APPENDIX A GATE SURVEY INSTRUMENT

OMB Approval No.: 1205-0444 Expiration Date: 12/31/2006



Growing America Through Entrepreneurship (GATE)

Follow-Up Survey

August 1, 2006

CONTENTS

Section		Page
Α	INTRODUCTION/SCREENER	1
В	SELF-EMPLOYMENT SERVICES	5
С	SELF-EMPLOYMENT EXPERIENCE	17
D	EMPLOYMENT, WORKING FOR SOMEONE ELSE	39
Е	INCOME SOURCES AND AMOUNTS	50
F	HOUSEHOLD COMPOSITION, MARITAL STATUS, AND SPOUSE EMPLOYMENT	53
G	CONTACT INFORMATION	56

SECTION A: INTRODUCTION/SCREENER

A1. Hello, may I please speak to (SAMPLE MEMBER). My name is (NAME) and I'm calling from IMPAQ International. Is this (SAMPLE MEMBER)?

SAMPLE MEMBER AVAILABLE	01	
SAMPLE MEMBER NOT AVAILABLE	00→	When would be a good time to reach (SAMPLE MEMBER)? RECORD INFORMATION ON CONTACT SHEET. THANK PERSON AND TERMINATE.

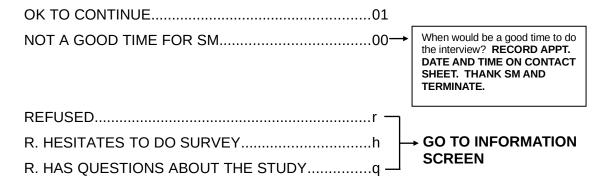
A2. Hello, my name is (NAME), and I'm calling from IMPAQ International in Columbia, Maryland. We are conducting a survey for the U.S. Department of Labor of people who applied to Project GATE. (I would like to ask you some questions about your experiences with self-employment and self-employment services/You may remember that we talked to you about a year ago and we are interested in what has happened to you since then).

Your opinions and experiences are extremely important. The information you and others provide will be used to improve services for people interested in self-employment. We would appreciate your participation in this study, and in return can offer an honorarium of \$15 for your time.

Your responses are confidential and will not be shared with the U.S. Department of Labor, Staff at Project GATE, or any other agency except as required by law.

PROBE: You may have received a letter recently which explained the study to you.

PROBE: You may remember that you became a participant in this study about (six/eighteen) months ago.



A3. I just need to verify that I am speaking with the correct person. What is your date of birth?

REFUSED	r -	٦
DON'T KNOW	-I	→ GO TO A5

A4.	PROGRAMMER: CHECK DOB. DOES THE DOB IN A3 MATCH SAMPLE FILE?	THE DOB IN THE
	YES	01 GO TO B1
	NO/NO DOB	00
A5.	And what are the last 4-digits of your Social Security number?	
	DON'T KNOWd REFUSEDr	► GO TO A7
A6.	PROGRAMMER: CHECK SSN. DO THE LAST 4 DIGITS OF TH MATCH THE SSN IN THE SAMPLE FILE?	E SSN IN A5
	YES	01 → GO TO B1
	NO/NO SSN	
A7.	I'm sorry. I need to check my records before I can interview you. to reach you in the future? YES01 →	Is this the best time THANK SM AND TERMINATE. RECORD TIME AND DATE ON CONTACT SHEET.
	NO00 →	What is the best time to reach you? RECORD TIME AND DATE ON CONTACT SHEET. THANK SM AND TERMINATE.
A8.	PROGRAMMER: HAS A FIRST FOLLOW-UP INTERVIEW BEEN SAMPLE MEMBER?	N COMPLETED BY THIS
	YES	01
	NO	→ USE DATE OF LAST 00 INTERVIEW AS REFERENCE DATE

INFORMATION SCREEN. READ ONLY IF SAMPLE MEMBER REQUESTS MORE INFORMATION. Answers to Commonly Asked Questions¹

"I didn't participate in GATE. I'm no longer in the GATE Program."

We are calling people who applied for the GATE program, even if they never participated or are no longer participating. Your responses and views are important in that they help us gain perspective from those who no longer or never participated.

"I did not like the GATE Program."

I understand. Your comments will be especially important to the study. The United States Department of Labor wants to have feedback from people who were both satisfied and not satisfied with their experiences in the GATE Program.

"I didn't start my own business."

That's OK. Your responses and views are important to the study. The United States Department of Labor wants to have feedback from people who did not start their own business as well as those that did.

"How did you get my name?"

We are calling everyone who applied for the GATE Program. You might remember that the application materials you signed mentioned that we would be calling you for an interview.

"What happens if I don't participate?"

Your participation is voluntary and will not affect your eligibility to receive any services or benefits. However, your experiences and opinions are very important to the success and improvement of programs like GATE.

"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'm not interested."

Let me reassure you that we are not selling anything. We're interested in your opinions and experiences. The information you provide will help address the special needs of people who want to start their own business. There are no right or wrong answers. Any information you give me will be held in the strictest confidence.

"Are my answers confidential?"

Any information you give me will be held in the strictest confidence and will be used only for the purposes of the study. Your answers will be combined with those of others and your name will never be used in reporting

¹ **Programmer:** These questions and answers should be available to interviewers any point in the questionnaire

the results of the study. All personally identifiable data will be kept confidential Your answer to questions will not affect your eligibility for any public program.	except a	s required	l by la	aw.

"How long will this take?"

The length of the interview is different for different people, but it usually takes 40 minutes.

"What is the purpose of the study?"

Our goal is to assess whether programs like GATE are successful in meeting the needs of people who want to start their own business. If the GATE Program is successful, the U.S. Department of Labor may decide to expand the program.

"What information do you intend to collect?

We will collect information about your experiences in receiving self-employment services, your experiences with self-employment and other employment, and your receipt of unemployment insurance and public assistance.

SECTION B: SELF-EMPLOYMENT SERVICES

B0. **PROGRAMMER**:

THIS IS A 6-MONTH FOLLOW-UP INTERVIEW OR AN 18-MONTH FOLLOW-UP WITHOUT A COMPLETED 6-MONTH FOLLOW-UP INTERVIEW. GO TO B1

B1. The next series of questions are about self-employment services. Prior to when you applied for the Growing America Through Entrepreneurship (GATE) program on (RANDOM ASSIGNMENT DATE), did you participate in any self-employment services or programs to help you start or grow your own business? Services or programs could include classes, workshops, seminars, one-on-one counseling or technical assistance, a peer support or networking group, or mentoring.

YES	01	
NO		
DON'T KNOW	d	→ GO TO B3
REFUSED		

B2. Prior to applying for the GATE program on (RANDOM ASSIGNMENT DATE), what types of self–employment services or programs did you participate in? Did you participate in . . .

		YES	NO	DON'T KNOW	REFUSED
a.	classes, workshops or seminars?	01	00	d	r
b.	one-on-one counseling or technical assistance?	01	00	d	r
C.	a peer support/networking group?	01	00	d	r
d.	mentoring?	01	00	d	r
e.	anything else? (SPECIFY)	01	00	d	r

B3.	Since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW), have you attended any classes, workshops, or seminars on topics related to your business?		
	YES01		
	NO00 ¬		
	DON'T KNOWd → GO TO B6		
	REFUSEDr		
B4.	How many individual sessions of these classes, workshops, or seminars did you attend?		
	_ NUMBER OF CLASSES/SESSIONS		
	DON'T KNOWd		
	REFUSEDr		
B5.	On average, how long were the individual sessions of these classes, workshops, or seminars?		
	LENGTH		
	MINUTES01		
	HOURS02		
	DON'T KNOWd		
	REFUSEDr		
B5a.	What organizations provided these classes, workshops, or seminars?		
	NAME(S)		
	DON'T KNOWd		
	REFUSEDr		

B6.	Since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW), have you received any one-on-one counseling or technical assistance on starting or expanding your business?			
	YES01			
	NO00—			
	DON'T KNOWd → GO TO B9			
	REFUSEDr			
B7.	How many counseling or technical assistance sessions have you attended since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW)?			
	NUMBER OF SESSIONS			
	DON'T KNOWd			
	REFUSEDr			
B8.	On average, how long did each counseling or technical assistance session last?			
	LENGTH			
	MINUTES01			
	HOURS02			
	DON'T KNOWd			
	REFUSEDr			
B8a.	What organizations provided you with counseling or technical assistance?			
	NAME(S)			
	DON'T KNOWd			
	REFUSEDr			

B9.	Since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW), have you attended any peer support group for self-employed persons or persons interested in becoming self-employed?		
PROBE: By this we mean groups of individuals who are self start a business who meet to share ideas, strategies			
	NO DO	S N'T KNOW FUSED	00 d → GO TO B12
B10.		y support group sessions have you attended sinc MENT DATE/DATE OF LAST INTERVIEW)?	e (RANDOM
		NUMBER OF SESSIONS	
	DO	N'T KNOW	d
	REI	FUSED	r
B11.	On avera	ge, how long did each of these sessions last?	
		LENGTH	
	MIN	IUTES	01
	НО	URS	02
		N'T KNOW	
	REI	FUSED	r
B11a.	What org	anizations provided a peer support group?	
	NAME(S)		
		N'T KNOW	

B12.	Since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW), have you worked with an experienced business-owner or someone else who could act as your mentor?							
	YES01							
	NO00 ¬							
	DON'T KNOWd → GO TO B15							
	REFUSEDr							
B13.	About how many meetings, in total, have you had with a mentor since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW)?							
	NUMBER OF MEETINGS							
	DON'T KNOWd							
	REFUSEDr							
B14.	On average, how long did each of these meetings last?							
	LENGTH							
	MINUTES01							
	HOURS02							
	DON'T KNOWd							
	REFUSEDr							
B14a.	What organizations provided you with a mentor?							
	NAME(S)							
	REFUSEDr							

B15.	Since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW), have you received any other types of self-employment services that we haven't already talked about?
	YES01
	NO00 ¬
	DON'T KNOWd → GO TO B16b
	REFUSEDr—
B16.	What were they?
	RECORD VERBATIM
B16a.	What organizations provided you with these other services?
	NAME(S)
	REFUSEDr
B16b.	PROGRAMMER: IF B3, B6, B9, B12 or B15 = 1, GO TO B17. OTHERWISE GO TO B20.
B17.	Thinking about all the services you have received since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW), about how much did you pay in total for these services?
	\$ _ , _ - TOTAL AMOUNT
	SERVICES WERE FREE01
	DON'T KNOWd
	REFUSEDr
B18.	NO B18 IN THIS VERSION

B20. **PROGRAMMER:**

IF SAMPLE MEMBER IS TREATMENT GROUP, AND B3, B6, B9, B12 and B15 = 0, GO TO B21.

OTHERWISE GO TO B22.

B21. Why didn't you participate in any self-employment services or programs?

CIRCLE ALL THAT APPLY

DIDN'T THINK SERVICES WOULD	
BE HELPFUL01	1
SERVICES LOCATED TOO FAR AWAY02	2
TIMES INCONVENIENT03	3
DIDN'T WANT TO WAIT FOR CLASSES	
TO BEGIN04	4
DECIDED TO POSTPONE SELF-EMPLOYMENT0!	5
DECIDED NOT TO PURSUE SELF-EMPLOYMENT	
AT ALL00	6
TOO BUSY0	7
OTHER (SPECIFY)08	8

B22. Since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW), have you developed or revised a written business plan?

YES	01	
NO		
DON'T KNOW	d	→ GO TO B26
REFUSED		

B23.	Did you receive help writing your business plan from someone in a self-employment program? Please include a counselor, a mentor, or someone in a support group or workshop.							
	YES01							
	NO00 ¬							
	DON'T KNOWd GO TO B26							
	REFUSEDr							
B24.	PROGRAMMER: IF SAMPLE MEMBER IS IN TREATMENT GROUP, GO TO B25. IF SAMPLE MEMBER IS IN CONTROL GROUP, GO TO B26.							
B25.	Did the GATE program provide any help writing your business plan since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW)?							
	YES01							
	NO00							
	DON'T KNOWd							
	REFUSEDr							
B26.	Since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW), have you applied for a business loan?							
	YES01							
	NO00							
	DON'T KNOWd GO TO B31a							
	REFUSEDr							
B27.	To how many different institutions or programs have you applied for loans since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW)?							
	NUMBER OF INSTITUTIONS							
	DON'T KNOWd							
	REFUSEDr							

B28.	Did you apply for a loan from the Small Business Administration, or SBA, since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW)]?	
	YES01	
	NO00	
	DON'T KNOWd	
	REFUSEDr	
B29.	When applying for loans, did you receive any help from someone in a self-employment program?	
	YES01	
	NO00¬	
	DON'T KNOWd → GO TO B31a	
	REFUSEDr—	
B30.	PROGRAMMER: IF SAMPLE MEMBER IS TREATMENT GROUP, GO TO B31. IF SAMPLE MEMBER IS NOT IN TREATMENT GROUP, GO TO B31a.	
	,	
B31.	Did the GATE program provide any of this help?	
	YES01	
	NO00	
	DON'T KNOWd	
	REFUSEDr	

B31a. **PROGRAMMER:**IF B3, B6, B9, B12 AND B15 = 0, d OR r, GO TO B36.
OTHERWISE CONTINUE.

B32. I am going to read a list of ways self-employment services may have helped you. Please tell me whether each service helped you a lot, somewhat, or not at all in . . .

		A LOT	SOME- WHAT	NOT AT ALL	DON'T KNOW	REFUSED	NOT APPLICABLE
a.	Developing a business plan	0.1	02	03	d	r	na
b.	Applying for loans	01	02	03	d	r	na
C.	Deciding whether to pursue self- employment	01	02	03	d	r	na
d.	Refining your business idea	01	02	03	d	r	na
e.	Dealing with credit issues	01	02	03	d	r	na
f.	Developing your marketing strategy	01	02	03	d	r	na
g.	Dealing with legal issues	01	02	03	d	r	na
h.	Dealing with accounting issues	01	02	03	d	r	na
i.	Hiring and dealing with employees	01	02	03	d	r	na
j.	Networking	01	02	80	d	r	na
k.	Using computers and other technology	01	02	03	d	r	na
l.	Dealing with clients	01	02	03	d	r	na
m.	Providing psychological support	01	02	03	d	r	na

B33.	Are there	other way	e in v	which	calf_amn	lovment	carvicas	may	have	halnad	21101
DJJ.	Ale there	oniei way	'S III \	/VIIICII	Sell-ellib	IOVILIELL	261 AICE2	IIIay	Have	Helpeu	you:

YES	01
NO	
DON'T KNOW	d → GO TO B34
REFUSED	

B33a.	In what	t other	ways di	d these	services	help	you?
-------	---------	---------	---------	---------	----------	------	------

B34.		MENT DATE/DATE	OF LAST INTER\	u have received since /IEW), how would you rate Were they
	Very useful,			01
	Somewhat us	eful,		02
	Not very usefu	มl, or		03
	Not at all usef	ul?		04
	DON'T KNOW	<i>I</i>		d
	REFUSED			r
B34a.	PROGRAMMER:	SELF-EMPLOYMI FOLLOWING QUE B15)? IF SO, INS	ENT SERVICE? DESTIONS EQUAL GET NAMES OF S	PRE THAN ONE TYPE OF O AT LEAST TWO OF THE "01" (B3, B6, B9, B12, OR BERVICES INTO B35. IF CEIVED, GO TO B36.
B35.		, you had received	(NAMES OF SELF	MENT DATE/DATE OF -EMPLOYMENT SERVICES most useful to you.
	CLASSES OF	R WORKSHOPS		01
		COUNSELING OF		02
	PEER SUPPO	ORT/NETWORKING	GROUP	03
	MENTORING			04
	OTHER (SPE	CIFY)		05
		<i>I</i>		
B36.	Are there any service have helped you in			eive enough of that could ?
	YES			01
	NO			00
		/		

B37. What services would have been useful to you?

CIRCLE ALL THAT APPLY

CLASSES OR WORKSHOPS	01
ONE-ON-ONE COUNSELING OR TECHNICAL ASSISTANCE	02
PEER SUPPORT/NETWORKING GROUP	03
MENTORING	04
LOANS	05
OTHER (SPECIFY)	06

SECTION C: SELF-EMPLOYMENT EXPERIENCE

C0. **PROGRAMMER:**

THIS IS A 6-MONTH FOLLOW-UP INTERVIEW OR AN 18-MONTH FOLLOW-UP WITHOUT A COMPLETED 6-MONTH FOLLOW-UP INTERVIEW. → CONTINUE TO C1

THIS IS AN 18-MONTH FOLLOW-UP INTERVIEW WITH A COMPLETED
6-MONTH FOLLOW-UP INTERVIEW. → GO TO C4

C1. The next series of questions are about your experiences with self-employment. Why were you interested in being self-employed?

PROBE: Were there any other reasons?

CIRCLE ALL THAT APPLY

TO INCREASE INCOME	.01
COULD NOT GET A JOB WORKING FOR SOMEONE ELSE	.02
WANTED TO BE MY OWN BOSS/ TIRED OF WORKING FOR SOMEONE ELSE	.03
TO GET WORK NOT AVAILABLE ELSEWHERE IN THE JOB MARKET	.04
FLEXIBILITY IN DAILY SCHEDULE	.05
POTENTIAL TO CAPITALIZE ON ONE'S EXISTING SKILLS	.06
TO HAVE MORE FREEDOM TO MEET FAMILY RESPONSIBILITIES	.07
TO BRING NEW IDEAS TO THE MARKETPLACE/ TO MEET A NEED IN THE COMMUNITY	.08
BEING SELF-EMPLOYED WAS ALWAYS MY DREAM	.09
EARLY RETIREMENT	.10
OTHER (SPECIFY)	
DON'T KNOW	
REFUSED	.r

C2.	Prior to (RANDOM ASSIGNMENT DATE), had you been self-employed, that is, owned your own business?
	YES01
	NO00 ¬
	DON'T KNOWd → GO TO C4
	REFUSEDr
C2a.	Prior to (RANDOM ASSIGNMENT DATE), how many businesses had you owned?
	_ NUMBER OF BUSINESSES
	NONE00 → GO TO C4
	DON'T KNOWd
	REFUSEDr
C3.	Thinking about (the time/all the times) you were self-employed before (RANDOM ASSIGNMENT DATE), about how long, in total, were you self-employed? RECORD LENGTH AND CODE TIME UNIT.
	LENGTH
	WEEKS01
	MONTHS02
	YEARS03
	DON'T KNOWd
	REFUSEDr
C4.	<u>Since</u> (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW) have you been self-employed, that is, owned your own business?
	YES01
	NO00
	DON'T KNOWd → GO TO C55
	REFUSEDr
C4a.	Are you <u>currently</u> self-employed?
	YES01
	NO00
	DON'T KNOWd
	REFUSEDr
C4b.	How many businesses have you owned since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW)?
	_ NUMBER OF BUSINESSES

NONE	00
DON'T KNOW	d
REFUSED	r

		CURRENT/MOST RECENT	SECOND
CE	The next questions are about the business(es)	BUSINESS	BUSINESS
C5.	you have owned since (RANDOM		
	ASSIGNMENT DATE/DATE OF LAST	NAME OF BUSINESS	NAME OF BUSINESS
	INTERVIEW).		
	Please tell me about your (most recent/next)	DON'T KNOWd	DON'T KNOWd
	self-employment experience. What was the	REFUSEDr	REFUSEDr
	name of the business?		
	RECORD NAME OF BUSINESS ACROSS		
	THE TOP OF THE GRID FIRST. THEN ASK		
	C6-C20a <u>DOWN</u> FOR EACH BUSINESS.		
C5a	. What other businesses have you owned since		
	(RANDOM ASSIGNMENT DATE/DATE OF		
	LAST INTERVIEW)?		
	RECORD AS NEXT BUSINESS IN COLUMN		
	HEADER		
C6.	When did you <u>start</u> operating this business as the owner?		
	the owner:	MONTH DAY YEAR	MONTH DAY YEAR
	PROBE: Your best estimate is fine.		
	IF DK DAY, PROBE: Was it the beginning,	DON'T KNOWd	DON'T KNOWd
	middle, or end of the month?	REFUSEDr	REFUSEDr
	IE "DECINNING " ENTER OF-		
	IF "BEGINNING," ENTER 05; IF "MIDDLE," ENTER 15;		
	IF "END," ENTER 25.		
	CTART RATE CAN BE REFORE		
	START DATE CAN BE BEFORE RANDOM ASSIGNMENT DATE/DATE OF		
	LAST INTERVIEW.		
C7.	When did you stop operating this business as		
	the owner?		
	IF STILL WORKING AT JOB, CIRCLE	MONTH DAT TEAR	MONTH DAY YEAR
	" 01 ."	STILL OPERATING	STILL OPERATING
		BUSINESS(GO TO C10)01	BUSINESS(GO TO C10)01
	IF DK DAY, PROBE: Was it the beginning, middle, or end of the month?	DON'T KNOW(GO TO C10)d	DON'T KNOWd
	,	REFUSEDr	REFUSEDr
	IF "BEGINNING," ENTER 05;	1121 0025	(CC 10 010)
	IF "MIDDLE," ENTER 15; IF "END," ENTER 25.		
	STOP DATE MUST COME AFTER RANDOM ASSIGNMENT DATE/DATE OF		
	LAST INTERVIEW.		
C8.	Why did you stop operating this business?	CIRCLE ALL THAT APPLY	CIRCLE ALL THAT APPLY
	PROPE. We mean energting this business	BUSINESS DID NOT MAKE ENOUGH	BUSINESS DID NOT MAKE ENOUGH
	PROBE: We mean operating this business as the owner.	INCOME01	INCOME01
		GOT A BETTER OPPORTUNITY02	GOT A BETTER OPPORTUNITY02
		HOURS TOO LONG03	HOURS TOO LONG03
		INCOME TOO UNCERTAIN04	INCOME TOO UNCERTAIN04
		ILLNESS/DISABILITY05	ILLNESS/DISABILITY05
		PERSONAL REASONS06	PERSONAL REASONS06
		OTHER (SPECIFY)07	OTHER (SPECIFY)07
		DON'T KNOWd	DON'T KNOWd
	What did you do when you stopped operating	REFUSEDr	REFUSEDr
O3.	this business?	CIRCLE ALL THAT APPLY	CIRCLE ALL THAT APPLY
	DDORE. We man anarotic this busin	TOOK JOB WORKING FOR SOMEONE ELSE01	TOOK JOB WORKING FOR SOMEONE ELSE01
	PROBE: We mean operating this business as the owner.	STARTED ANOTHER BUSINESS02	STARTED ANOTHER BUSINESS02
	as and officer.	LOOKED FOR WORK	LOOKED FOR WORK
		PARTICIPATED IN EDUCATION/	PARTICIPATED IN EDUCATION/
		TRAINING PROGRAM04	TRAINING PROGRAM04
		TOOK CARE OF CHILD, FAMILY MEMBER,	TOOK CARE OF CHILD, FAMILY MEMBER,
		OR SICK RELATIVE	OR SICK RELATIVE05
		RETIRED06 WAS SICK07	RETIRED06 WAS SICK07
		OTHER (SPECIFY)	OTHER (SPECIFY)
		0111E11 (01 E011 1)00	
		DON'T KNOWd	DON'T KNOWd

REFUSEDr REFUSEDr

THIRD BUSINESS	FOURTH BUSINESS	FIFTH BUSINESS
BUSINESS	BUSINESS	BUSINESS
NAME OF BUGINESS	NAME OF PURINECS	NAME OF BUCINESS
NAME OF BUSINESS	NAME OF BUSINESS	NAME OF BUSINESS
DON'T KNOWd	DON'T KNOWd	DON'T KNOWd
REFUSEDr	REFUSEDr	REFUSEDr
/ / _ _ MONTH DAY YEAR	/ _ / MONTH DAY YEAR	_ / / MONTH DAY YEAR
DON'T KNOWd	DON'T KNOWd	DON'T KNOWd
REFUSEDr	REFUSEDr	REFUSEDr
/ _ / _ _ _ MONTH DAY YEAR	_ / / _ _ _ _ MONTH DAY YEAR	/
CTILL ODEDATING	CTUL ODEDATING	
STILL OPERATING BUSINESS(GO TO C10)01	STILL OPERATING BUSINESS(GO TO C10)01	STILL OPERATING BUSINESS(GO TO C10)01
DON'T KNOW(GO TO C10)d	DON'T KNOW(GO TO C10)d	DON'T KNOWd
·	,	, ,
REFUSEDr	REFUSEDr	REFUSEDr
CIDCLE ALL THAT ADDLY	CIDCLE ALL THAT ADDLY	CIDCLE ALL THAT ADDLY
CIRCLE ALL THAT APPLY BUSINESS DID NOT MAKE ENOUGH	CIRCLE ALL THAT APPLY BUSINESS DID NOT MAKE ENOUGH	CIRCLE ALL THAT APPLY BUSINESS DID NOT MAKE ENOUGH
INCOME01	INCOME01	INCOME01
GOT A BETTER OPPORTUNITY02	GOT A BETTER OPPORTUNITY02	GOT A BETTER OPPORTUNITY02
HOURS TOO LONG03	HOURS TOO LONG03	HOURS TOO LONG03
INCOME TOO UNCERTAIN04	INCOME TOO UNCERTAIN	INCOME TOO UNCERTAIN
ILLNESS/DISABILITY	ILLNESS/DISABILITY05 PERSONAL REASONS06	ILLNESS/DISABILITY05 PERSONAL REASONS06
OTHER (SPECIFY)07	OTHER (SPECIFY)07	OTHER (SPECIFY)07
DON'T KNOWd	DON'T KNOWd	DON'T KNOWd
REFUSEDr	REFUSEDr	REFUSEDr
CIRCLE ALL THAT APPLY TOOK JOB WORKING FOR SOMEONE	CIRCLE ALL THAT APPLY TOOK JOB WORKING FOR SOMEONE	CIRCLE ALL THAT APPLY TOOK JOB WORKING FOR SOMEONE
ELSE01	ELSE01	ELSE01
STARTED ANOTHER BUSINESS02	STARTED ANOTHER BUSINESS02	STARTED ANOTHER BUSINESS02
LOOKED FOR WORK03	LOOKED FOR WORK03	LOOKED FOR WORK03
PARTICIPATED IN EDUCATION/ TRAINING PROGRAM04	PARTICIPATED IN EDUCATION/ TRAINING PROGRAM04	PARTICIPATED IN EDUCATION/ TRAINING PROGRAM04
TOOK CARE OF CHILD, FAMILY MEMBER,	TOOK CARE OF CHILD, FAMILY MEMBER,	TOOK CARE OF CHILD, FAMILY MEMBER,
OR SICK RELATIVE05	OR SICK RELATIVE05	OR SICK RELATIVE05
RETIRED06	RETIRED06	RETIRED06
WAS SICK	WAS SICK	WAS SICK07 OTHER (SPECIFY)08
OTHER (SPECIFY)08	OTHER (SPECIFY)08	OTHER (SPECIFT)
DON'T KNOWd	DON'T KNOWd	DON'T KNOWd

REFUSEDr REFUSED.	r REFUSED
-------------------	-----------

		CURRENT/MOST RECENT BUSINESS	SECOND BUSINESS
C10.	What (is/was) the main product or activity of this business? RECORD VERBATIM		
	PROBE FOR TYPE OF PRODUCT OF SERVICE.		
		DON'T KNOWd	DON'T KNOWd
		REFUSEDr	REFUSEDr
C11.	(Do/Did) you work for just one client?	YES01	YES01
		NO00	NO00
		DON'T KNOWd	DON'T KNOWd
		REFUSEDr	REFUSEDr
C12.	On average, how much (are/were) the monthly receipts or sales for this business?	\$, _ - - -	
	PROBE: Your best estimate is fine.	More than \$999,99901	
	Trobe. Tour best estimate is line.	DON'T KNOWd	
		REFUSEDr	
C13.	On average, how much (are/were) the		
	monthly expenses for this business? Please include any payments to yourself	\$, _ .	
	or your family members.	More than \$999,99901	
	PROPE. Your host actimate is fine	DON'T KNOWd	
	PROBE: Your best estimate is fine.	REFUSEDr	
C14.	How many hours (do/did) you usually work in an average week at this business? Please include any time you	_ NUMBER OF HOURS	_ NUMBER OF HOURS
	(spend/spent) working at home.	DON'T KNOWd	DON'T KNOWd
		REFUSEDr	REFUSEDr
C15.	What percent of your total household income (is/was) produced as a result of this business?	_ PERCENT	_ PERCENT
	PROBE: For your total household	ALL100	ALL100
	income please include income from your	DON'T KNOWd	DON'T KNOWd
	spouse or other immediate family members living with you.	REFUSEDr	REFUSEDr
C16.	(Do/Did) you pay yourself a <u>regular</u> salary	YES01	YES01
	from your business?	NO(GO TO C18)00	NO(GO TO C18)00
		DON'T KNOWd	DON'T KNOW(GO TO C18)d
		REFUSEDr	REFUSEDr
C17.	Before taxes and other deductions, how much (do/did) you pay yourself from this business?	\$ _,	\$ _,
	(Is/Was) that per week, per month, per	HOUR01	HOUR01
	year or something else?	DAY02	DAY02
	- -	WEEK03	WEEK03
		EVERY TWO WEEKS04	EVERY TWO WEEKS04
		TWICE A MONTH	TWICE A MONTH
		MONTHLY06	MONTHLY
		YEAR	YEAR07 OTHER (SPECIFY)08
		OTHER (SPECIFY)08	OTHER (SPECIFY)
		DON'T KNOWd	DON'T KNOWd
		REFUSEDr	REFUSEDr

THIRD BUSINESS	FOURTH BUSINESS	FIFTH BUSINESS
200111200	200111200	
DON'T KNOWd	DON'T KNOWd	DON'T KNOWd
REFUSEDr	REFUSEDr	REFUSEDr
YES	YES	YES
DON'T KNOWd	DON'T KNOWd	DON'T KNOWd
REFUSEDr	REFUSEDr	REFUSEDr
NEI OGED	NEI GOLD	NEI OGED
NUMBER OF HOURS	_ NUMBER OF HOURS	 _ NUMBER OF HOURS
DON'T KNOWd	DON'T KNOWd	DON'T KNOWd
REFUSEDr	REFUSEDr	REFUSEDr
1 1 1	1 1 1	
I <u> </u>	PERCENT	PERCENT
ALL100	ALL100	ALL100
DON'T KNOWd	DON'T KNOWd	DON'T KNOWd
REFUSEDr	REFUSEDr	REFUSEDr
NEI OGED	NEI OOLD	NEI OGED
YES01	YES01	YES01
NO(GO TO C18)00	NO(GO TO C18)00	NO(GO TO C18)00
DON'T KNOWd	DON'T KNOW(GO TO C18)d	DON'T KNOW(GO TO C18)d
REFUSEDr	REFUSEDr	REFUSEDr
\$,	\$,	\$,
HOUR01	HOUR01	HOUR01
DAY02	DAY02	DAY02
WEEK03	WEEK03	WEEK03
EVERY TWO WEEKS04	EVERY TWO WEEKS04	EVERY TWO WEEKS04
TWICE A MONTH05	TWICE A MONTH05	TWICE A MONTH05
MONTHLY06	MONTHLY06	MONTHLY06
YEAR07	YEAR07	YEAR07
OTHER (SPECIFY)08	OTHER (SPECIFY)08	OTHER (SPECIFY)08
DON'T KNOW	DONIT KAIOW	
DON'T KNOWd	DON'T KNOWd	DON'T KNOWd
REFUSEDr	REFUSEDr	REFUSEDr

		MOST RECENT BUSINESS	SECOND BUSINESS
C18.	Have you taken or received	YES01	YES01
	(any other) income payments from this business, including	NO(GO TO C18b)00	NO(GO TO C18b)00
	bonuses, profit distribution, or	DON'T KNOWd	DON'T KNOWd
	owners draw?	REFUSEDr	REFUSEDr
C18a.	Before taxes and other deductions, in total, about how much have these payments been?	\$ _ , _ - - - - - - - - - - - -	\$ _ , _ - - - MORE THAN \$999,99901 DON'T KNOWd
	PROBE: Your best estimate is fine.	REFUSEDr	REFUSEDr
C18b.	(Do/Did) you pay a spouse, domestic partner, or other relative living in your household a <u>regular</u> salary from your business?	YES	YES
C18c.	Before taxes and other deductions, how much (do/did) you pay them from this business? (Is/Was) that per week, per month, per year or something else?	\$ _ _ _ _	\$ _ _ _ _ _ _ _ _ _
C18d.	Has a spouse, domestic partner, or other close relative living in your household received (any other) income payments from your business, including bonuses, profit distributions or owner's draw?	YES	YES
C18e.	Before taxes and other deductions, in total, about how much have these payments been? PROBE: Your best estimate is fine.	\$ _ _ , _ _ MORE THAN \$999,999	\$ _ _ , _ _

THIRD BUSINESS	FOURTH BUSINESS	FIFTH BUSINESS
YES01	YES01	YES01
NO(GO TO C18b)00	NO(GO TO C18b)00	NO(GO TO C18b)00
DON'T KNOWd	DON'T KNOWd	DON'T KNOW(GO TO C18b)d
REFUSEDr	REFUSEDr	REFUSEDr
\$ _, .	\$ _ _ , _ _ -	\$, - - -
MORE THAN \$999,99901 DON'T KNOW	MORE THAN \$999,999	MORE THAN \$999,99901
REFUSEDr	REFUSEDr	DON'T KNOWd REFUSEDr
REFUSED	REFUSED	REPUSED
YES01	YES01	YES01
NO(GO TO C18d)00	NO(GO TO C18d)00	NO(GO TO C18d)00
DON'T KNOWd	DON'T KNOWd	DON'T KNOWd
REFUSED(GO TO C18d)r	REFUSEDr (GO TO C18d)r	REFUSEDr
\$ _,	\$ _,	\$ _,
HOUR01	HOUR01	HOUR01
DAY02	DAY02	DAY02
WEEK03	WEEK03	WEEK03
EVERY TWO WEEKS04	EVERY TWO WEEKS04	EVERY TWO WEEKS04
TWICE A MONTH	TWICE A MONTH	TWICE A MONTH
MONTHLY	MONTHLY	MONTHLY06
YEAR	YEAR07	YEAR
OTHER (SPECIFY)08	OTHER (SPECIFY)08	OTHER (SPECIFY)08
DON'T KNOWd	DON'T KNOWd	DON'T KNOWd
REFUSEDr	REFUSEDr	REFUSEDr
YES01	YES01	YES01
NO(GO TO C18f)00	NO(GO TO C18f)00	NO(GO TO C18f)00
DON'T KNOWd	DON'T KNOWd	DON'T KNOWd
REFUSEDr	REFUSEDr	REFUSEDr
\$,	\$,	\$,
MORE THAN \$999,99901	MORE THAN \$999,99901	MORE THAN \$999,99901
DON'T KNOWd	DON'T KNOWd	DON'T KNOWd
REFUSEDr	REFUSEDr	REFUSEDr

		MOST RECENT BUSINESS	SECOND BUSINESS
C18f.	PROGRAMMER: CHECK QUESTION C7. IS SM STILL OPERATING BUSINESS?	YES(GO TO C20a)01 NO00	
C19.	Did you sell this business?	YES	
C20.	How much did you sell this business for?	\$ _ , MORE THAN \$999,99901 DON'T KNOWd REFUSEDr	
C20a.	PROGRAMMER: CHECK QUESTION C4b. IS THERE ANOTHER PERIOD OF SELF- EMPLOYMENT?	YES(GO TO C6, COLUMN 2)01 NO(CONTINUE)00	YES(GO TO C6, COLUMN 3)01 NO(CONTINUE)00

THIRD BUSINESS	FOURTH BUSINESS	FIFTH BUSINESS
YES(GO TO C6, COLUMN 4)01	YES(GO TO C6, COLUMN 5)01	
NO(CONTINUE)00	NO(CONTINUE)00	CONTINUE

C21. The next questions are about your (current/most recent) business, that is [NAME OF BUSINESS IN C5, FIRST COLUMN]. (Is/Was) your business structured as a sole proprietorship, a partnership, a corporation, or a cooperative?

INTERVIEWER: IF RESPONDENT CURRENTLY OWNS MORE THAN ONE BUSINESS, ASK ABOUT THE LARGEST.

	SOLE PROPRIETORSHIP01 → GO TO C23
	PARTNERSHIP02
	CORPORATION03
	COOPERATIVE04
	OTHER (SPECIFY)05
	DON'T KNOWd
	REFUSEDr
C22.	What percent of this business (do/did) you own?
	_ PERCENT
	ALL100 → GO TO C23
	DON'T KNOWd
	REFUSEDr
C22a.	(Do/Did) any members of your immediate family own part of this business?
	YES01
	NO00 —
	DON'T KNOWd → GO TO C23
	REFUSEDr
C22b.	What percent of the business (do/did) they own?
	_ PERCENT
	DON'T KNOWd
	REFUSEDr

C23.	Did you start this business from scratch, or did you acquire it from someone else?
	STARTED FROM SCRATCH
C24.	Did you buy this business?
	YES
C25.	How much did you pay for it?
	\$, -
	MORE THAN \$999,999
	GO TO C27
C26.	How did you acquire ownership of this business? RECEIVED TRANSFER OF
	OWNERSHIP/GIFT01
	INHERITED02 OTHER (SPECIFY)03
	DON'T KNOWd
	REFUSEDr

C27.	Have you invested any of your own money into this business since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW)? Please do not include money borrowed or otherwise received from relatives.			
	YES01			
	NO00 —			
	DON'T KNOWd → GO TO C29			
	REFUSEDr			
C28.	Since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW), how much of your own money have you invested in this business?			
	PROBE: Your best estimate is fine.			
	\$			
	MORE THAN \$999,99901			
	DON'T KNOWd			
	REFUSEDr			
C29.	Since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW), did you borrow any money for this business?			
	YES01			
	NO00			
	DON'T KNOWd → GO TO C37			
	REFUSEDr			
C30.	How much have you borrowed for this business?			
	\$ <u> </u>			
	MORE THAN \$999,99901			
	DON'T KNOWd			
	REFUSEDr			
C31.	Did you obtain a personal loan, a business loan, or both?			
	PERSONAL LOAN01			
	BUSINESS LOAN02 → GO TO C33			
	BOTH03			
	DON'T KNOWd GO TO C36a			
	REFUSEDr —r GO TO C36a			

C32.	What was the source of your personal loan? Was it
	<u>CIRCLE ALL THAT APPLY</u>
	A credit card,01
	A home mortgage or home equity line of credit,02
	A family member, or03
	A friend?04
	OTHER (SPECIFY)05
	DON'T KNOWd
	REFUSEDr
C32a.	What was the total amount of (this <u>personal</u> loan/these personal loans)?
	\$, AMOUNT
	MORE THAN \$999,99901
	DON'T KNOWd
	REFUSEDr
C32b.	What was the interest rate for (this loan/the largest loan you obtained)?
	PERCENT
	DON'T KNOWd
	REFUSEDr
C32c.	What was the length of (this loan/the largest loan you obtained)? RECORD LENGTH AND CODE TIME UNIT.
	LENGTH
	WEEKS01
	MONTHS02
	YEARS03
	DON'T KNOWd
	REFUSEDr
COOd	IF C21-01 CO TO C260, OTHERWISE CONTINUE

	CIRCLE ALL THAT APPLY A BANK OR CREDIT UNION
C33a.	PROGRAMMER: IF C33=02, CONTINUE; OTHERWISE, GO TO C34a.
C34.	Was the Small Business Administration loan an SBA Microloan, an SBA-guaranteed loan, a 504 Certified Development Company loan, or a Small Business Investment Companies loan?
	SBA MICROLOAN01
	SBA-GUARANTEED LOAN02
	504 CERTIFIED DEVELOPMENT COMPANY LOAN03
	SMALL BUSINESS INVESTMENT COMPANIES LOAN04
	OTHER (SPECIFY)05
	DON'T KNOWd
	REFUSEDr
C34a.	What was the total amount of this business loan or loans?
	\$ _, AMOUNT
	MORE THAN \$999,99901
	DON'T KNOWd
	REFUSEDr

From what source did you receive your business loan?

C33.

C35.	What was the interest rate for (this loan/the largest loan)?
	_ PERCENT
	DON'T KNOWd
	REFUSEDr
C36.	What was the length of (the loan/the largest loan)? RECORD LENGTH AND CODE TIME UNIT.
	_ LENGTH
	WEEKS01
	MONTHS02
	YEARS03
	DON'T KNOWd
	REFUSEDr
C36a.	Did you receive any grants to start your business?
	YES01
	NO00 —
	DON'T KNOWd → GO TO C37
	REFUSEDr
C36b.	What was the total amount of these grants?
	\$ _ ,
	MORE THAN \$999,99901
	DON'T KNOWd
	REFUSEDr
C36c.	What was the source of these grants?
	RECORD VERBATIM:

C37.	Apart from any of your own money, money you borrowed, or grants you received since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW), did you use any <u>other</u> sources of capital, such as gifts from family members or friends, or the sale of another business, to start or grow your business?			
	YES01			
	NO00 —			
	DON'T KNOWd → GO TO C40			
	REFUSEDr			
C38.	Altogether, how much did you receive from these sources since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW)?			
	\$ ₉			
	MORE THAN \$999,99901			
	DON'T KNOWd			
	REFUSEDr			
C39.	What were these other sources of capital?			
	CIRCLE ALL THAT APPLY			
	GIFTS FROM FAMILY MEMBERS01			
	GIFTS FROM FRIENDS02			
	SALE OF ANOTHER BUSINESS03			
	OTHER (SPECIFY)04			
	REFUSEDr			
C40.	Where is your (current/most recent) business located, in your home, an incubator, a commercially available space, or some other place?			
	HOME01			
	INCUBATOR02			
	COMMERCIALLY AVAILABLE SPACE03			
	SOME OTHER PLACE (SPECIFY)04			
	REFUSEDr			

What is the zip code where your business (is/was) located?
DON'T KNOWd
REFUSEDr
PROGRAMMER: IF C4a=01, CONTINUE; OTHERWISE, GO TO C52.
The next questions, are about (all of) the business(es) that you currently own. What is the total number of employees that currently work in your business(es)? Please exclude yourself, but include paid family members.
NUMBER OF EMPLOYEES
NONE00 → GO TO C49
DON'T KNOWd
REFUSEDr
How many of these employees are working 35 or more hours per week, and how many are working less than 35 hours per week in (this business/these businesses)? IF RESPONDENT SAYS "NONE," CODE 00.
NUMBER OF FULL-TIME EMPLOYEES
NUMBER OF PART-TIME EMPLOYEES
DON'T KNOWd
REFUSEDr
How many of your immediate family members work in (this business/these businesses)? Please do not include yourself.
_ NUMBER
NONE00
DON'T KNOWd
REFUSEDr

C46.	What (is/are) (this business/these busine	esses) (current <u>m</u>	onthly pa	yroll?	
	\$,	PAY	ROLL AM	OUNT		
	MORE THAN \$999,999 DON'T KNOWREFUSED			d —	→ GO TO	C48
C47.	Does this amount include payments to ye	ourself	?			
	YES			01		
	NO			00		
	DON'T KNOW					
	REFUSED					
	NEI OSES					
C48.	Next, I will read a list of benefits that som your employees, some of your employee receive	s, or n	one of you	ur employ	yees curre	
					DON'T	
		ALL	SOME	NONE	KNOW	REFUSED
a.	paid sick leave?	01	02	00	d	r
b.	paid vacation?		02	00	d	r
C.	paid holidays?	01	02	00	d	r
d.	health insurance or membership in an					
	HMO or PPO plan?	01	02	00	d	r
e.	retirement or pension benefits, a 401K	01	00	00	al	
£	plan?life insurance?	01 01	02	00	d	r
f.	any other benefits? (SPECIFY)		02 02	00 00	d d	r
g.	any other benefits? (SPECIFT)	01	02	00	u	I
C49.	Now, please tell me if <u>you</u> receive these	benefit	_	YES OF	NO FOR	EACH
			VEC	I	OON'T	DEFLICED
0	naid siak laava?		YES 01			REFUSED
a. b.	paid sick leave?		01	00	d d	r r
C.	paid holidays?		01	00	d	r
d.	health insurance or membership in an HN		01	00	d	r
u.	or PPO plan?		01	55	u	ı
e.	retirement or Pension benefits, a 401K plan?		01	00	d	r

life insurance?.....

f.

01

00 d

r

g. any other benefits? (SPECIFY)...... 01 00 d r

C50.	PROGRAMMER: IF C49d=00 OR d OR r, GO TO C51. OTHERWISE, GO TO C52			
C51.	Do you have health insurance?			
	YES01			
	NO00			
	DON'T KNOWd → GO TO C52			
	REFUSEDr			
C51a.	What is the source of that insurance?			
	THROUGH SPOUSE'S INSURER01			
	THROUGH YOUR EMPLOYER'S			
	INSURER02			
	THROUGH TRADE ASSOCIATION'S			
	INSURER			
	THROUGH MEDICAID OR OTHER PUBLIC HEALTH INSURANCE04			
	THROUGH A PRIVATE INSURER05			
	THROUGH SOME OTHER			
	SOURCE (SPECIFY)06			
	DON'T KNOWd			
	REFUSEDr			
C52.	When you started (this business/these businesses), did you have health insurance coverage?			
	YES01			
	NO00			
	DON'T KNOWd			
	REFUSEDr			
C53.	When you started (this business/these businesses), did other household members have any earnings?			
	YES01			
	NO00			
	DON'T KNOWd			

REFUSED.....r

C54.	What would you say were the most difficult challenges you faced when you started
	(this business/these businesses)?

CIRCLE	ALL	THAT	APPL	Υ

GO TO D0	
REFUSED	r
DON'T KNOW	
OTHER (SPECIFY)	17
FINDING CLIENTS	
PERSONAL/FAMILY BARRIERS	
PROBLEMS WITH SUPPLY OF PRODUCT OR MATERIAL AVAILABILITY	14
FINDING A LOCATION	13
UNCERTAINTY/CHANGING ECONOMY	12
DEALING WITH CLIENTS	11
REGULATIONS/LICENSES	10
INSURANCE	09
TAXES	08
BECOMING KNOWN/GETTING EXPOSURE	07
LOCAL COMPETITION	06
DIFFICULTIES HIRING QUALIFIED STAFF	05
INSUFFICIENT CASH FLOW	04
INSUFFICIENT SALES	03
AMOUNT OF TIME/WORK INVOLVED	02
LACK OF CAPITAL OR START-UP FUNDS	01

C55. At any time since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW) have you tried to start a business?

YES	01
NO	
DON'T KNOW	d → GO TO D0
REFUSED	r ——

C56. What would you say were the most difficult challenges you faced trying to start your own business?

CIRCLE ALL THAT APPLY

LACK OF CAPITAL OR START-UP FUNDS	01
AMOUNT OF TIME/WORK INVOLVED	02
INSUFFICIENT SALES	03
INSUFFICIENT CASH FLOW	04
DIFFICULTIES HIRING QUALIFIED STAFF	05
LOCAL COMPETITION	06
BECOMING KNOWN/GETTING EXPOSURE	07
TAXES	08
INSURANCE	09
REGULATIONS/LICENSES	10
DEALING WITH CLIENTS	11
UNCERTAINTY/CHANGING ECONOMY	12
FINDING A LOCATION	13
PROBLEMS WITH SUPPLY OF PRODUCT OR MATERIAL AVAILABILITY	14
PERSONAL/FAMILY BARRIERS	15
FINDING CLIENTS	
OTHER (SPECIFY)	17
DON'T KNOW	d
REFUSED	r

SECTION D: EMPLOYMENT, WORKING FOR SOMEONE ELSE

D0.	PROGRAMMER:		
	THIS IS A 6-MONTH FOLLOW-UP INTERVIEW OR AN 18-MONTH FOLLOW-UP WITHOUT A COMPLETED 6-MONTH FOLLOW-UP INTERVIEW. ────────────────────────────────────		
	THIS IS AN 18-MONTH FOLLOW-UP INTERVIEW WITH A COMPLETED 6-MONTH FOLLOW-UP INTERVIEW. GO TO D3		
D0a.	The next questions are about jobs you have had where you worked for someone else.		
	Prior to (RANDOM ASSIGNMENT DATE), did you ever have a job where you worked for someone else? Please include part-time and full-time jobs, and military service.		
	YES01		
	NO00		
	DON'T KNOWd → GO TO D3		
	REFUSEDr		
D1.	Prior to (RANDOM ASSIGNMENT DATE), approximately, how long did you work all together on jobs where you worked for someone else?		
	RECORD LENGTH AND CODE TIME UNIT.		
	LENGTH		
	WEEKS01		
	MONTHS02		
	YEARS03		
	DON'T KNOWd		
	REFUSEDr		
D2.	How much of the (TIME IN D1) you worked for someone else prior to (RANDOM ASSIGNMENT DATE) were you working as a manager? By manager we mean anyone who supervises other staff or oversees parts of a business.		
	RECORD LENGTH AND CODE TIME UNIT.		
	LENGTH		
	NONE00		
	WEEKS01		
	MONTHS02		
	YEARS03		

DON'T KNOW.....d

REFUSED.....r

D3.	The next questions are about full and part-time jobs (including military service) you may have held since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW) where you were working for someone else.
	Are you <u>currently</u> working for someone else?
	YES
D4.	What are you currently doing? <u>CIRCLE ALL THAT APPLY</u>
	SELF-EMPLOYED01
	TRYING TO START MY OWN BUSINESS02
	LOOKING FOR WORK03
	PARTICIPATING IN EDUCATION OR TRAINING PROGRAM04
	TAKING CARE OF CHILD/FAMILY MEMBER/
	SICK RELATIVE05
	RETIRED06
	CURRENTLY ILL07
	NOTHING08
	INCARCERATED09
	OTHER (SPECIFY)10
	DON'T KNOWd
	REFUSEDr
D5.	Have you had a job that lasted two weeks or longer since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW)? Please include part-time and full-time jobs, and military service.
	YES01→ GO TO D7
	NO00—
	DON'T KNOWd → GO TO D21b
	REFUSEDr
D6.	Currently, how many different full- and part-time jobs do you have where you work for someone else?
	ONE01
	TWO OR MORE02
	DON'T KNOWd

REFUSED.....r

		CURRENT/MOST RECENT JOB <u>01 </u>	SECOND MOST RECENT JOB <u>02</u>
D7.	What is the name of the employer (for whom you work the most hours/for whom you worked more than two weeks since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW)?		
	INTERVIEWER: RECORD EMPLOYER/BUSINESS NAME FOR THIS JOB IN D7, COLUMN 1, AS JOB 1. THEN GO TO D7a.		
	RECORD EMPLOYER NAME(S) ACROSS THE TOP OF THE GRID FIRST. THEN ASK D8-D21 DOWN FOR EACH JOB.		
D7a.	Where else have you worked since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW)? Please include any (other current jobs whether), part-time or full-time jobs.		
	PROBE: Where did you work before (LAST JOB)?		
	MANDATORY PROBE: Where else have you worked?		
	RECORD AS NEXT JOB IN COLUMN HEADER.		
D8.	When did you <u>start</u> working for (EMPLOYER)?	START: _ / / _ _ _ MONTH DAY YEAR	START: _ / / _ _ _ _ MONTH DAY YEAR
	PROBE: Your best estimate is fine.	DON'T KNOWd	DON'T KNOWd
	IF DK DAY, PROBE: Was it the beginning, middle, or end of the month?	REFUSEDr	REFUSEDr
	IF "BEGINNING," ENTER 05; IF "MIDDLE," ENTER 15; IF "END," ENTER 25.		
	START DATE CAN BE BEFORE (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW).		
D9.	When did you <u>stop</u> working for (EMPLOYER)?	STOP: _ / / _ _ _ MONTH DAY YEAR	STOP: _ / / _ _ _ _ MONTH DAY YEAR
	IF STILL WORKING AT JOB, CIRCLE "n."	STILL AT JOBn	STILL AT JOBn
	IF DK DAY, PROBE: Was it the beginning, middle, or end of the	DON'T KNOWd	DON'T KNOWd
	month?	REFUSEDr	REFUSEDr
	IF "BEGINNING," ENTER 05; IF "MIDDLE," ENTER 15; IF "END," ENTER 25.		
	STOP DATE MUST COME AFTER (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW).		

JOB <u> 03 </u>	JOB <u> 04 </u>	JOB <u> 05 </u>
START: / /	START: _ / / _ / _ _ _ MONTH DAY YEAR	START: _ / / _ _ _ MONTH DAY YEAR
DON'T KNOW	DON'T KNOWd REFUSEDr	DON'T KNOWd REFUSEDr
STOP: _ / / _ / _ _ MONTH DAY YEAR	STOP: _ / // _ _ _ MONTH DAY YEAR	STOP: _ / // _ _
STILL AT JOBn	STILL AT JOBn	STILL AT JOBn
DON'T KNOWd	DON'T KNOWd	DON'T KNOWd
REFUSEDr	REFUSEDr	REFUSEDr

		CURRENT/MOST RECENT JOB <u>01</u>	SECOND MOST RECENT JOB 02
D10.	What kind of company (is/was) (EMPLOYER)? What (do/did) they make, sell, or do?		
	PROBE FOR TYPE OF PRODUCT OR SERVICE.		
		DON'T KNOWd	DON'T KNOWd
		REFUSEDr	REFUSEDr
D11.	What (do/did) you do there?		
	PROBE: What (is/was) your job title?		
	PROBE FOR CLEAR AND		
	DESCRIPTIVE ACTIVITIES AND JOB TITLE. PROBE FOR A VERB.	DON'T KNOWd	DON'T KNOWd
		REFUSEDr	REFUSEDr
D12.	Which of the following best describes your employment status at (this/that) job?	an employee, working for pay at a private company,01	an employee, working for pay at a private company,01
	(Are/Were) you	a local, state, federal government employee,02	a local, state, federal government employee,02
		on active military duty, or03	on active military duty, or03
		working without pay?04	working without pay?04
		OTHER (SPECIFY)05	OTHER (SPECIFY)05
		DON'T KNOWd	DON'T KNOWd
		REFUSEDr	REFUSEDr
D13.	How many hours (do/did) you usually work in an average week at (EMPLOYER)?	 HOURS PER WEEK	 HOURS PER WEEK
	PROBE: Your best estimate is fine.	DON'T KNOWd	DON'T KNOWd
		REFUSEDr	REFUSEDr

JOB <u>03 </u>	JOB <u> 04 </u>	JOB <u> 05 </u>
REFUSEDr	REFUSEDr	REFUSEDr
DON'T KNOWd REFUSEDr	DON'T KNOWd REFUSEDr	DON'T KNOWd REFUSEDr
an employee, working for pay at a private company,01	an employee, working for pay at a private company,01	an employee, working for pay at a private company,01
a local, state, federal government employee,02	a local, state, federal government employee,02	a local, state, federal government employee,02
on active military duty, or03 working without pay?04	on active military duty, or03 working without pay?04	on active military duty, or03 working without pay?04
OTHER (SPECIFY)05	OTHER (SPECIFY)05	OTHER (SPECIFY)05
DON'T KNOWd REFUSEDr	DON'T KNOWd REFUSEDr	DON'T KNOWd REFUSEDr
	_ _ HOURS PER WEEK	 HOURS PER WEEK
DON'T KNOWd	DON'T KNOWd REFUSEDr	DON'T KNOWd

		CURRENT/MOST RECENT JOB <u>01</u>	SECOND MOST RECENT JOB 02
D14.	INTERVIEWER: CHECK D12. IS CODE 04, "WORKING WITHOUT PAY," CIRCLED?	YES01	YES (GO TO D18) 01
	·	NO00	NO00
D15.	What (is/was) your (current/most recent) hourly rate of pay, before taxes and other deductions?	PER HOUR: \$ _ .	PER HOUR: \$ _ .
	WATCH THE DECIMAL POINT.	DON'T KNOW OR NOT PAID BY HOURd	DON'T KNOW OR NOT PAID BY HOURd
	WATCH THE BEGINNAET CIRT.	REFUSEDr	REFUSEDr
D15a.	(Do/Did) you receive any tips, bonuses, or commissions?	YES01	YES01
	boliuses, or commissions:	NO (GO TO D16) 00	NO(GO TO D16) 00
		DON'T KNOWd	DON'T KNOW (GO TO D16) d
		REFUSEDr	REFUSEDr
D15b.	How much are these tips, bonuses, or commissions?	\$ _,	\$ _,
	RECORD AMOUNT AND CODE	PER DAY01	PER DAY01
	THE UNIT.	PER WEEK02	PER WEEK02
		ONCE EVERY TWO WEEKS03	ONCE EVERY TWO WEEKS03
		TWICE A MONTH04	TWICE A MONTH04
		PER MONTH05	PER MONTH05
		PER YEAR06	PER YEAR06
		DON'T KNOWd	DON'T KNOWd
D16	What (are hears) your (ourrent)	REFUSEDr	REFUSEDr
D16.	What (are/were) your (current/ most recent) weekly or monthly earnings, before taxes and other	\$ _,	\$ _ ,
	deductions? Please include any tips,	PER DAY01	PER DAY01
	bonuses, or commissions.	PER WEEK02	PER WEEK02
	CIRCLE PAY PERIOD CODE.	ONCE EVERY TWO WEEKS03	ONCE EVERY TWO WEEKS03
	ACCEPT MOST CONVENIENT TIME	TWICE A MONTH04	TWICE A MONTH04
	PERIOD.	PER MONTH05	PER MONTH05
	PROBE: Your best estimate is fine.	PER YEAR06	PER YEAR
		DON'T KNOWd	DON'T KNOWd
	PROBE, IF PER JOB/PIECE/ UNIT: How much did you earn in a typical day?	REFUSEDr	REFUSEDr
D17.	(Are/Were) the following benefits	YES NO	<u>YES</u> <u>NO</u>
	available to you on your job at (EMPLOYER)?	a. Paid sick leave?01 00	a. Paid sick leave?01 00
	READ CATEGORIES.	b. Paid vacation?01 00	b. Paid vacation?01 00
	CIRCLE YES OR NO FOR EACH.	c. Paid holidays?01 00	c. Paid holidays?01 00
	CODE YES IF BENEFIT (IS/WAS)	d. Health insurance, or membership in an	d. Health insurance, or membership in an
	AVAILABLE WHETHER OR NOT SAMPLE MEMBER (USED/	HMO or PPO plan?01 00	HMO or PPO plan?01 00
	SUBSCRIBED) TO BENEFIT.	e. Retirement, or pension benefits or a 401K plan?01 00	e. Retirement, or pension benefits or a 401K plan?01 00
		f. Life insurance?01 00	f. Life insurance?01 00
		g. Any other benefits? (SPECIFY)01 00	g. Any other benefits? (SPECIFY)01 00
		DON'T KNOWd	DON'T KNOWd
		REFUSEDr	REFUSEDr

JOB <u> 03 </u>	<u>JOB 04 </u>	<u>JOB 05 </u>
YES(GO TO D18) 01	YES01	YES(GO TO D18) 01
NO00	NO00	NO00
PER HOUR: \$ _ .	PER HOUR: \$ _ .	PER HOUR: \$ _ .
DON'T KNOW OR NOT PAID BY HOURd	DON'T KNOW OR NOT PAID BY HOURd	DON'T KNOW OR NOT PAID BY HOURd
REFUSEDr	REFUSEDr	REFUSEDr
YES01	YES01	YES01
NO (GO TO D16) 00	NO(GO TO D16) 00	NO (GO TO D16) 00
DON'T KNOW (GO TO D16) d	DON'T KNOWd	DON'T KNOWd
REFUSED (GO TO D16) r	REFUSEDr	REFUSEDr
\$ _,	\$ _,	\$ _,
PER DAY01	PER DAY01	PER DAY01
PER WEEK02	PER WEEK02	PER WEEK02
ONCE EVERY TWO WEEKS03	ONCE EVERY TWO WEEKS03	ONCE EVERY TWO WEEKS03
TWICE A MONTH04	TWICE A MONTH04	TWICE A MONTH04
PER MONTH05	PER MONTH05	PER MONTH05
PER YEAR06	PER YEAR06	PER YEAR06
DON'T KNOWd	DON'T KNOWd	DON'T KNOWd
REFUSEDr	REFUSEDr	REFUSEDr
\$ _,	\$ _,	\$ _,
PER DAY01	PER DAY01	PER DAY01
PER WEEK02	PER WEEK02	PER WEEK02
ONCE EVERY TWO WEEKS03	ONCE EVERY TWO WEEKS03	ONCE EVERY TWO WEEKS03
TWICE A MONTH04	TWICE A MONTH04	TWICE A MONTH04
PER MONTH05	PER MONTH05	PER MONTH05
PER YEAR06	PER YEAR06	PER YEAR06
DON'T KNOWd	DON'T KNOWd	DON'T KNOWd
REFUSEDr	REFUSEDr	REFUSEDr
VEC. NO	VEC NO	VEC. NO
a. Paid sick leave?01 00	<u>YES NO</u> a. Paid sick leave?01 00	a. Paid sick leave?01 00
b. Paid vacation?01 00	b. Paid vacation?01 00	b. Paid vacation?01 00
c. Paid holidays?01 00	c. Paid holidays?01 00	c. Paid holidays?01 00
d. Health insurance, or	d. Health insurance, or	d. Health insurance, or
membership in an HMO or PPO plan?01 00	membership in an HMO or PPO plan?01 00	membership in an HMO or PPO plan?01 00
e. Retirement, or pension	'	e. Retirement, or pension
benefits or a 401K plan?01 00	e. Retirement, or pension benefits or a 401K plan?01 00	benefits or a 401K plan?01 00
f. Life insurance?01 00	f. Life insurance?01 00	f. Life insurance?01 00
g. Any other benefits? (SPECIFY)01 00	g. Any other benefits? (SPECIFY)01 00	g. Any other benefits? (SPECIFY)01 00
DON'T KNOWd	DON'T KNOWd	d
REFUSED r	REFUSED	REFUSED r

		CURRENT/MOST RECENT JOB <u> 01 </u>	SECOND MOST RECENT JOB 02
D18.	INTERVIEWER: CHECK D9. IS CODE n, "STILL AT THIS JOB,"	YES(GO TO D21a)01	YES01
	CIRCLED?	NO00	NO00
D19.	Why did you stop working at (EMPLOYER)? Did you quit,	QUIT01	QUIT01
	retire, were you laid off or fired, or did the period you were scheduled to work there end?	RETIRE02	RETIRE02
		LAID OFF03	LAID OFF03
	PROBE: What reason were you given by your	FIRED04	FIRED04
	employer?	WORK PERIOD/TEMPORARY JOB ENDED05	WORK PERIOD/TEMPORARY JOB ENDED05
	CIRCLE ONE CODE ONLY.	OTHER (SPECIFY)06	OTHER (SPECIFY)06
		DON'T KNOWd	DON'T KNOWd
		REFUSEDr	REFUSEDr
D20.	When that job ended, did you receive severance pay?	YES01	YES01
		NO00	NO00
		DON'T KNOWd	DON'T KNOWd
		REFUSEDr	REFUSEDr
D21.	When that job ended, what did you do?	TOOK ANOTHER JOB WORKING FOR SOMEONE ELSE01	TOOK ANOTHER JOB WORKING FOR SOMEONE ELSE01
	CIRCLE ALL THAT APPLY.	STARTED A BUSINESS02	STARTED A BUSINESS02
		WORKED ON STARTING MY OWN BUSINESS03	WORKED ON STARTING MY OWN BUSINESS03
		LOOKED FOR WORK04	LOOKED FOR WORK04
		PARTICIPATED IN EDUCATION/ TRAINING PROGRAM05	PARTICIPATED IN EDUCATION/ TRAINING PROGRAM05
		TOOK CARE OF CHILD/FAMILY MEMBER/SICK RELATIVE06	TOOK CARE OF CHILD/FAMILY MEMBER/SICK RELATIVE06
		RETIRED07	RETIRED07
		WAS SICK08	WAS SICK08
		OTHER (SPECIFY)09	OTHER (SPECIFY)09
		DON'T KNOWd	DON'T KNOWd
		REFUSEDr	REFUSEDr
D21a	. INTERVIEWER: IS THERE	YES(GO TO D8, COLUMN 2)01	YES(GO TO D8, COLUMN 3)01
	ANOTHER JOB? CHECK D7.	NO00	NO00

JOB <u> 03 </u>	JOB <u> 04 </u>	JOB <u> 05 </u>
YES(GO TO D21a)01	YES(GO TO D21a)01	YES01
NO00	NO00	NO00
QUIT01	QUIT01	QUIT01
RETIRE02	RETIRE02	RETIRE02
LAID OFF03	LAID OFF03	LAID OFF03
FIRED04	FIRED04	FIRED04
WORK PERIOD/TEMPORARY JOB ENDED05	WORK PERIOD/TEMPORARY JOB ENDED05	WORK PERIOD/TEMPORARY JOB ENDED05
OTHER (SPECIFY)06	OTHER (SPECIFY)06	OTHER (SPECIFY)06
DON'T KNOWd	DON'T KNOWd	DON'T KNOWd
REFUSEDr	REFUSEDr	REFUSEDr
YES01	YES01	YES01
NO00	NO00	NO00
DON'T KNOWd	DON'T KNOWd	DON'T KNOWd
REFUSEDr	REFUSEDr	REFUSEDr
TOOK ANOTHER JOB WORKING FOR SOMEONE ELSE01	TOOK ANOTHER JOB WORKING FOR SOMEONE ELSE01	TOOK ANOTHER JOB WORKING FOR SOMEONE ELSE01
STARTED A BUSINESS02	STARTED A BUSINESS02	STARTED A BUSINESS02
WORKED ON STARTING MY OWN BUSINESS03	WORKED ON STARTING MY OWN BUSINESS03	WORKED ON STARTING MY OWN BUSINESS03
LOOKED FOR WORK04	LOOKED FOR WORK04	LOOKED FOR WORK04
PARTICIPATED IN EDUCATION/ TRAINING PROGRAM05	PARTICIPATED IN EDUCATION/ TRAINING PROGRAM05	PARTICIPATED IN EDUCATION/ TRAINING PROGRAM05
TOOK CARE OF CHILD/FAMILY MEMBER/SICK RELATIVE06	TOOK CARE OF CHILD/FAMILY MEMBER/SICK RELATIVE06	TOOK CARE OF CHILD/FAMILY MEMBER/SICK RELATIVE06
RETIRED07	RETIRED07	RETIRED07
WAS SICK	WAS SICK08	WAS SICK08
OTHER (SPECIFY)09	OTHER (SPECIFY)09	OTHER (SPECIFY)09
DON'T KNOWd	DON'T KNOWd	DON'T KNOWd
REFUSEDr	REFUSEDr	REFUSEDr
YES(GO TO D8, COLUMN 4) 01 NO00	YES(GO TO D8, COLUMN 5) 01	CONTINUE

D21b. **PROGRAMMER:**

IF C4a=01 OR D3=01, CONTINUE. OTHERWISE GO TO E1.

D22. Thinking about all the work you do, (whether for yourself or for someone else), how would you rate your overall satisfaction with your work? Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied with your work?

VERY SATISFIED	01
SOMEWHAT SATISFIED	.02
SOMEWHAT DISSATISFIED	.03
VERY DISSATISFIED	04
DON'T KNOW	d
REFUSED	r

SECTION E: INCOME SOURCES AND AMOUNTS

E1. Now I'd like you to think about your household's total income during the past twelve months. Please include income from self-employment, regular jobs, and earnings from odd jobs, under-the-table jobs, and other work activities; from Social Security, pensions, rent, interest and dividends, unemployment compensation, welfare; from food stamps, child support, and money from any other sources. What was the total income of all members of your household, including yourself, from all sources before taxes and deductions during the past twelve months?

	PROBE: Your best estimate is fine.
	\$ _ , _ → GO TO E5
	DON'T KNOWd
	REFUSEDr
E2.	During the past twelve months, would you say your household income was less than \$30,000, or \$30,000 or more?
	LESS THAN \$30,00001 → GO TO E4
	\$30,000 OR MORE02
	DON'T KNOWd
	REFUSEDr GO TO E5
E3.	Would you say it was
	from \$30,000 to under \$45,000,01
	\$45,000 to under \$60,000,02
	\$60,000 to under \$75,000,03
	\$75,000 to under \$90,000,04
	\$90,000 to under \$105,000, or05
	more than \$105,000?06
	DON'T KNOWd
	REFUSEDr

GO TO E5

E4.	Would you say it was
	less than \$5,000,01
	\$5,000 to under \$10,000,02
	\$10,000 to under \$15,000,03
	\$15,000 to under \$20,000,04
	\$20,000 to under \$25,000, or05
	\$25,000 to under \$30,000?06
	DON'T KNOWd
	REFUSEDr
E5.	Since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW), have you or anyone else in your household received Unemployment Compensation, Trade Readjustment Allowances, or Trade Adjustment Assistance?
	YES01
	NO00 —
	DON'T KNOWd → GO TO E8
	REFUSEDr
E6.	Altogether, since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW), for how many weeks did your household receive Unemployment Compensation or Trade Readjustment Allowances, or Trade Adjustment Assistance? NUMBER OF WEEKS
	OR
	_ NUMBER OF MONTHS
	SINCE (RA/DATE OF LAST INTERVIEW)01
	DON'T KNOWd
	REFUSEDr
E7.	On average, how much Unemployment Compensation, Trade Readjustment Allowances or Trade Adjustment Assistance did your household receive per week since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW)?
	\$
	WEEKS01
	MONTHS02
	DON'T KNOWd
	REFUSEDr

E8. From which of these programs have you or your household received income since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW)?

ASK AND RECORD RESPONSES. THEN ASK E8b-E8c FOR EACH "YES" RESPONSE IN E8a.

E8a. OTHER SOURCES OF HOUSEHOLD INCOME			ONE TIME PAYMENDV	DON'T	REFUSED	E8b. Since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW), how many months did you or your household receive (SOURCE)?	E8c. On average, how much (SOURCE) per month did you or your household receive since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW)?
a. Social Security Retirement, Disability, or Survivors' benefits?	01	00	02	d	r	_ NUMBER OF MONTHS DON'T KNOWd REFUSEDr	\$,
b. Other pensions, annuities, or other disability or retirement programs?	01	00	02	d	r	_ NUMBER OF MONTHS DON'T KNOWd REFUSEDr	\$ _ ,
c. Cash welfare, including TANF (Minnesota Family Investment Program [MFIP]) benefits, General Assistance and Supplemental Security Income (SSI)?	01	00	02	d	r	_ NUMBER OF MONTHS DON'T KNOWd REFUSEDr	\$,
d. Veteran's payments?	01	00	02	d	r	_ NUMBER OF MONTHS DON'T KNOWd REFUSEDr	\$ _ ,
e. Food Stamps?	01	00	02	d	r	NUMBER OF MONTHS DON'T KNOWd REFUSEDr	\$ _,

SECTION F: HOUSEHOLD COMPOSITION, MARITAL STATUS, AND SPOUSE EMPLOYMENT

F1. Now, we'd like to ask a few general questions. Are you currently married, living together but not married, separated, divorced, widowed, or have you never been married?

	CIRCLE ONE C	<u>NLY</u>
MARRIED/COMMON LAW	01	
LIVING TOGETHER UNMARRIED	02	
SEPARATED	03	
DIVORCED	04	
WIDOWED	05	→ GO TO F5
NEVER MARRIED	06	
DON'T KNOW	d	
REFUSED	r ——	

F2. Is your (husband/wife/partner) currently working for pay, either part-time or full-time? Please exclude any work (he/she) does for your business.

YES	01	
NO		
DON'T KNOW	d	→ GO TO F5
REFUSED		

F3. How much does (he/she) usually make per week before taxes and other deductions? Please include tips, commissions, and regular overtime.

INTERVIEWER: ACCEPT MOST CONVENIENT PAY PERIOD. IF NECESSARY, CONFIRM PAY PERIOD. ENTER AMOUNT, THEN CODE TIME PERIOD.

	\$, _ _ AMOUNT
	PER WEEK01
	ONCE EVERY TWO WEEKS02
	TWICE A MONTH03
	PER MONTH04
	PER YEAR05
	IN-KIND ONLY06
	DON'T KNOWd
	REFUSEDr
= 4.	How many hours a week on average does (he/she) work? HOURS DON'T KNOW
=5.	Including yourself, how many people are currently living in your household? Please include babies, small children, people who are not related to you, and people who are temporarily away.
	_ NUMBER OF PEOPLE
	LIVES ALONE01
	DON'T KNOWd
	REFUSEDr

F5a.	Do you have any children under 18 years of age who live with you over half the time? Please include your own and adopted children, foster, stepchildren, or grandchildren.				
	YES01				
	NO00 —				
	DON'T KNOWd → GO TO G0				
	REFUSEDr				
F5b.	How many children under 18 years of age live with you?				
	_ NUMBER				
	DON'T KNOWd				
	REFUSEDr				

SECTION G: CONTACT INFORMATION

G0.	PROGRAMMER:				
	THIS IS THE 18-MONTH FOLLOW-UP INT	ERVIEW.→ GO TO G11			
	THIS IS THE 6-MONTH FOLLOW-UP INTERVIEW. → GO TO G1				
particip to talk t		ers, together with the answers of other ent programs. To complete this study, we need u in about twelve months to get an update on			
	o us reach you for the next interview and suld like some additional information.	so that we can send your honorarium of \$15,			
G1.	First, just to make sure I have it right, th	ne correct spelling of your name and address is			
	YES, NAME AND ADDRESS COI	RRECT01			
	NO	00 ¬			
		RECORD CORRECT NAME AND/OR ADDRESS:			
		NAME:			
		ADDRESS:			
		-			
G2.	Is there (a/another) number where you	usually can be reached?			
	YES	01 —			
		RECORD OTHER NUMBER:			
	NO	00			
G3.	In whose name is that phone listed?				

And where is that (e.g., neighbor, work)?

G3a.

G4.	Do you expect to change your name in the next year or so?						
	YES01 → GO TO G4a						
	NO						
G4a.	What do you expect your name to be?						
	PROBE FOR FULL NAME.						
G5.	Do you expect to move at any time in the next year?						
	YES01						
	NO						
G5a.	Approximately when do you think that will be?						
	/ / MONTH DAY YEAR						
	DON'T KNOWd						
	REFUSEDr						
G5b.	Where do you expect to move?						
	INTERVIEWER, PROBE FOR SPECIFIC ADDRESS. IF SPECIFIC ADDRESS IS UNKNOWN, PROBE FOR CITY AND STATE.						
	ADDRESS APARTMENT #						
	CITY STATE ZIP						
G6a.	Do you have an e-mail address?						
	YES01						
	NO00→ GO TO G7						
G6b.	Please spell your e-mail address for me.						

G7.	What is your Social Security number?		
	_ - - - - - -		
	DON'T KNOWd REFUSEDr		
G8.	What is your date of birth?		
	/ / MONTH DAY YEAR		
	DON'T KNOWd		
	REFUSEDr		
CLOS	SEST FRIEND/RELATIVE INFORMATION		
G9.	In case we have trouble reaching you, we would like to have the name of three people who would most likely know where you are or who you keep in close contact with. (We will not contact that person for any other reason.)		
	FIRST CONTACT		
	NAME:		
	What is (his/her) relationship to you?		
	ADDRESS:		
	PHONE NUMBER: ()- _ -		
	In whose name is this phone listed?		

SECOND CONTACT			
NAME:			
What is (his/her) relationship to you?			
ADDRESS:			
PHONE NUMBER: (_)- _ - _ - _ In whose name is this phone listed?			
THIRD CONTACT NAME:			
What is (his/her) relationship to you?			
ADDRESS:			
PHONE NUMBER: (_)- _ - _ - _ In whose name is this phone listed?			
That completes the interview. Thank you for your time and cooperation. TERMINATE INTERVIEW			

G11. Thank you very much for your help. Your answers, together with the answers of other GATE applicants, will be used to study self-employment programs.

G10.

G12.	First, just to make sure I have it right, the correct spelling of your name and address is		
YES, NAME AND ADDRESS CORRECT01			
	NO	00 —	
		★	
		RECORD CORRECT NAME AND/OR ADDRESS:	
		NAME:	
		ADDRESS:	
G13. Is there another number where you usually can be reached?			
YES01 —			
	. 20	•	
		RECORD OTHER NUMBER:	
		_ _ - _ - _ _ _	
	NO	00	
011			
G14.	In whose name is that phone listed?		
G14a. And where is that (e.g., neighbor, work)?			
G15. What is your Social Security number?			
010.			
	_ - - - - - - - - - - - - - - - - -	_l	
G16.	What is your date of birth?		
O10.			
	/ / MONTH DAY YEAR	_[
	MONIII DAI ILAN		

G17. That completes the interview. Thank you for your time and cooperation.

FOR MPR DOCUMENTATION PURPOSES ONLY:

/home/ec2-user/sec/disk/omb/icr/200610-1205-011/doc/809301

(REV--9/26/03) 2/6/2021 12:05 PM

Shawn Marsh 8880-030