

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 A2**]
- <5> SAMPLE MEMBER NO LONGER LIVES THERE/WRONG NUMBER
- <6> DO NOT CALL LIST MEMO

Public reporting burden for this collection of information is estimated to average twenty minutes per respondent, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond is voluntary. Send comments concerning this burden estimate or any other aspect of this collection of information to the Department of Labor, Employment and Training Administration, Room N-5637, 200 Constitution Ave. NW, Washington, DC, 20210. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The OMB control number for this information collection is 1205-0441. Expiration Date 11/30/2009.

A2. I'm calling from Mathematica Policy Research and we're conducting a study for the U.S. Department of Labor. [fill SAMPLE MEMBER NAME] participated in a training program funded by the U.S. 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**]
- <4> DO NOT CALL LIST MEMO
- <5> NEED MORE INFORMATION [**GO TO MORE INFORMATION SCREEN**]

A3. **WHEN SPEAKING TO THE SAMPLE MEMBER, SAY:**

My name is (NAME) and I'm calling from Mathematica Policy Research. We are conducting a study for the U.S. Department of Labor of people who participated in the Individual Training Account or ITA study. I would like to ask you some questions about your experiences with the ITA program you received a few years ago. We're giving \$25 to people who complete an interview with us as a token of appreciation for your time and cooperation with the study.

The purpose of the study is to improve services to people who need training. This is a follow-up to an interview we [if R: conducted/if nonR: tried to conduct] with you about 5 years ago. Your responses will be confidential and will not be shared with the U.S. Department of Labor, or any other government agency.

- <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
 - <6> DO NOT CALL LIST MEMO
- 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?

IF NECESSARY: READ DOB ALOUD.

RECORD: |__|__|/|__|__|/|__|__|__|__| **[GO TO A6]**
 MONTH DAY YEAR

<r> REFUSED **[ASK A5]**

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

IF NECESSARY: READ LAST 4-DIGITS ALOUD.

|__|__|__|__| LAST FOUR SSN DIGITS

- <d> DON'T KNOW
- <r> REFUSED

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

INTERVIEWER: DO THE DOB OR 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 understand it has been a few years since you signed up and we are very interested in what your experiences have been since then. We are calling people who signed up to participate in ITA funded training programs even if they never participated. Your responses and views are important because they help us gain a long term perspective on how well these programs serve the needs of their customers. The interview goes very quickly.

HOW DID YOU GET MY NAME?

We are calling selected customers who enrolled in the ITA program since December 2001. We [if R: spoke with you in FILL IDATE/if nonR: tried to speak with you sometime in 2004 or 2005]. You will represent all the customers who received counseling and participated in other activities, such as training. The Participation Agreement that you signed when you enrolled in the ITA study mentioned we would be calling you to conduct an interview and get your feedback on the program.

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 xxxx-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 1205-0441).

WHAT IS THE PURPOSE OF THIS STUDY?

Our goal is to learn how programs like this can help people achieve their employment goals. This ITA program was the first time that new federal laws required the use of training vouchers. So we need to see how this new system of training is working in the long run.

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 now or in the future. 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.

MORE INFORMATION SCREENS - continued

IF DISSATISFIED WITH ITA TRAINING PROGRAM.

I understand. Your comments will be especially important to the research. The U.S. 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 20 minutes.

WHAT IS AN ITA? WHAT DO YOU MEAN BY INDIVIDUAL TRAINING ACCOUNT?

An ITA is a voucher given to eligible individuals who need specific skill training to become gainfully employed or re-employed.

I'M ON THE NATIONAL "DO NOT CALL LIST."

I understand how the law may be confusing, but legitimate research calls are not included in the law that applies to telemarketing calls. Lawmakers recognize the value of legitimate research and the need for the public to participate. We will not sell you anything, nor will we ask for money or release any information about you. Your privacy will be respected, and your cooperation is appreciated.

WILL THERE BE A REPORT ON THE FINDINGS THAT I CAN READ? WHERE/WHEN CAN I SEE A PUBLISHED REPORT ABOUT THE ITA PROGRAM/EXPERIMENT?

The evaluation's final report won't be finalized until later in 2009. Once these reports are cleared by the U.S. Department of Labor for public release, they will be available at the MPR website at www.mathematica-mpr.com.

WHAT ARE YOU GOING TO DO FOR ME NOW? ARE YOU GOING TO HELP ME FIND A JOB? ARE YOU GOING TO SEND ME FOR MORE TRAINING?

Mathematica Policy Research, Inc. is a private, independent research firm. Our firm is conducting an evaluation of the ITA Program for the U.S. Department of Labor, and this survey is part of this evaluation. Our staff, however, are NOT directly involved in providing job search assistance or training services or in any of the administrative processes of the ITA. If you need further assistance, you should contact staff at the One-Stop center where ITA services were provided.

CATI: IF RESPONDENT AT PREVIOUS WAVE, SKIP TO D1. IF NON-RESPONDENT AT PREVIOUS WAVE, THEN CONTINUE AT B1.

B. MOST RECENT JOB BEFORE RECEIVING ONE-STOP SERVICES

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

INTERVIEWER: READ IF NECESSARY:

KIND OF COMPANY: Fill From Sample

OCCUPATION: Fill From Sample

<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

<2> I'M STILL AT THAT JOB/JOB HASN'T ENDED

<0> NO

<d> DON'T KNOW

<r> REFUSED

C. ONE-STOP SERVICES AND CUSTOMER SATISFACTION

Section deleted.

D. EDUCATION AND TRAINING

PROGRAMMER INSTRUCTION: IF D7 at ITA1=0 (still attending), prefill this D4-program in a new item D4_00. This will allow us to collect outcome info for this program.

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.

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

IF R AT PREVIOUS WAVE:

The last time we spoke with you on [DATE OF LAST INTERVIEW], you said you had [if D1 at ITA1=0, fill: NOT] participated in education and training programs and courses.

[If D1 at ITA1 is not equal to 0, fill: According to our records, your most recent training program was [fill MOST RECENT TRAINING PROGRAM FROM D4].

ASK OF EVERYONE: Since that time, did you participate in any [if D1 at ITA1 not equal to 0, then fill: other] 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
- <5> DID NOT GET INTO TRAINING PROGRAM OF CHOICE/
COULDN'T GET APPROVED FOR MY CHOICE
- <6> HEALTH PROBLEMS/CONCERNS
- <7> DID NOT QUALIFY/LOW TEST SCORES
- <8> MOVED OUT OF AREA
- <9> INSUFFICIENT LEVEL/COURSES TOO EASY
- <10> FAMILY/CHILD CARE/PERSONAL CONCERNS
- <11> FINANCIAL CONCERNS
- <12> LACK OF COUNSELOR CONCERN/KNOWLEDGE, COMMUNICATION/
COULDN'T REACH COUNSELOR
- <13> TRANSPORTATION PROBLEMS
- <14> NOT AWARE OF PROGRAM OR ELIGIBILITY/DIDN'T KNOW
ANYTHING ABOUT IT
- <15> NOT WORTHWHILE IN TERMS OF JOB WILL GET
- <16> LOOKING FOR A JOB
- <17> AVAILABILITY OF TRAINING COURSES OFFERED/NOTHING AVAILABLE
- <18> HAD TO WAIT TOO LONG TO START PROGRAM
- <19> LENGTH OF TRAINING TOO LONG
- <20> RED TAPE/PROCESS OF SIGNING UP TOO CUMBERSOME
AND TAKES TOO LONG
- <4> OTHER (SPECIFY) [SPECIFY] END WITH //
- <d> DON'T KNOW
- <r> REFUSED

**IF D4_00 IS BLANK, THEN GO TO E1
IF D4_00 HAS A VALUE, GOTO D7**

D3. How many different education and training programs and courses did you enroll in since [IF NON-R: fill RANDOM ASSIGNMENT DATE/IF R: fill most recent program from D4 at ITA1]?

(IF R: How many different training programs and courses did you enroll in since we last spoke to you in [fill DATE OF LAST INTERVIEW].

< > NUMBER

<d> DON'T KNOW

<r> REFUSED

Programmer note: see instruction at start of section D.	PROGRAM OR COURSE | <u>01</u> |	PROGRAM OR COURSE | <u>02</u> |
<p>D4. What are the names of the training and education programs or courses you attended since [IF NON-R: fill RANDOM ASSIGNMENT DATE/IF R: fill (MOST RECENT PROGRAM AT D4 FROM ITA1) IN (MONTH/YEAR OF LAST INTERVIEW)]?</p> <p>ASK D4 ACROSS FIRST, THEN ASK D5-D16 DOWN FOR EACH PROGRAM.</p>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
<p>PROGRAMMER: SKIP IF ASKING ABOUT D4_00</p> <p>D5. Who provided the [fill D4 PROGRAM]?</p> <p>PROBE: Where did you go to take that training or education program or course?</p>	<p>PRIVATE COMPANY THAT PROVIDES TRAINING.....1</p> <p>COMMUNITY COLLEGE/ 2 YEAR COLLEGE.....2</p> <p>VOCATIONAL TRAINING CENTER.....3</p> <p>.....3</p> <p>REGULAR HIGH SCHOOL.....4</p> <p>4-YEAR COLLEGE OR UNIVERSITY.....5</p> <p>COMMUNITY BASED ORGANIZATION OR OTHER NON-PROFIT PRIVATE AGENCY...7</p> <p>OTHER PUBLIC SOURCE: STATE/ FEDERAL/COUNTY/CITY SOURCE/ DEPARTMENT OF LABOR/ ONE-STOP.....8</p> <p>EMPLOYER.....9</p> <p>ONLINE CLASS.....</p> <p>.....</p> <p>11</p> <p>OTHER (SPECIFY).....6</p> <hr/> <hr/> <hr/>	<p>PRIVATE COMPANY THAT PROVIDES TRAINING.....1</p> <p>COMMUNITY COLLEGE/ 2 YEAR COLLEGE.....2</p> <p>VOCATIONAL TRAINING CENTER.....</p> <p>.....3</p> <p>REGULAR HIGH SCHOOL.....4</p> <p>4-YEAR COLLEGE OR UNIVERSITY.....5</p> <p>COMMUNITY BASED ORGANIZATION OR OTHER NON-PROFIT PRIVATE AGENCY...7</p> <p>OTHER PUBLIC SOURCE: STATE/ FEDERAL/COUNTY/CITY SOURCE/ DEPARTMENT OF LABOR/ ONE-STOP.....8</p> <p>EMPLOYER.....9</p> <p>ONLINE CLASS.....</p> <p>.....</p> <p>11</p> <p>OTHER (SPECIFY).....6</p> <hr/> <hr/> <hr/>

PROGRAM OR COURSE |_03|	PROGRAM OR COURSE |_04|	PROGRAM OR COURSE |_05|
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
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 COMMUNITY BASED ORGANIZATION OR OTHER NON-PROFIT PRIVATE AGENCY..7 OTHER PUBLIC SOURCE: STATE/ FEDERAL/COUNTY/CITY SOURCE/ DEPARTMENT OF LABOR/ ONE-STOP.....8 EMPLOYER.....9 ONLINE CLASS..... 11 OTHER (SPECIFY).....6 <hr/> <hr/> <hr/>	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 COMMUNITY BASED ORGANIZATION OR OTHER NON-PROFIT PRIVATE AGENCY..7 OTHER PUBLIC SOURCE: STATE/ FEDERAL/COUNTY/CITY SOURCE/ DEPARTMENT OF LABOR/ ONE-STOP.....8 EMPLOYER.....9 ONLINE CLASS..... 11 OTHER (SPECIFY).....6 <hr/> <hr/> <hr/>	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 COMMUNITY BASED ORGANIZATION OR OTHER NON-PROFIT PRIVATE AGENCY..7 OTHER PUBLIC SOURCE: STATE/ FEDERAL/COUNTY/CITY SOURCE/ DEPARTMENT OF LABOR/ ONE-STOP.....8 EMPLOYER.....9 ONLINE CLASS..... 11 OTHER (SPECIFY).....6 <hr/> <hr/> <hr/>

PROGRAMMER: SKIP IF ASKING ABOUT D4_00	PROGRAM OR COURSE | <u>01</u> |	PROGRAM OR COURSE | <u>02</u> |
<p>D6. When did you <u>start</u> the [fill D4 PROGRAM]?</p> <p>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.</p>	<p>START:</p> <p>|_|_| / |_|_| / |_|_|_|_| MONTH DAY YEAR</p> <p>NOTE: DATE CAN BE BEFORE RA DATE</p>	<p>START:</p> <p>|_|_| / |_|_| / |_|_|_|_| MONTH DAY YEAR</p> <p>NOTE: DATE CAN BE BEFORE RA DATE</p>
<p>D7. And when did you <u>stop</u> the [fill D4 PROGRAM]?</p> <p>IF STILL ATTENDING, CIRCLE CODE 0.</p>	<p>|_|_| / |_|_| / |_|_|_|_| MONTH DAY YEAR →GO TO D8</p> <p>IF STILL ATTENDING, CIRCLE CODE 0 →GO TO D7b</p>	<p>|_|_| / |_|_| / |_|_|_|_| MONTH DAY YEAR →GO TO D8</p> <p>IF STILL ATTENDING, CIRCLE CODE 0 →GO TO D7b</p>
<p>D7b. When do you expect to complete the program?</p>	<p>|_|_| / |_|_| / |_|_|_|_| MONTH DAY YEAR</p> <p>OR</p> <p>|_|_| CODE NUMBER</p> <p>DAYS.....1 YEARS.....2 DON'T KNOW.....3</p>	<p>|_|_| / |_|_| / |_|_|_|_| MONTH DAY YEAR</p> <p>OR</p> <p>|_|_| CODE NUMBER</p> <p>DAYS.....1 YEARS.....2 DON'T KNOW.....3</p>
<p>D8. (Are/Were) you being trained in a specific skill or occupation, or (are/were) you taking a general education program or course?</p>	<p>TRAINING IN SPECIFIC SKILL OR OCCUPATION.....(GO TO D10).... ..... .....01</p> <p>GENERAL EDUCATION..... 02</p> <p>DON'T KNOW.....(GO TO D12)....d</p> <p>REFUSED.....(GO TO D12)....r</p>	<p>TRAINING IN SPECIFIC SKILL OR OCCUPATION.....(GO TO D10).... ..... .....01</p> <p>GENERAL EDUCATION..... 02</p> <p>DON'T KNOW.....(GO TO D12)....d</p> <p>REFUSED.....(GO TO D12)....r</p>

PROGRAM OR COURSE |03|	PROGRAM OR COURSE |04|	PROGRAM OR COURSE |05|
<p>START:</p> <p>|_|_|_|/|_|_|/|_|_|_| MONTH DAY YEAR</p> <p>NOTE: DATE CAN BE BEFORE RA DATE</p>	<p>START:</p> <p>|_|_|_|/|_|_|/|_|_|_| MONTH DAY YEAR</p> <p>NOTE: DATE CAN BE BEFORE RA DATE</p>	<p>START:</p> <p>|_|_|_|/|_|_|/|_|_|_| MONTH DAY YEAR</p> <p>NOTE: DATE CAN BE BEFORE RA DATE</p>
<p>|_|_|_|/|_|_|/|_|_|_| MONTH DAY YEAR GO TO D8</p> <p>IF STILL ATTENDING, CIRCLE CODE 0 GO TO D7b</p>	<p>|_|_|_|/|_|_|/|_|_|_| MONTH DAY YEAR GO TO D8</p> <p>IF STILL ATTENDING, CIRCLE CODE 0 GO TO D7b</p>	<p>|_|_|_|/|_|_|/|_|_|_| MONTH DAY YEAR GO TO D8</p> <p>IF STILL ATTENDING, CIRCLE CODE 0 GO TO D7b</p>
<p>|_|_|_|/|_|_|/|_|_|_| MONTH DAY YEAR</p> <p>OR</p> <p>|_|_| CODE NUMBER</p> <p>DAYS.....1 YEARS.....2 DON'T KNOW.....3</p>	<p>|_|_|_|/|_|_|/|_|_|_| MONTH DAY YEAR</p> <p>OR</p> <p>|_|_| CODE NUMBER</p> <p>DAYS.....1 YEARS.....2 DON'T KNOW.....3</p>	<p>|_|_|_|/|_|_|/|_|_|_| MONTH DAY YEAR</p> <p>OR</p> <p>|_|_| CODE NUMBER</p> <p>DAYS.....1 YEARS.....2 DON'T KNOW.....3</p>
<p>TRAINING IN SPECIFIC SKILL OR OCCUPATION.....(GO TO D10).... .....01</p> <p>GENERAL EDUCATION..... .....02</p> <p>DON'T KNOW.....(GO TO D12)....d</p> <p>REFUSED.....(GO TO D12)....r</p>	<p>TRAINING IN SPECIFIC SKILL OR OCCUPATION.....(GO TO D10).... .....01</p> <p>GENERAL EDUCATION..... .....02</p> <p>DON'T KNOW.....(GO TO D12)....d</p> <p>REFUSED.....(GO TO D12)....r</p>	<p>TRAINING IN SPECIFIC SKILL OR OCCUPATION.....(GO TO D10).... .....01</p> <p>GENERAL EDUCATION..... .....02</p> <p>DON'T KNOW.....(GO TO D12)....d</p> <p>REFUSED.....(GO TO D12)....r</p>

D9. What kind of general education (are/were) you taking? **READ LIST.**

CIRCLE ALL THAT APPLY.

PROGRAM OR COURSE | <u>01</u> |	PROGRAM OR COURSE | <u>02</u> |
Regular high school.....1	Regular high school.....1
GED classes.....2	GED classes.....2
ESL-English as a Second Language..... .....3	ESL-English as a Second Language..... .....3
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 four-year college or university.....6	Classes at a four-year college or university.....6
Computer skills.....8	Computer skills.....8
Graduate school.....9	Graduate school.....9
OTHER (SPECIFY).....7 _____ _____ _____ _____	OTHER (SPECIFY).....7 _____ _____ _____ _____

GO TO D12

GO TO D12

PROGRAM OR COURSE |_03|	PROGRAM OR COURSE |_04|	PROGRAM OR COURSE |_052|
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
Computer skills.....8	Computer skills.....8	Computer skills.....8
Graduate school.....9	Graduate school.....9	Graduate school.....9
OTHER (SPECIFY).....7	OTHER (SPECIFY).....7	OTHER (SPECIFY).....7
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**GO TO
D12**

**GO TO
D12**

**GO TO
D12**

	PROGRAM OR COURSE | <u>01</u> |	PROGRAM OR COURSE | <u>02</u> |
<p>D10. What kind of jobs (are/were) you being trained for?</p> <p>PROBE: What (are/were) you learning to do?</p> <p>PROBE FOR CLEAR AND DESCRIPTIVE JOB TITLE AND ACTIVITIES.</p>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
<p>D11. Are/were you training mainly to prepare yourself for a new occupation or mainly to improve your skills in your current occupation?</p>	<p>PREPARE FOR NEW OCCUPATION.....1</p> <p>IMPROVE SKILLS IN CURRENT OCCUPATION.....2</p> <p>OTHER TYPE (SPECIFY).....3</p> <hr/> <p>BOTH.....4</p>	<p>PREPARE FOR NEW OCCUPATION.....1</p> <p>IMPROVE SKILLS IN CURRENT OCCUPATION.....2</p> <p>OTHER TYPE (SPECIFY).....3</p> <hr/> <p>BOTH.....4</p>
<p>D12. How did you pay for your education or training at [fill D4 PROGRAM]? [READ CHOICES]</p> <p>CIRCLE ALL THAT APPLY.</p> <p>CATI CHECK: COMPARE D12 ANSWERS TO C21.</p>	<p>[FILL LOCAL ONE-STOP CAREER CENTER]/an individual training account/voucher.....1</p> <p>personal savings/own earnings/ earnings of other household members/gift or loan from family or friends.....2</p> <p>Pell Grant and/or other needs-based financial aid.....3</p> <p>student loans.....4</p> <p>scholarships from school or program.....5</p> <p>TAA (Trade Adjustment Assistance).....7</p> <p>employer paid (GO TO D12a) 8</p> <p>City paid for it.....9</p> <p>County paid for it.....10</p> <p>State paid for it.....11</p> <p>Veterans' grant.....12</p> <p>OTHER (SPECIFY).....6</p> <hr/> <hr/> <hr/>	<p>[FILL LOCAL ONE-STOP CAREER CENTER]/an individual training account/voucher.....1</p> <p>personal savings/own earnings/ earnings of other household members/gift or loan from family or friends.....2</p> <p>Pell Grant and/or other needs-based financial aid.....3</p> <p>student loans.....4</p> <p>scholarships from school or program.....5</p> <p>TAA (Trade Adjustment Assistance).....7</p> <p>employer paid (GO TO D12a) 8</p> <p>City paid for it.....9</p> <p>County paid for it.....10</p> <p>State paid for it.....11</p> <p>Veterans' grant.....12</p> <p>OTHER (SPECIFY).....6</p> <hr/> <hr/> <hr/>
<p>D12_1. How much (does/did) the program cost?</p> <p>PROBE: Please provide the total costs of the program, including tuition, fees, books, uniforms, and any other costs associated with participating, regardless of who paid for them.</p>	<p>\$ __ _ _ , __ _ _ _ </p> <p>DON'T KNOW...(GO TO G32).....d</p> <p>REFUSED.....(GO TO G32).....r</p>	<p>\$ __ _ _ , __ _ _ _ </p> <p>DON'T KNOW...(GO TO G32).....d</p> <p>REFUSED.....(GO TO G32).....r</p>

PROBE: Your best estimate is fine.		
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PROGRAM OR COURSE <u>03</u>	PROGRAM OR COURSE <u>04</u>	PROGRAM OR COURSE <u>05</u>
PREPARE FOR NEW OCCUPATION.....1 IMPROVE SKILLS IN CURRENT OCCUPATION.....2 OTHER TYPE (SPECIFY).....3 _____ BOTH.....4	PREPARE FOR NEW OCCUPATION.....1 IMPROVE SKILLS IN CURRENT OCCUPATION.....2 OTHER TYPE (SPECIFY).....3 _____ BOTH.....4	PREPARE FOR NEW OCCUPATION.....1 IMPROVE SKILLS IN CURRENT OCCUPATION.....2 OTHER TYPE (SPECIFY).....3 _____ BOTH.....4
[FILL LOCAL ONE-STOP CAREER CENTER]/an individual training account/voucher.....1 personal savings/own earnings/ earnings of other household members/gift or loan from family or friends.....2 Pell Grant and/or other needs-based financial aid.....3 student loans.....4 scholarships from school or program.....5 TAA (Trade Adjustment Assistance).....7 employer paid (GO TO D12a) 8 City paid for it.....9 County paid for it.....10 State paid for it.....11 Veterans' grant.....12 OTHER (SPECIFY).....6 _____ _____ _____	[FILL LOCAL ONE-STOP CAREER CENTER]/an individual training account/voucher.....1 personal savings/own earnings/ earnings of other household members/gift or loan from family or friends.....2 Pell Grant and/or other needs-based financial aid.....3 student loans.....4 scholarships from school or program.....5 TAA (Trade Adjustment Assistance).....7 employer paid (GO TO D12a) 8 City paid for it.....9 County paid for it.....10 State paid for it.....11 Veterans' grant.....12 OTHER (SPECIFY).....6 _____ _____ _____	[FILL LOCAL ONE-STOP CAREER CENTER]/an individual training account/voucher.....1 personal savings/own earnings/ earnings of other household members/gift or loan from family or friends.....2 Pell Grant and/or other needs-based financial aid.....3 student loans.....4 scholarships from school or program.....5 TAA (Trade Adjustment Assistance).....7 employer paid (GO TO D12a) 8 City paid for it.....9 County paid for it.....10 State paid for it.....11 Veterans' grant.....12 OTHER (SPECIFY).....6 _____ _____ _____
\$, DON'T KNOW...(GO TO G32).....d REFUSED.....(GO TO G32).....r	\$, DON'T KNOW...(GO TO G32).....d REFUSED.....(GO TO G32).....r	\$, DON'T KNOW...(GO TO G32).....d REFUSED.....(GO TO G32).....r

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	PROGRAM OR COURSE 01 	PROGRAM OR COURSE 02
D12_2. Is this amount the . . .	total cost of the program,.....1 the cost per semester,.....(RECORD # OF SEMESTERS _ _).....2 the cost per year, or.....(RECORD # OF YEARS _ _).....3 the cost for some other period of time?.....(RECORD # OF UNITS _ _).....4 (SPECIFY) [specify] _____	total cost of the program,.....1 the cost per semester,.....(RECORD # OF SEMESTERS _ _).....2 the cost per year, or.....(RECORD # OF YEARS _ _).....3 the cost for some other period of time?.....(RECORD # OF UNITS _ _).....4 (SPECIFY) [specify] _____
D12a. Which of your employers paid for this training?	1. Specify employer: _____ DON'T KNOW.....d REFUSED.....r	1. Specify employer: _____ DON'T KNOW.....d REFUSED.....r

CATI CHECK: IF STILL ATTENDING (D7 = 0), GO TO NEXT PROGRAM OR E1
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D13. Did you complete the [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 for completing the [fill D4 PROGRAM/COURSE]?	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

PROGRAM OR COURSE | 03 |	PROGRAM OR COURSE | 04 |	PROGRAM OR COURSE | 05 |
total cost of the program,.....1	total cost of the program,.....1	total cost of the program,.....1
the cost per semester,.....(RECORD # OF SEMESTERS |_|_|).....2	the cost per semester,.....(RECORD # OF SEMESTERS |_|_|).....2	the cost per semester,.....(RECORD # OF SEMESTERS |_|_|).....2
the cost per year, or.....(RECORD # OF YEARS |_|_|).....3	the cost per year, or.....(RECORD # OF YEARS |_|_|).....3	the cost per year, or.....(RECORD # OF YEARS |_|_|).....3
the cost for some other period of time?.....(RECORD # OF UNITS |_|_|).....4	the cost for some other period of time?.....(RECORD # OF UNITS |_|_|).....4	the cost for some other period of time?.....(RECORD # OF UNITS |_|_|).....4
(SPECIFY) [specify] _____	(SPECIFY) [specify] _____	(SPECIFY) [specify] _____
1. Specify employer: _____	1. Specify employer: _____	1. Specify employer: _____
DON'T KNOW.....d	DON'T KNOW.....d	DON'T KNOW.....d
REFUSED.....r	REFUSED.....r	REFUSED.....r
YES.....1	YES.....1	YES.....1
NO.....(GO TO D15).....0	NO.....(GO TO D15).....0	NO.....(GO TO D15).....0
DON'T KNOW.....d	DON'T KNOW.....d	DON'T KNOW.....d
REFUSED.....r	REFUSED.....r	REFUSED.....r
YES.....1	YES.....1	YES.....1
NO.....0	NO.....0	NO.....0
DON'T KNOW.....d	DON'T KNOW.....d	DON'T KNOW.....d
REFUSED.....r	REFUSED.....r	REFUSED.....r

GO TO D16

GO TO D16

GO TO D16

	PROGRAM OR COURSE |01|	PROGRAM OR COURSE |02|
D15. What was the <u>main</u> reason you did not complete the [fill D4 PROGRAM]?	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
	PREGNANCY OR CHILD CARE PROBLEM.....3	PREGNANCY OR CHILD CARE PROBLEM.....3
IF MORE THAN ONE REASON, PROBE: What was the <u>main</u> reason?	TRANSPORTATION PROBLEM...4	TRANSPORTATION PROBLEM...4
	DID NOT LIKE PROGRAM OR PROGRAM BORING.....5	DID NOT LIKE PROGRAM OR PROGRAM BORING.....5
CIRCLE ONE CODE.	EXPULSED OR ASKED TO LEAVE.....6	EXPULSED OR ASKED TO LEAVE.....6
	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
	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	NOT DOING WELL OR POOR GRADES
	.....10	.....10
	DID NOT LIKE OR GET ALONG WITH SCHOOL OR PROGRAM STAFF	DID NOT LIKE OR GET ALONG WITH SCHOOL OR PROGRAM STAFF
	.....11	.....11
	DID NOT LIKE OR GET ALONG WITH OTHER STUDENTS	DID NOT LIKE OR GET ALONG WITH OTHER STUDENTS
	.....12	.....12
	CHANGED SCHOOL, COURSE, OR PROGRAM	CHANGED SCHOOL, COURSE, OR PROGRAM
	.....13	.....13
	SCHOOL OR PROGRAM CLOSED	SCHOOL OR PROGRAM CLOSED
	.....14	.....14
	COULD NOT AFFORD OR FINANCIAL REASONS	COULD NOT AFFORD OR FINANCIAL REASONS
	.....15	.....15
	PERSONAL REASONS	PERSONAL REASONS
	.....17	.....17
	LACK OF TIME/ TIME CONSTRAINTS/ TOO TIME CONSUMING	LACK OF TIME/ TIME CONSTRAINTS/ TOO TIME CONSUMING
	.....18	.....18
	STILL NEED TO COMPLETE – TESTS TO FINISH/COMPLETED COURSE, BUT NOT PROGRAM	STILL NEED TO COMPLETE – TESTS TO FINISH/COMPLETED COURSE, BUT NOT PROGRAM

	<p>.....</p> <p>19</p> <p>EMPLOYER WON'T/ CAN'T FUND ANY LONGER.....</p> <p>.....</p> <p>20</p> <p>ITA RAN OUT/STOPPED</p> <p>.....</p> <p>21</p> <p>CHANGED MIND ABOUT TRAINING/OCCUPATION/ CAREER</p> <p>.....</p> <p>22</p> <p>OTHER TYPE (SPECIFY)</p> <p>.....</p> <p>16</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>.....</p> <p>19</p> <p>EMPLOYER WON'T/ CAN'T FUND ANY LONGER.....</p> <p>.....</p> <p>20</p> <p>ITA RAN OUT/STOPPED</p> <p>.....</p> <p>21</p> <p>CHANGED MIND ABOUT TRAINING/OCCUPATION/ CAREER</p> <p>.....</p> <p>22</p> <p>OTHER TYPE (SPECIFY)</p> <p>.....</p> <p>16</p> <p>_____</p> <p>_____</p> <p>_____</p>
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PROGRAM OR COURSE _03 	PROGRAM OR COURSE _04 	PROGRAM OR COURSE _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
PERSONAL REASONS 17	PERSONAL REASONS 17	PERSONAL REASONS 17
LACK OF TIME/ TIME CONSTRAINTS/ TOO TIME CONSUMING 18	LACK OF TIME/ TIME CONSTRAINTS/ TOO TIME CONSUMING 18	LACK OF TIME/ TIME CONSTRAINTS/ TOO TIME CONSUMING 18
STILL NEED TO COMPLETE – TESTS TO FINISH/COMPLETED COURSE, BUT NOT PROGRAM	STILL NEED TO COMPLETE – TESTS TO FINISH/COMPLETED COURSE, BUT NOT PROGRAM	STILL NEED TO COMPLETE – TESTS TO FINISH/COMPLETED COURSE, BUT NOT PROGRAM

..... 19 EMPLOYER WON'T/ CAN'T FUND ANY LONGER..... 20 ITA RAN OUT/STOPPED 21 CHANGED MIND ABOUT TRAINING/OCCUPATION/ CAREER 22 OTHER TYPE (SPECIFY) 16 19 EMPLOYER WON'T/ CAN'T FUND ANY LONGER..... 20 ITA RAN OUT/STOPPED 21 CHANGED MIND ABOUT TRAINING/OCCUPATION/ CAREER 22 OTHER TYPE (SPECIFY) 16 19 EMPLOYER WON'T/ CAN'T FUND ANY LONGER..... 20 ITA RAN OUT/STOPPED 21 CHANGED MIND ABOUT TRAINING/OCCUPATION/ CAREER 22 OTHER TYPE (SPECIFY) 16
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	PROGRAM OR COURSE _01 	PROGRAM OR COURSE _02
<p>D16. After you finished participating in the [fill D4 PROGRAM] did you look for work, begin working, enter another training program or something else?</p> <p>CIRCLE ALL THAT APPLY.</p>	LOOK FOR WORK.....1	LOOK FOR WORK.....1
	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
	ALREADY WORKING/ CONTINUED WORKING.....5	ALREADY WORKING/ CONTINUED WORKING.....5
	MEDICAL ISSUES – ILLNESS/ DISABILITY.....6	MEDICAL ISSUES – ILLNESS/ DISABILITY.....6
	DID NOT WORK DUE TO PREGNANCY OR CHILD CARE AND/OR FAMILY PROBLEMS....7	DID NOT WORK DUE TO PREGNANCY OR CHILD CARE AND/OR FAMILY PROBLEMS....7
	STARTED OWN BUSINESS/ SELF-EMPLOYED.....8	STARTED OWN BUSINESS/ SELF-EMPLOYED.....8
	WAITING FOR LICENSE/ CERTIFICATION/STUDYING....9	WAITING FOR LICENSE/ CERTIFICATION/STUDYING....9
	MOVED.....10	MOVED.....10
	DID NOTHING/ HAS NOT LOOKED.....11	DID NOTHING/ HAS NOT LOOKED.....11
	RETIRED.....12	RETIRED.....12
	SOMETHING ELSE (SPECIFY).....4	SOMETHING ELSE (SPECIFY).....4
	_____	_____
	ALREADY WORKING/ CONTINUED WORKING.....5	ALREADY WORKING/ CONTINUED WORKING.....5
(GO TO NEXT PROGRAM OR E1)	(GO TO NEXT PROGRAM OR E1)	

PROGRAM OR COURSE |_03_|	PROGRAM OR COURSE |_04_|	PROGRAM OR COURSE |_05_|
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
ALREADY WORKING/ CONTINUED WORKING..... .....5	ALREADY WORKING/ CONTINUED WORKING..... .....5	ALREADY WORKING/ CONTINUED WORKING..... .....5
MEDICAL ISSUES – ILLNESS/ DISABILITY.....6	MEDICAL ISSUES – ILLNESS/ DISABILITY.....6	MEDICAL ISSUES – ILLNESS/ DISABILITY.....6
DID NOT WORK DUE TO PREGNANCY OR CHILD CARE AND/OR FAMILY PROBLEMS....7	DID NOT WORK DUE TO PREGNANCY OR CHILD CARE AND/OR FAMILY PROBLEMS....7	DID NOT WORK DUE TO PREGNANCY OR CHILD CARE AND/OR FAMILY PROBLEMS....7
STARTED OWN BUSINESS/ SELF-EMPLOYED.....8	STARTED OWN BUSINESS/ SELF-EMPLOYED.....8	STARTED OWN BUSINESS/ SELF-EMPLOYED.....8
WAITING FOR LICENSE/ CERTIFICATION/STUDYING....9	WAITING FOR LICENSE/ CERTIFICATION/STUDYING....9	WAITING FOR LICENSE/ CERTIFICATION/STUDYING....9
MOVED.....10	MOVED.....10	MOVED.....10
DID NOTHING/ HAS NOT LOOKED.....11	DID NOTHING/ HAS NOT LOOKED.....11	DID NOTHING/ HAS NOT LOOKED.....11
RETIRED.....12	RETIRED.....12	RETIRED.....12
SOMETHING ELSE (SPECIFY).....4	SOMETHING ELSE (SPECIFY).....4	SOMETHING ELSE (SPECIFY).....4
ALREADY WORKING/ CONTINUED WORKING.....5	ALREADY WORKING/ CONTINUED WORKING.....5	ALREADY WORKING/ CONTINUED WORKING.....5
(GO TO NEXT PROGRAM OR E1)	(GO TO NEXT PROGRAM OR E1)	(GO TO NEXT PROGRAM OR E1)

E. EMPLOYMENT

E1. IF NONR AT PREVIOUS WAVE:

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.

IF R AT PREVIOUS WAVE AND NOT EMPLOYED AT TIME OF INTERVIEW:

When we last talked to you in [insert INTERVIEW DATE], you said you were not working. The next questions are about the jobs you've held since we last talked to you that lasted for more than 2 weeks. Please include part-time and full-time jobs, and jobs in which you were self-employed.

IF R AT PREVIOUS WAVE AND EMPLOYED AT TIME OF INTERVIEW:

When we last talked to you in [insert INTERVIEW DATE], you said you were working at [fill JOB]. The next questions are about the jobs you've held since we last talked to you 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 anything else? (SPECIFY) [specify] END WITH //

<d> DON'T KNOW

<r> REFUSED

E3. Have you worked since [if nonR at previous wave: fill RANDOM ASSIGNMENT DATE / if R at previous wave, fill: Your job at [fill: MOST RECENT EMPLOYER FROM E5 AT ITA1] when we last talked to you in [fill: LAST INTERVIEW 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

<r> REFUSED

→ **GO TO SECTION F**

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)?

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.

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

<r> REFUSED EMPLOYER NAME [CONTINUE ASKING SECTION E]

E6. Where else have you worked since [if nonR at previous wave: fill RANDOM ASSIGNMENT DATE / if R, fill: your last job at [fill: MOST RECENT JOB FROM E5 at ITA1] when we last talked to you on [fill: LAST INTERVIEW DATE]?

BEGIN RECORDING AT E5, COLUMN 2.

	JOB |01|	JOB |02|
<p>E5. RECORD EMPLOYER NAME(S) ACROSS THE TOP OF THE GRID FIRST. THEN ASK E7-E18 DOWN FOR EACH JOB.</p> <p>IF EMPLOYER IS AN INDIVIDUAL, RECORD FIRST NAME, AND LAST INITIAL ONLY.</p>	<p>_____</p> <p>_____</p> <p>SELF-EMPLOYED.....1</p>	<p>_____</p> <p>_____</p> <p>SELF-EMPLOYED.....1</p>
<p>E6. Where else have you worked since [if nonR at previous wave, fill RANDOM ASSIGNMENT DATE / if R at previous wave, insert LAST INTERVIEW DATE]?</p> <p>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.</p> <p>RECORD AS NEXT JOB IN COLUMN HEADER.</p>		
<p>E7. When did you <u>start</u> working for [fill E5 EMPLOYER/yourself]?</p> <p>PROBE: Your best estimate is fine.</p> <p>IF DK DAY, PROBE: Was it the beginning, middle, or end of the month?</p> <p>IF "BEGINNING," ENTER 05; IF "MIDDLE," ENTER 15; IF "END," ENTER 25.</p> <p>START DATE CAN BE BEFORE RANDOM ASSIGNMENT DATE.</p>	<p>START: |__|_|_|/|__|_|_|/|__|_|_|_|_| MONTH DAY YEAR</p> <p>DON'T KNOW.....d</p> <p>REFUSED.....r</p>	<p>START: |__|_|_|/|__|_|_|/|__|_|_|_|_| MONTH DAY YEAR</p> <p>DON'T KNOW.....d</p> <p>REFUSED.....r</p>
<p>E8. When did you <u>stop</u> working for [fill E5 EMPLOYER/yourself]?</p> <p>IF STILL WORKING AT JOB, CIRCLE "0."</p> <p>IF DK DAY, PROBE: Was it the beginning, middle, or end of the month?</p> <p>IF "BEGINNING," ENTER 05; IF "MIDDLE," ENTER 15; IF "END," ENTER 25.</p> <p>STOP DATE MUST COME AFTER RANDOM ASSIGNMENT DATE.</p>	<p>STOP: |__|_|_|/|__|_|_|/|__|_|_|_|_| MONTH DAY YEAR</p> <p>STILL AT JOB.....0</p> <p>DON'T KNOW.....d</p> <p>REFUSED.....r</p>	<p>STOP: |__|_|_|/|__|_|_|/|__|_|_|_|_| MONTH DAY YEAR</p> <p>STILL AT JOB.....0</p> <p>DON'T KNOW.....d</p> <p>REFUSED.....r</p>

JOB |03|	JOB |04|	JOB |05|
<hr/> <hr/> SELF-EMPLOYED.....1	<hr/> <hr/> SELF-EMPLOYED.....1	<hr/> <hr/> SELF-EMPLOYED.....1
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.....0 DON'T KNOW.....d REFUSED.....r	STOP: | | | | / | | | | / | | | | | | | | MONTH DAY YEAR STILL AT JOB.....0 DON'T KNOW.....d REFUSED.....r	STOP: | | | | / | | | | / | | | | | | | | MONTH DAY YEAR STILL AT JOB.....0 DON'T KNOW.....d REFUSED.....r

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

JOB |03|	JOB |04|	JOB |05|
<hr/> <hr/> <hr/> DON'T KNOW.....d REFUSED.....r	<hr/> <hr/> <hr/> DON'T KNOW.....d REFUSED.....r	<hr/> <hr/> <hr/> DON'T KNOW.....d REFUSED.....r
<hr/> <hr/> <hr/> DON'T KNOW.....d REFUSED.....r	<hr/> <hr/> <hr/> DON'T KNOW.....d REFUSED.....r	<hr/> <hr/> <hr/> DON'T KNOW.....d REFUSED.....r
YES.....1 NO.....0 DON'T KNOW.....d REFUSED.....r	YES.....1 NO.....0 DON'T KNOW.....d REFUSED.....r	YES.....1 NO.....0 DON'T KNOW.....d REFUSED.....r
<div style="text-align: center;">|_|_| HOURS PER WEEK</div> 99 OR MORE HOURS PER WEEK.....99 DON'T KNOW.....d REFUSED.....r	<div style="text-align: center;">|_|_| HOURS PER WEEK</div> 99 OR MORE HOURS PER WEEK.....99 DON'T KNOW.....d REFUSED.....r	<div style="text-align: center;">|_|_| HOURS PER WEEK</div> 99 OR MORE HOURS PER WEEK.....99 DON'T KNOW.....d REFUSED.....r

	JOB | 01 |	JOB | 02 |
E15. INTERVIEWER: CHECK E8. IS CODE "0," 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 SELF-EMPLOYED AND WORK RAN OUT.....7 MOVED FROM TEMPORARY TO PERMANENT JOB.....8 COULD NO LONGER WORK/ COULDN'T WORK DUE TO HEALTH/ PERSONAL ISSUES.....9 OTHER (SPECIFY).....6 DON'T KNOW.....d REFUSED.....r	QUIT.....1 RETIRE.....2 LAID OFF.....3 FIRED.....4 WORK PERIOD ENDED.....5 SELF-EMPLOYED AND WORK RAN OUT.....7 MOVED FROM TEMPORARY TO PERMANENT JOB.....8 COULD NO LONGER WORK/ COULDN'T WORK DUE TO HEALTH/ PERSONAL ISSUES.....9 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 else.....2 enter a training program.....3 CONTINUED WORKING AT A DIFFERENT JOB.....4 ENETERED/CONTINUED TRAINING PROGRAM/SCHOOL 6 CONTINUED CURRENT JOB 7 STARTED OWN BUSINESS/SELF EMPLOYED 8 STAYED HOME TO CARE FOR FAMILY/PERSONAL REASONS/MEDICAL REASONS 9 NOTHING 10 MOVED.....11 SOMETHING ELSE (SPECIFY).....5 DON'T KNOW.....d REFUSED.....r	look for work.....1 begin work somewhere else.....2 enter a training program.....3 CONTINUED WORKING AT A DIFFERENT JOB.....4 CONTINUED TRAINING PROGRAM/SCHOOL 6 CONTINUED CURRENT JOB 7 STARTED OWN BUSINESS/SELF EMPLOYED 8 STAYED HOME TO CARE FOR FAMILY/PERSONAL REASONS/MEDICAL REASONS 9 NOTHING 10 MOVED.....11 SOMETHING ELSE (SPECIFY).....5 DON'T KNOW.....d REFUSED.....r
	GO TO NEXT JOB OR SECTION F	GO TO NEXT JOB OR SECTION F

JOB |03|	JOB |04|	JOB |05|
YES (GO TO NEXT JOB OR SECTION F) ...1	YES (GO TO NEXT JOB OR SECTION F) ...1	YES (GO TO NEXT JOB OR SECTION F) ...1
NO.....0	NO.....0	NO.....0
QUIT.....1	QUIT.....1	QUIT.....1
RETIRE.....2	RETIRE.....2	RETIRE.....2
LAID OFF.....3	LAID OFF.....3	LAID OFF.....3
FIRED.....4	FIRED.....4	FIRED.....4
WORK PERIOD ENDED.....5	WORK PERIOD ENDED.....5	WORK PERIOD ENDED.....5
SELF-EMPLOYED AND WORK RAN OUT.....7	SELF-EMPLOYED AND WORK RAN OUT.....7	SELF-EMPLOYED AND WORK RAN OUT.....7
MOVED FROM TEMPORARY TO PERMANENT JOB.....8	MOVED FROM TEMPORARY TO PERMANENT JOB.....8	MOVED FROM TEMPORARY TO PERMANENT JOB.....8
.....
COULD NO LONGER WORK/ COULDN'T WORK DUE TO HEALTH/ PERSONAL ISSUES.....9	COULD NO LONGER WORK/ COULDN'T WORK DUE TO HEALTH/ PERSONAL ISSUES.....9	COULD NO LONGER WORK/ COULDN'T WORK DUE TO HEALTH/ PERSONAL ISSUES.....9
OTHER (SPECIFY).....6	OTHER (SPECIFY).....6	OTHER (SPECIFY).....6
.....
DON'T KNOW.....d	DON'T KNOW.....d	DON'T KNOW.....d
REFUSED.....r	REFUSED.....r	REFUSED.....r
YES.....1	YES.....1	YES.....1
NO.....0	NO.....0	NO.....0
DON'T KNOW.....d	DON'T KNOW.....d	DON'T KNOW.....d
REFUSED.....r	REFUSED.....r	REFUSED.....r
look for work.....1	look for work.....1	look for work.....1
begin work somewhere else.....2	begin work somewhere else.....2	begin work somewhere else.....2
enter a training program.....3	enter a training program.....3	enter a training program.....3
CONTINUED WORKING AT A DIFFERENT JOB.....4	CONTINUED WORKING AT A DIFFERENT JOB.....4	CONTINUED WORKING AT A DIFFERENT JOB.....4
CONTINUED TRAINING PROGRAM/SCHOOL 6	CONTINUED TRAINING PROGRAM/SCHOOL 6	CONTINUED TRAINING PROGRAM/SCHOOL 6
CONTINUED CURRENT JOB 7	CONTINUED CURRENT JOB 7	CONTINUED CURRENT JOB 7
STARTED OWN BUSINESS/SELF EMPLOYED 8	STARTED OWN BUSINESS/SELF EMPLOYED 8	STARTED OWN BUSINESS/SELF EMPLOYED 8
STAYED HOME TO CARE FOR FAMILY/PERSONAL REASONS/MEDICAL REASONS 9	STAYED HOME TO CARE FOR FAMILY/PERSONAL REASONS/MEDICAL REASONS 9	STAYED HOME TO CARE FOR FAMILY/PERSONAL REASONS/MEDICAL REASONS 9
NOTHING 10	NOTHING 10	NOTHING 10
MOVED.....11	MOVED.....11	MOVED.....11
.....
SOMETHING ELSE (SPECIFY).....5	SOMETHING ELSE (SPECIFY).....5	SOMETHING ELSE (SPECIFY).....5
DON'T KNOW.....d	DON'T KNOW.....d	DON'T KNOW.....d
REFUSED.....r	REFUSED.....r	REFUSED.....r

GO TO NEXT JOB OR SECTION F

GO TO NEXT JOB OR SECTION F

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.

PROBE: Do not include cashing in savings, investments, 401Ks or other savings accounts as income.

**DO NOT LET RESPONDENT STRUGGLE FOR EXACT AMOUNT.
ENTER DK AND GO TO RANGES.**

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,
- <5> between \$75,000 and \$100,000,
- <6> between \$100,000 to \$125,000, or
- <7> more than \$125,000?

- <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 we're going to ask you to think back to last year, that is, since [fill 12 MONTHS FROM CURRENT MONTH AND YEAR]. Since [fill 12 months back from current month and year], have you or anyone else in your household received unemployment benefits?

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

F6. Since [fill 12 months back from current month and year], for approximately how many weeks did you or anyone else in your household receive unemployment benefits?

|__|__| # OF WEEKS

|__|__| # OF MONTHS

<d> DON'T KNOW

<r> REFUSED

CATI: RECORD CUSTOMER TEXT IF NECESSARY.

F7. How much was received in unemployment benefits each week since [fill 12 months back from current month and year]?

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 12 months back from current month and year] have you or anyone else in your household received Trade Readjustment Allowance (TRA) or Trade Adjustment Assistance (TAA)?

PROBE: TRA payments are the weekly cash benefits provided through the TAA program. This would be a payment that came directly to you or someone in your household, not a payment to a school. TRA payments are received as a supplement once unemployment insurance is exhausted for those people who are participating in TAA training.

<1> YES

<0> NO

<d> DON'T KNOW

<r> REFUSED

GO TO F11

F9. Since [fill 12 months back from current month and year], 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 12 months back from current month and year]?

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

\$< > PER WEEK

<d> DON'T KNOW

<r> REFUSED

FOOD STAMPS

F11. Since [fill 12 months back from current month and year] have you 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 12 months back from current month and year], 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 12 months back from current month and year]?

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


\$< > PER MONTH

<d> DON'T KNOW

<r> REFUSED

CASH ASSISTANCE

F14. Since [fill 12 months back from current month and year] have you 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
 - <r> REFUSED
- 
- GO TO G1**

F15. Since [fill 12 months back from current month and year], 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 12 months back from current month and year]?

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. Not counting yourself, how many other 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> LIVING TOGETHER UNMARRIED

<6> SINGLE, NEVER MARRIED

<d> DON'T KNOW

<r> REFUSED

G4. Finally, what is your present, permanent address? We need this information to mail you the \$25 check as a token of appreciation for your participation in our study.

<1> ENTER/CORRECT ADDRESS

<2> CORRECT

<d> DON'T KNOW

<r> REFUSED

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

RECORD ZIP CODE AND, IF APPROPRIATE, APARTMENT NUMBER.

< > ENTER STREET ADDRESS

< > ENTER CITY

< > ENTER STATE

< > ENTER ZIP

< > ENTER PHONE NUMBER

G5. If you have any further comments to make about the ITA program, I can write them down now.

<1> YES (SPECIFY) _____

<0> NO

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