**Supplementary Table 1. Measurement Constructs**

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| *Construct* | *Question* | *Response Category* |
| Work-to-Family Conflict | How often do things going on AT WORK make you feel tense and irritable at HOME?  How often do the demands of your JOB interfere with your family life? | Never  Occasionally  Sometimes  Often  Always |
| Family-to-Work Conflict | How often do things going on AT HOME make you feel tense and irritable on the JOB?  How often do the demands of your FAMILY interfere with your work on the job? | Never  Occasionally  Sometimes  Often  Always |
| Depressive Symptoms | “To what extent do you experience the following? During a TYPICAL WEEK, I experience...”  Feeling lonely  Feeling blue  Feeling no interest in things | Not at all  A little bit  Moderately  Quite a bit  Extremely |
| Shift | What shift are you assigned to? | First Shift  Second Shift  Third Shift |
| Overtime | How many hours of overtime do you typically work per week? | Written response |
| Adult Care | To what extent do any adults depend on you in any way to help them due to disability, chronic illness, or aging? | No adults depend on me due to disability, chronic illness, or aging  Another adult has primary responsibility  I share responsibility equally with another adult  I have primary responsibility |
| Child Care | How much responsibility do you personally have for any children under 18 in your household? | I have no children under 18 at home  Another adult has primary responsibility  I share responsibility with another adult  I have primary responsibility |