant for illustration only, and is not sufficient training for safe use), and to not over-emphasize a tool that is not currently covered by Medicaid (e.g., Gimme-A-Lift).
 - Both tools will still be shown as examples of low tech ergonomic tools that may prevent injury, just not practiced. COMPASS participants will be directed to videos online showing the usefulness of various tools with demonstrations, and encouraged to seek out tools and training with the support of their case managers.
 - We will likely add additional content related to using walkers and wheel chairs in ways to minimize physical demands and to reduce the risk of injury.
- **Meeting 7 Adjustments: “Mental Health”**
 - Delete the requirement for the group to pick the same book for the book club – this will save valuable time in the last meeting and allow every worker to pick what speaks to them, read it, and report back to the group by email.
- **Extras**
 - Printing the NIOSH “Caring for Yourself While Caring for Others” tool as a separate bound handbook for homework assignments to increase ease of finding it, and to not give an incorrect indication that the entire COMPASS program is endorsed by NIOSH.
 - COMPASS was funded by NIOSH but has not passed the review required to use the NIOSH logo endorsement.

(E) Appendices

NOTE: the PSW survey questions are exported from REDCap. The resulting output produces many pages, and does not represent branching logic very well. However, all the questions (or possible questions) are included.

PSW Survey

Personal Support Worker Safety, Work, and Health Survey

We are researchers at Oregon Health & Science University (OHSU) and are inviting you to participate in this confidential survey study. We want to learn about your work challenges, and how these challenges might impact your health and safety.

The survey is voluntary and will take about 15 to 30 minutes. Responses are required for each item in the survey. If you do not wish to complete all items, you may choose to exit the survey at any point. Those who complete the entire survey will be emailed a link for an online \$10 Amazon gift card.

Topics include common work tasks, health and safety behaviors, well-being, social support, and personal background. Your name won't be associated with your answers AND results can only be accessed by OHSU researchers. At the end of the survey there is a form to provide an email address. Your contact information will be kept confidential and never disclosed.

For questions or problems, please contact:

compass@ohsu.edu

Kelsey Parker (Project Manager), 503-494-6580, Ryan Olson (Principal Investigator), 503-494-2501

[Attachment: "COMPASS Phase VI (PSW) Survey Info Sheet.pdf"]

Do you consent to participate in this survey?

- ☐ Yes
☐ No

If you have any problems with the size or alignment of the text and check-boxes in this survey, please increase or decrease the font size with the "Resize Font" + or - buttons located in the top right corner of your screen.

Work Tasks and Safety

Over the past month at work, about how often did you help a service recipient transfer from place to place?

- ☐ 0 times per month
- ☐ 1-3 times per month
- ☐ 1-2 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ Once per day
- ☐ 2 times per day
- ☐ 3-4 times per day
- ☐ 5 or more times per day

When you helped a service recipient move or transfer, how often did you...

	Almost never	About 25% of the time	About half of the time	About 75% of the time	Almost always
Use a tool? (Such as transfer belt, slide board, support poles/lever, flexi-disk, or slip sheet)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use good posture or technique? (Such as bending at the knees and hips instead of just your back, using a staggered shoulder-width stance, your arms close to your body, service recipient bearing most of their weight, no arms around your neck)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Over the past month at work, about how often did you move heavy/medium weight household objects? (More than 15 lbs or about two gallons of milk.)

- ☐ 0 times per month
- ☐ 1-3 times per month
- ☐ 1-2 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ Once per day
- ☐ 2 times per day
- ☐ 3-4 times per day
- ☐ 5 or more times per day

When you moved heavy/medium weight household objects from place to place, how often did you...

	Almost never	About 25% of the time	About half of the time	About 75% of the time	Almost always
Use a tool? (Such as a cart or dolly; bag/basket with handles or shoulder straps)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use good posture or technique? (Such as bending at the knees and hips instead of just your back, using a staggered shoulder-width stance, lifting/lowering with leg muscles, holding objects close to your body)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Over the past month at work, about how often did you assist a service recipient while walking?

- ☐ 0 times per month
- ☐ 1-3 times per month
- ☐ 1-2 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ Once per day
- ☐ 2 times per day
- ☐ 3-4 times per day
- ☐ 5 or more times per day

When you assisted a service recipient while walking, how often did you...

	Almost never	About 25% of the time	About half of the time	About 75% of the time	Almost always
Have them use a tool? (Such as a cane or walker)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Over the past month at work, how often did you stand in place for 30 continuous minutes?

- ☐ 0 times per month
- ☐ 1-3 times per month
- ☐ 1-2 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ Once per day
- ☐ 2 times per day
- ☐ 3-4 times per day
- ☐ 5 or more times per day

When you had to stand for 30 minutes, how much of the time did you...

	Almost never	About 25% of the time	About half of the time	About 75% of the time	Almost always
Maintain good posture? (Such as using a shoulder-width stance, keeping your head above your hips, not slouching, or not reaching)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Over the past month at work, how often did you push, pull, or lift a wheelchair? (With or without a person in it.)

- ☐ 0 times per month
- ☐ 1-3 times per month
- ☐ 1-2 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ Once per day
- ☐ 2 times per day
- ☐ 3-4 times per day
- ☐ 5 or more times per day

When you pushed, pulled, or lifted a wheelchair, how often did you...

	Almost never	About 25% of the time	About half of the time	About 75% of the time	Almost always
Use good posture or technique? (Such as bending at the knees and hips instead of your back, using a staggered shoulder-width stance, lifting/lowering with leg muscles, holding objects close to your body)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Over the past month at work, how often did you bathe a service recipient?

- ☐ 0 times per month
- ☐ 1-3 times per month
- ☐ 1-2 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ Once per day
- ☐ 2 times per day
- ☐ 3-4 times per day
- ☐ 5 or more times per day

When you bathed a service recipient, how often did you...

	Almost never	About 25% of the time	About half of the time	About 75% of the time	Almost always
Use tools or installed supports? (Such as a stool for you to sit on, a shower chair, hand rails, or hand-held shower hose)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Over the past month at work, how often did you help a service recipient dress?

- ☐ 0 times per month
- ☐ 1-3 times per month
- ☐ 1-2 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ Once per day
- ☐ 2 times per day
- ☐ 3-4 times per day
- ☐ 5 or more times per day

When you dressed a service recipient, how often did you...

	Almost never	About 25% of the time	About half of the time	About 75% of the time	Almost always
Use tools or good posture? (Such as a stool for you to sit on, kneeling or bending at knees and hips instead of just your back)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Over the past month at work, how often did you clean a floor? (Such as vacuum, mop, or sweep.)

- ☐ 0 times per month
- ☐ 1-3 times per month
- ☐ 1-2 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ Once per day
- ☐ 2 times per day
- ☐ 3-4 times per day
- ☐ 5 or more times per day

Over the past month at work, how often did you clean in the kitchen, not including floors? (Such as a sink, stove, fridge, walls or counter top.)

- ☐ 0 times per month
- ☐ 1-3 times per month
- ☐ 1-2 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ Once per day
- ☐ 2 times per day
- ☐ 3-4 times per day
- ☐ 5 or more times per day

Over the past month at work, how often did you clean in the bathroom, not including floors? (Such as a tub, shower, sink, or walls.)

- ☐ 0 times per month
- ☐ 1-3 times per month
- ☐ 1-2 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ Once per day
- ☐ 2 times per day
- ☐ 3-4 times per day
- ☐ 5 or more times per day

Over the past month at work...

If you did not do one of these tasks, mark "Not Applicable"

	Almost never	About 25% of the time	About half of the time	About 75% of the time	Almost always	Not applicable
When you cleaned low or deep surfaces like floors, toilets, tubs, sinks, or deep counters, how often did you use long handled tools? (Such as long-handled mops, scrubbers, or dusters)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When you cleaned high places, how often did you use a step stool?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When you cleaned while kneeling, how often did you use a kneepad?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When you cleaned with chemicals, how often did you wear gloves?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You're about halfway done!!

Thank you so much for participating.

Please list the tasks you complete as a Personal Support Worker where you are most concerned about your personal safety: (Include tasks that may cause you physical discomfort or pain.)

For this next section of questions, think about what percentage of your day you spend completing these types of tasks.

Drag the slider to the number which represents the percentage of your day spent on types of tasks. Do your best to ensure total adds up to 100.

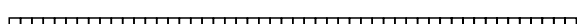
Answer based on a typical work day in the last month.

Total time spent daily (auto calculated by sliders):

Activities of Daily Living:

e.g., meal prep, mobility, transferring, bathing/hygiene, shopping/money management, etc.

0% time 100% of time

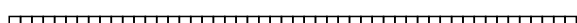


(Place a mark on the scale above)

Medical Needs:

e.g., safety, medical/medication/health management.

0% time 100% of time

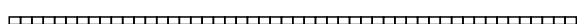


(Place a mark on the scale above)

Nighttime needs:

e.g. any support needed between 10 pm-5 am.

0% time 100% of time

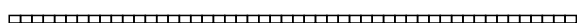


(Place a mark on the scale above)

Social Needs:

e.g., community integration, social interactions.

0% time 100% of time

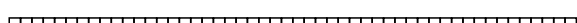


(Place a mark on the scale above)

Behavioral Needs:

e.g., supervising, monitoring and plan for behavior and mental health.

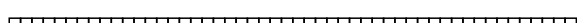
0% time 100% of time



(Place a mark on the scale above)

Other needs not listed above:

0% time 100% of time



(Place a mark on the scale above)

If you included "Other" in your time estimate, please list those tasks:

In the past 6 months, did you talk with your service recipient(s) or employer(s) of record about ways to improve unsafe conditions at work?

- ☐ No safety conversations
- ☐ Yes, 1 time
- ☐ Yes, 2 times
- ☐ Yes, 3 times
- ☐ Yes, 4 times
- ☐ 5 or more times

In the past 6 months, have you corrected any slip, trip, or fall hazards in a service recipient's home?
(Such as taping or securing carpet corners down, moving objects or wires/cables from floor, improving lighting, or wearing non-slip shoes.)

- ☐ No hazards corrected
- ☐ Yes, 1 hazard corrected
- ☐ Yes, 2 hazards corrected
- ☐ Yes, 3 hazards corrected
- ☐ Yes, 4 hazards corrected
- ☐ Yes, 5 or more hazards corrected

In the past 6 months, have you corrected any other hazards in a service recipient's home?
(Such as disposal of needles, storage of meds, biohazard disposal, fire/electrical hazards, chemical hazards or other.)

- ☐ No hazards corrected
- ☐ Yes, 1 hazard corrected
- ☐ Yes, 2 hazards corrected
- ☐ Yes, 3 hazards corrected
- ☐ Yes, 4 hazards corrected
- ☐ Yes, 5 or more hazards corrected

In the past 6 months, have you used NEW tools or techniques to make moving objects or assisting service recipient(s) safer or easier?
(Such as transfer belts, slide boards, support poles/levers, flexi-disks, or slip sheets; carts or bags for moving objects; using good back postures.)

- ☐ No new tools/techniques
- ☐ 1 tool/technique
- ☐ 2 tools/techniques
- ☐ 3 tools/techniques
- ☐ 4 tools/techniques
- ☐ 5 or more tools/techniques

In the past 6 months, have you used NEW tools or techniques to make house cleaning safer or easier?
(Such as using long-handled mops or dusters, stools to reach heights, wearing gloves, switching to less hazardous chemicals.)

- ☐ No new tools/techniques
- ☐ 1 tool/technique
- ☐ 2 tools/techniques
- ☐ 3 tools/techniques
- ☐ 4 tools/techniques
- ☐ 5 or more tools/techniques

In the past 6 months, have you missed work for illness or personal reasons? (e.g., cold/flu/infection, child or parent care, not feeling well, etc.)

- ☐ No missed days
- ☐ Yes, 1 day
- ☐ Yes, 2 days
- ☐ Yes, 3-5 days
- ☐ Yes 6-10, days
- ☐ Yes, 10 or more

In the past 6 months, have you had any minor injuries at work that did not require you to miss work on following shifts?

(e.g., minor cuts, bruises, back/neck pain or sprains requiring first aid or treatment)

- ☐ No minor injuries
- ☐ Yes, 1 minor injury
- ☐ Yes, 2 minor injuries
- ☐ Yes, 3 minor injuries
- ☐ Yes, 4 minor injuries
- ☐ Yes, 5 minor injuries or more

In the past 6 months, have you had any injuries at work that required you to miss work on following shifts?

(e.g., more serious sprains and cuts, muscle or joint pain, or fractures requiring recovery time or medical treatment)

- ☐ No injuries causing days off
- ☐ Yes, 1 injury causing days off
- ☐ Yes, 2 injuries causing days off
- ☐ Yes, 3 injuries causing days off
- ☐ Yes, 4 injuries causing days off
- ☐ Yes, 5 or more injuries causing days off

If you had one or more injuries at work that required you to miss work on following shifts, how many total days did you miss?

- ☐ 1 day
- ☐ 2 days
- ☐ 3-5 days
- ☐ 6-10 days
- ☐ 10 days or more

In the past 6 months, have you filed a worker's compensation claim?

- ☐ No, have not filed a claim
- ☐ Yes, 1 claim
- ☐ Yes, 2 claims
- ☐ Yes, 3 claims
- ☐ Yes, 4 claims
- ☐ Yes, 5 or more claims

This next section is concerned with the problematic or aggressive behaviors that you may experience in your work as a Personal Support Worker. Please answer each item honestly and accurately to the best of your ability.

In the last 12 months of work, have you...

Had someone cry to make you feel guilty?

- ☐ Never
- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four times
- ☐ Five times or more

Been yelled at, shouted at, or sworn at?

- ☐ Never
- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four times
- ☐ Five times or more

Had a door slammed in your face?

- ☐ Never
- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four times
- ☐ Five times or more

Had someone harm themselves in front of you?

- ☐ Never
- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four times
- ☐ Five times or more

Had someone be verbally aggressive with you?

- ☐ Never
- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four times
- ☐ Five times or more

CONTINUED: This next section is concerned with the problematic or aggressive behaviors that you may experience in your work as a Personal Support Worker. Please answer each item honestly and accurately to the best of your ability.

In the last 12 months of work, have you...

Been cornered, or placed in a position that was difficult to get out of?

- ☐ Never
- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four times
- ☐ Five times or more

Had someone try (but fail) to hit you with something?

- ☐ Never
- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four times
- ☐ Five times or more

Been threatened with a weapon other than a knife or a gun?

- ☐ Never
- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four times
- ☐ Five times or more

This next section is concerned with the problematic or aggressive behaviors that you may experience in your work as a PSW. Please answer each item honestly and accurately to the best of your ability.

For each physically aggressive behavior exhibited by someone during your daily work as a PSW, you will be asked to indicate the extent of the most serious injury caused by this behavior.

In the last 12 months of work, have you...

Been spat on?

- ☐ Never
- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four times
- ☐ Five times or more

Been bumped with unnecessary force?

- ☐ Never
- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four times
- ☐ Five times or more

If you were injured, what was the severity?

- ☐ No injury (did not cause pain or tissue damage)
- ☐ Minor injury (caused superficial scratching or reddening of skin)
- ☐ Moderate injury (first aid but not medical attention needed)
- ☐ Serious injury (medical attention needed)
- ☐ Very serious injury (caused very severe tissue damage, e.g. broken bones, deep lacerations/wounds, or resulted in hospitalization and/or certified absences from work for whatever reasons)

Been slapped?

- ☐ Never
- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four times
- ☐ Five times or more

If you were injured, what was the severity?

- ☐ No injury (did not cause pain or tissue damage)
- ☐ Minor injury (caused superficial scratching or reddening of skin)
- ☐ Moderate injury (first aid but not medical attention needed)
- ☐ Serious injury (medical attention needed)
- ☐ Very serious injury (caused very severe tissue damage, e.g. broken bones, deep lacerations/wounds, or resulted in hospitalization and/or certified absences from work for whatever reasons)

Been pushed, grabbed, or shoved?

- ☐ Never
- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four times
- ☐ Five times or more

If you were injured, what was the severity?

- ☐ No injury (did not cause pain or tissue damage)
- ☐ Minor injury (caused superficial scratching or reddening of skin)
- ☐ Moderate injury (first aid but not medical attention needed)
- ☐ Serious injury (medical attention needed)
- ☐ Very serious injury (caused very severe tissue damage, e.g. broken bones, deep lacerations/wounds, or resulted in hospitalization and/or certified absences from work for whatever reasons)

Been bitten, kicked, or hit with a fist?

- ☐ Never
- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four times
- ☐ Five times or more

If you were injured, what was the severity?

- ☐ No injury (did not cause pain or tissue damage)
- ☐ Minor injury (caused superficial scratching or reddening of skin)
- ☐ Moderate injury (first aid but not medical attention needed)
- ☐ Serious injury (medical attention needed)
- ☐ Very serious injury (caused very severe tissue damage, e.g. broken bones, deep lacerations/wounds, or resulted in hospitalization and/or certified absences from work for whatever reasons)

CONTINUED: This next section is concerned with the problematic or aggressive behaviors that may experience with in your work as a PSW. Please answer each item honestly and accurately to the best of your ability.

For each physically aggressive behavior exhibited by someone during your daily work as a PSW, you will be asked to indicate the extent of the most serious injury caused by this behavior.

In the last 12 months of work, have you...

Had someone smash something in your presence or display a loss of control?

- ☐ Never
- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four times
- ☐ Five times or more

If you were injured, what was the severity?

- ☐ No injury (did not cause pain or tissue damage)
- ☐ Minor injury (caused superficial scratching or reddening of skin)
- ☐ Moderate injury (first aid but not medical attention needed)
- ☐ Serious injury (medical attention needed)
- ☐ Very serious injury (caused very severe tissue damage, e.g. broken bones, deep lacerations/wounds, or resulted in hospitalization and/or certified absences from work for whatever reasons)

Had something thrown at you, or had someone threaten to throw something at you?

- ☐ Never
- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four times
- ☐ Five times or more

If you were injured, what was the severity?

- ☐ No injury (did not cause pain or tissue damage)
- ☐ Minor injury (caused superficial scratching or reddening of skin)
- ☐ Moderate injury (first aid but not medical attention needed)
- ☐ Serious injury (medical attention needed)
- ☐ Very serious injury (caused very severe tissue damage, e.g. broken bones, deep lacerations/wounds, or resulted in hospitalization and/or certified absences from work for whatever reasons)

Been choked?

- ☐ Never
- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four times
- ☐ Five times or more

If you were injured, what was the severity?

- ☐ No injury (did not cause pain or tissue damage)
- ☐ Minor injury (caused superficial scratching or reddening of skin)
- ☐ Moderate injury (first aid but not medical attention needed)
- ☐ Serious injury (medical attention needed)
- ☐ Very serious injury (caused very severe tissue damage, e.g. broken bones, deep lacerations/wounds, or resulted in hospitalization and/or certified absences from work for whatever reasons)

Been threatened with a knife, or had someone handle a knife near you in a threatening manner?

- ☐ Never
- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four times
- ☐ Five times or more

If you were injured, what was the severity?

- ☐ No injury (did not cause pain or tissue damage)
- ☐ Minor injury (caused superficial scratching or reddening of skin)
- ☐ Moderate injury (first aid but not medical attention needed)
- ☐ Serious injury (medical attention needed)
- ☐ Very serious injury (caused very severe tissue damage, e.g. broken bones, deep lacerations/wounds, or resulted in hospitalization and/or certified absences from work for whatever reasons)

Please answer the next 4 questions about physical activity as they have applied to you over the past month.

	0	1	2	3	4	5	6	7
How many days per week did you exercise or take part in hard physical activities that made you sweat and breathe hard for at least 30 minutes? (Such as aerobics, jogging, swimming laps, tennis, fast bicycling, strength training, or similar activities)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How many days per week did you exercise or take part in moderate physical activities that increased your breathing a bit for a total of at least 30 minutes during the day? (Such as brisk walking)? Do not include activities listed above.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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How many days per week did you exercise to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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How many days per week do you take part in any physical activity long enough to work up a sweat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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During the past month, how often do the expressions below describe how you felt at work?

	Never	Almost never	Sometimes	Often	Very often
Worn out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tense muscles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stiff joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spent (e.g., very tired, exhausted)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overworked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Numbness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drained (e.g., no energy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Using the list of words below, indicate how much each of the following words/phrases describes your job situation in the past month.

	Not at all	A little	Somewhat	Moderately	Very much
Demanding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pressured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hectic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stressful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pushed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the last 3 months, have you had any pain or discomfort in your neck/shoulders?

- ☐ Yes
☐ No

During the last 3 months, how much did pain or discomfort in your neck/shoulders interfere with your normal activities? (work or home)

- ☐ Not at all
☐ A little bit
☐ Moderately
☐ Quite a bit
☐ Extremely

During the last 3 months, have you had any pain or discomfort in your forearm/wrist?

- ☐ Yes
☐ No

During the last 3 months, how much did pain or discomfort in your forearm/wrist interfere with your normal activities? (work or home)

- ☐ Not at all
☐ A little bit
☐ Moderately
☐ Quite a bit
☐ Extremely

During the last 3 months, have you had any pain or discomfort in your lower back?

- ☐ Yes
☐ No

During the last 3 months, how much did pain or discomfort in your lower back interfere with your normal activities? (work or home)

- ☐ Not at all
☐ A little bit
☐ Moderately
☐ Quite a bit
☐ Extremely

During the last 3 months, have you had any pain or discomfort in your lower extremities? (e.g., legs, knees, ankles, feet)

- ☐ Yes
☐ No

During the last 3 months, how much did pain or discomfort in your lower extremities interfere with your normal activities? (work or home)

- ☐ Not at all
☐ A little bit
☐ Moderately
☐ Quite a bit
☐ Extremely

At its worst during the last 7 days, how severe has your pain or discomfort been?

Mark a number for each area.

	No hurt 0	1	2	3	4	5	6	7	8	9	Hurts worst 10
Neck/Shoulders	<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"/>
Forearm/wrist	<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"/>
Lower back	<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"/>
Lower extremities	<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"/>

Below is a list of ways you may have felt or behaved.

Please indicate how you have felt during the last 7 days.

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or moderate amount of time (3-4 days)	Most or all of the time (5-7 days)
I felt depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sleep was restless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had crying spells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could not 'get going'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This scale consists of a number of words and phrases that describe different feelings and emotions.

Read each item and then mark the appropriate answer in the space next to that word.

Indicate to the extent you feel this way in general.

	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
Inspired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afraid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alert	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excited	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enthusiastic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determined	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Distressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the next questions, please indicate how often you felt or thought a certain way about your life in general during the past month.

In the past month, how often have you...

	Never	Almost never	Sometimes	Often	Very often
Felt that you were unable to control the important things in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt that you were effectively coping with important changes that were occurring in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt confident about your ability to handle your personal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt that things were going your way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Found that you could not cope with all the things that you had to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt that you were on top of things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt difficulties were piling up so high that you could not overcome them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the next set of questions, please show how often each happens by marking one response next to each question.

In the past 3 months, how often have you...

	Never	Almost never	Sometimes	Often	Very often
Felt like you were treated unfairly by your employer(s) of record?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had a disagreement with your employer(s) of record over the work you do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been shown a lack of respect or felt under-appreciated by your employer(s) of record?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been treated with hostility or rude behavior by your employer(s) of record?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had your employer(s) of record yell at you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been blamed or criticized for something that was not your fault by your employer(s) of record?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been given unclear directions by your employer(s) of record?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is your Employer of Record also your Service Recipient?

- ☐ Yes
- ☐ No

For the next set of questions, please show how often each happens by marking one response next to each question.

In the past 3 months, how often have you...

	Never	Almost never	Sometimes	Often	Very often
Felt like you were treated unfairly by your service recipient(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had a disagreement with your service recipient(s) over the work you do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been shown a lack of respect or felt under-appreciated by your service recipient(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been treated with hostility or rude behavior by your service recipient(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had your service recipient(s) yell at you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been blamed or criticized for something that was not your fault by your service recipient(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been given unclear directions by your service recipient(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Based on your experiences during the past 3 months, please rate how much you agree or disagree with each statement by marking one response next to each statement.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I feel comfortable communicating freely with other personal support workers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have opportunities for free communication with other personal support workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is easy for me to communicate with other personal support workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interacting with other personal support workers helps me remember things that we have learned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating in meetings with personal support workers helps me remember things that we have learned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lessons learned from past experiences of other personal support workers are shared with me and easily remembered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I interact with other personal support workers with the goal of learning from them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I learn new skills and knowledge from interacting with other personal support workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other personal support workers share things they have learned with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Background

What is your age?

What is your sex?

- ☐ Male
- ☐ Female
- ☐ Transgender

What is your racial background? (Select only one)

- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Native Hawaiian/Pacific Islander
- ☐ Black/African American
- ☐ White
- ☐ More than one race
- ☐ Other

If "Other", please specify:

Are you of Hispanic, Latino or Spanish origin?

- ☐ No
- ☐ Yes

What is your relationship status? (Select only one)

- ☐ Married
- ☐ Divorced or separated
- ☐ Widowed
- ☐ Living with significant other
- ☐ Never married

CONTINUED: Background

How many years have you worked as a personal support worker?

(Round to the nearest year. For example, if you have worked as a personal support workers for 1 year and 8 months, then enter 2 years)

How many hours per day do you typically work as a personal support worker?

How many hours per week do you typically work as a personal support worker?

Do you do hourly or live-in work?

- ☐ Hourly
☐ Live-in

Do you provide care for a family member as a personal support worker?

- ☐ Yes - paid
☐ Yes - unpaid
☐ No

How many service recipients do you currently perform paid work for?

- ☐ 1
☐ 2
☐ 3
☐ 4 or more

What is your relationship with your service recipient?

- ☐ Child
☐ Relative
☐ Family Friend
☐ None of the above

What is the age range of your service recipient?

- ☐ Under 5 years
☐ 5-17 years
☐ 18-24 years
☐ 25-44 years
☐ 45-64 years
☐ 65 or older

What is your relationship with the service recipient you are assigned the most hours with?

- ☐ Child
☐ Relative
☐ Family Friend
☐ None of the above

What is the age range of the service recipient you are assigned the most hours with?

- ☐ Under 5 years
- ☐ 5-17 years
- ☐ 18-24 years
- ☐ 25-44 years
- ☐ 45-64 years
- ☐ 65 or older

What is your relationship with the service recipient you are assigned the remaining hours with?

- ☐ Child
- ☐ Relative
- ☐ Family Friend
- ☐ None of the above

What is the age range of the service recipient you are assigned the remaining hours with?

- ☐ Under 5 years
- ☐ 5-17 years
- ☐ 18-24 years
- ☐ 25-44 years
- ☐ 45-64 years
- ☐ 65 or older

What is your relationship with the service recipient you are assigned the most hours with?

- ☐ Child
- ☐ Relative
- ☐ Family Friend
- ☐ None of the above

What is the age range of the service recipient you are assigned the most hours with?

- ☐ Under 5 years
- ☐ 5-17 years
- ☐ 18-24 years
- ☐ 25-44 years
- ☐ 45-64 years
- ☐ 65 or older

What is your relationship with the service recipient you are assigned the second most hours with?

- ☐ Child
- ☐ Relative
- ☐ Family Friend
- ☐ None of the above

What is the age range of the service recipient you are assigned the second most hours with?

- ☐ Under 5 years
- ☐ 5-17 years
- ☐ 18-24 years
- ☐ 25-44 years
- ☐ 45-64 years
- ☐ 65 or older

What is your relationship with the service recipient you are assigned the remaining hours with?

- ☐ Child
- ☐ Relative
- ☐ Family Friend
- ☐ None of the above

What is the age range of the service recipient you are assigned the remaining hours with?

- ☐ Under 5 years
- ☐ 5-17 years
- ☐ 18-24 years
- ☐ 25-44 years
- ☐ 45-64 years
- ☐ 65 or older

What is your relationship with your service recipient(s) that you are assigned the most hours with?

- ☐ Child
- ☐ Relative
- ☐ Family friend
- ☐ None of the above

What is the age range of the service recipient you are assigned the most hours with?

- ☐ Under 5 years
- ☐ 5-17 years
- ☐ 18-24 years
- ☐ 25-44 years
- ☐ 45-64 years
- ☐ 65 or older

What is your relationship with your service recipient(s) that you are assigned the second most hours with?

- ☐ Child
- ☐ Relative
- ☐ Family friend
- ☐ None of the above

What is the age range of the service recipient you are assigned the second most hours with?

- ☐ Under 5 years
- ☐ 5-17 years
- ☐ 18-24 years
- ☐ 25-44 years
- ☐ 45-64 years
- ☐ 65 or older

What is your relationship with your service recipient(s) that you are assigned the third most hours with?

- ☐ Child
- ☐ Relative
- ☐ Family friend
- ☐ None of the above

What is the age range of the service recipient you are assigned the third most hours with?

- ☐ Under 5 years
- ☐ 5-17 years
- ☐ 18-24 years
- ☐ 25-44 years
- ☐ 45-64 years
- ☐ 65 or older

What is your relationship with your service recipient(s) that you spend your remaining time with?
(Check all that apply)

- ☐ Child
- ☐ Relative
- ☐ Family friend
- ☐ None of the above

What is the age range of your child service recipient?

- ☐ Under 5 years
- ☐ 5-17 years
- ☐ 18-24 years
- ☐ 25-44 years
- ☐ 45-64 years
- ☐ 65 or older

What is the age range of your relative service recipient?

- ☐ Under 5 years
- ☐ 5-17 years
- ☐ 18-24 years
- ☐ 25-44 years
- ☐ 45-64 years
- ☐ 65 or older

What is the age range of your family friend service recipient?

- ☐ Under 5 years
- ☐ 5-17 years
- ☐ 18-24 years
- ☐ 25-44 years
- ☐ 45-64 years
- ☐ 65 or older

What is the age range of your service recipient?

- ☐ Under 5 years
- ☐ 5-17 years
- ☐ 18-24 years
- ☐ 25-44 years
- ☐ 45-64 years
- ☐ 65 or older

Has your service recipient been determined by the Department of Human Services to be eligible for an Enhanced and Exceptional Support Worker?

- ☐ No
- ☐ Yes
- ☐ Don't know

CONTINUED: Background

How much time do you spend commuting to your work as a personal support worker each DAY?
(Answer in minutes. For example, 60 minutes)

What is your primary mode of personal transportation?
(Select only one)

- ☐ Public transit
- ☐ Personal vehicle
- ☐ Walking/biking
- ☐ Other

How much time do you spend helping your service recipient(s) with transportation each DAY?
(Answer in minutes. For example, 60 minutes)

What is your primary mode of transportation with care recipient?
(Select only one)

- ☐ Public transit
- ☐ Personal vehicle
- ☐ Walking/biking
- ☐ Other

How many children do you and your spouse/partner have?

How many children do you or your spouse/partner care for who are under the age of 18?

CONTINUED: Background

What is the highest grade/year of school you have completed? (High school = 12 years)

What is the highest certificate or degree you have earned in school?

- ☐ High school diploma or GED
- ☐ Vocational or technical certificate
- ☐ Associates degree
- ☐ College degree
- ☐ Graduate degree

Rate your level of comfort using computers:

- ☐ Very comfortable
- ☐ Somewhat comfortable
- ☐ Neutral
- ☐ Somewhat uncomfortable
- ☐ Very uncomfortable

Which of the following do you own? (Select all that apply)

- ☐ Laptop with internet plan
- ☐ Laptop with no internet plan
- ☐ Home computer with internet access
- ☐ Home computer with no internet access
- ☐ Tablet computer (an iPad or similar)
- ☐ Smartphone with an internet plan (iPhone, Android, etc)
- ☐ iPod or mp3 player

In the past month, how often have you accessed the internet?

- ☐ Never
- ☐ 1-3 times a month
- ☐ 1 per week
- ☐ 2 to 4 times per week
- ☐ 5 or 6 times per week
- ☐ Every day

You are welcome to submit this survey anonymously, however if you would like to receive the \$10 Amazon gift card for completing this survey, please submit your email below.

Once the research team has received your responses and confirmed your completion of the entire survey, you will be emailed a link for a \$10 Amazon gift card.

Your email address and your survey responses will be kept confidential.

Email address (Example, yourname@gmail.com)

(Example, yourname@gmail.com)

Are interested in being contacted about participating in future research opportunities?

- ☐ Yes
☐ No

Please enter your preferred contact information (physical address, phone number or email address if different than one previously provided).

This contact information will not be stored with your survey responses.

PSW Interview/Focus Group Questions

Participant ID: _____

Date/Time: ____/____/____

Interviewer: _____

Location: _____

Personal Support Worker Interview: PSW Experiences

Instructions to interviewers

Before initiating the interview, complete the media consent process and state the following:

- ☐ *Thank you for your time and willingness to talk with me about your work. We'd like to talk with you for about 60 minutes. We won't go longer than that time unless you'd like time to share more.*
- ☐ *If it's OK with you, I will take notes in addition to audio or video recording. If at any time, you'd like me to turn off the recorder or video camera, please just let me know.*
- ☐ *Participation in this research interview is completely voluntary, and we will use your recorded interview only in ways you chose in your media consent form.*
- ☐ *We are want to learn from your honest experiences and opinions, so we hope you feel comfortable to speak freely. There are no right or wrong answers. You don't need to feel that you are speaking for other personal support workers. We are interested in your thoughts and experiences.*

General prompts that can be repeated as often as needed to elicit additional detail:

- ☐ Can you say a bit more about that?
- ☐ Help me understand how that went.
- ☐ Help me understand what that meant/meant to you.
- ☐ I'm not sure I can "see" that. Are there more details that might help me "get the picture"?
- ☐ How did that connect with what you told me earlier?
- ☐ Did that seem significant? If so, in what way?
- ☐ So, for an overall timeline, what was the sequence/trajectory?

Background

To start, I would like to get a little more information about your history as a personal support worker

- How long have you worked as a personal support worker _____
- Do you work solely as a personal support worker? **Yes No** (circle one)
 - If not, what is/are your other position(s)? _____
- How many service recipients do you currently care for _____
- Are you related to your service recipient(s)? **Yes No** (circle one)
 - If yes, what is your relationship? _____
- What age(s) is/are your service recipients? *(Can provide age range if they don't want to provide a specific age)* _____
- Tell me about how you got into personal support work? What got you interested or involved with this work?

Participant ID: _____

Interviewer: _____

Date/Time: ____/____/____

Location: _____

Well-being & stress

- What is your favorite part about being a PSW?

- What would you say are the most stressful or challenging parts of being a PSW?

- Is there a resource [person/program/activity] you lean on/gravitate to help you when your job is stressful?

- What would you change about your job to make it less stressful?

Communication

- Please describe the primary means of communication between you and your service recipient.
 - ☐ Verbal
 - ☐ Sign language
 - ☐ Gestures
 - ☐ Cue cards
 - ☐ Assistive devices
 - ☐ Other

- If that communication method fails, what do you do?

- Do you feel you have the adequate skills or training to effectively communicate with your service recipient? If so, could you describe the skills you use and any training you've gone through?

Participant ID: _____

Interviewer: _____

Date/Time: ____/____/____:____

Location: _____

Challenging Behaviors

- Does your service recipient exhibit any challenging behaviors, such as aggressive behavior, self-injury, or disruptive behavior? **Yes** **No** (circle one)
 - If so, how often do these behaviors occur? How do you respond when your service recipient is exhibiting these behaviors?

- Do you feel you have the adequate skills or training to effectively respond to your service recipient's challenging behaviors? If so, could you describe the skills you use and any training you've gone through?

Daily tasks/activities

Next I would like to learn more about your daily activities and tasks as a personal support worker. Think specifically about your role as a personal support worker when answering these questions.

- What are the three tasks you do as a PSW that you find the most physically demanding? Start with the most physically demanding.
 - Task 1 (most physically demanding) _____

 - Task 2 (2nd most physically demanding) _____

 - Task 3 (3rd most physically demanding) _____

- Are there any tools, equipment, or medical devices you use when performing these physically demanding tasks? Are there other tools you wish you had to help you with these tasks?

Participant ID: _____

Interviewer: _____

Date/Time: ____/____/____

Location: _____

Training experiences

- If you were to create a training for PSWs, what topics would you include and why?

- Thinking about classes you've attended or are offered to you as a PSW through the Oregon Home Care Commission, is there a particular subject you feel is missed or not covered appropriately/effectively?

PSW VS HCW

For participants who work as both a PSW and an HCW

- Do you also work as a home care worker? **Yes** **No** (circle one)

- What would you say are the biggest differences between your work as a PSW and your work as a HCW? Tasks? Time pressure? Physical demands?

- What would you say are the main similarities?

General

Is there anything else you would like to share with us about your experience as a personal support worker?