**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? | NeverOccasionallySometimesOftenAlways |
| 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? | NeverOccasionallySometimesOftenAlways |
| Depressive Symptoms | “To what extent do you experience the following? During a TYPICAL WEEK, I experience...”Feeling lonelyFeeling blueFeeling no interest in things | Not at allA little bitModeratelyQuite a bitExtremely |
| Shift  | What shift are you assigned to? | First ShiftSecond ShiftThird 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 agingAnother adult has primary responsibilityI share responsibility equally with another adultI 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 homeAnother adult has primary responsibilityI share responsibility with another adultI have primary responsibility |