



SURVEY OF MATERNITY LEAVE

1 Form No. 2 Docket No. 3 Survey Date

4 Assignment No. 5 HRD page-line No.

7 Given Name

8 Surname

10. INTERVIEWER CHECK ITEM: ON FORM 06

- If "pregnancy" marked in Item 14. Go to 12
- If "pregnancy" marked in Item 20. Go to 11
- Otherwise END

11. THESE QUESTIONS REFER TO . . . ABSENCE FROM WORK DUE TO HER LAST PREGNANCY

WHAT KIND OF FINANCIAL COMPENSATION DID . . . RECEIVE FOR THIS PERIOD?
(Mark all types of compensation received.)

None Go to 12

ARE THERE ANY OTHERS? (Mark all other types of compensation received.)

FOR EACH TYPE OF COMPENSATION RECEIVED ASK

HOW MANY WEEKS OF _____ DID . . . RECEIVE?
(repeat type of compensation)

Unemployment Insurance	<input type="radio"/>	No. of weeks	<input type="text" value=""/>
Group Insurance	<input type="radio"/>		<input type="text" value=""/>
Full pay from employer	<input type="radio"/>		<input type="text" value=""/>
Partial pay from employer	<input type="radio"/>		<input type="text" value=""/>
Other financial compensation	<input type="radio"/>		<input type="text" value=""/>

12. IN HOW MANY WEEKS DID . . . WORK AS A PAID EMPLOYEE IN THE 52 WEEKS BEFORE STOPPING WORK DUE TO THE PREGNANCY?

Weeks

13. OF THESE _____ WEEKS, IN HOW MANY DID . . . WORK AS A PART-TIME EMPLOYEE?
(repeat answer from item 12)

Weeks
If 00 go to 15

14. IN THE WEEKS THAT . . . WORKED PART-TIME, HOW MANY HOURS PER WEEK DID . . . USUALLY WORK?

Hours

15. HOW MANY WEEKS BEFORE THE BIRTH OF HER CHILD DID . . . STOP WORKING?

Weeks

If less than 03 weeks Go to 17
If child not born yet Go to 23

16. FOR WHICH OF THE FOLLOWING REASONS DID . . . STOP WORKING BEFORE THE BIRTH OF HER CHILD?
(Mark all that apply)

- To prepare for the birth of her child
- Laid off as a result of the pregnancy
- Laid off for other reasons
- Medical complications due to pregnancy
- Difficulty in carrying out work due to pregnancy
- Other reasons (specify in NOTES)

17. WHEN WAS THE CHILD BORN? Stillborn Go to 26

Day Month Year

18. HAS . . . WORKED AS A PAID EMPLOYEE SINCE THE BIRTH OF HER CHILD?

Yes No Go to 22

19. UPON . . . 'S RETURN TO WORK, DID . . . RETURN TO A JOB WITH HER FORMER EMPLOYER?

Yes Go to 21 No Go to 21

20. WHY DID . . . NOT RETURN TO HER FORMER EMPLOYER?
(Mark only one)

- Employer did not make a job available
- Employer no longer in business
- Chose not to return to this employer
- Other reasons (specify in NOTES)

21. HOW MANY WEEKS AFTER THE BIRTH OF THE CHILD DID . . . START WORKING?

Weeks
Go to 23

22. FOR WHICH OF THE FOLLOWING REASONS HAS . . . NOT WORKED AS A PAID EMPLOYEE? (Mark all that apply)

- Still on maternity leave.
- Medical complications related to pregnancy
- Wish to remain at home to raise the child.
- Could not make suitable child care arrangements.
- Could not find suitable job
- Other reasons (specify in NOTES)

23. U.I. BENEFITS ARE PROVIDED FOR A TOTAL OF 15 WEEKS. HOW MANY WEEKS OF BENEFITS DO YOU THINK THAT UNEMPLOYMENT INSURANCE SHOULD PROVIDE FOR MATERNITY?

Before birth of the child Weeks

After birth of the child. Weeks

24. HOW MANY WEEKS DID . . . RECEIVE UNEMPLOYMENT INSURANCE BENEFITS? . . .

Before birth of the child . . . Weeks

After birth of the child . . . Weeks

If 01 or more go to 26

Still receiving U.I. benefits Go to 26

25. FOR WHICH OF THE FOLLOWING REASONS DID . . . NOT RECEIVE UNEMPLOYMENT INSURANCE?
(Mark all that apply)

- Did not realize that Unemployment Insurance benefits were available for maternity
- Felt that U.I. Benefits should not be claimed for maternity
- Other reasons (specify in NOTES)

26. INTERVIEW:

Proxy Non-proxy

NOTES See over for additional NOTES

Item no.

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