

Never or almost never	Less than ½ the time	Half the time	More than ½ the time	Always or almost always	Prefer not to answer
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9. Work near materials/ tools/equipment that could strike you in the head or body without protection?	<input type="checkbox"/>					
10. Work at heights (of four feet or higher) without safety barriers?	<input type="checkbox"/>					
11. Work while tired?	<input type="checkbox"/>					

12. What, if anything, makes you feel unsafe on the jobsite?

13. Do you know who to report workplace injuries to?

- No Yes Prefer not to answer

14. If you got injured at work, how confident are you that you would report it?

- Not at all confident A little confident Somewhat confident
 Very confident Completely confident Prefer not to answer

15. Did you experience sexual harassment (including unwanted sexual advances or offensive comments about women) at work in the last six months?

- No Yes Prefer not to answer

16. If yes, how did you respond?

17. Did you experience discrimination (including offensive comments or unequal treatment) at work in the last six months based on your gender?

No Yes Prefer not to answer

18. If yes, how did you respond?

19. Did you experience discrimination at work in the last six months based on your sexual orientation or gender identity?

No Yes Prefer not to answer

20. If yes, how did you respond?

21. Did you experience discrimination at work in the last six months based on your race or ethnicity?

No Yes Prefer not to answer

22. If yes, how did you respond?

23. Do you feel isolated at work?

No Sometimes Yes Prefer not to answer

Demographics

34. What is your current trade? Trade: _____

35. What date did you start your apprenticeship? Start date: _____

36. What year are you in your apprenticeship?

First year

Second year

Third year

Fourth/fifth year

Other: _____

Prefer not to answer

37. Did you go through a pre-apprenticeship program?

Yes, I completed a pre-apprenticeship program

Yes, I am currently in a program

No

Prefer not to answer

38. Did you work in a different trade before starting your current apprenticeship?

Yes

No

Prefer not to answer

39. How would you describe your race?

White

Black or African American

Asian American

American Indian or Alaskan Native

Hawaiian/Pacific Islander

Other Pacific Islander

Multiracial

Other: _____

Prefer not to answer

40. Are you of Hispanic or Latino origins?

Yes

No

Prefer not to answer

41. How would you describe your sexual orientation?

- Straight or heterosexual
- Lesbian or gay
- Bisexual
- Prefer to self-describe: _____
- Prefer not to answer

42. In what year were you born?

- Year: _____
- Prefer not to answer

43. What is your marital status?

- Married
- Single
- Domestic partnership
- Divorced
- Widowed
- Prefer not to answer

44. Do you have dependents (children or relatives) that you take care of on a regular basis?

- Yes
- No
- Prefer not to answer

45. What is your family's yearly income level?

- Less than \$25,000
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- More than \$100,000
- Prefer not to answer

46. What is the highest level of formal schooling you have completed?

- Less than high school
 - Finished high school or GED
 - Finished trade/vocational school
 - Some college
 - Finished college
 - Prefer not to answer
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SHEWT Mentorship – Mentee Post-Program Survey

Name: _____

1. What did you like about the SHEWT pilot mentoring program?

2. What suggestions do you have for ways to improve the program?

3. How satisfied were you with the matching process?

Not at all satisfied A little satisfied Somewhat satisfied
 Very satisfied Completely satisfied Prefer not to answer

4. How satisfied were you with your mentor's accessibility and availability?

Not at all satisfied A little satisfied Somewhat satisfied
 Very satisfied Completely satisfied Prefer not to answer

5. How satisfied were you with the support your mentor provided?

Not at all satisfied A little satisfied Somewhat satisfied
 Very satisfied Completely satisfied Prefer not to answer

6. Comments on mentor's support?

16. Please share an example of a time you advocated for your own or another's safety at work:

During the last six months, did you:

	Never or almost never	Less than ½ the time	Half the time	More than ½ the time	Always or almost always	Prefer not to answer
17. Work near dust or welding fumes without protection?	<input type="checkbox"/>					
18. Work without protection near chemical, acids, or solvents that you could breathe in or get on your skin?	<input type="checkbox"/>					
19. Were you exposed to high levels of noise without protection?	<input type="checkbox"/>					
20. Work near traffic or moving vehicles without safety gear?	<input type="checkbox"/>					
21. Work near materials/tools/equipment that could strike you in the head or body without protection?	<input type="checkbox"/>					
22. Work at heights (of four feet or higher) without safety barriers?	<input type="checkbox"/>					
23. Work while tired?	<input type="checkbox"/>					

24. What, if anything, makes you feel unsafe on the jobsite?

25. Do you know who to report workplace injuries to?

- No Yes Prefer not to answer

26. If you got injured at work, how confident are you that you would report it?

- Not at all confident A little confident Somewhat confident
 Very confident Completely confident Prefer not to answer

27. Did you experience discrimination at work in the last six months based on your gender?

- No Yes Prefer not to answer

28. If yes, how did you respond?

29. Did you experience discrimination at work in the last six months based on your sexual orientation or gender identity?

- No Yes Prefer not to answer

30. If yes, how did you respond?

31. Did you experience discrimination at work in the last six months based on your race or ethnicity?

- No Yes Prefer not to answer

32. If yes, how did you respond?

	Never	Infrequently	Sometimes	Often	Very frequently	Prefer not to answer
40. Being with family	<input type="checkbox"/>					
41. Prayer and other spiritual activities	<input type="checkbox"/>					
42. Drinking alcohol or using drugs	<input type="checkbox"/>					
43. Try not to think about work	<input type="checkbox"/>					
44. Other: _____	<input type="checkbox"/>					

45. Would you want to be a mentor for other apprentices after you journey out?