TIME STARTED: |___|___|:|___|___| am/pm

INDIVIDUAL TRAINING ACCOUNT (ITA)
FOLLOW-UP QUESTIONNAIRE

A.   **INTRODUCTION AND SCREENING**

   DIAL THE NUMBER ON THE CATI SCREEN

A1.   May I speak with [fill SAMPLE MEMBER NAME]?

   <1>   YES **[GO TO A3]**

   <2>   NOT A GOOD TIME, SCHEDULE CALLBACK **[GO TO CALL BACK SCREEN]**

   <3>   REFUSED **[GO TO REFUSAL SCREEN]**

   <4>   NEED MORE INFORMATION **[GO TO MORE INFORMATION SCREEN]**

   <5>   SAMPLE MEMBER NO LONGER LIVES THERE/WRONG NUMBER

A2.   I'm calling from Mathematica Policy Research and we're conducting a survey for the U.S. Department of Labor. [fill SAMPLE MEMBER NAME] participated in a training program funded by the Department of Labor and I need to speak to [fill HIM/HER] about [fill HIS/HER] experiences.

   <1>   CONTINUE

   <2>   NOT A GOOD TIME, SCHEDULE CALLBACK **[GO TO CALL BACK SCREEN]**

   <3>   REFUSED **[GO TO REFUSAL SCREEN]**

A3.   **WHEN SPEAKING TO THE SAMPLE MEMBER, SAY:**
   My name is (NAME) and I'm calling from Mathematica Policy Research in Princeton, New Jersey. We are conducting a survey for the U.S. Department of Labor of people who participated in the Individual Training Account or ITA study. The purpose of the survey is to improve services to people who need training. Your responses will be confidential and will not be shared with the U.S. Department of Labor, or any other government agency. I would like to ask you some questions about your experiences.

   <1>   CONTINUE

   <2>   NOT A GOOD TIME, SCHEDULE CALLBACK **[GO TO CALL BACK SCREEN]**

   <3>   REFUSED/NOT INTERESTED **[GO TO REFUSAL SCREEN]**

   <4>   NOT SURE ABOUT DOING THE SURVEY/HAS QUESTIONS

   <5>   DON'T KNOW WHAT WE'RE TALKING ABOUT/NEVER PARTICIPATED IN A TRAINING PROGRAM/EXPERIMENT

   GO TO MORE INFO SCREEN

A4.   To get started I need to verify that I am speaking with the correct person. Could you please tell me your date of birth?

RECORD: |___|___|/|___|___|/|___|___|___|___|
                  MONTH   DAY   YEAR

    <r>   REFUSED

A5.   What are the last four digits of your social security number?

|___|___|___|___| LAST FOUR SSN DIGITS

    <d>   DON'T KNOW
    <r>   REFUSED

A6.   **CATI SCREEN: SHOW DOB AND LAST 4 DIGITS OF SS# FROM BIF.**

    INTERVIEWER: DO THE DOB AND THE LAST FOUR SSN DIGITS MATCH BIF?

    <1>   YES **[GO TO CATI CHECK AT BEGINNING OF SECTION B]**
    <0>   NO **[GO TO A7]**

A7.   I am sorry. Before I continue with the interview I will need to check our records further. Thank you for your time.

+-----------------+
| **END** |
+-----------------+

MORE INFORMATION SCREENS. READ ONLY IF SAMPLE MEMBER OR PERSON ANSWERING TELEPHONE REQUESTS MORE INFORMATION.

NO LONGER IN ITA TRAINING PROGRAM/NEVER PARTICIPATED.

We are calling people who signed up to participate in ITA funded training programs even if they never participated or are no longer participating. Your responses and views are important because they help us gain perspective from current participants as well as those who no longer participate or never participated. The interview goes very quickly.

HOW DID YOU GET MY NAME?

We are calling everyone who enrolled in the ITA experiment since December 2001. The Participation Agreement that you signed mentioned we would be calling you to conduct an interview.

MORE INFORMATION SCREENS - continued

WHO GAVE YOU THE AUTHORITY TO CONDUCT THE STUDY?

This study is being sponsored by the U.S. Department of Labor and has been approved by the U.S. Office of Management and Budget under OMB approval 1205-xxxx. Without this approval we would not be able to conduct this survey. Questions regarding any aspect of this survey may be directed to the U.S. Department of Labor, Office of Policy Development, Evaluation and Research, Room N-5637, Washington, DC 20210 (Paperwork Reduction Project 1205-xxxx).

WHAT IS THE PURPOSE OF THIS STUDY?

Our goal is to learn how programs like this can help participants to achieve their employment goals. For the first time, new federal laws require the use of training vouchers. So we need to see how this new system of training is working.

WHAT HAPPENS IF I DON'T PARTICIPATE IN THE SURVEY?

Your participation is voluntary and will not affect your eligibility to receive training or benefits through ITA or any other programs like this one. However, your experience and opinions are very important to the success and improvement of programs like this.

I DON'T HAVE THE TIME.

We can do the survey in more than one call, if necessary. I'd like to begin now and do as much as we can. Then, if you need to stop, I can call you back at your convenience to finish. Or, I can schedule a more convenient time to call you back. Which do you prefer?

I AM NOT INTERESTED.

Let me reassure you that we are not selling anything. The information we collect will help agencies address the special needs of people who enroll in job training programs. The information you share will help design better services for people in your area. There are no right or wrong answers. We're interested in your experiences and opinions.

IF DISSATISFIED WITH ITA TRAINING PROGRAM.

I understand. Your comments will be especially important to the research. The United States Department of Labor wants to have feedback from people who were satisfied and people who were dissatisfied with their experiences.

IS THE SURVEY CONFIDENTIAL?

Any information you give me will be held in the strictest confidence by my company and will be used only for the purposes of this study. Your answers will be combined with those of others and your name will never be used in reporting the results of the study. All personally identifiable data will be kept confidential except as required by law. Your answers to questions will not affect your eligibility for any public program.

HOW LONG WILL THIS TAKE?

The length of the interview is different for different people, but it usually takes about 30 minutes.

CATI: IF BIF Q19 = 0 (SAMPLE MEMBER NEVER WORKED AT A JOB FOR PAY), SKIP TO C1.

B.   MOST RECENT JOB BEFORE RECEIVING ONE-STOP SERVICES

B1.   I'd like to start by asking you about the most recent job that you held when you were identified as a candidate for training at [fill LOCAL ONE STOP CENTER NAME]. Our records indicate that your employer at this job was [fill BIF Q26]. Is this correct?

  <1>   YES **[GO TO B3]**
  <0>   NO

  <d>   DON'T KNOW
  <r>   REFUSED

B2.   What was the name of your employer?

  <1>   (SPECIFY) [specify] END WITH //

  <d>   DON'T KNOW
  <r>   REFUSED

B3.   Did you belong to a union on that job?

  <1>   YES
  <0>   NO

  <d>   DON'T KNOW
  <r>   REFUSED

B4.   I'm going to read you a list of benefits. Could you tell me whether they were available to you on that job?

a.   . . . Health insurance or membership in an HMO or PPO plan

  <1>   YES
  <0>   NO

  <d>   DON'T KNOW
  <r>   REFUSED

b.   . . . Paid sick leave, paid holidays, or paid vacation

    <1>   YES
    <0>   NO

    <d>   DON'T KNOW
    <r>   REFUSED

c.   . . . Retirement, pension benefits, or a 401K plan

    <1>   YES
    <0>   NO

    <d>   DON'T KNOW
    <r>   REFUSED

B5.   When that job ended, did you receive severance pay?

    <1>   YES
    <0>   NO

    <d>   DON'T KNOW
    <r>   REFUSED

C.   ONE-STOP SERVICES AND CUSTOMER SATISFACTION

C1.   Now I'd like you to think back to when you were unemployed and receiving assistance from [fill LOCAL ONE STOP CENTER NAME]. How often did you use the resources at [fill LOCAL ONE STOP CENTER], such as computers, fax equipment, telephones, and newspapers?

<   > ENTER NUMBER

<0>   NEVER

<d>   DON'T KNOW

<r>   REFUSED

C2.   How often did you meet one-on-one with counselors at [fill LOCAL ONE STOP CENTER]?

<   > ENTER NUMBER

<0>   NEVER

<d>   DON'T KNOW

<r>   REFUSED

C3. Did your [fill LOCAL ONE STOP CENTER NAME] counselor administer any assessments to you?

PROBE: An assessment is usually a paper or computer test designed to evaluate your reading or math skills, your occupational interests and abilities, or other things.

<1>   YES
<0>   NO **[GO TO C5]**

<d>   DON'T KNOW
<r>   REFUSED

C4. I'll read you a list of the types of assessments you may have received. Tell me if you received them.

		YES	NO	DON'T KNOW	REFUSED
a.	English language skills?	1 ☐	0 ☐	d ☐	r ☐
b.	Reading level?............................	1 ☐	0 ☐	d ☐	r ☐
c.	Math skills?.................................	1 ☐	0 ☐	d ☐	r ☐
d.	Occupational interests?...............	1 ☐	0 ☐	d ☐	r ☐
e.	Occupational aptitudes and abilities?.......................................	1 ☐	0 ☐	d ☐	r ☐
f.	Any other? (SPECIFY)................	1 ☐	0 ☐	d ☐	r ☐

_____

C5. Did you participate in any workshops at [fill LOCAL ONE STOP CENTER NAME]?

    <1>   YES
    <0>   NO **[GO TO C7]**

    <d>   DON'T KNOW
    <r>   REFUSED

C6. Did you participate in any workshops to help you:

		YES	NO	DON'T KNOW	REFUSED
a.	Create or update your resume?....	₁ ☐	₀ ☐	d ☐	r ☐
b.	Search for work?..........................	₁ ☐	₀ ☐	d ☐	r ☐
c.	Change careers?..........................	₁ ☐	₀ ☐	d ☐	r ☐

C7. In how many of your one-on-one meetings with counselors at [fill LOCAL ONE STOP CENTER] did you specifically discuss training programs in which you might participate?

    <   > ENTER NUMBER
    <0>   NONE
    <d>   DON'T KNOW   → **GO TO C11**
    <r>   REFUSED

C8. (Was/Were) your counseling session(s) about training conducted in person or by telephone?

    <1>   IN PERSON
    <2>   TELEPHONE
    <3>   BOTH

    <d>   DON'T KNOW
    <r>   REFUSED

C9.	Approximately how long was (each/the) counseling session regarding training?

	< > ENTER NUMBER AND CODE TIME PERIOD ON NEXT SCREEN

	<d>	DON'T KNOW
	<r>	REFUSED

C10.	ENTER THE TIME PERIOD HERE

	<1>	MINUTES
	<2>	HOURS

	<d>	DON'T KNOW
	<r>	REFUSED

C11.	Now I'd like to ask you some questions about the training-related activities in which you may have participated at [fill LOCAL ONE STOP CENTER NAME].

	Did you participate in an orientation meeting during which your training counselor reviewed the range of services available to help you make decisions about training and described the financial assistance available to help you pay for training?

	<1>	YES
	<0>	NO

	<d>	DON'T KNOW
	<r>	REFUSED

C12.	Did you participate in activities with your training counselor to help you compare different training programs?

	<1>	YES
	<0>	NO

	<d>	DON'T KNOW
	<r>	REFUSED

C13. Did you review the "Guide to High Return Training"—a booklet about how to make good training decisions—with your training counselor?

    <1>   YES
    <0>   NO

    <d>   DON'T KNOW
    <r>   REFUSED

C14. Did your training counselor complete a worksheet to help you estimate by how much different training programs could increase your earnings over your lifetime?

    <1>   YES
    <0>   NO

    <d>   DON'T KNOW
    <r>   REFUSED

C15. Did you participate in activities with your training counselor to help you determine if you had the financial resources to attend training and support your family while you are in training?

    <1>   YES
    <0>   NO

    <d>   DON'T KNOW
    <r>   REFUSED

C16.   Overall how satisfied were you with the counseling you received about training at [fill LOCAL ONE STOP CENTER]? Would you say that you were very satisfied, satisfied, dissatisfied, or very dissatisfied?

        <1>   VERY SATISFIED

        <2>   SATISFIED

        <3>   DISSATISFIED

        <4>   VERY DISSATISFIED

        <d>   DON'T KNOW

        <r>   REFUSED

C17.   How many different training programs did you seriously consider?

        <   > ENTER NUMBER

        <d>   DON'T KNOW

        <r>   REFUSED
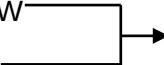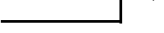
C18.   How satisfied were you with the information about training programs that was available at [fill LOCAL ONE STOP CENTER]? Would you say that you were very satisfied, satisfied, dissatisfied, or very dissatisfied?

        <1>   VERY SATISFIED

        <2>   SATISFIED

        <3>   DISSATISFIED

        <4>   VERY DISSATISFIED

        <d>   DON'T KNOW

        <r>   REFUSED

C19.   Did you feel you had enough training program options?

        <1>   YES **[GO TO C21]**

        <0>   NO

        <d>   DON'T KNOW

        <r>   REFUSED   **GO TO C21**

C20. Why didn't you feel you had enough choices of training programs?

        <1>   NO LOCAL PROVIDERS FOR THE TYPE OF TRAINING REQUESTED

        <2>   NOT ENOUGH LOCAL PROVIDERS FOR THE TYPE OF TRAINING
                    REQUESTED

        <3>   MY TRAINING GRANT WAS TOO LOW FOR THE
                    TYPE OF TRAINING DESIRED

        <4>   TRAINING PROGRAMS WERE MOSTLY IN ENTRY
                    LEVEL/LOW SKILLS AREAS

        <5>   OTHER (SPECIFY) [specify] END WITH //

        <d>   DON'T KNOW

        <r>   REFUSED

C21. Did you receive funding from [fill LOCAL ONE STOP CENTER NAME] to help you attend a training program?

        <1>   YES

        <0>   NO

        <d>   DON'T KNOW

        <r>   REFUSED

C22. Did you receive funding from other sources, such as Pell Grants and other scholarships, to help you attend a training program?

        <1>   YES

        <0>   NO

        <d>   DON'T KNOW

        <r>   REFUSED

C23.   Would you have selected a different training program if more funds had been available
to you?

<1>   YES
<0>   NO

<d>   DON'T KNOW
<r>   REFUSED

CATI: IF C21 = NO ⟶ GO TO D1

C24a. Did you receive the following types of financial assistance from [fill LOCAL ONE STOP
CENTER NAME] to attend training . . .

Tuition, fees, or books?

<1>   YES
<0>   NO

<d>   DON'T KNOW
<r>   REFUSED

C24b. Did you receive financial assistance to pay for . . .

Tools?

<1>   YES
<0>   NO

<d>   DON'T KNOW
<r>   REFUSED

C24c. **READ IF NECESSARY:** Did you receive financial assistance to pay for . . .

Clothes or uniforms?

<1>   YES
<0>   NO

<d>   DON'T KNOW
<r>   REFUSED

C24d. **READ IF NECESSARY:** Did you receive financial assistance to pay for . . .

Childcare?

<1>   YES
<0>   NO

<d>   DON'T KNOW
<r>   REFUSED

C24e. **READ IF NECESSARY:** Did you receive financial assistance to pay for . . .

Transportation?

<1>   YES
<0>   NO

<d>   DON'T KNOW
<r>   REFUSED

C24f. **READ IF NECESSARY:** Did you receive financial assistance to pay for . . .

Anything else?

<1>   YES (SPECIFY) [specify] END WITH //
<0>   NO

<d>   DON'T KNOW
<r>   REFUSED

D.   EDUCATION AND TRAINING

D1.   Now I'd like you to consider the education and training programs and courses you have attended. Please include training programs to help you learn job skills or prepare for an occupation, as well as general educational programs, such as regular high school, adult basic education or GED courses, and college.

Since you were determined eligible for the ITA study at [FILL LOCAL ONE STOP CENTER NAME] around [fill RANDOM ASSIGNMENT DATE], did you participate in any education and training programs and courses?

PROBE: Also include classes you may have attended to learn English or improve your reading skills.

<1>   YES **[GO TO D3]**

<0>   NO

<d>   DON'T KNOW

<r>   REFUSED   **GO TO E1**

D2.   Why didn't you participate in any education and training?

<1>   GOT A JOB/BEGAN WORKING

<2>   DID NOT RECEIVE FUNDING TO PAY FOR TRAINING

<3>   DID NOT WANT TO PURSUE TRAINING

<4>   OTHER (SPECIFY) [specify] END WITH //

<d>   DON'T KNOW

<r>   REFUSED

GO TO E1

D3.   How many different education and training programs and courses did you enroll in since [fill RANDOM ASSIGNMENT DATE]?

<   > NUMBER

<d>   DON'T KNOW

<r>   REFUSED

	PROGRAM OR COURSE	01		PROGRAM OR COURSE	02	
D4. What are the names of the training and education programs or courses you attended since [fill RANDOM ASSIGNMENT DATE]? **ASK D4 ACROSS FIRST, THEN ASK D5-D16 DOWN FOR EACH PROGRAM.**	_____ _____ _____	_____ _____ _____
D5. Who provided the [fill D4 PROGRAM]? **PROBE:** Where did you go to take that training or education program or course?	PRIVATE COMPANY THAT PROVIDES TRAINING..............1 COMMUNITY COLLEGE/ 2 YEAR COLLEGE....................2 VOCATIONAL TRAINING CENTER....................................3 REGULAR HIGH SCHOOL.......4 4-YEAR COLLEGE OR UNIVERSITY.............................5 OTHER (SPECIFY)...................6 _____ _____ _____	PRIVATE COMPANY THAT PROVIDES TRAINING..............1 COMMUNITY COLLEGE/ 2 YEAR COLLEGE....................2 VOCATIONAL TRAINING CENTER....................................3 REGULAR HIGH SCHOOL.......4 4-YEAR COLLEGE OR UNIVERSITY.............................5 OTHER (SPECIFY)...................6 _____ _____ _____
D6. When did you <u>start</u> taking [fill D4 PROGRAM]? **PROBE FOR BEGINNING, MIDDLE, OR END OF MONTH IF SAMPLE MEMBER CANNOT GIVE EXACT DATES.** **IF "BEGINNING," ENTER 05;** **IF "MIDDLE," ENTER 15;** **IF "END," ENTER 25.**	**START:** |___|___|/|___|___|/|___|___|___|___| MONTH DAY YEAR **NOTE:** DATE CAN BE BEFORE RA DATE	**START:** |___|___|/|___|___|/|___|___|___|___| MONTH DAY YEAR **NOTE:** DATE CAN BE BEFORE RA DATE
D7. And when did you <u>stop</u> taking [fill D4 PROGRAM]? **IF STILL ATTENDING, CIRCLE CODE –4.**	**STOP:** |___|___|/|___|___|/|___|___|___|___| MONTH DAY YEAR STILL ATTENDING...................-4	**STOP:** |___|___|/|___|___|/|___|___|___|___| MONTH DAY YEAR STILL ATTENDING...................-4

PROGRAM OR COURSE	03		PROGRAM OR COURSE	04		PROGRAM OR COURSE	05	
_____ _____ _____	_____ _____ _____	_____ _____ _____
PRIVATE COMPANY THAT PROVIDES TRAINING..............1 COMMUNITY COLLEGE/ 2 YEAR COLLEGE...................2 VOCATIONAL TRAINING CENTER....................................3 REGULAR HIGH SCHOOL.......4 4-YEAR COLLEGE OR UNIVERSITY............................5 OTHER (SPECIFY)...................6 _____ _____ _____	PRIVATE COMPANY THAT PROVIDES TRAINING..............1 COMMUNITY COLLEGE/ 2 YEAR COLLEGE...................2 VOCATIONAL TRAINING CENTER....................................3 REGULAR HIGH SCHOOL.......4 4-YEAR COLLEGE OR UNIVERSITY............................5 OTHER (SPECIFY)...................6 _____ _____ _____	PRIVATE COMPANY THAT PROVIDES TRAINING..............1 COMMUNITY COLLEGE/ 2 YEAR COLLEGE...................2 VOCATIONAL TRAINING CENTER....................................3 REGULAR HIGH SCHOOL.......4 4-YEAR COLLEGE OR UNIVERSITY............................5 OTHER (SPECIFY)...................6 _____ _____ _____
START: |___|___|/|___|___|/|___|___|___|___| MONTH DAY YEAR **NOTE:** DATE CAN BE BEFORE RA DATE	**START:** |___|___|/|___|___|/|___|___|___|___| MONTH DAY YEAR **NOTE:** DATE CAN BE BEFORE RA DATE	**START:** |___|___|/|___|___|/|___|___|___|___| MONTH DAY YEAR **NOTE:** DATE CAN BE BEFORE RA DATE
STOP: |___|___|/|___|___|/|___|___|___|___| MONTH DAY YEAR STILL ATTENDING...................-4	**STOP:** |___|___|/|___|___|/|___|___|___|___| MONTH DAY YEAR STILL ATTENDING...................-4	**STOP:** |___|___|/|___|___|/|___|___|___|___| MONTH DAY YEAR STILL ATTENDING...................-4

	SCHOOL OR TRAINING	01		SCHOOL OR TRAINING	02	
D8. (Are/Were) you being trained in a specific skill or occupation, or (are/were) you taking a general education program or course?	TRAINING IN SPECIFIC SKILL OCCUPATION. .(GO TO D10).....01 GENERAL EDUCATION…...........................02 DON'T KNOW…(GO TO D12).....d REFUSED.........(GO TO D12).....r	TRAINING IN SPECIFIC SKILL OCCUPATION. .(GO TO D10).....01 GENERAL EDUCATION…...........................02 DON'T KNOW…(GO TO D12).....d REFUSED.........(GO TO D12).....r
D9. What kind of general education (are/were) you taking? **READ LIST.** **CIRCLE ALL THAT APPLY.**	Regular high school...................1 GED classes.............................2 ESL-English as a Second Language.....................3 Non-credit adult education..................................4 Classes at a two-year or community college.....................5 Classes at a four-year college or university...................6 OTHER (SPECIFY)...................7 _____ _____ _____	Regular high school...................1 GED classes.............................2 ESL-English as a Second Language.....................3 Non-credit adult education..................................4 Classes at a two-year or community college.....................5 Classes at a four-year college or university...................6 OTHER (SPECIFY)...................7 _____ _____ _____

GO TO D12	**GO TO D12**

SCHOOL OR TRAINING	03		SCHOOL OR TRAINING	04		SCHOOL OR TRAINING	05	
TRAINING IN SPECIFIC SKILL OCCUPATION. .(GO TO D10).....01	TRAINING IN SPECIFIC SKILL OCCUPATION. .(GO TO D10).....01	TRAINING IN SPECIFIC SKILL OCCUPATION. .(GO TO D10).....01
GENERAL EDUCATION…..........................02	GENERAL EDUCATION…..........................02	GENERAL EDUCATION…..........................02
DON'T KNOW…(GO TO D12).....d	DON'T KNOW…(GO TO D12).....d	DON'T KNOW…(GO TO D12).....d
REFUSED.........(GO TO D12).....r	REFUSED.........(GO TO D12).....r	REFUSED.........(GO TO D12).....r
Regular high school...................1	Regular high school...................1	Regular high school...................1
GED classes..............................2	GED classes..............................2	GED classes..............................2
ESL-English as a Second Language.....................3	ESL-English as a Second Language.....................3	ESL-English as a Second Language.....................3
Non-credit adult education...................................4	Non-credit adult education...................................4	Non-credit adult education...................................4
Classes at a two-year or community college.....................5	Classes at a two-year or community college.....................5	Classes at a two-year or community college.....................5
Classes at a four-year college or university...................6	Classes at a four-year college or university...................6	Classes at a four-year college or university...................6
OTHER (SPECIFY)...................7 _____ _____ _____	OTHER (SPECIFY)...................7 _____ _____ _____	OTHER (SPECIFY)...................7 _____ _____ _____
GO TO D12	**GO TO D12**	**GO TO D12**

	SCHOOL OR TRAINING	01		SCHOOL OR TRAINING	02	
D10. What kind of jobs (are/were) you being trained for? **PROBE:** What (are/were) you learning to do? **PROBE FOR CLEAR AND DESCRIPTIVE JOB TITLE AND ACTIVITIES.**	_____ _____ _____ _____	_____ _____ _____ _____
D11. Are/were you training mainly to prepare yourself for a new occupation or mainly to improve your skills in your current occupation?	PREPARE FOR NEW OCCUPATION..................................1 IMPROVE SKILLS IN CURRENT OCCUPATION..............2 OTHER TYPE (SPECIFY)...............3 _____ _____	PREPARE FOR NEW OCCUPATION..................................1 IMPROVE SKILLS IN CURRENT OCCUPATION..............2 OTHER TYPE (SPECIFY)...............3 _____ _____
D12. How did you pay for your education or training at [fill D4 PROGRAM]? **CIRCLE ALL THAT APPLY.**	AN INDIVIDUAL TRAINING ACCOUNT.....................1 [FILL LOCAL ONE-STOP CAREER CENTER].........................2 PERSONAL SAVINGS....................3 OWN EARNINGS...........................4 EARNINGS OF OTHER HOUSEHOLD MEMBERS..............5 PELL GRANT AND/OR OTHER NEEDS-BASED FINANCIAL AID..............................6 STUDENT LOANS..........................7 SCHOLARSHIPS FROM SCHOOL OR PROGRAM...............8 GIFT OR LOAN FROM FAMILY OR FRIENDS....................9 OTHER (SPECIFY)........................10 _____ _____ _____	AN INDIVIDUAL TRAINING ACCOUNT.....................1 [FILL LOCAL ONE-STOP CAREER CENTER].........................2 PERSONAL SAVINGS....................3 OWN EARNINGS...........................4 EARNINGS OF OTHER HOUSEHOLD MEMBERS..............5 PELL GRANT AND/OR OTHER NEEDS-BASED FINANCIAL AID..............................6 STUDENT LOANS..........................7 SCHOLARSHIPS FROM SCHOOL OR PROGRAM...............8 GIFT OR LOAN FROM FAMILY OR FRIENDS....................9 OTHER (SPECIFY)........................10 _____ _____ _____
CATI CHECK: IF STILL ATTENDING (D7 = -4), GO TO NEXT PROGRAM OR E1		
D13. Did you complete [fill D4 PROGRAM]?	YES...1 NO………(GO TO D15)...................0 DON'T KNOW.................................d REFUSED......................................r	YES...1 NO………(GO TO D15)...................0 DON'T KNOW.................................d REFUSED......................................r
D14. Did you receive a certificate or degree from [fill D4 PROGRAM]?	YES...1 NO..0 DON'T KNOW.................................d REFUSED......................................r	YES...1 NO..0 DON'T KNOW.................................d REFUSED......................................r

GO TO D16	**GO TO D16**

| SCHOOL OR TRAINING | 03 | | SCHOOL OR TRAINING | 04 | | SCHOOL OR TRAINING | 05 | |

_____
_____
_____
_____

_____
_____
_____
_____

_____
_____
_____
_____

Column 03:

PREPARE FOR NEW
OCCUPATION.................................1
IMPROVE SKILLS IN
CURRENT OCCUPATION..............2
OTHER TYPE (SPECIFY)..............3
_____
_____

AN INDIVIDUAL
TRAINING ACCOUNT.....................1
[FILL LOCAL ONE-STOP
CAREER CENTER]........................2
PERSONAL SAVINGS....................3
OWN EARNINGS...........................4
EARNINGS OF OTHER
HOUSEHOLD MEMBERS..............5
PELL GRANT AND/OR
OTHER NEEDS-BASED
FINANCIAL AID.............................6
STUDENT LOANS.........................7
SCHOLARSHIPS FROM
SCHOOL OR PROGRAM...............8
GIFT OR LOAN FROM
FAMILY OR FRIENDS....................9
OTHER (SPECIFY)........................10
_____
_____
_____

YES...1
NO………(GO TO D15)..................0
DON'T KNOW................................d
REFUSED......................................r

YES...1
NO...0
DON'T KNOW................................d
REFUSED......................................r

Column 04:

PREPARE FOR NEW
OCCUPATION.................................1
IMPROVE SKILLS IN
CURRENT OCCUPATION..............2
OTHER TYPE (SPECIFY)..............3
_____
_____

AN INDIVIDUAL
TRAINING ACCOUNT.....................1
[FILL LOCAL ONE-STOP
CAREER CENTER]........................2
PERSONAL SAVINGS....................3
OWN EARNINGS...........................4
EARNINGS OF OTHER
HOUSEHOLD MEMBERS..............5
PELL GRANT AND/OR
OTHER NEEDS-BASED
FINANCIAL AID.............................6
STUDENT LOANS.........................7
SCHOLARSHIPS FROM
SCHOOL OR PROGRAM...............8
GIFT OR LOAN FROM
FAMILY OR FRIENDS....................9
OTHER (SPECIFY)........................10
_____
_____
_____

YES...1
NO………(GO TO D15)..................0
DON'T KNOW................................d
REFUSED......................................r

YES...1
NO...0
DON'T KNOW................................d
REFUSED......................................r

Column 05:

PREPARE FOR NEW
OCCUPATION.................................1
IMPROVE SKILLS IN
CURRENT OCCUPATION..............2
OTHER TYPE (SPECIFY)..............3
_____
_____

AN INDIVIDUAL
TRAINING ACCOUNT.....................1
[FILL LOCAL ONE-STOP
CAREER CENTER]........................2
PERSONAL SAVINGS....................3
OWN EARNINGS...........................4
EARNINGS OF OTHER
HOUSEHOLD MEMBERS..............5
PELL GRANT AND/OR
OTHER NEEDS-BASED
FINANCIAL AID.............................6
STUDENT LOANS.........................7
SCHOLARSHIPS FROM
SCHOOL OR PROGRAM...............8
GIFT OR LOAN FROM
FAMILY OR FRIENDS....................9
OTHER (SPECIFY)........................10
_____
_____
_____

YES...1
NO………(GO TO D15)..................0
DON'T KNOW................................d
REFUSED......................................r

YES...1
NO...0
DON'T KNOW................................d
REFUSED......................................r

GO TO D16   **GO TO D16**   **GO TO D16**

Prepared by Mathematica Policy Research, Inc.

	SCHOOL OR TRAINING	01		SCHOOL OR TRAINING	02	
D15. What was the <u>main</u> reason you did not complete [fill D4 PROGRAM]? **IF MORE THAN ONE REASON, PROBE:** What was the <u>main</u> reason? **CIRCLE ONE CODE.**	GOT A JOB OR NEEDED A JOB..1 MOVED OR CHANGED RESIDENCE.............................2 PREGNANCY OR CHILD CARE PROBLEM......................3 TRANSPORTATION PROBLEM................................4 DID NOT LIKE PROGRAM OR PROGRAM BORING..........5 EXPELLED OR ASKED TO LEAVE................................6 OWN HEALTH PROBLEM OR INJURY..............................7 PARENTAL OR FAMILY PROBLEM OR PRESSURE......8 DISSATISFACTION WITH THE QUALITY OF THE SCHOOL OR PROGRAM.........9 NOT DOING WELL OR POOR GRADES.......................10 DID NOT LIKE OR GET ALONG WITH SCHOOL OR PROGRAM STAFF....................11 DID NOT LIKE OR GET ALONG WITH OTHER STUDENTS..............................12 CHANGED SCHOOL, COURSE, OR PROGRAM...............................13 SCHOOL OR PROGRAM CLOSED...................................14 COULD NOT AFFORD OR FINANCIAL REASONS.............15 OTHER TYPE (SPECIFY).........16 _____ _____ _____	GOT A JOB OR NEEDED A JOB..1 MOVED OR CHANGED RESIDENCE.............................2 PREGNANCY OR CHILD CARE PROBLEM......................3 TRANSPORTATION PROBLEM................................4 DID NOT LIKE PROGRAM OR PROGRAM BORING..........5 EXPELLED OR ASKED TO LEAVE................................6 OWN HEALTH PROBLEM OR INJURY..............................7 PARENTAL OR FAMILY PROBLEM OR PRESSURE......8 DISSATISFACTION WITH THE QUALITY OF THE SCHOOL OR PROGRAM.........9 NOT DOING WELL OR POOR GRADES.......................10 DID NOT LIKE OR GET ALONG WITH SCHOOL OR PROGRAM STAFF....................11 DID NOT LIKE OR GET ALONG WITH OTHER STUDENTS..............................12 CHANGED SCHOOL, COURSE, OR PROGRAM...............................13 SCHOOL OR PROGRAM CLOSED...................................14 COULD NOT AFFORD OR FINANCIAL REASONS.............15 OTHER TYPE (SPECIFY).........16 _____ _____ _____
D16. After you finished participating in [fill D4 PROGRAM] did you look for work, begin working, enter another training program or something else? **CIRCLE ALL THAT APPLY.**	LOOK FOR WORK....................1 BEGAN WORKING...................2 ENTERED ANOTHER TRAINING PROGRAM.....[ASK D4-D16 ABOUT THAT PROGRAM]......3 SOMETHING ELSE (SPECIFY)............................4 _____ _____	LOOK FOR WORK....................1 BEGAN WORKING...................2 ENTERED ANOTHER TRAINING PROGRAM.....[ASK D4-D16 ABOUT THAT PROGRAM]......3 SOMETHING ELSE (SPECIFY)............................4 _____ _____

	(GO TO NEXT PROGRAM OR E1)	(GO TO NEXT PROGRAM OR E1)

SCHOOL OR TRAINING	03		SCHOOL OR TRAINING	04		SCHOOL OR TRAINING	05	
GOT A JOB OR NEEDED A JOB...1	GOT A JOB OR NEEDED A JOB...1	GOT A JOB OR NEEDED A JOB...1
MOVED OR CHANGED RESIDENCE....................................2	MOVED OR CHANGED RESIDENCE....................................2	MOVED OR CHANGED RESIDENCE....................................2
PREGNANCY OR CHILD CARE PROBLEM...........................3	PREGNANCY OR CHILD CARE PROBLEM...........................3	PREGNANCY OR CHILD CARE PROBLEM...........................3
TRANSPORTATION PROBLEM.......................................4	TRANSPORTATION PROBLEM.......................................4	TRANSPORTATION PROBLEM.......................................4
DID NOT LIKE PROGRAM OR PROGRAM BORING................5	DID NOT LIKE PROGRAM OR PROGRAM BORING................5	DID NOT LIKE PROGRAM OR PROGRAM BORING................5
EXPELLED OR ASKED TO LEAVE..6	EXPELLED OR ASKED TO LEAVE..6	EXPELLED OR ASKED TO LEAVE..6
OWN HEALTH PROBLEM OR INJURY....................................7	OWN HEALTH PROBLEM OR INJURY....................................7	OWN HEALTH PROBLEM OR INJURY....................................7
PARENTAL OR FAMILY PROBLEM OR PRESSURE............8	PARENTAL OR FAMILY PROBLEM OR PRESSURE............8	PARENTAL OR FAMILY PROBLEM OR PRESSURE............8
DISSATISFACTION WITH THE QUALITY OF THE SCHOOL OR PROGRAM...............9	DISSATISFACTION WITH THE QUALITY OF THE SCHOOL OR PROGRAM...............9	DISSATISFACTION WITH THE QUALITY OF THE SCHOOL OR PROGRAM...............9
NOT DOING WELL OR POOR GRADES.............................10	NOT DOING WELL OR POOR GRADES.............................10	NOT DOING WELL OR POOR GRADES.............................10
DID NOT LIKE OR GET ALONG WITH SCHOOL OR PROGRAM STAFF.........................11	DID NOT LIKE OR GET ALONG WITH SCHOOL OR PROGRAM STAFF.........................11	DID NOT LIKE OR GET ALONG WITH SCHOOL OR PROGRAM STAFF.........................11
DID NOT LIKE OR GET ALONG WITH OTHER STUDENTS....................................12	DID NOT LIKE OR GET ALONG WITH OTHER STUDENTS....................................12	DID NOT LIKE OR GET ALONG WITH OTHER STUDENTS....................................12
CHANGED SCHOOL, COURSE, OR PROGRAM.....................................13	CHANGED SCHOOL, COURSE, OR PROGRAM.....................................13	CHANGED SCHOOL, COURSE, OR PROGRAM.....................................13
SCHOOL OR PROGRAM CLOSED..14	SCHOOL OR PROGRAM CLOSED..14	SCHOOL OR PROGRAM CLOSED..14
COULD NOT AFFORD OR FINANCIAL REASONS...................15	COULD NOT AFFORD OR FINANCIAL REASONS...................15	COULD NOT AFFORD OR FINANCIAL REASONS...................15
OTHER TYPE (SPECIFY)...............16	OTHER TYPE (SPECIFY)...............16	OTHER TYPE (SPECIFY)...............16
_____ _____ _____	_____ _____ _____	_____ _____ _____
LOOK FOR WORK..........................1	LOOK FOR WORK..........................1	LOOK FOR WORK..........................1
BEGAN WORKING.........................2	BEGAN WORKING.........................2	BEGAN WORKING.........................2
ENTERED ANOTHER TRAINING PROGRAM.....[ASK D4-D16 ABOUT THAT PROGRAM]............3	ENTERED ANOTHER TRAINING PROGRAM.....[ASK D4-D16 ABOUT THAT PROGRAM]............3	ENTERED ANOTHER TRAINING PROGRAM.....[ASK D4-D16 ABOUT THAT PROGRAM]............3
SOMETHING ELSE (SPECIFY)....................................4	SOMETHING ELSE (SPECIFY)....................................4	SOMETHING ELSE (SPECIFY)....................................4
_____ _____	_____ _____	_____ _____
(GO TO NEXT PROGRAM OR E1)	(GO TO NEXT PROGRAM OR E1)	(GO TO E1)

E.   EMPLOYMENT

E1.   The next questions are about the jobs you've held since [insert RANDOM
ASSIGNMENT DATE] that lasted for more than 2 weeks. Please include part-time and
full-time jobs, and jobs in which you were self-employed.

Are you currently working?

<1>   YES **[GO TO E4]**

<0>   NO

<d>   DON'T KNOW

<r>   REFUSED

E2.   What are you currently doing? Are you . . . **ACCEPT MULTIPLE ANSWERS.**

<1>   Participating in training or education programs or courses

<2>   Looking for work

<3>   Not looking for work, or

<4>   Doing something else? (SPECIFY) [specify] END WITH //

<d>   DON'T KNOW

<r>   REFUSED

E3.   Have you worked since [fill RANDOM ASSIGNMENT DATE]?

PROBE: Please include jobs that lasted for more than 2 weeks, part-time and full-time
jobs, and jobs in which you were self-employed.

<1>   YES

<0>   NO

<d>   DON'T KNOW   **GO TO SECTION F**

<r>   REFUSED

E4.   How many different jobs (do you currently have/did you have)?

    <   > NUMBER

    <d>   DON'T KNOW
    <r>   REFUSED

E5.   What is/are/were the name(s) of your employer(s)?

    **INTERVIEWER: GO TO E5 RECORD EMPLOYER/BUSINESS NAME FOR THIS
                 JOB IN COLUMN 1 AS JOB 1. THEN GO TO E6.**

E6.   Where else have you worked since [fill RANDOM ASSIGNMENT DATE]?

    PROBE: Please include jobs that lasted for more than 2 weeks, part-time and full-time
              jobs, and jobs in which you were self-employed.

    BEGIN RECORDING AT E5, COLUMN 2.

		**JOB	01 |**	**JOB	02 |**
E5.	**RECORD EMPLOYER NAME(S) <u>ACROSS</u> THE TOP OF THE GRID <u>FIRST</u>. THEN ASK E7-E18 <u>DOWN</u> FOR EACH JOB.** **IF EMPLOYER IS AN INDIVIDUAL, RECORD FIRST NAME, AND LAST INITIAL ONLY.**	_____ _____	_____ _____
E6.	Where else have you worked since [fill RANDOM ASSIGNMENT DATE]? **PROBE:** Please include jobs that lasted for more than 2 weeks, part-time and full-time jobs, and jobs in which you were self-employed. **RECORD AS NEXT JOB IN COLUMN HEADER.**		

E7.	When did you <u>start</u> working for [fill E5 EMPLOYER/yourself]?
	
	PROBE: Your best estimate is fine.
	
	IF DK DAY, PROBE: Was it the beginning, middle, or end of the month?
	
	IF "BEGINNING," ENTER 05;
	IF "MIDDLE," ENTER 15;
	IF "END," ENTER 25.
	
	START DATE CAN BE BEFORE RANDOM ASSIGNMENT DATE.
		START: |__|__|/|__|__|/|__|__|__|__|
		        MONTH DAY YEAR
		
		DON'T KNOW...d
		
		REFUSED..r
			START: |__|__|/|__|__|/|__|__|__|__|
			        MONTH DAY YEAR
			
			DON'T KNOW...d
			
			REFUSED..r

E8.	When did you <u>stop</u> working for [fill E5 EMPLOYER/yourself]?
	
	IF STILL WORKING AT JOB, CIRCLE "-4."
	
	IF DK DAY, PROBE: Was it the beginning, middle, or end of the month?
	
	**IF "BEGINNING," ENTER 05;
	IF "MIDDLE," ENTER 15;
	IF "END," ENTER 25.**
	
	STOP DATE MUST COME AFTER RANDOM ASSIGNMENT DATE.
		STOP: |__|__|/|__|__|/|__|__|__|__|
		       MONTH DAY YEAR
		
		STILL AT JOB.......................................-4
		
		DON'T KNOW...d
		
		REFUSED..r
			STOP: |__|__|/|__|__|/|__|__|__|__|
			       MONTH DAY YEAR
			
			STILL AT JOB.......................................-4
			
			DON'T KNOW...d
			
			REFUSED..r

JOB	03		JOB	04		JOB	05	

_____   _____   _____

_____   _____   _____

START: |__|__|/|__|__|/|__|__|__|__|
MONTH   DAY   YEAR

DON'T KNOW..d

REFUSED...r

START: |__|__|/|__|__|/|__|__|__|__|
MONTH   DAY   YEAR

DON'T KNOW..d

REFUSED...r

START: |__|__|/|__|__|/|__|__|__|__|
MONTH   DAY   YEAR

DON'T KNOW..d

REFUSED...r

STOP: |__|__|/|__|__|/|__|__|__|__|
MONTH   DAY   YEAR

STILL AT JOB.......................................-4

DON'T KNOW..d

REFUSED...r

STOP: |__|__|/|__|__|/|__|__|__|__|
MONTH   DAY   YEAR

STILL AT JOB.......................................-4

DON'T KNOW..d

REFUSED...r

STOP: |__|__|/|__|__|/|__|__|__|__|
MONTH   DAY   YEAR

STILL AT JOB.......................................-4

DON'T KNOW..d

REFUSED...r

	JOB	01		JOB	02	
E9. What does [FILL E5 EMPLOYER] make, sell, or do? **IF SELF-EMPLOYED:** What kind of company (is/was) it? What (do/did) you make, sell, or do? **PROBE FOR TYPE OF PRODUCT OR SERVICE.**	_____ _____ _____ DON'T KNOW...d REFUSED..r	_____ _____ _____ DON'T KNOW...d REFUSED..r
E10. What (do/did) you do there? **PROBE:** What (is/was) your job title? **PROBE FOR CLEAR AND DESCRIPTIVE ACTIVITIES AND JOB TITLE.**	_____ _____ _____ DON'T KNOW...d REFUSED..r	_____ _____ _____ DON'T KNOW...d REFUSED..r
E11. (Do/Did) you belong to a union on this job?	YES..1 NO...0 DON'T KNOW...d REFUSED..r	YES..1 NO...0 DON'T KNOW...d REFUSED..r
E12. How many hours (do/did) you usually work in an average week at [fill E5 EMPLOYER]? **PROBE:** Your best estimate is fine.	|__|__| HOURS PER WEEK 99 OR MORE HOURS PER WEEK……99 DON'T KNOW...d REFUSED..r	|__|__| HOURS PER WEEK 99 OR MORE HOURS PER WEEK……99 DON'T KNOW...d REFUSED..r

JOB	03		JOB	04		JOB	05	
_____ _____ _____ DON'T KNOW.......................................d REFUSED...r	_____ _____ _____ DON'T KNOW.......................................d REFUSED...r	_____ _____ _____ DON'T KNOW.......................................d REFUSED...r
_____ _____ _____ DON'T KNOW.......................................d REFUSED...r YES..1 NO...0 DON'T KNOW.......................................d REFUSED...r	_____ _____ _____ DON'T KNOW.......................................d REFUSED...r YES..1 NO...0 DON'T KNOW.......................................d REFUSED...r	_____ _____ _____ DON'T KNOW.......................................d REFUSED...r YES..1 NO...0 DON'T KNOW.......................................d REFUSED...r
|___|___| HOURS PER WEEK 99 OR MORE HOURS PER WEEK......99 DON'T KNOW.......................................d REFUSED...r	|___|___| HOURS PER WEEK 99 OR MORE HOURS PER WEEK......99 DON'T KNOW.......................................d REFUSED...r	|___|___| HOURS PER WEEK 99 OR MORE HOURS PER WEEK......99 DON'T KNOW.......................................d REFUSED...r

	JOB	01		JOB	02	

E13. How much (do/did) you make on this job, before taxes and other deductions? Please include any tips, bonuses, and commissions.

CIRCLE PAY PERIOD CODE.

ACCEPT MOST CONVENIENT TIME PERIOD.

PROBE: Your best estimate is fine.

PROBE, IF PER JOB/PIECE/ UNIT: How much did you earn in a typical week?

JOB | 01 |

$|___|___|___|**,**|___|___|___|**.**|___||___|

PER HOUR...1
PER WEEK..2
ONCE EVERY TWO WEEKS.................3
TWICE A MONTH.................................4
PER MONTH..5
PER YEAR..6
DON'T KNOW..d
REFUSED...r

JOB | 02 |

$|___|___|___|**,**|___|___|___|**.**|___||___|

PER HOUR...1
PER WEEK..2
ONCE EVERY TWO WEEKS.................3
TWICE A MONTH.................................4
PER MONTH..5
PER YEAR..6
DON'T KNOW..d
REFUSED...r

E14. (Are/Were) the following benefits available to you on your job at [fill E5 EMPLOYER]?

READ CATEGORIES.

CIRCLE YES OR NO FOR <u>EACH</u>.

JOB | 01 |
<u>YES</u> <u>NO</u> <u>DK</u> <u>R</u>

a. Health insurance or membership in an HMO or PPO plan?................1   0   d   r

b. Paid sick leave, paid holidays or paid vacation?..........1   0   d   r

c. Retirement, pension benefits, or a 401K plan?........1   0   d   r

JOB | 02 |
<u>YES</u> <u>NO</u> <u>DK</u> <u>R</u>

a. Health insurance or membership in an HMO or PPO plan?................1   0   d   r

b. Paid sick leave, paid holidays or paid vacation?..........1   0   d   r

c. Retirement, pension benefits, or a 401K plan?........1   0   d   r

JOB | 03 |	**JOB | 04 |**	**JOB | 05 |**
$\|\_\_\|\_\_\|\_\_\|,\|\_\_\|\_\_\|\_\_\|.\|\_\_\|\|\_\_\|$	$\|\_\_\|\_\_\|\_\_\|,\|\_\_\|\_\_\|\_\_\|.\|\_\_\|\|\_\_\|$	$\|\_\_\|\_\_\|\_\_\|,\|\_\_\|\_\_\|\_\_\|.\|\_\_\|\|\_\_\|$

JOB | 03 |	JOB | 04 |	JOB | 05 |
PER HOUR..1	PER HOUR..1	PER HOUR..1
PER WEEK..2	PER WEEK..2	PER WEEK..2
ONCE EVERY TWO WEEKS.................3	ONCE EVERY TWO WEEKS.................3	ONCE EVERY TWO WEEKS.................3
TWICE A MONTH..................................4	TWICE A MONTH..................................4	TWICE A MONTH..................................4
PER MONTH..5	PER MONTH..5	PER MONTH..5
PER YEAR...6	PER YEAR...6	PER YEAR...6
DON'T KNOW..d	DON'T KNOW..d	DON'T KNOW..d
REFUSED..r	REFUSED..r	REFUSED..r

JOB | 03 |	YES	NO	DK	R	JOB | 04 |	YES	NO	DK	R	JOB | 05 |	YES	NO	DK	R
a. Health insurance or membership in an HMO or PPO plan?................	1	0	d	r	a. Health insurance or membership in an HMO or PPO plan?................	1	0	d	r	a. Health insurance or membership in an HMO or PPO plan?................	1	0	d	r
b. Paid sick leave, paid holidays or paid vacation?..........	1	0	d	r	b. Paid sick leave, paid holidays or paid vacation?..........	1	0	d	r	b. Paid sick leave, paid holidays or paid vacation?..........	1	0	d	r
c. Retirement, pension benefits, or a 401K plan?........	1	0	d	r	c. Retirement, pension benefits, or a 401K plan?........	1	0	d	r	c. Retirement, pension benefits, or a 401K plan?........	1	0	d	r

		JOB	01		JOB	02	
E15.	**INTERVIEWER: CHECK E8. IS CODE "-4," STILL AT JOB, CIRCLED?**	YES **(GO TO NEXT JOB OR SECTION F)**…1 NO...0	YES **(GO TO NEXT JOB OR SECTION F)**…1 NO...0
E16.	Why did you stop working at [fill E5 EMPLOYER]? Did you quit, retire, were you laid off or fired, or did the period you were scheduled to work there just end? **PROBE:** What reason were you given by your employer?	QUIT...1 RETIRE..2 LAID OFF...3 FIRED...4 WORK PERIOD ENDED...5 OTHER (SPECIFY)...............................6 _____ _____ DON'T KNOW..d REFUSED...r	QUIT...1 RETIRE..2 LAID OFF...3 FIRED...4 WORK PERIOD ENDED...5 OTHER (SPECIFY)...............................6 _____ _____ DON'T KNOW..d REFUSED...r
E17.	When that job ended, did you receive severance pay?	YES...1 NO...0 DON'T KNOW..d REFUSED...r	YES...1 NO...0 DON'T KNOW..d REFUSED...r
E18.	When that job ended, did you look for work, begin work somewhere else, enter a training program, or something else?	LOOK FOR WORK..................................1 BEGIN WORK SOMEWHERE................2 ENTER A TRAINING PROGRAM..........3 SOMETHING ELSE (SPECIFY)..............4 DON'T KNOW..d REFUSED...r **GO TO NEXT JOB OR SECTION F**	LOOK FOR WORK..................................1 BEGIN WORK SOMEWHERE................2 ENTER A TRAINING PROGRAM..........3 SOMETHING ELSE (SPECIFY)..............4 DON'T KNOW..d REFUSED...r **GO TO NEXT JOB OR SECTION F**

JOB	03		JOB	04		JOB	05	

JOB | 03 |

YES **(GO TO NEXT JOB OR SECTION F)**...1
NO..0

QUIT..1
RETIRE...2
LAID OFF..3
FIRED...4
WORK PERIOD
ENDED..5
OTHER (SPECIFY)...............................6

_____

_____

DON'T KNOW..d
REFUSED...r

YES..1
NO..0
DON'T KNOW..d
REFUSED...r

LOOK FOR WORK..................................1
BEGIN WORK SOMEWHERE...............2
ENTER A TRAINING PROGRAM..........3
SOMETHING ELSE (SPECIFY)..............4
DON'T KNOW..d
REFUSED...r

GO TO NEXT JOB
OR SECTION F

JOB | 04 |

YES **(GO TO NEXT JOB OR SECTION F)**...1
NO..0

QUIT..1
RETIRE...2
LAID OFF..3
FIRED...4
WORK PERIOD
ENDED..5
OTHER (SPECIFY)...............................6

_____

_____

DON'T KNOW..d
REFUSED...r

YES..1
NO..0
DON'T KNOW..d
REFUSED...r

LOOK FOR WORK..................................1
BEGIN WORK SOMEWHERE...............2
ENTER A TRAINING PROGRAM..........3
SOMETHING ELSE (SPECIFY)..............4
DON'T KNOW..d
REFUSED...r

GO TO NEXT JOB
OR SECTION F

JOB | 05 |

YES **(GO TO NEXT JOB OR SECTION F)**...1
NO..0

QUIT..1
RETIRE...2
LAID OFF..3
FIRED...4
WORK PERIOD
ENDED..5
OTHER (SPECIFY)...............................6

_____

_____

DON'T KNOW..d
REFUSED...r

YES..1
NO..0
DON'T KNOW..d
REFUSED...r

LOOK FOR WORK..................................1
BEGIN WORK SOMEWHERE...............2
ENTER A TRAINING PROGRAM..........3
SOMETHING ELSE (SPECIFY)..............4
DON'T KNOW..d
REFUSED...r

GO TO NEXT JOB
OR SECTION F

F. INCOME SOURCES AND AMOUNTS

F1.   The next questions are about your household's total income and the types of payments that you and other members of your household may be receiving.

Thinking about the last 12 months, from [fill 13 MONTHS BACK FROM CURRENT MONTH AND YEAR] to [fill MONTH PRIOR TO CURRENT MONTH AND YEAR], what was the total income for you and all the members of your household, before taxes and other deductions? Please include income from jobs, public assistance, food stamps, child support, lottery winnings, rent from roomers or tenants, interest, dividends, and all other income sources.

INTERVIEWER: PROBE FOR ESTIMATE, IF NECESSARY.

$ <   > **[GO TO F5]**

<d>   DON'T KNOW/CAN'T REMEMBER

<r>   REFUSED

F2.   Would you say your household income in [fill LAST YEAR] was more than $30,000 or less than $30,000?

<1>   MORE THAN $30,000

<2>   LESS THAN $30,000 **[GO TO F4]**

<3> $30,000 EXACTLY

<d>   DON'T KNOW

<r>   REFUSED   **GO TO F5**

F3.   Would you say it was . . .

<1>   less than $40,000,

<2>   between $40,000 and $50,000,

<3>   between $50,000 and $60,000,

<4>   between $60,000 and $75,000, or

<5>   more than $75,000?

<d>   DON'T KNOW

<r>   REFUSED

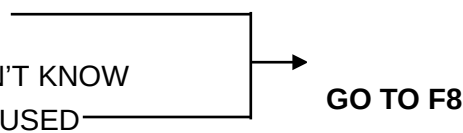**GO TO F5**

F4.   Would you say it was . . .

<1>   more than $20,000,
<2>   between $10,000 and $20,000,
<3>   between $5,000 and $10,000, or
<4>   less than $5,000?

<d>   DON'T KNOW
<r>   REFUSED

UNEMPLOYMENT COMPENSATION (UI)

F5.   Now I would like to ask you about sources of income and support you or anyone else in your household may have received since [fill RANDOM ASSIGNMENT DATE].

Since [fill RANDOM ASSIGNMENT DATE], have <u>you</u> or anyone else in your household received unemployment compensation?

<1>   YES
<0>   NO
<d>   DON'T KNOW   **GO TO F8**
<r>   REFUSED

F6.   Since [fill RANDOM ASSIGNMENT MONTH], for approximately how many weeks did you or anyone else in your household receive unemployment compensation?

|___|___| # OF WEEKS

<d>   DON'T KNOW
<r>   REFUSED

F7.   How much was received in unemployment compensation each week since [fill RANDOM ASSIGNMENT MONTH]?

IF VARIED, PROBE: Please tell me the average amount received.

$<   > PER WEEK

<d>   DON'T KNOW
<r>   REFUSED

TRADE READJUSTMENT ALLOWANCE OR TRADE ADJUSTMENT ASSISTANCE (TRA/TAA)

F8.   Since [fill RANDOM ASSIGNMENT DATE] have <u>you</u> or anyone else in your household received Trade Readjustment Allowance (TRA) or Trade Adjustment Assistance (TAA)?

        <1>   YES
        <0>   NO

        <d>   DON'T KNOW
        <r>   REFUSED   **GO TO F11**

F9.   Since [fill RANDOM ASSIGNMENT MONTH], for approximately how many weeks did you or anyone else in your household receive TRA or TAA?

        |___|___| # OF WEEKS

        <d>   DON'T KNOW
        <r>   REFUSED

F10.   How much was received in TRA or TAA each week since [fill RANDOM ASSIGNMENT MONTH]?

        IF VARIED, PROBE: Please tell me the average amount received.

        $<   > PER WEEK

        <d>   DON'T KNOW
        <r>   REFUSED

FOOD STAMPS

F11.   Since [fill RANDOM ASSIGNMENT DATE] have <u>you</u> or anyone else in your household received Food Stamps?

        <1>   YES
        <0>   NO

        <d>   DON'T KNOW
        <r>   REFUSED   **GO TO F14**

F12.   Since [fill RANDOM ASSIGNMENT MONTH], for approximately how many months did you or anyone else in your household receive Food Stamps?

|___|___| # OF MONTHS

<d>   DON'T KNOW
<r>   REFUSED

F13.   How much in Food Stamps was received each month since [fill RANDOM ASSIGNMENT MONTH]?

IF VARIED, PROBE: Please tell me the average amount received.

$<   > PER MONTH

<d>   DON'T KNOW
<r>   REFUSED

CASH ASSISTANCE

F14.   Since [fill RANDOM ASSIGNMENT DATE] have <u>you</u> or anyone else in your household received cash assistance from [fill LOCAL TANF NAME] or welfare, Supplemental Security Income (SSI), Social Security Retirement, Disability, or Survivors Benefits (SSA), or General Assistance (GA)?

<1>   YES
<0>   NO
<d>   DON'T KNOW   → **GO TO G1**
<r>   REFUSED

F15.   Since [fill RANDOM ASSIGNMENT MONTH], for approximately how many months did you or anyone else in your household receive this cash assistance?

|___|___| # OF MONTHS

<d>   DON'T KNOW
<r>   REFUSED

F16.   How much was received in cash assistance each month since [fill RANDOM ASSIGNMENT MONTH]?

IF VARIED, PROBE: Please tell me the average amount received.

$<   > PER MONTH

<d>   DON'T KNOW
<r>   REFUSED

G. DEMOGRAPHICS AND CONTACT INFORMATION

G1. We're almost finished. I just have a few more questions about you and your household. <u>Not</u> counting yourself, how many people currently live or stay with you?

<   > **# OTHER** PEOPLE IN HOUSEHOLD

<0>   NONE, I LIVE ALONE **[GO TO G3]**

<d>   DON'T KNOW
<r>   REFUSED

G2. How many of these people are children under 18 who are dependent on you?

<   > # CHILDREN UNDER 18 YEARS

<0>   NONE

<d>   DON'T KNOW
<r>   REFUSED

G3. Are you currently married, separated, divorced, widowed, living together unmarried, or have you never been married?

<1>   MARRIED
<2>   SEPARATED
<3>   DIVORCED
<4>   WIDOWED
<5>   SINGLE, NEVER MARRIED

<d>   DON'T KNOW
<r>   REFUSED

G4.   Finally, what is your present, permanent address?

<1>   ENTER ADDRESS

INTERVIEWER: IF A P.O. BOX, ASK FOR A STREET ADDRESS.

RECORD ZIP CODE AND, IF APPROPRIATE, APARTMENT NUMBER.

<   >   ENTER STREET ADDRESS
<   >   ENTER STATE
<   >   ENTER ZIP
<   >   ENTER PHONE NUMBER

Thank you very much for the time you have spent on this important research survey. Good luck.

INTERVIEWER: ENTER TIME ENDED.

<   >

<1>   AM
<2>   PM

| TIME ENDED: |___|___|:|___|___| am/pm |
| ELAPSED TIME: |___|___|:|___|___| minutes |