



**Growing America Through
Entrepreneurship (GATE):
60 Month Follow-Up Survey**

October 15, 2008

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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 in (MONTH AND YEAR OF LAST INTERVIEW). 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 you \$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 five years ago.

OK TO CONTINUE.....01

NOT A GOOD TIME FOR SM.....00 →

When would be a good time to do the interview? **RECORD APPT. DATE AND TIME ON CONTACT SHEET. THANK SM AND TERMINATE.**

REFUSED.....r

R. HESITATES TO DO SURVEY.....h

R. HAS QUESTIONS ABOUT THE STUDY.....q

→ **GO TO INFORMATION SCREEN**

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

(01-12) (01-31) (1900-1990)
 |_|_| / |_|_| / |_|_|_|_|
 MONTH DAY YEAR

REFUSED.....r

DON'T KNOW.....d

→ **GO TO A5**

A4.

PROGRAMMER: CHECK DOB. DOES THE DOB IN A3 MATCH THE DOB IN THE SAMPLE FILE?	
YES.....	01 → GO TO B1
NO/NO DOB.....	00

A5.

And what are the last 4-digits of your Social Security number?

|_|_|_|_|

DON'T KNOW.....d } → GO TO A7
 REFUSED.....r }

A6.

PROGRAMMER: CHECK SSN. DO THE LAST 4 DIGITS OF THE SSN IN A5 MATCH THE SSN IN THE SAMPLE FILE?	
YES.....	01 → GO TO B1
NO/NO SSN.....	00 → GO TO A7

A7.

I'm sorry. I need to check my records before I can interview you. Is this the best time to reach you in the future?

YES.....01 →

THANK SM AND TERMINATE. RECORD TIME AND DATE ON CONTACT SHEET.
--

NO.....00 →

What is the best time to reach you? RECORD TIME AND DATE ON CONTACT SHEET. THANK SM AND TERMINATE.
--

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 the results of the study. All personally identifiable data will be kept

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

confidential except as required by law. Your answer 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 20-25 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

The next questions are about self-employment services you have received in the past 12

months.

B1. In the past 12 months, have you attended any classes, workshops, or seminars on topics related to your business?

YES.....01
NO.....00
DON'T KNOW.....d
REFUSED.....r

→ **GO TO B5
B5B5**

B2. How many individual sessions of these classes, workshops, or seminars have you attended in the past 12 months?

|__|__| NUMBER OF SESSIONS
DON'T KNOW.....d
REFUSED.....r

B3. On average, how long were the individual sessions of these classes, workshops, or seminars?

|__|__| LENGTH
MINUTES.....01
HOURS.....02
DON'T KNOW.....d
REFUSED.....r

B4. What organization(s) provided these classes, workshops, or seminars?

NAME(S) _____

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

B5. In the past 12 months, have you received any **one-on-one** counseling or technical assistance on starting or expanding your business?

YES.....01
NO.....00
DON'T KNOW.....d
REFUSED.....r

} → **GO TO B9**

B6. How many counseling or technical assistance sessions have you attended in the past 12 months?

|_|_| NUMBER OF SESSIONS
DON'T KNOW.....d
REFUSED.....r

B7. On average, how long did each counseling or technical assistance session last?

|_|_| LENGTH
MINUTES.....01
HOURS.....02
DON'T KNOW.....d
REFUSED.....r

B8. What organization(s) provided you with counseling or technical assistance?

NAME(S) _____

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

B9. In the past 12 months, have you attended a peer support group for self-employed persons or persons interested in becoming self-employed?

PROBE: A peer support group is a group of individuals who are self-employed or trying to start a business who meet to share ideas, strategies, and information.

YES.....01
NO.....00
DON'T KNOW.....d
REFUSED.....r

→ **GO TO B13
B13**

B10. How many peer support group sessions have you attended in the past 12 months?

|__|__| NUMBER OF SESSIONS
DON'T KNOW.....d
REFUSED.....r

B11. On average, how long did each of these sessions last?

|__|__| LENGTH
MINUTES.....01
HOURS.....02
DON'T KNOW.....d
REFUSED.....r

B12. What organization(s) provided a peer support group?

NAME(S) _____

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

B13. In the past 12 months, have you worked with an experienced business owner or someone else who acted as your mentor?

- YES.....01
 - NO.....00
 - DON'T KNOW.....d
 - REFUSED.....r
- } → **GO TO B17
BB17**

B14. How many meetings have you had with a mentor in the past 12 months?

- |_|_| NUMBER OF MEETINGS
- DON'T KNOW.....d
 - REFUSED.....r

B15. On average, how long did each of these meetings last?

- |_|_| LENGTH
- MINUTES.....01
 - HOURS.....02
 - DON'T KNOW.....d
 - REFUSED.....r

B16. What organization(s) provided you with a mentor?

NAME(S) _____

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

B17. In the past 12 months, have you received any other types of self-employment services that we haven't already talked about?

YES.....01
NO.....00
DON'T KNOW.....d
REFUSED.....r

} → **GO TO B20**

B18. What were they?

RECORD VERBATIM _____

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

B19. What organization(s) provided you with these other services?

NAME(S) _____

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

B20. **PROGRAMMER: IF B1, B5, B9, B13 OR B17 = 1, GO TO B21. OTHERWISE GO TO B22.**

B21. Thinking about all the self-employment services you have received in the past 12 months, about how much did you pay in total for these services?

\$ |__|__|,|__|__|__| TOTAL AMOUNT

SERVICES WERE FREE.....01
DON'T KNOW.....d
REFUSED.....r

**PROGRAMMER:
GO TO B23**

B22. Why didn't you participate in any self-employment services or programs?

CODE ALL THAT APPLY

- DIDN'T THINK SERVICES WOULD BE HELPFUL.....01
 - SERVICES LOCATED TOO FAR AWAY.....02
 - TIMES INCONVENIENT.....03
 - DIDN'T WANT TO WAIT FOR CLASSES TO BEGIN.....04
 - DECIDED TO POSTPONE SELF-EMPLOYMENT....05
 - DECIDED NOT TO PURSUE SELF-EMPLOYMENT AT ALL.....06
 - TOO BUSY.....07
 - OTHER (SPECIFY).....08
-
- DON'T KNOW.....d
 - REFUSED.....r

B23. **PROGRAMMER: IF B1, B5, B9, B13 AND B17 = 0, d OR r, GO TO B30. OTHERWISE CONTINUE.**

B24. I am going to read a list of ways self-employment services you received in the past 12 months may have helped you. Please tell me whether self-employment services helped you a lot, somewhat, or not at all in . . .

PROBE: This includes self-employment services you received from any source.

	A LOT	SOME-WHAT	NOT AT ALL	DON'T KNOW	REFUSED	NOT APPLICABLE
a. Developing a business plan.....	01.....	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.....	03.....	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

B25. Are there other ways in which self-employment services you received in the past 12 months have helped you?

PROBE: Did the services help you in ways other than those we just mentioned?

- YES.....01
 - NO.....00
 - DON'T KNOW.....d
 - REFUSED.....r
- } → **GO TO B27
B27**

B26. In what other ways did these services help you?

RECORD VERBATIM _____

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

B27. Thinking about all the self-employment services that you received in the past 12 months, how would you rate the overall usefulness of the services? Were they . . .

- Very useful,.....01
- Somewhat useful,.....02
- Not very useful, or.....03
- Not at all useful?.....04
- DON'T KNOW.....d
- REFUSED.....r

B28. **PROGRAMMER: HAS RESPONDENT RECEIVED MORE THAN ONE TYPE OF SELF-EMPLOYMENT SERVICE? DO AT LEAST TWO OF THE FOLLOWING QUESTIONS EQUAL "01" (B1, B5, B9, B13, OR B17)? IF SO, INSERT NAMES OF SERVICES INTO B29. IF NONE OR ONLY ONE SERVICE RECEIVED, GO TO B30.**

B29. You mentioned that in the past 12 months you received (NAMES OF SELF-EMPLOYMENT SERVICES RECEIVED). Please tell me which **one** service has been most useful to you.

- CLASSES OR WORKSHOPS.....01
 - ONE-ON-ONE COUNSELING OR TECHNICAL ASSISTANCE.....02
 - PEER SUPPORT/NETWORKING GROUP.....03
 - MENTORING.....04
 - OTHER (SPECIFY).....05
-
- DON'T KNOW.....d
 - REFUSED.....r

B30. Are there any services that you didn't receive or didn't receive enough of that could have helped you in starting or growing your own business?

- YES.....01
 - NO.....00
 - DON'T KNOW.....d
 - REFUSED.....r
- **GO TO B32
b34B34**

B31. What services could have helped you?

CODE ALL THAT APPLY

- CLASSES OR WORKSHOPS.....01
 - ONE-ON-ONE COUNSELING OR TECHNICAL ASSISTANCE.....02
 - PEER SUPPORT/NETWORKING GROUP.....03
 - MENTORING04
 - LOANS.....05
 - OTHER (SPECIFY).....06
-
- DON'T KNOW.....d
 - REFUSED.....r

The next questions are about the time period since (DATE OF LAST INTERVIEW).

B32. Since (DATE OF LAST INTERVIEW), have you developed or revised a written business plan?

- YES.....01
 - NO.....00
 - DON'T KNOW.....d
 - REFUSED.....r
- } → **GO TO B34
b34B34**

B33. 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.

- YES.....01
- NO.....00
- DON'T KNOW.....d
- REFUSED.....r

B34. Since (DATE OF LAST INTERVIEW), have you applied for a business loan?

- YES.....01
 - NO.....00
 - DON'T KNOW.....d
 - REFUSED.....r
- } → **GO TO C1**

B35. To how many different institutions or programs have you applied for business loans since (DATE OF LAST INTERVIEW)?

- |__|__| NUMBER OF INSTITUTIONS
- DON'T KNOW.....d
 - REFUSED.....r

B36. Since (DATE OF LAST INTERVIEW), have you applied for a business loan from the Small Business Administration, or SBA?

- YES.....01
- NO.....00
- DON'T KNOW.....d
- REFUSED.....r



B37. When applying for business loans, did you receive any help from someone in a self-employment program?

- YES.....01
- NO.....00
- DON'T KNOW.....d
- REFUSED.....r

GO TO SECTION C

SECTION C: SELF-EMPLOYMENT EXPERIENCE

The next questions are about your experiences with self-employment since (DATE OF LAST INTERVIEW).

C1. Since (DATE OF LAST INTERVIEW) have you been self-employed, that is, owned your own business?

PROBE: You are self-employed if you own your own business, even if you also have a job where you are working for someone else.

- YES.....01
 - NO.....00
 - DON'T KNOW.....d
 - REFUSED.....r
- } → **GO TO C66**

C2. Are you currently self-employed?

- YES.....01
- NO.....00
- DON'T KNOW.....d
- REFUSED.....r

C3. How many businesses have you owned since (DATE OF LAST INTERVIEW)?

- [_] NUMBER OF BUSINESSES
- NONE.....00 → **GO TO C66**
 - DON'T KNOW.....d
 - REFUSED.....r

C3a.

PROGRAMMER: QUESTIONS C4 – C64 SHOULD BE ASKED FOR EACH BUSINESS OWNED SINCE DATE OF LAST INTERVIEW. QUESTIONS SHOULD BE NUMBERED C4a-C64a FOR BUSINESS #1, C4b-C64b FOR BUSINESS #2, AND SO ON.

C4.

IF C2=1 and C3=1: The next questions are about the business you have owned since (DATE OF LAST INTERVIEW). What is the name of your current business?

IF C2=0 and C3=1: The next questions are about the business you have owned since (DATE OF LAST INTERVIEW). What was the name of your most recent business?

IF C2=1 and C3≥2: The next questions are about the businesses you have owned since (DATE OF LAST INTERVIEW). What is/was the name of your current/next business?

IF C2=0 and C3≥2: The next questions are about the businesses you have owned since (DATE OF LAST INTERVIEW). What was the name of your most recent/next business?

RECORD NAME OF BUSINESS _____

DON'T KNOW.....d

REFUSED.....r

C5. When did you start operating this business as the owner?

PROBE: Your best estimate is fine.

IF DK DAY, PROBE: Was it the beginning, middle, or end of the month?

IF "BEGINNING," ENTER 05;

IF "MIDDLE," ENTER 15;

IF "END," ENTER 25.

START DATE CAN BE BEFORE (DATE OF LAST INTERVIEW).

|_|_|/|_|_|/|_|_|_|_|
MONTH DAY YEAR

DON'T KNOW.....d

REFUSED.....r

C6. When did you stop operating this business as the owner?

IF STILL OPERATING BUSINESS, ENTER "01."

PROBE: Your best estimate is fine.

IF DK DAY, PROBE: Was it the beginning, middle, or end of the month?

IF "BEGINNING," ENTER 05;
IF "MIDDLE," ENTER 15;
IF "END," ENTER 25.

STOP DATE SHOULD COME AFTER (DATE OF LAST INTERVIEW).

PROBE: IF RESPONDENT GIVES STOP DATE PRIOR TO (DATE OF LAST INTERVIEW), CONFIRM DATE BEFORE ENTERING.

|_|_|_| / |_|_|_| / |_|_|_|_|_|
MONTH DAY YEAR

STILL OPERATING BUSINESS.....	01	} → GO TO C9
DON'T KNOW.....	d	
REFUSED.....	r	

C7. Why did you stop operating this business?

PROBE: We mean operating this business as the owner.

CODE ALL THAT APPLY

BUSINESS DID NOT MAKE ENOUGH INCOME.....01
GOT A BETTER OPPORTUNITY.....02
HOURS TOO LONG.....03
INCOME TOO UNCERTAIN.....04
ILLNESS/DISABILITY.....05
PERSONAL REASONS.....06
OTHER (SPECIFY).....07

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

C8. What did you do when you stopped operating this business?

PROBE: We mean operating this business as the owner.

CODE ALL THAT APPLY

- TOOK JOB WORKING FOR SOMEONE ELSE.....01
 - STARTED ANOTHER BUSINESS.....02
 - LOOKED FOR WORK.....03
 - PARTICIPATED IN EDUCATION/TRAINING PROGRAM.....04
 - TOOK CARE OF CHILD, FAMILY MEMBER, OR SICK RELATIVE.....05
 - RETIRED.....06
 - WAS SICK.....07
 - OTHER SPECIFY.....08
-
- DON'T KNOW.....d
 - REFUSED.....r

C9. What (is/was) the main product or activity of this business?

PROBE FOR TYPE OF PRODUCT OF SERVICE.

- RECORD VERBATIM _____
- DON'T KNOW.....d
 - REFUSED.....r

C10. (Do/Did) you work for just one client?

- YES.....01
- NO.....00
- DON'T KNOW.....d
- REFUSED.....r

C11. On average, how much (are/were) the monthly receipts or sales for this business?

PROBE: Your best estimate is fine.

PROBE: IF MORE THAN \$500,000 CONFIRM AMOUNT BEFORE ENTERING.

\$ |__|__|__|,|__|__|__|

MORE THAN \$999,999.....01

DON'T KNOW.....d

REFUSED.....r

C12. On average, how much (are/were) the monthly expenses for this business? Please include any payments to yourself or your family members.

PROBE: Your best estimate is fine.

PROBE: IF MORE THAN \$500,000 CONFIRM AMOUNT BEFORE ENTERING.

\$ |__|__|__|,|__|__|__|

MORE THAN \$999,999.....01

DON'T KNOW.....d

REFUSED.....r

C13. How many hours (do/did) you usually work in an average week at this business? Please include any time you (spend/spent) working at home.

|__|__| NUMBER OF HOURS PER WEEK

DON'T KNOW.....d

REFUSED.....r

C14. What percent of your total household income (is/was) produced as a result of this business?

PROBE: For your total household income please include income from your spouse or other immediate family members living with you.

|__|__|
PERCENT

ALL.....100

DON'T KNOW.....d

REFUSED.....r

C15. (Do/Did) you pay yourself a regular salary from this business?

YES.....01

NO.....00

DON'T KNOW.....d

REFUSED.....r



C16. Before taxes and other deductions, how much (do/did) you pay yourself from this business?

(Is/Was) that per week, per month, per year or something else?

PROBE: IF MORE THAN \$500,000 CONFIRM AMOUNT BEFORE ENTERING.

\$ |_|_|_|_|, |_|_|_|_|

PER WEEK.....01

PER MONTH.....02

PER YEAR.....03

OTHER (SPECIFY).....04

DON'T KNOW.....d

REFUSED.....r

C17. Have you taken or received/Did you take or receive any other income payments from this business, including bonuses, profit distributions, or owner's draw?

YES.....01

NO.....00

DON'T KNOW.....d

REFUSED.....r



C18. Before taxes and other deductions, in total, about how much are/were these other income payments?

PROBE: Your best estimate is fine.

PROBE: IF MORE THAN \$500,000 CONFIRM AMOUNT BEFORE ENTERING.

\$ |_|_|_|_|, |_|_|_|_|

MORE THAN \$999,999.....01
 DON'T KNOW.....d
 REFUSED.....r

C19. (Do/Did) you pay a spouse, domestic partner, or other relative living in your household a regular salary from this business?

YES.....01
 NO.....00
 DON'T KNOW.....d
 REFUSED.....r



C20. 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?

PROBE: IF MORE THAN \$500,000 CONFIRM AMOUNT BEFORE ENTERING.

\$ |_|_|_|_|,|_|_|_|_|

PER WEEK.....01
 PER MONTH.....02
 PER YEAR.....03
 OTHER (SPECIFY).....04

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

C21. Has a spouse, domestic partner, or other relative living in your household received any other income payments from this business, including bonuses, profit distributions or owner's draw?

YES.....01
 NO.....00
 DON'T KNOW.....d
 REFUSED.....r



C22. Before taxes and other deductions, in total, about how much are/were these other income payments?

PROBE: Your best estimate is fine.

PROBE: IF MORE THAN \$500,000 CONFIRM AMOUNT BEFORE ENTERING.

\$ |_|_|_|_|,|_|_|_|_|

MORE THAN \$999,999.....01
 DON'T KNOW.....d
 REFUSED.....r

C23. **PROGRAMMER: CHECK QUESTION C6. IS SAMPLE MEMBER STILL OPERATING BUSINESS (IS C6=1)?**

YES.....01 → **GO TO C26**
 NO.....00

C24. Did you sell this business?

YES.....01
 NO.....00
 DON'T KNOW.....d
 REFUSED.....r

→ **GO TO C26**

C25. How much did you sell this business for?

PROBE: IF MORE THAN \$500,000 CONFIRM AMOUNT BEFORE ENTERING.

\$ |__|__|__|,|__|__|__|

MORE THAN \$999,999.....01
 DON'T KNOW.....d
 REFUSED.....r

C26. Is/Was this business structured as a sole proprietorship, a partnership, a corporation, or a cooperative?

SOLE PROPRIETORSHIP.....01 → **GO TO C30**
 PARTNERSHIP.....02
 CORPORATION.....03
 COOPERATIVE.....04
 OTHER (SPECIFY).....05

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

C27. What percent of this business (do/did) you own?

|__|__| PERCENT

ALL.....100 → **GO TO C30**

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

C28. (Do/Did) any members of your immediate family own part of this business?

YES.....01
NO.....00
DON'T KNOW.....d
REFUSED.....r

→ **GO TO C30**

C29. What percent of this business (do/did) they own?

|_|_| PERCENT
DON'T KNOW.....d
REFUSED.....r

C30. Did you start this business from scratch, or did you acquire it from someone else?

STARTED FROM SCRATCH.....01 → **GO TO C34**
ACQUIRED FROM SOMEONE ELSE/
OTHER ENTITY.....02
DON'T KNOW.....d
REFUSED.....r

C31. Did you buy this business?

YES.....01
NO.....00
DON'T KNOW.....d
REFUSED.....r

→ **GO TO C33**

C32. How much did you pay for this business?

PROBE: IF MORE THAN \$500,000 CONFIRM AMOUNT BEFORE ENTERING.

\$ |_|_|_|, |_|_|_|_|
MORE THAN \$999,999.....01
DON'T KNOW.....d
REFUSED.....r

GO TO C34



C33. How did you acquire ownership of this business?

- RECEIVED TRANSFER OF OWNERSHIP/GIFT.....01
- INHERITED.....02
- OTHER (SPECIFY).....03

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

C34. Have you invested/Did you invest any of your own money into this business? Please do not include money borrowed or otherwise received from relatives.

- YES.....01
 - NO.....00
 - DON'T KNOW.....d
 - REFUSED.....r
- } → **GO TO C36**

C35. How much of your own money have you invested/did you invest in this business?

PROBE: Your best estimate is fine.

PROBE: IF MORE THAN \$500,000 CONFIRM AMOUNT BEFORE ENTERING.

\$ | | | | , | | | |

- MORE THAN \$999,999.....01
- DON'T KNOW.....d
- REFUSED.....r

C36. Have you borrowed/Did you borrow any money for this business?

- YES.....01
 - NO.....00
 - DON'T KNOW.....d
 - REFUSED.....r
- } → **GO TO C53**

C37. How much have you borrowed/did you borrow for this business?

PROBE: IF MORE THAN \$500,000 CONFIRM AMOUNT BEFORE ENTERING.

\$ | | | | |, | | | | |

MORE THAN \$999,999.....01
DON'T KNOW.....d
REFUSED.....r

C38. Have you obtained/Did you obtain a personal loan, a business loan, or both?

PERSONAL LOAN.....01
BUSINESS LOAN.....02 → **GO TO C44**
BOTH.....03
DON'T KNOW.....d
REFUSED.....r → **GO TO C50**

C39. What is/was the source of your personal loan? Was it . . .

CODE ALL THAT APPLY

A credit card,.....01
A home mortgage or home equity line of credit,.....02
A family member, or.....03
A friend?.....04
OTHER (SPECIFY).....05

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

C40. What is/was the total amount of (this personal loan/these personal loans)?

PROBE: IF MORE THAN \$500,000 CONFIRM AMOUNT BEFORE ENTERING.

\$ | | | | |, | | | | |

MORE THAN \$999,999.....01
DON'T KNOW.....d

REFUSED.....r

C41. What is/was the interest rate for (this loan/the largest loan you obtained)?

|__|__| PERCENT

DON'T KNOW.....d

REFUSED.....r

C42. What is/was the length of (this loan/the largest loan you obtained)?

RECORD LENGTH AND CODE TIME UNIT

|__|__| LENGTH

WEEKS.....01

MONTHS.....02

YEARS.....03

DON'T KNOW.....d

REFUSED.....r

C43.

PROGRAMMER: IF C38=1 GO TO C50; OTHERWISE CONTINUE

C44. What is/was the source of your business loan?

CODE ALL THAT APPLY

A BANK OR CREDIT UNION.....01

SMALL BUSINESS ADMINISTRATION (SBA).....02

ANOTHER GOVERNMENT LOAN.....03

INVESTMENT COMPANY.....04

OTHER (SPECIFY).....05

DON'T KNOW.....d

REFUSED.....r

C45.

PROGRAMMER: IF C44=2, CONTINUE; OTHERWISE, GO TO C47.

C46. Is/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 MICROLOAN.....01
- SBA-GUARANTEED LOAN.....02
- 504 CERTIFIED DEVELOPMENT COMPANY LOAN.....03
- SMALL BUSINESS INVESTMENT COMPANIES LOAN.....04
- OTHER (SPECIFY).....05
- _____
- DON'T KNOW.....d
- REFUSED.....r

C47. What is/was the total amount of this business loan or loans?

PROBE: IF MORE THAN \$500,000 CONFIRM AMOUNT BEFORE ENTERING.

- \$ |__|__|__|,|__|__|__|
- MORE THAN \$999,999.....01
- DON'T KNOW.....d
- REFUSED.....r

C48. What is/was the interest rate for (this loan/the largest loan)?

- |__|__| PERCENT
- DON'T KNOW.....d
- REFUSED.....r

C49. What is/was the length of (the loan/the largest loan)?

RECORD LENGTH AND CODE TIME UNIT

- |__|__| LENGTH
- WEEKS.....01

MONTHS.....02
 YEARS.....03
 DON'T KNOW.....d
 REFUSED.....r

C50. Did you receive any grants to start this business?

YES.....01
 NO.....00
 DON'T KNOW.....d
 REFUSED.....r

} → **GO TO C53**

C51. What is/was the total amount of these grants?

PROBE: IF MORE THAN \$500,000 CONFIRM AMOUNT BEFORE ENTERING.

\$ |_|_|_|_|_|,|_|_|_|_|_|

MORE THAN \$999,999.....01
 DON'T KNOW.....d
 REFUSED.....r

C52. What is/was the source of these grants?

RECORD VERBATIM _____

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

C53. Apart from any of your own money, money you borrowed, or grants you received, have you used/did you use any other sources of capital, such as gifts from family members or friends, or the sale of another business, to start or grow your business?

YES.....01
 NO.....00
 DON'T KNOW.....d
 REFUSED.....r

} → **GO TO C56**

C54. Altogether, how much have you received/did you receive from these sources?

PROBE: IF MORE THAN \$500,000 CONFIRM AMOUNT BEFORE ENTERING.

\$ |__|__|__|,|__|__|__|

MORE THAN \$999,999.....01

DON'T KNOW.....d

REFUSED.....r

C55. What are/were these other sources of capital?

CODE ALL THAT APPLY

GIFTS FROM FAMILY MEMBERS.....01

GIFTS FROM FRIENDS.....02

SALE OF ANOTHER BUSINESS.....03

OTHER (SPECIFY).....04

DON'T KNOW.....d

REFUSED.....r

C56. Where is/was this business located, in your home, an incubator, a commercially available space, or some other place?

PROBE: An incubator is space provided to start-up and young entrepreneurs by self-employment assistance organizations.

HOME.....01

INCUBATOR.....02

COMMERCIALY AVAILABLE SPACE.....03

SOME OTHER PLACE (SPECIFY).....04

DON'T KNOW.....d

REFUSED.....r

C57. What is the zip code where this business is/was located?

|__|__|__|__|

DON'T KNOW.....d

REFUSED.....r

C58. What is/was the total number of employees that work/worked in this business? Please exclude yourself, but include paid family members.

|__|__| NUMBER OF EMPLOYEES

NONE.....00 → **GO TO C60**
 DON'T KNOW.....d
 REFUSED.....r

C59. How many of these employees are/were working 35 or more hours per week, and how many are/were working less than 35 hours per week in this business?

IF RESPONDENT SAYS "NONE," CODE 00.

|_|_| NUMBER OF FULL-TIME EMPLOYEES
 |_|_| NUMBER OF PART-TIME EMPLOYEES
 DON'T KNOW.....d
 REFUSED.....r

C60. How many of your immediate family members work/worked in this business? Please do not include yourself.

|_|_| NUMBER
 NONE.....00
 DON'T KNOW.....d
 REFUSED.....r

C61. Next, I will read a list of benefits that some people get through their jobs. For this business, do/did all of your employees, some of your employees, or none of your employees receive . . .

CODE ALL, SOME, OR NONE FOR EACH

	ALL	SOME	NONE	DON'T KNOW	REFUSED
a. Paid sick leave?.....	01	02	00	d	r
b. Paid vacation?.....	01	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 or a 401K plan?.....	01	02	00	d	r
f. Life insurance?.....	01	02	00	d	r
g. Any other benefits? (SPECIFY).....	01	02	00	d	r

C62. Now, please tell me if you receive/received these benefits through this business . . .

CODE YES OR NO FOR EACH

	YES	NO	DON'T KNOW	REFUSED
a. Paid sick leave?.....	01	00	d	r
b. Paid vacation?.....	01	00	d	r
c. Paid holidays?.....	01	00	d	r
d. Health insurance or membership in an HMO or PPO plan?.....	01	00	d	r
e. Retirement or pension benefits or a 401K plan?.....	01	00	d	r
f. Life insurance?.....	01	00	d	r
g. Any other benefits? (SPECIFY).....	01	00	d	R

C63. When you started this business, did other household members have any earnings?

YES.....01
 NO.....00
 DON'T KNOW.....d
 REFUSED.....r

C64. What would you say were the most difficult challenges you faced when you started this business?

CODE 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.....16
- OTHER (SPECIFY).....17

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

C65.

PROGRAMMER: CHECK QUESTION C3. IS THERE ANOTHER PERIOD OF SELF-EMPLOYMENT (IS C3 ≥ 2)?

YES, C3 ≥ 2.....01 → REPEAT
C4 THROUGH C64 FOR EACH BUSINESS, THEN GO TO D1

NO, C3 < 2.....00 → GO TO D1

C66. At any time since (DATE OF LAST INTERVIEW) have you tried to start a business?

- YES.....01
 - NO.....00
 - DON'T KNOW.....d
 - REFUSED.....r
- } → **GO TO D1**

C67. What would you say were the most difficult challenges you faced trying to start your own business?

CODE 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.....16
- OTHER (SPECIFY).....17

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

GO TO SECTION D

SECTION D: EMPLOYMENT, WORKING FOR SOMEONE ELSE

The next questions are about full and part-time jobs (including military service) you may have held since (DATE OF LAST INTERVIEW) where you were working for someone else.

D1. Are you currently working for someone else?

- YES.....01 → **GO TO D4**
- NO.....00
- DON'T KNOW.....d
- REFUSED.....r

D2. What are you currently doing?

CODE ALL THAT APPLY

- SELF-EMPLOYED.....01
 - TRYING TO START MY OWN BUSINESS.....02
 - LOOKING FOR WORK.....03
 - PARTICIPATING IN EDUCATION OR TRAINING PROGRAM.....04
 - TAKING CARE OF CHILD/FAMILY MEMBER/ SICK RELATIVE.....05
 - RETIRED.....06
 - CURRENTLY ILL.....07
 - NOTHING.....08
 - INCARCERATED.....09
 - OTHER (SPECIFY).....10
-
- DON'T KNOW.....d
 - REFUSED.....r

D3. Have you had a job that lasted two weeks or longer since (DATE OF LAST INTERVIEW)? Please include part-time and full-time jobs, and military service.

- YES.....01 → **GO TO D5**
 - NO.....00
 - DON'T KNOW.....d
 - REFUSED.....r
- } → **GO TO D27**

D4. Currently, how many different full- and part-time jobs do you have where you work for someone else?

- ONE.....01
- TWO OR MORE.....02
- DON'T KNOW.....d
- REFUSED.....r

D5. IF D1=1 AND D4=1: What is the name of your current employer?
IF D1=1 AND D4=2: What is the name of the employer for whom you work the most hours?
IF D3=1: What is the name of the employer for whom you worked more than two weeks since (DATE OF LAST INTERVIEW)?

- RECORD NAME OF EMPLOYER _____
- DON'T KNOW.....d
- REFUSED.....r

D6. Where else have you worked since (DATE OF LAST INTERVIEW)? Please include any other current or previous jobs, whether part-time or full-time.

PROBE: Where did you work before (LAST JOB)?

MANDATORY PROBE: Where else have you worked?

- RECORD NAME OF EMPLOYER _____
- DON'T KNOW.....d
- REFUSED.....r

D6a.

PROGRAMMER: IF D3=1 OR D4=2, QUESTIONS D7-D25 SHOULD BE ASKED FOR EACH JOB HELD SINCE DATE OF LAST INTERVIEW. QUESTIONS SHOULD BE NUMBERED D7a-D25a FOR JOB #1, D7b-D25b FOR JOB #2, AND SO ON.

D7. When did you start working for (EMPLOYER)?

PROBE: Your best estimate is fine.

IF DK DAY, PROBE: Was it the beginning, middle, or end of the month?

IF "BEGINNING," ENTER 05;
IF "MIDDLE," ENTER 15;
IF "END," ENTER 25.

START DATE CAN BE BEFORE DATE OF LAST INTERVIEW.

|_|_|/|_|_|/|_|_|_|_|
MONTH DAY YEAR

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

D8. When did you stop working for (EMPLOYER)?

IF STILL WORKING AT JOB, ENTER "n."

IF DK DAY, PROBE: Was it the beginning, middle, or end of the month?

IF "BEGINNING," ENTER 05;
IF "MIDDLE," ENTER 15;
IF "END," ENTER 25.

STOP DATE MUST COME AFTER DATE OF LAST INTERVIEW.

|_|_|/|_|_|/|_|_|_|_|
MONTH DAY YEAR

STILL WORKING AT JOB.....n
DON'T KNOW.....d
REFUSED.....r

D9. What kind of company (is/was) (EMPLOYER)? What (do/did) they make, sell, or do?

PROBE FOR TYPE OF PRODUCT OR SERVICE.

RECORD VERBATIM _____

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

D10. 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.

RECORD VERBATIM _____

DON'T KNOW.....d

REFUSED.....r

D11. Which of the following best describes your employment status at (this/that) job?
(Are/Were) you . . .

an employee, working for pay at a
private company,.....01

a local, state, or federal government
employee,.....02

on active military duty, or.....03

working without pay?.....04

OTHER (SPECIFY).....05

DON'T KNOW.....d

REFUSED.....r

D12. How many hours (do/did) you usually work in an average week at (EMPLOYER)?

PROBE: Your best estimate is fine.

|__|__| NUMBER OF HOURS PER WEEK

DON'T KNOW.....d

REFUSED.....r

D13.

**PROGRAMMER: CHECK D11. WAS CODE 04, "WORKING WITHOUT PAY,"
SELECTED?**

YES.....01 → GO TO D21

NO.....00

D14. What (is/was) your (current/most recent) hourly rate of pay, before taxes and other deductions?

WATCH THE DECIMAL POINT.

PER HOUR: \$ |__|__|. |__|__|
DON'T KNOW OR NOT PAID BY HOUR.....d
REFUSED.....r

D15. (Do/Did) you receive any tips, bonuses, or commissions?

YES.....01
NO.....00
DON'T KNOW.....d
REFUSED.....r

→ **GO TO D17**

D16. How much are/were these tips, bonuses, or commissions?

Is/Was that per week, per month, per year, or something else?

RECORD AMOUNT AND CODE THE UNIT.

ACCEPT MOST CONVENIENT TIME PERIOD.

\$ |__|__|. |__|__|__|

PER WEEK.....01
PER MONTH.....02
PER YEAR.....03
OTHER (SPECIFY).....04

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

D17. What (are/were) your (current/most recent) weekly, monthly, or annual earnings, before taxes and other deductions? Please include any tips, bonuses, or commissions.

ENTER PAY PERIOD CODE.

ACCEPT MOST CONVENIENT TIME PERIOD.

PROBE: Your best estimate is fine.

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

\$ |__||__|_|,|__|_|_|

PER WEEK.....01

PER MONTH.....02

PER YEAR.....03

OTHER (SPECIFY).....04

=====

DON'T KNOW.....d

REFUSED.....r

D18.

PROGRAMMER: ARE EARNINGS REPORTED IN D17 GREATER THAN \$100,000 PER YEAR?

YES.....01→GO TO D19

NO.....00→GO TO D21

D19. You said that your current/most recent earnings before taxes and other deductions are/were (AMOUNT AND PAY PERIOD from D17). Is this correct?

YES.....01→GO TO D21

NO.....00

DON'T KNOW.....d

REFUSED.....r



D20.

INTERVIEWER: REVIEW D17 WITH RESPONDENT AND CORRECT AS NEEDED.

D21. (Are/Were) the following benefits available to you on your job at (EMPLOYER)?

READ CATEGORIES.

ENTER YES OR NO FOR EACH.

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Paid sick leave?.....	01	00	d	r
b. Paid vacation?.....	01	00	d	r
c. Paid holidays?.....	01	00	d	r
d. Health insurance or membership in an HMO or PPO plan?.....	01	00	d	r
e. Retirement or pension benefits or a 401K plan?.....	01	00	d	r
f. Life insurance?.....	01	00	d	r
g. Any other benefits? (SPECIFY).....	01	02	d	r

D22.

PROGRAMMER: CHECK D8. WAS CODE n, "STILL WORKING AT JOB," SELECTED?

YES.....01→GO TO D26

NO.....00

D23. Why did you stop working at (EMPLOYER)? Did you quit, retire, were you laid off or fired, or did the period you were scheduled to work there end?

PROBE: What reason were you given by your employer?

INTERVIEWER: SELECT ONE CODE ONLY.

- QUIT.....01
- RETIRE.....02
- LAID OFF.....03
- FIRED.....04
- WORK PERIOD/TEMPORARY JOB ENDED.....05
- OTHER (SPECIFY).....06

DON'T KNOW.....d

REFUSED.....r

D24. When that job ended, did you receive severance pay?

YES.....01

NO.....00

DON'T KNOW.....d

REFUSED.....r

D25. When that job ended, what did you do?

CODE ALL THAT APPLY

TOOK ANOTHER JOB WORKING FOR
SOMEONE ELSE.....01

STARTED A BUSINESS.....02

WOKED ON STARTING MY OWN BUSINESS.....03

LOOKED FOR WORK.....04

PARTICIPATED IN EDUCATION/TRAINING
PROGRAM.....05

TOOK CARE OF CHILD/FAMILY MEMBER/
SICK RELATIVE.....06

RETIRED.....07

WAS SICK.....08

OTHER (SPECIFY).....09

DON'T KNOW.....d

REFUSED.....r

D26.

PROGRAMMER: IS D3=1 OR IS D4=2?

YES.....01 → REPEAT D7
THROUGH D25 FOR EACH JOB, THEN GO TO D27

NO.....00 → GO TO D27

D27.

PROGRAMMER: IF C2=1 OR D1=1, CONTINUE. OTHERWISE GO TO E1.

D28. 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

GO TO SECTION E

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 KNOW.....d

REFUSED.....r

E2. During the past twelve months, would you say your household income was less than \$30,000, or \$30,000 or more?

LESS THAN \$30,000.....01 → **GO TO E4**

\$30,000 OR MORE.....02

DON'T KNOW.....d

REFUSED.....r



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, or.....05

more than \$105,000?.....06

DON'T KNOW.....d

REFUSED.....r

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, or.....05
- \$25,000 to under \$30,000?.....06
- DON'T KNOW.....d
- REFUSED.....r

E5. Since (DATE OF LAST INTERVIEW), have you or anyone else in your household received Unemployment Compensation, Trade Readjustment Allowances, or Trade Adjustment Assistance?

- YES.....01
 - NO.....00
 - DON'T KNOW.....d
 - REFUSED.....r
- } → **GO TO E8**

E6. Altogether, since (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 (DATE OF LAST INTERVIEW).....01
 - DON'T KNOW.....d
 - REFUSED.....r

E7. On average, how much Unemployment Compensation, Trade Readjustment Allowances or Trade Adjustment Assistance did your household receive per week since (DATE OF LAST INTERVIEW)?

- \$ |_|_|_|,|_|_|_|
- PER WEEK.....01
 - PER MONTH.....02
 - DON'T KNOW.....d
 - REFUSED.....r

E8. From which of these programs have you or your household received income since (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 PAYMENTS	DON'T KNOW	REFUSED	E8b. Since (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 (DATE OF LAST INTERVIEW)?
a. Social Security Retirement, Disability, or Survivors' benefits?.....	01	00	02	d	r	_ _ NUMBER OF MONTHS DON'T KNOW.....d REFUSED.....r	\$ _ _ _ , _ _ _
b. Other pensions, annuities, or other disability or retirement programs?.....	01	00	02	d	r	_ _ NUMBER OF MONTHS DON'T KNOW.....d REFUSED.....r	\$ _ _ _ , _ _ _
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 KNOW.....d REFUSED.....r	\$ _ _ _ , _ _ _
d. Veteran's payments?.....	01	00	02	d	r	_ _ NUMBER OF MONTHS DON'T KNOW.....d REFUSED.....r	\$ _ _ _ , _ _ _
e. Food Stamps?.....	01	00	02	d	r	_ _ NUMBER OF MONTHS DON'T KNOW.....d REFUSED.....r	\$ _ _ _ , _ _ _

GO TO SECTION F

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?

CODE ONLY ONE RESPONSE

- MARRIED/COMMON LAW.....01
 - LIVING TOGETHER UNMARRIED.....02
 - SEPARATED.....03
 - DIVORCED.....04
 - WIDOWED.....05
 - NEVER MARRIED.....06
 - DON'T KNOW.....d
 - REFUSED.....r
- } → **GO TO F5**

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.....00
 - DON'T KNOW.....d
 - REFUSED.....r
- } → **GO TO F5**

F3. How much does (he/she) usually make 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 WEEK.....01
- ONCE EVERY TWO WEEKS.....02
- TWICE A MONTH.....03
- PER MONTH.....04
- PER YEAR.....05
- IN-KIND ONLY.....06
- DON'T KNOW.....d
- REFUSED.....r

F4. How many hours a week on average does (he/she) work?

|_|_|_| HOURS

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

F5. 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 ALONE.....01
- DON'T KNOW.....d
- REFUSED.....r

F6. 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.

YES.....01
NO.....00
DON'T KNOW.....d
REFUSED.....r

→ **GO TO F8**

F7. How many children under 18 years of age live with you?

|_|_| NUMBER
DON'T KNOW.....d
REFUSED.....r

The next few questions are about health insurance.

F8. Do you currently have health insurance?

YES.....01
NO.....00
DON'T KNOW.....d
REFUSED.....r

→ **GO TO G1**

F9. What is the source of that insurance?

THROUGH SPOUSE'S INSURER.....01
THROUGH YOUR EMPLOYER'S
INSURER.....02
THROUGH TRADE ASSOCIATION'S
INSURER.....03
THROUGH MEDICAID OR OTHER
PUBLIC HEALTH INSURANCE.....04
THROUGH A PRIVATE INSURER.....05
THROUGH SOME OTHER
SOURCE (SPECIFY).....06

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

GO TO SECTION G

SECTION G: CLOSING INFORMATION

That completes the interview. Thank you very much for your help. Your answers, together with the answers of other participants, will be used to improve self-employment programs. So that we can send you a \$15 check for your participation, I'd like to confirm your name and address.

G1. The correct spelling of your name and address is.....

INTERVIEWER: READ NAME AND ADDRESS ALOUD AND CONFIRM WITH RESPONDENT.

YES, NAME AND ADDRESS CORRECT.....01

NO, NAME AND ADDRESS INCORRECT.....00 

<p>RECORD CORRECT NAME AND/OR ADDRESS:</p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p>_____</p> <p>_____</p>
--

G2. Thanks again for your time and participation in this important survey.