Survey of Working Conditions of Brazilian Immigrant Workers

Carlos Eduardo Siqueira, University of Massachusetts Boston

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University of Massachusetts-Lowell
2004
Hello. I am asking for volunteers to take a survey about conditions of work, safety and health. This project is being conducted at the University of Massachusetts Lowell. This survey will take about 20-30 min.

This survey has been done to better understand how Brazilian workers feel about their current working conditions in Boston and the Greater Boston area. Again, the survey contains questions about your work, and health and safety on the job. Your answers will be strictly anonymous. Your name or other identifiers (social security, phone, and address) will not be written down or used. Your employer will not know about your answers. You are not required to take the survey - it is entirely voluntary. You do not have to answer any questions that you are not comfortable with.

Are you willing to take the survey?
1. Yes
2. No ⇒ Please Check ___ Male ___ Female
3. Later on a different occasion: Date/time: __________________

SECTION I: EMPLOYMENT CONDITIONS

1. Are you currently working?
   1. Yes ⇒ Skip to Question 3
   2. No

2. Have you worked in the last 12 months?
   1. Yes
   2. No ⇒ INELIGIBLE

3. Are (Were) you working at one or more jobs?
   1. One ⇒ Skip to Question 4
   2. More than 1
      ▶ 3a. How many? ______ # jobs

“Now I would like to ask you some questions about your MAIN job…”

4. What is your (main) job? (IF NEEDED: What kind of work do (did) you do?)
   ________________________________
   ________________________________
   ________________________________
   ________________________________

4a. How long have you been working in this job? _________ years and _______ months
5. How many hours do (did) you usually work each week at this job?  
_____ # hours per week ⇒ **Skip to Question 6**

5a. What is the minimum and maximum number of hours that you usually work per week?  
Min: _____ hrs/week  
Max: _____ hrs/week

6. How many days a week do (did) you usually work at this job?  
1  2  3  4  5  6  7

7. What kind of business or industry is (was) this job in?  
__________________________________________

8. Do (Did) you work for yourself or someone else?  
1. Self ⇒ **Skip to Question 21**  
2. Someone else

9. Do (Did) you work at a place that is owned or managed by a Brazilian?  
1. Yes ⇒ **Skip to Question 11**  
2. No

10. Is (Was) the owner or manager?  
1. American  
2. Portuguese  
3. Hispanic  
4. Cambodian  
5. Other: ______________________

11. How did you find/get this job?  
1. News  
2. Temp agencies  
3. Friends referral  
4. By myself  
5. Other: ______________________

**SECTION II: TRAINING & INFORMATION**

12. At this job, Who taught you **how to perform your tasks** at work? *(Check all that apply)*  
1. Co-workers  
2. Supervisors  
3. My boss  
4. I learned by myself  
5. Special training courses (teachers)

12b. What language was this information and/or training in?  
1. English  
2. Spanish  
3. Portuguese (from Brazil)  
4. Portuguese (from Portugal)

13. At this job, Did you receive **written information** about **how to perform your tasks** at work?  
1. Yes  
2. No ⇒ **Skip to Question 14**  
3. Don't Know ⇒ **Skip to Question 14**
13a. Who provided the information on how to perform your tasks at work? (Check all that apply)
   1. Boss
   2. Supervisor
   3. Co-worker
   4. Other: __________________________

13b. What language was this information in? (Check all that apply)
   1. English
   2. Spanish
   3. Portuguese

14. At this job, Did you receive TRAINING about how to work safe without getting hurt?
   1. Yes
   2. No ⇒ Skip to Question 15
   3. Don't Know ⇒ Skip to Question 15

14a. Who provided this safety and health training? (Check all that apply)
   1. Boss
   2. Supervisor
   3. Co-worker
   4. Other: __________________________

14b. What language was this safety & health training in? (Check all that apply)
   1. English
   2. Spanish
   3. Portuguese (from Brazil)
   4. Portuguese (from Portugal)

15. At this job, Did you receive written information about how to work safe without getting hurt?
   1. Yes
   2. No ⇒ Skip to Question 16
   3. Don't Know ⇒ Skip to Question 16

15a. Who provided this safety and health information? (Check all that apply)
   1. Boss
   2. Supervisor
   3. Co-worker
   4. Other: __________________________

15b. What language was this safety & health information in? (Check all that apply)
   1. English
   2. Spanish
   3. Portuguese

16. OUTSIDE your job here in the U.S.,

Have you received any information on how to work safe without getting hurt?
   1. Yes
   2. No ⇒ Skip to Question 19

17. Who provided this safety and health information?
18. What language was this safety & health information and training in?
   1. English
   2. Spanish
   3. Portuguese (from Brazil)
   4. Portuguese (from Portugal)

19. In Brazil, did you receive safety and health information and training about how to work safe without getting hurt?
   1. Yes
   2. No ⇒ **Skip to Question 21**
   3. Don't Know/Remember ⇒ **Skip to Question 21**

19a. Who provided this safety and health training in your job in Brazil?
   1. Employer
   2. Government
   3. Union
   4. Other: ______________________

20. What type of safety and health training did you receive in Brazil most of the times?

     __________________________________________________
     __________________________________________________

     **Provide clues:** First aid, emergency, CPR, personal protective equipment, CIPA, H&S Committee, chemical hazards, ergonomics

**SECTION III: WORKING CONDITIONS**

21. Do you think that your workload (amount of work) is excessive?
   1. Yes
   2. No
   3. Don't Know

22. Do you think that your job requires you to work hard?
   1. Yes
   2. No
   3. Don't Know

23. Do you think that your job requires you to work very fast?
   1. Yes
   2. No
   3. Don't Know

24. Do you think that you are able to adjust the pace of your work?
   1. Yes
   2. No
   3. Don't Know

25. Would you please indicate how many rest breaks do you usually take while at work?
   1. No breaks at all
   2. Only my meal break
   3. One break besides my meal break
   4. Two or more breaks besides my meal break

   **Emphasize that pace of work implies ‘speed of work’**
26. How do you feel about the work you do?
   1. I like it VERY much
   2. I like it MORE OR LESS
   3. I don’t like it at all

27. Regarding the daily **difficulties** you might face at work, how do you feel about the work you do?
   1. It is VERY challenging
   2. It is SOMEWHAT challenging
   3. It is NOT challenging at all
   4. Don't Know

28. Do you feel that you receive **enough** help and equipment to get the job done?
   1. Yes
   2. No
   3. Don't Know

29. How is your relationship with:
   1. Your supervisor?
      ___ Good
      ___ Regular
      ___ Poor
      ___ N.A.
   2. Your co-workers?
      ___ Good
      ___ Regular
      ___ Poor
      ___ N.A.

30. Do you feel that your supervisor treats all the workers the same?
   1. Yes
   2. No
   3. Don't Know
   4. N.A.

31. Are you **EXPOSED** to any of the following conditions at work? (Check all that apply)
   1. Chemicals and toxic substances
   2. Toxic vapors
   3. Dangerous tools, machines and equipment
   4. Vibration from hand tools or machinery
   5. Environment too hot
   6. Environment too cold
   7. Poor air (ventilation)
   8. Not enough lighting (illumination)
   9. Crowded workstations
   10. Lifting heavy objects
   11. Uncomfortable and tiring working postures
   12. Workplace violence
   13. Transportation hazards

*Transportation hazards include driving from-to work*
32. Do you feel you have a safe work environment?
   1. Yes
   2. No
   3. Don't Know

33. At work, are there any **RULES** to avoid accidents?
   1. Yes
   2. No
   3. Don't Know

34. Are you given adequate protective clothing and equipment?
   1. Yes
   2. No
   3. Don't Know
   4. N.A.

35. Is there regular cleaning and maintenance of machines and equipment?
   1. Yes
   2. No
   3. Don't Know
   4. N.A.

36. Is there regular cleaning and maintenance of the working areas?
   1. Yes
   2. No
   3. Don't Know
   4. N.A.

37. How often do accidents occur at work?
   1. Never
   2. Almost never
   3. Sometimes
   4. Almost always
   5. Always

38. Do you feel your employer **cares** about your safety and health at work?
   1. Yes
   2. No
   3. Don't Know
   4. N.A.

39. (Is/Was) there any aspect of your job that you think might affect your health or safety in any way or is dangerous?
   1. Yes
   2. No ⇒ **Skip to Question 40**

39a. If yes, please be specific: **If necessary**, provide examples such as exposed to toxic products, work with dangerous tools or equipment, long working hours, poor ventilation, etc.

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**Note:** Now the same questions for JOB #2 NEED TO BE ASKED. Insert here set of questions (#4 to #39)
SECTION IV: HEALTH PROBLEMS/INJURIES/ILLNESSES

40. Have you experienced any of the following items within the past year? (Check all that apply)
   1. Back pain
   2. Muscular pain in your arms
   3. Muscular pain in your legs
   4. Neck pain
   5. Shoulder pain
   6. Wrist pain
   7. Pain in hands/fingers
   8. Feet pain
   9. Eye strain or sore eyes
   10. Stomachaches, acid indigestion, heartburn, or acid stomach
   11. Skin problems & rashes
   12. Circulatory problems
   13. Respiratory problems
   14. Times of severe fatigue or exhaustion
   15. Irritability
   16. Sleeping problems
   17. Headaches
   18. Periods of depression

 риск: If participant is female then ask:

19a. Have you ever had a miscarriage? ____ Yes _____ No

19b. When? __________ (year?)

41. In general, how would you describe your health?
   1. Very good
   2. Good
   3. Average
   4. Poor
   5. Very poor

42. Now I'd like to ask about health problems, injuries or illnesses you may have had at work, even if you never saw a doctor about it. In the last year, have you had any health problem, injury or illness that you think happened from your work?
   1. Yes
   2. No ⇒ Skip To Question 45
   3. Don't know ⇒ Skip To Question 45
   4. Don't remember ⇒ Skip To Question 45

43. What kind of health problem, injury or illness was it? ________________________________

44. Did your employer send you to a doctor’s office, health center, or hospital to get help?
   1. Yes
   2. No
   3. N.A.
SECTION V: SOCIO ECONOMIC FACTORS

45. Are you the person who contributes the most to the family income?
   1. Yes ⇒ Skip To Question 47
   2. No

46. Who is the person that contributes the most? ________________________________

47. Is your family income adequate for your household needs?
   1. Yes
   2. No

48. How many people live in your household including yourself, all adults and children? _____ people

49. How many children under 18 do you have? _____ children
   49a. How many in Brazil? ________ 49b. How many here (US)? __________

50. Where do you and your immediate family live?
   1. House
   2. Apartment
   3. Room
   4. Other: ________________________________

51. Do you own the property where you live?
   1. Yes, I own it
   2. No, I rent it
   3. Other: ________________________________

52. On average, how long does it take you to get from home to work each day? _____ HRS and _____ MIN

53. How do you usually go to work (means of transportation)? (Check all that apply)
   1. Private transportation
      What kind? ___ Car  ___ Motorcycle  ___ Bicycle
   2. Public transportation
   3. Walk

SECTION VI: DEMOGRAPHICS

54. What is your age? ________ YEARS

55. Where were you born?
   1. Brazil  (What state? _________________________)
   2. United States
   3. Other: ________________________________

56. About how long have you lived in the U.S.? ________ # years ________months

57. About how long have you lived in Massachusetts? ________ # years ________months

58. Where do you currently live in Massachusetts? __________________
59. Do you plan to stay in the U.S. for a LONG period of time?
   1. Yes
   2. No
   3. Don’t know

60. How long do you plan to stay in the U.S.? ____________________________________________

61. In the U.S., have you ever participated in the Census?
   1. Yes
   2. No

62. In the U.S., have you ever gone to the Brazilian consulate to seek for assistance?
   1. Yes
   2. No ⇒ Skip To Question 63

   62a. What kind of assistance were you looking for? (Check all that apply)
   1. Passport
   2. Power of attorney
   3. Documents
   4. Other: ___________________________________________________________________

63. In the U.S., do you belong to a church?
   1. Yes
   2. No

64. In the U.S., do you belong or ever looked for the help of a Brazilian organization?
   1. Yes
   2. No ⇒ Skip To Question 65

   64a. What kind of organization? ______________________________________________________

65. What is your education (highest grade completed)?
   1. Incomplete elementary education (less than 4 years)
   2. Elementary education (4 years)
   4. Elementary education II (8 years)
   5. Intermediate level (medium level / technical school or vocational)
   6. Incomplete higher education (incomplete college)
   7. Complete higher education (college)
   8. Graduate studies

66. How well can you speak English?
   1. Very little
   2. A little
   3. Regular
   4. Good
   5. Very good

67. How well can you read English?
   1. Very little
   2. A little
   3. Regular
   4. Good
   5. Very good
68. How well can you understand English?
   1. Very little
   2. A little
   3. Regular
   4. Good
   5. Very good

This is the end of the survey. Do you have any questions or comments you would like to make about health and safety at your job or jobs?

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Thank you very much for participating in the survey!

INTERVIEWER NOTES:  🌟: Don’t forget to write the time the survey ends!

Location:  ___________________________
Comments:  ____________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
