APPENDIX B

FOLLOW-UP SURVEY INSTRUMENT

TRADE ADJUSTMENT ASSISTANCE STUDY (TAA)

FOLLOW-UP SURVEY

SECTION A – INTRODUCTION AND SCREENING

DIAL THE NUMBER ON THE CATI SCREEN

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

        <1>   YES **[GO TO A3a OR A3b]**

        <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 **[GO TO A7]**

        <6>   "DO NOT CALL LIST" MENTIONED **[GO TO CORRESPONDING TEXT IN THE FAQs]**

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

        <1>   CONTINUE

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

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

        <4>   "DO NOT CALL LIST" MENTIONED **[GO TO CORRESPONDING TEXT IN THE FAQs]**

        <5>   NEED MORE INFORMATION **[GO TO MORE INFORMATION SCREEN]**

A3a. **READ IF RESPONDENT IS A TAA SAMPLE MEMBER:**
My name is (NAME) and I'm calling from Mathematica Policy Research in Princeton, New Jersey. Recently, we sent you a letter about a survey we are conducting for the U.S. Department of Labor. We are calling people who received unemployment insurance and who were eligible to receive Trade Adjustment Assistance or NAFTA-TAA services. The purpose of the survey is to improve services to people who are eligible for Trade Adjustment Assistance services. The interview takes about 30 minutes and we will mail you a check for $25 when the survey is completed.

      <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   **GO TO MORE**
                PARTICIPATED IN TAA   **INFO SCREEN**
      <6>   NEVER COLLECTED UNEMPLOYMENT
      <7>   "DO NOT CALL LIST" MENTIONED **[GO TO CORRESPONDING TEXT IN THE**

                                                      FAQs]

A3b. **READ IF RESPONDENT IS A COMPARISON GROUP SAMPLE MEMBER:**
My name is (NAME) and I'm calling from Mathematica Policy Research in Princeton, New Jersey. Recently, we sent you a letter about a survey we are conducting for the U.S. Department of Labor. We are calling people who established claims for unemployment benefits. The purpose of the survey is to improve services to people who collect unemployment insurance. The interview takes about 30 minutes and we will mail you a check for $25 when the survey is completed.

      <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   **GO TO MORE**
      <5>   DON'T KNOW WHAT WE'RE TALKING ABOUT   **INFO SCREEN**
      <6>   NEVER COLLECTED UNEMPLOYMENT
      <7>   "DO NOT CALL LIST" MENTIONED **[GO TO CORRESPONDING TEXT IN THE**

                                                      FAQs]

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 AND CONFIRM.

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

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

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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 LAST INTERVIEW DATA.**

INTERVIEWER: DO THE DOB OR THE LAST FOUR SSN DIGITS MATCH SAMPLE INFO?

<1>   YES **[GO TO A10]**
<0>   NO **[GO TO A9]**

A7.   I'm calling [fill SAMPLE MEMBER] on behalf of the U.S. Department of Labor to conduct a survey about government programs that provide services to people. Can you give me a telephone number where (he/she) can be reached?

RECORD: |___|___|___|-|___|___|___|-|___|___|___|___| Thank you **[END]**
                  AREA CODE   NUMBER

<0>   NO/DOES NOT KNOW NUMBER
<r>   NO/REFUSED

A8.   Let me give you a toll-free number where [fill SAMPLE MEMBER] can reach someone to complete the survey and receive $25 for participation. The toll-free number is xxx-xxx-xxxx. Thank you. **[END]**

A9.   I am sorry. Before I continue with the interview I will need to check our records further. Thank you for your time.

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                  END
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A10.   We last spoke to you in [fill LAST INTERVIEW MONTH/YEAR]. I will refer to that date throughout the interview. To make the interview go more quickly, I will ask you about your experiences since that time. **[GO TO SECTION B]**

MORE INFORMATION SCREENS/FREQUENTLY ASKED QUESTIONS (FAQs).

WHAT IS THE PURPOSE OF THE STUDY?

> **For TAA group.** Our goal is to learn about the training and employment experiences of workers who lost their jobs for trade-related reasons and who were eligible for Trade Adjustment Assistance (TAA) or NAFTA-TAA services. This study is very important for improving the services provided by the TAA and Unemployment Insurance systems.

> **For Comparison group.** Our goal is to learn about the training and employment experiences of workers who received unemployment benefits. This study is very important for improving the services provided by the Unemployment Insurance system.

FOR THE TAA GROUP. I AM NO LONGER IN TAA TRAINING/I NEVER PARTICIPATED IN TAA/I NEVER HEARD OF TAA.

> We are calling people whom the U.S. Department of Labor were notified to be eligible to receive Trade Adjustment Assistance or NAFTA-TAA services, even if these people never actually received services, are no longer receiving services, or never heard of the TAA program. Your responses and views are important in that it helps us gain perspective from those who participated in the TAA program as well as from those who did not.

IF DISSATISFIED WITH TAA 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.

I ALREADY SPOKE TO YOU. WHY ARE YOU CALLING ME AGAIN?

> I understand. We probably spoke to you about a year ago. The U.S. Department of Labor is studying the experiences of people like you, who established claims for unemployment benefits and who may have received job training or had different employment over time. During this interview, I'll only ask you about your experiences since last year. This will keep the interview short.

I NEVER RECEIVED UNEMPLOYMENT BENEFITS/I NEVER COLLECTED UNEMPLOYMENT.

> According to [fill STATE] Unemployment Insurance Agency records, you filed for unemployment benefits on [fill INITIAL UI CLAIM DATE].

I DON'T COLLECT UNEMPLOYMENT BENEFITS ANYMORE/I COLLECTED THEM FOR A VERY SHORT TIME.

> We are calling a group of people who collected benefits during the past two years. The

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interview goes very quickly.

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MORE INFORMATION SCREENS - continued

I'M DISSATISFIED WITH MY UNEMPLOYMENT BENEFITS.

I understand. Your comments will be especially important to the research. The U.S. Department of Labor needs to hear from people who were satisfied **and** people who were dissatisfied with their experiences while collecting unemployment benefits.

IF DISSATISFIED WITH LOCAL UNEMPLOYMENT AGENCIES SAY.

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.

HOW DID YOU GET MY NAME?

Your name was randomly selected from among persons in the state of [fill STATE] who began receiving TAA training in 2004-2005.

IS THE SURVEY CONFIDENTIAL?

Your responses are protected from disclosure by federal statue (P.L. 107-347, Title V Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA). Your answers will be combined with those of others and your name will never be used in reporting the results of the study. Your answers to questions will not affect your eligibility for any public program.

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?

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

Your participation is voluntary and will not affect your eligibility to receive unemployment or other benefits. However, your experience and opinions are very important to the success and improvement of programs that help unemployed workers find jobs.

I'M NOT INTERESTED.

Let me reassure you that we are not selling anything. The questions we ask are designed to help the U.S. Department of Labor improve services to people who are unemployed and seeking jobs. There are no right or wrong answers. We're interested in your experiences and opinions. Your answers will be combined with those of others and your name will

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never be included in any report.

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MORE INFORMATION SCREENS - continued

HOW LONG WILL THIS TAKE?

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

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 xxxx-xxxx).

WILL I BE PAID?

Yes, we will mail you a check in the amount of $25 within 6 weeks of completing the survey.

WILL THERE BE A REPORT ON THE FINDINGS THAT I CAN READ? WHERE/WHEN CAN I SEE A PUBLISHED REPORT ABOUT THE NATIONAL EVALUATION OF THE TAA PROGRAM?

Survey results will be reported in several interim reports in 2005 and 2006. The evaluation's final report won't be finalized until 2008. Once these reports are cleared by the U.S. Department of Labor for public release, they will be available at the MPR Web address 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 is a private, independent research firm. Our firm is conducting an evaluation for the U.S. Department of Labor, and this survey is part of this evaluation. Our staff, however, are NOT directly involved in the provision of unemployment compensation, job search assistance or training services. If you need further assistance, you should contact the appropriate program staff in your local area.

I'M ON THE NATIONAL "DO NOT CALL LIST/REGISTRY." WHY ARE YOU CALLING ME?

I understand how the law may be confusing, but legitimate <u>research</u> 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. Your privacy will be respected, and your cooperation is appreciated.

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I can provide you with a Web site address so you can get more information on who is included and excluded on the do not call list. The Web address is www.donotcall.gov.

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CATI CHECK: **IF THE SAMPLE MEMBER WAS COLLECTING TRA BENEFITS AT THE LAST INTERVIEW (that is, <u>Baseline B5 = n</u>) THEN ASK B1A.**

ELSE IF THE SAMPLE MEMBER WAS COLLECTING UI BENEFITS (FROM THE REFERENCE JOB) AT THE LAST INTERVIEW BUT NOT TRA BENEFITS (that is, <u>Baseline B7 = n</u>) THEN GO TO B1B.

ELSE GO TO B2A (WHICH IS A CATI CHECK).

B1A.   The last time we interviewed you, we learned that you were collecting TRA or Trade Readjustment Allowances in [fill LAST INTERVIEW DATE]. Is that correct?

PROBE: TRA payments are the weekly cash benefits provided through the TAA program. TRA payments are received as a supplement once unemployment insurance is exhausted for those people who are participating in TAA training.

<1>   YES **[GO TO B5]**
<0>   NO

<d>   DON'T KNOW   **[GO TO E11 CATI INSTRUCTIONS]**
<r>   REFUSED

B1B.   The last time we interviewed you, we learned that you were collecting unemployment benefits in [fill LAST INTERVIEW DATE]. Is that correct?

<1>   YES
<0>   NO

<d>   DON'T KNOW
<r>   REFUSED

B2A.   **CATI CHECK: IF TRA INDICATED IN TAA SAMPLE MEMBER'S DATA <u>SINCE</u> LAST INTERVIEW, ASK B3, OTHERWISE GO TO B6A (WHICH IS A CATI CHECK).**

B3.   Unemployment Insurance Agency records for the state of [fill STATE] show that you (insert [also] <u>only</u> for those who were collecting UI at last interview) collected TRA, or Trade Readjustment Allowances, which were monetary benefits that you received after exhausting your basic unemployment insurance. These records indicate that you started receiving these TRA benefits on or about [fill TRA CLAIM DATE]. Is that correct?

                        <1>   YES **[GO TO B5]**
                        <0>   NO

                        <x>   NEVER COLLECTED TRA **[GO TO B6A]**

                        <d>   DON'T KNOW
                        <r>   REFUSED

B4.   When around [fill TRA CLAIM DATE], did you start collecting TRA or Trade Readjustment Allowances?

        CATI NOTE: THE FILL DATE IS ONLY RELEVANT FOR THOSE WITH TRA INDICATED IN SAMPLE MEMBER'S DATA—I.E., THOSE WITH B3 = <0>,<d>, <r>

        THIS DATE BECOMES TRA DATE, REPLACING DATE FROM SAMPLE INFORMATION.

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

                <x>   NEVER COLLECTED **[GO TO B6A]**

                <d>   DON'T KNOW
                <r>   REFUSED

B5.   When did you stop receiving TRA benefits?

RECORD MONTH, DAY, AND YEAR. IF SAMPLE MEMBER CANNOT GIVE EXACT DATE, PROBE FOR BEGINNING (CODE DAY 1), MIDDLE (CODE DAY 15), OR END OF MONTH (CODE DAY 30).

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

<n>   CURRENTLY RECEIVING/DID NOT STOP **[GO TO CATI INSTRUCTIONS BEFORE E11]**

<d>   DON'T KNOW

<r>   REFUSED

B6.   Why did you stop collecting TRA benefits?

<1>   BENEFITS RAN OUT/EXHAUSTED
<2>   RE-EMPLOYED/FOUND A JOB/STARTED OWN BUSINESS
<3>   DID NOT COMPLETE TRAINING
<4>   WAIVER EXPIRED/DISQUALIFIED
<5>   VOLUNTARILY OUT OF LABOR FORCE
<6>   ILLNESS/DISABILITY
<7>   TOO MUCH TROUBLE/HASSLE DEALING WITH/REACHING TAA/TRA/UI OFFICE
<8>   DID NOT WANT TRA ANYMORE
<9>   MOVED
<10>   WAS NOT ELIGIBLE FOR TRA IN THE FIRST PLACE/DENIED BENEFITS/ NEVER COLLECTED
<11>   STILL COLLECTING
<12>   OTHER (SPECIFY) [specify]

_____

<d>   DON'T KNOW
<r>   REFUSED

+---+
| **GO TO E11 CATI INSTRUCTIONS** |
+---+

B6A.   **CATI CHECK: IF B1B = 1 AND NOT TAA SAMPLE THEN ASK B7, ELSE IF TAA SAMPLE AND B1B = 1 THEN ASK B6B, ELSE GO TO E11 CATI INSTRUCTIONS.**

B6B. Have you received TRA or Trade Readjustment Allowances since [fill LAST INTERVIEW DATE]? These are monetary benefits that you may have received after exhausting your basic unemployment insurance.

    <1>   YES **[GO TO B4]**
    <0>   NO, NEVER COLLECTED TRA **[GO TO B7]**

    <d>   DON'T KNOW
    <r>   REFUSED   → **GO TO B4**

B7. When did you stop receiving unemployment insurance benefits? When did your UI benefits run out?

RECORD MONTH, DAY, AND YEAR. IF SAMPLE MEMBER CANNOT GIVE EXACT DATE, PROBE FOR BEGINNING (CODE DAY 1), MIDDLE (CODE DAY 15), OR END OF MONTH (CODE DAY 30).

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

    <n>   CURRENTLY RECEIVING/DID NOT STOP **[GO TO E11 CATI INSTRUCTIONS]**
    <d>   DON'T KNOW
    <r>   REFUSED

B8. Why did you stop collecting unemployment insurance benefits from your initial claim filed around [fill INITIAL CLAIM DATE]?

    <1>   BENEFITS RAN OUT/EXHAUSTED
    <2>   RE-EMPLOYED/FOUND A JOB/STARTED OWN BUSINESS
    <4>   DISQUALIFIED
    <5>   VOLUNTARILY OUT OF LABOR FORCE/WENT TO SCHOOL
    <6>   ILLNESS/DISABILITY
    <7>   TOO MUCH TROUBLE/HASSLE DEALING WITH/REACHING UI OFFICE
    <8>   DID NOT WANT UI ANYMORE
    <9>   MOVED
    <10>   WAS NOT ELIGIBLE FOR UI IN THE FIRST PLACE/DENIED BENEFITS/ NEVER COLLECTED **[TERMINATE INTERVIEW]**
    <11>   STILL COLLECTING
    <12>   OTHER (SPECIFY) [specify]

        _____

    <d>   DON'T KNOW
    <r>   REFUSED

SECTION C OMITTED FROM THE FOLLOW-UP SURVEY

SECTION D – RAPID RESPONSE

SECTION D OMITTED FROM THE FOLLOW-UP SURVEY

PART I OMITTED (E1 – E7)

PART II OMITTED (E8 – E10)

CATI: ASK THIS SECTION OF THE TAA SAMPLE ONLY.

PART III: APPLICATION FOR TAA SERVICES

**CATI: IF BASELINE E11 = 1 OR 2, GO TO F1.
ASK E11 OF TAA SAMPLE WITH BASELINE INTERVIEW E11 = 0, d, r, AND IF
B6B ≠ 1.
IF B6B = 1, GO TO E12.**

E11.   Since [fill LAST INTERVIEW MONTH/YEAR OF COMPLETE], did you complete an
application form to determine your eligibility, or otherwise formally apply for TAA or
TRA services?

PROBE: This date is when you participated in our previous interview.

<1> YES, RESPONDENT APPLIED

<2> YES, EMPLOYER/UNION/STATE REPRESENTATIVE
APPLIED FOR RESPONDENT **(INTERVIEWER NOTE: RESPONDENT
VOLUNTEERS THIS INFORMATION)**

<0> NO

<d> DON'T KNOW   **[GO TO F1]**

<r> REFUSED

E12.   Why did you apply for TAA? What about the program interested you the most?

INTERVIEWER: CODE ALL THAT APPLY

<1>   TRAINING/SCHOOLING

<2>   HCTC (HEALTH CARE TAX CREDIT)

<3>   ATAA (ALTERNATIVE TAA)

<4>   TRA BENEFITS

<5>   JOB SEARCH OR RELOCATION ALLOWANCES

<6>   ALL OF THE ABOVE

<7>   OTHER (SPECIFY) [specify]

_____

<d>   DON'T KNOW

<r>   REFUSED

NO E13 – E20 IN BASELINE

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SECTION F – REEMPLOYMENT SERVICES

F1.   Since [fill LAST INTERVIEW MONTH/YEAR] did you receive any of the following services at a local unemployment office, One-Stop Career Center or other organization providing reemployment services: (INSERT a – g)

CATI: ROTATE START

SERVICES	YES	NO	DON'T KNOW	REFUSED
a. Assistance in searching for work?.................	1	0	d	r
b. Referrals to jobs or employers?....................	1	0	d	r
c. Help with your resume?................................	1	0	d	r
d. Information on how to change careers?........	1	0	d	r
e. Tests to see what jobs you were qualified or suited for?...	1	0	d	r
f. Labor market information about what occupations were in demand in your local area?...	1	0	d	r
g. Information on education or job training programs?..	1	0	d	r

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F2.   Since [fill LAST INTERVIEW DATE], did you ever receive counseling to help you
       determine if training was appropriate?

       <1>   YES
       <0>   NO

       <d>   DON'T KNOW
       <r>   REFUSED

F3.   Did you ever receive counseling to help you select a training program or provider?

       <1>   YES
       <0>   NO ─────────┐
                          │
       <d>   DON'T KNOW ├──► **[GO TO CATI INSTRUCTIONS BEFORE F5]**
       <r>   REFUSED ────┘

F4.   Since [fill LAST INTERVIEW DATE], how many meetings did you have with your
       counselor to help you make a training decision?

       |___|___| # OF MEETINGS

       <d>   DON'T KNOW
       <r>   REFUSED

**CATI: IF ONE OR MORE SERVICES IN F1 ANSWERED "YES," OR F2 OR F3 ANSWERED
"YES," ASK F5. OTHERWISE GO TO F6.**

F5.   Where did you receive the **majority** of these services? Was it at . . .

       CODE ONE ONLY

 <1>   the state unemployment or employment office, One-Stop Career Center,
       or [fill ONE-STOP CENTER NAME],
 <2>   another government agency,
 <3>   your employer,
 <4>   a school, training provider, college or university,
 <5>   a placement agency,
 <6>   Internet, or
 <7>   some other location? [specify]

       _____

 <d>   DON'T KNOW
 <r>   REFUSED

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F6.   Did you receive a letter stating that you needed to participate in a reemployment service to receive unemployment insurance benefits?

 <1>   YES
 <0>   NO

 <d>   DON'T KNOW
 <r>   REFUSED

F7.   Did you receive payment for travel and living expenses while you attended a training program in another area?

        <1>   YES
        <0>   NO
                                    [GO TO F9]
        <d>   DON'T KNOW
        <r>   REFUSED

F8.   How much did you receive in total for this?

        $ |___|,|___|___|___| ROUND TO THE NEAREST DOLLAR AMOUNT

        <d>   DON'T KNOW
        <r>   REFUSED

F9.   Did you receive payment for travel and living expenses while you looked for work in another area?

        <1>   YES
        <0>   NO
                                    [GO TO F11]
        <d>   DON'T KNOW
        <r>   REFUSED

F10.   How much did you receive in total for this?

        $ |___|,|___|___|___| ROUND TO THE NEAREST DOLLAR AMOUNT

        <d>   DON'T KNOW
        <r>   REFUSED

(REV—2/17/05)

F11. Did you receive payment for moving expenses if you got a job in another area?

<1> YES
<0> NO
<d> DON'T KNOW   **[GO TO CATI INSTRUCTIONS BEFORE F13]**
<r> REFUSED

F12. How much did you receive in total for this?

$ |___|,|___|___|___| ROUND TO THE NEAREST DOLLAR AMOUNT

<d> DON'T KNOW
<r> REFUSED

CATI: IF ONE OR MORE SERVICES IN F1 ANSWERED "YES," OR F2 OR F3 ANSWERED "YES," ASK:

F13. Thinking about all the services we've discussed, how helpful (was/were) the service(s) you received in [fill TASK]? Would you say the service(s) (was/were) very helpful, moderately helpful, a little bit helpful, or not at all helpful?

TASKS	VERY HELPFUL	MODERATELY HELPFUL	LITTLE BIT HELPFUL	NOT AT ALL HELPFUL	STILL IN SCHOOL/ TRAINING	DON'T KNOW	REFUSED
a. finding a job?......	4	3	2	1	n	d	r
b. identifying a suitable education or training program?	4	3	2	1	n	d	r

G1.　The next questions are about school or training programs you may have attended since we spoke to you last.

　　Please think about the time since [fill LAST INTERVIEW DATE], about [fill #] year(s) ago.

G2.　**CATI:　CHECK LAST INTERVIEW DATA.　WAS THE SAMPLE MEMBER IN SCHOOL OR TRAINING (G24 = n) ON LAST INTERVIEW DATE?**

　　<1>　　YES
　　<0>　　NO **[GO TO G13]**

　　CATI:　PRIMARY PROGRAM IS THE ONE WHICH WAS ATTENDED FOR THE MOST HOURS (G25 HOURS PER WEEK), IF MORE THAN ONE PROGRAM WAS ATTENDED AT TIME OF THE LAST INTERVIEW.

G3.　The last time we interviewed you in [fill LAST INTERVIEW DATE], we learned that you were attending [fill G22 PRIMARY PROGRAM FROM LAST INTERVIEW].　Is that correct?

　　<1>　　YES
　　<0>　　NO
　　　　　　　　　　　　　　　　　[GO TO G12]
　　<d>　　DON'T KNOW
　　<r>　　REFUSED

G4.　Are you still attending [fill PRIMARY PROGRAM]?

　　<1>　　YES **[GO TO G6]**
　　<0>　　NO

　　<d>　　DON'T KNOW
　　<r>　　REFUSED

G5.　When did you stop attending [fill PRIMARY PROGRAM]?

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

　　<d>　　DON'T KNOW

　　　　　　　　　　　　　　　　　　　　　(REV—2/17/05)

<r>   REFUSED

G6.   **CATI: ENTER THE NAME OF THIS PROGRAM IN G22 IN COLUMN 1, ENTER CODE n IN G23, AND ENTER DATE STOPPED IN G24. ENTER CODE n IN G24 IF STILL ATTENDING THIS SCHOOL OR TRAINING PROGRAM.**

G7.   **CATI: CHECK LAST INTERVIEW DATA. IS THERE A SECOND SCHOOL OR TRAINING PROGRAM OTHER THAN THE PRIMARY PROGRAM LISTED IN G22 WITH G24 = n?**

               <1>   YES
               <0>   NO **[GO TO G19]**

G8.   You were also attending [fill G22 SECONDARY PROGRAM FROM LAST INTERVIEW] when we interviewed you on [fill LAST INTERVIEW DATE]. Is that correct?

               <1>   YES
               <0>   NO

               <d>   DON'T KNOW   → **[GO TO G19]**
               <r>   REFUSED

G9.   Are you still attending [fill SECONDARY PROGRAM]?

               <1>   YES **[GO TO G11]**
               <0>   NO

               <d>   DON'T KNOW
               <r>   REFUSED

G10. When did you stop attending [fill SECONDARY PROGRAM]?

     RECORD: |__|__|/|__|__|/|__|__|__|__|
                MONTH   DAY   YEAR

               <d>   DON'T KNOW
                <r>   REFUSED

G11. **CATI: ENTER THE NAME OF THIS PROGRAM IN G22 IN COLUMN 2, ENTER CODE n IN G23, AND ENTER DATE STOPPED IN G24. ENTER CODE n IN G24 IF STILL ATTENDING THIS SCHOOL OR TRAINING PROGRAM.**

                          GO TO G19

G12.   Were you attending school or a training program on [fill LAST INTERVIEW DATE]?

        <1>   YES **[GO TO G14]**
        <0>   NO

                                [GO TO G19]
        <d>   DON'T KNOW
        <r>   REFUSED

        PROBE: When we interviewed you last year.

G13.   The last time we interviewed you we learned that you were **not** attending school or taking training courses on [fill LAST INTERVIEW DATE]. Is that correct?

        <1>   YES, NOT ATTENDING SCHOOL OR TRAINING **[GO TO G19]**
        <0>   NO, WAS ATTENDING SCHOOL OR TRAINING

        <d>   DON'T KNOW
        <r>   REFUSED   **GO TO G19**

G14.   What school or training program were you attending on [fill LAST INTERVIEW DATE]; what was the name of the program?

        INTERVIEWER: IF MORE THAN ONE, ASK FOR MAIN ONE.

        _____

        <d>   DON'T KNOW
        <r>   REFUSED

G15.   When did you begin attending [fill PROGRAM IN G14]?

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

        <d>   DON'T KNOW
        <r>   REFUSED

G16.   Are you still attending [fill PROGRAM IN G14]?

        <1>   YES **[GO TO G18]**
        <0>   NO

        <d>   DON'T KNOW
        <r>   REFUSED

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G17.   When did you stop attending [fill PROGRAM IN G14]?

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

<d>   DON'T KNOW
<r>   REFUSED

G18.   **CATI: ENTER THE NAME OF THIS PROGRAM IN G22, IN THE NEXT AVAILABLE COLUMN, AND ENTER THE DATES BEGAN AND STOPPED IN G23 AND G24. ENTER CODE n IN G24 IF STILL ATTENDING PROGRAM.**

CATI: USE COLUMNS 1-2 FOR LINKED PROGRAMS. USE COLUMNS 3-7 FOR NEW PROGRAMS.

G19.   Now I'd like to ask you about [fill "other" only for those with linked programs] education and job training programs and courses you may have attended since [fill LAST INTERVIEW DATE]. Please include training programs that helped you learn job skills or prepare for an occupation, as well as general educational programs, such as regular high school, adult basic education or GED courses, and college.

Since we spoke to you around [fill LAST INTERVIEW DATE], did you participate in any (other) education and training programs and courses?

<1>   YES **[GO TO G22]**
<0>   NO

<d>   DON'T KNOW
<r>   REFUSED   **GO TO G20a**

G19a.   **CATI: IF THERE ARE EDUCATION OR TRAINING PROGRAMS NAMED IN G22 AS A RESULT OF ASKING G2 – G18, GO TO G23. IF NOT, ASK G20.**

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G20. Why didn't you participate in any education and training?

        <1>   GOT A JOB/BEGAN WORKING

        <2>   COULD NOT AFFORD TRAINING

        <3>   SUITABLE TRAINING NOT AVAILABLE/
                  COULDN'T GET INTO TRAINING I WANTED

        <4>   NOT INTERESTED/CHOSE NOT TO PARTICIPATE/
                  DID NOT WANT TO PURSUE TRAINING

        <5>   COST/MONEY/FINANCIAL REASONS

        <6>   HEALTH ISSUES/SICK

        <7>   FAMILY ISSUES/CHILD CARE

        <8>   TRANSPORTATION PROBLEMS

        <9>   OTHER (SPECIFY) [specify]

              _____

        <d>   DON'T KNOW

        <r>   REFUSED

<div align="center">

GO TO H1

</div>

G20a. **CATI: ARE THERE EDUCATION OR TRAINING PROGRAMS NAMED IN G22 AS A RESULT OF ASKING G2 – G18?**

        <1>   YES **[GO TO G23]**
        <0>   NO   **[GO TO H1]**

G21 OMITTED

CATI: FILL IN DATA FROM THE G1-G18 SERIES. ALLOW FOR 5 PROGRAMS. ASK G22 ACROSS FIRST, THEN ASK G23-G41 FOR EACH PROGRAM.	#1 (FIRST SCHOOL OR TRAINING PROGRAM SINCE LAST INTERVIEW DATE)	#2 (SECOND SCHOOL OR TRAINING PROGRAM SINCE LAST INTERVIEW DATE)
G22. What (is/are) the name(s) of the training and education program(s) you attended since [fill LAST INTERVIEW DATE], starting with the first one you attended? What's the next program you attended?	_____ _____ _____	_____ _____ _____
G23. When did you <u>start</u> attending [fill PROGRAM/THE FIRST/SECOND] program after [fill LAST INTERVIEW DATE]?	|___|___|/|___|___|/|___|___|___|___| MONTH DAY YEAR ATTENDING ON LAST INTERVIEW DATE..N DON'T KNOW...d REFUSED..r	|___|___|/|___|___|/|___|___|___|___| MONTH DAY YEAR ATTENDING ON LAST INTERVIEW DATE..N DON'T KNOW...d REFUSED..r
G24. And when did you <u>stop</u> attending (the/that) program?	|___|___|/|___|___|/|___|___|___|___| MONTH DAY YEAR STILL IN PROGRAM...................................n DON'T KNOW...d REFUSED..r	|___|___|/|___|___|/|___|___|___|___| MONTH DAY YEAR STILL IN PROGRAM...................................n DON'T KNOW...d REFUSED..r
G25. How many hours per week (did/do) you attend that program? **PROBE:** Include only hours of instruction.	|___|___| HOURS PER WEEK DON'T KNOW...d REFUSED..r	|___|___| HOURS PER WEEK DON'T KNOW...d REFUSED..r
G26. While at [fill G22 NAME] (are/were) you being trained in some skill or occupation, or (are/were) you taking a general education program?	SKILL/OCCUPATION.......(GO TO G28)......1 GENERAL EDUCATION..............................2 DON'T KNOW.................(GO TO G30).......d REFUSED.......................(GO TO G30).......r	SKILL/OCCUPATION.......(GO TO G28)......1 GENERAL EDUCATION..............................2 DON'T KNOW.................(GO TO G30).......d REFUSED.......................(GO TO G30).......r
G27. What kind of general education (are/were) you taking? (Is/Was) it . . . **INTERVIEWER: READ CATEGORIES.** **CODE ONE ONLY**	regular high school,.....................................1 GED classes,...2 ESL-English as a second language,..3 non-credit adult education,...........................4 a two-year program at a community college,.....................................5 a four-year program at a college or university,..6 a graduate or professional program, or...7 something else? (SPECIFY) [specify]..........8 _____ DON'T KNOW...d REFUSED..r **GO TO G29**	regular high school,.....................................1 GED classes,...2 ESL-English as a second language,..3 non-credit adult education,...........................4 a two-year program at a community college,.....................................5 a four-year program at a college or university,..6 a graduate or professional program, or...7 something else? (SPECIFY) [specify]..........8 _____ DON'T KNOW...d REFUSED..r **GO TO G29**
G28. What kind of job (are/were) you being trained for or what (are/were) you learning to do in that program?	_____ _____ _____	_____ _____ _____

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PROBE FOR SPECIFICS.		

#3 (THIRD SCHOOL OR TRAINING PROGRAM SINCE LAST INTERVIEW DATE)	#4 (FOURTH SCHOOL OR TRAINING PROGRAM SINCE LAST INTERVIEW DATE)	#5 (FIFTH SCHOOL OR TRAINING PROGRAM SINCE LAST INTERVIEW DATE)
_____/_____/_____ MONTH DAY YEAR	_____/_____/_____ MONTH DAY YEAR	_____/_____/_____ MONTH DAY YEAR
ATTENDING ON LAST INTERVIEW DATE..N DON'T KNOW.......................................d REFUSED.....................................r	ATTENDING ON LAST INTERVIEW DATE..N DON'T KNOW.......................................d REFUSED.....................................r	ATTENDING ON LAST INTERVIEW DATE..N DON'T KNOW.......................................d REFUSED.....................................r
_____/_____/_____ MONTH DAY YEAR	_____/_____/_____ MONTH DAY YEAR	_____/_____/_____ MONTH DAY YEAR
STILL IN PROGRAM .... n DON'T KNOW .... d REFUSED.......................................r	STILL IN PROGRAM .... n DON'T KNOW .... d REFUSED.......................................r	STILL IN PROGRAM .... n DON'T KNOW .... d REFUSED.......................................r
_____ HOURS PER WEEK DON'T KNOW .... d REFUSED.......................................r	_____ HOURS PER WEEK DON'T KNOW .... d REFUSED.......................................r	_____ HOURS PER WEEK DON'T KNOW .... d REFUSED.......................................r
SKILL/OCCUPATION..(GO TO G28) ....1 GENERAL EDUCATION .... 2 DON'T KNOW.............(GO TO G30) ....d REFUSED...................(GO TO G30)....r	SKILL/OCCUPATION..(GO TO G28) ....1 GENERAL EDUCATION .... 2 DON'T KNOW.............(GO TO G30) ....d REFUSED...................(GO TO G30)....r	SKILL/OCCUPATION..(GO TO G28) ....1 GENERAL EDUCATION .... 2 DON'T KNOW.............(GO TO G30) ....d REFUSED...................(GO TO G30)....r
regular high school, ... 1 GED classes, ... 2 ESL-English as a second language, ... 3 non-credit adult education, ... 4	regular high school, ... 1 GED classes, ... 2 ESL-English as a second language, ... 3 non-credit adult education, ... 4	regular high school, ... 1 GED classes, ... 2 ESL-English as a second language, ... 3 non-credit adult education, ... 4
GO TO G29	GO TO G29	GO TO G29

a two-year program at a community college, ... 5	a two-year program at a community college, ... 5	a two-year program at a community college, ... 5
a four-year program at a college or university, ... 6	a four-year program at a college or university, ... 6	a four-year program at a college or university, ... 6
a graduate or professional program, or 7	a graduate or professional program, or 7	a graduate or professional program, or 7
something else? (SPECIFY) [specify] 8	something else? (SPECIFY) [specify] 8	something else? (SPECIFY) [specify] 8
DON'T KNOW .... d REFUSED...r	DON'T KNOW .... d REFUSED...r	DON'T KNOW .... d REFUSED...r
_____ _____ _____	_____ _____ _____	_____ _____ _____

GO TO G29

	#1 **(FIRST SCHOOL OR TRAINING PROGRAM AFTER JOB END DATE)**	#2 **(SECOND SCHOOL OR TRAINING PROGRAM AFTER JOB END DATE)**
G29. (Are/Were) you attending this program mainly to prepare yourself for a new occupation or mainly to improve yourself in your occupation when you worked at [fill C2/C3 BASELINE COMPANY NAME]?	PREPARE FOR NEW OCCUPATION .... 1 IMPROVE SELF IN OCCUPATION .... 2 NEITHER .... 3 BOTH .... 4 DON'T KNOW .... d REFUSED .... r	PREPARE FOR NEW OCCUPATION .... 1 IMPROVE SELF IN OCCUPATION .... 2 NEITHER .... 3 BOTH .... 4 DON'T KNOW .... d REFUSED .... r
G30. Where (do/did) you go to get that training? **CODE ONE ONLY** **(READ CHOICES IF NECESSARY)**	PRIVATE COMPANY THAT PROVIDES TRAINING? (SPECIFY) [specify] .... 1 COMMUNITY COLLEGE/ 2 YEAR COLLEGE .... 2 4 YEAR COLLEGE OR UNIVERSITY .... 3 VOCATIONAL TRAINING CENTER .... 4 ADULT ED/COMMUNITY SCHOOL/ ADULT HS/NIGHT SCHOOL .... 5 COMMUNITY BASED ORGANIZATION OR OTHER NON-PROFIT PRIVATE AGENCY .... 6 BUSINESS SCHOOL .... 7 COMPANY .... 8 SOME PLACE ELSE? (SPECIFY) [specify]	PRIVATE COMPANY THAT PROVIDES TRAINING? (SPECIFY) [specify] .... 1 COMMUNITY COLLEGE/ 2 YEAR COLLEGE .... 2 4 YEAR COLLEGE OR UNIVERSITY .... 3 VOCATIONAL TRAINING CENTER .... 4 ADULT ED/COMMUNITY SCHOOL/ ADULT HS/NIGHT SCHOOL .... 5 COMMUNITY BASED ORGANIZATION OR OTHER NON-PROFIT PRIVATE AGENCY .... 6 BUSINESS SCHOOL .... 7 COMPANY .... 8 SOME PLACE ELSE? (SPECIFY) [specify]

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	 9	 9
	DON'T KNOW .... d	DON'T KNOW .... d
	REFUSED .... r	REFUSED .... r
G31. How much (does/did) the program cost? **PROBE:** Please provide the cost of program participation, regardless of who paid for it. **PROBE IF ASKED:** Include the cost of books, uniforms, and travel.	$ |__|__|,|__|__|__| DON'T KNOW.......(GO TO G32) ....d REFUSED............(GO TO G32) ....r	$ |__|__|,|__|__|__| DON'T KNOW.......(GO TO G32) ....d REFUSED............(GO TO G32) ....r
G31a. 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] _____

#3	#4	#5
(THIRD SCHOOL OR TRAINING PROGRAM AFTER JOB END DATE)	**(FOURTH SCHOOL OR TRAINING PROGRAM AFTER JOB END DATE)**	**(FIFTH SCHOOL OR TRAINING PROGRAM AFTER JOB END DATE)**

PREPARE FOR NEW OCCUPATION 1	PREPARE FOR NEW OCCUPATION 1	PREPARE FOR NEW OCCUPATION 1
IMPROVE SELF IN OCCUPATION 2	IMPROVE SELF IN OCCUPATION 2	IMPROVE SELF IN OCCUPATION 2
NEITHER 3	NEITHER 3	NEITHER 3
BOTH 4	BOTH 4	BOTH 4
DON'T KNOW .... d	DON'T KNOW .... d	DON'T KNOW .... d
REFUSED .... r	REFUSED .... r	REFUSED .... r

PRIVATE COMPANY THAT PROVIDES TRAINING? (SPECIFY) [specify] 1	PRIVATE COMPANY THAT PROVIDES TRAINING? (SPECIFY) [specify] 1	PRIVATE COMPANY THAT PROVIDES TRAINING? (SPECIFY) [specify] 1
COMMUNITY COLLEGE/ 2 YEAR COLLEGE 2	COMMUNITY COLLEGE/ 2 YEAR COLLEGE 2	COMMUNITY COLLEGE/ 2 YEAR COLLEGE 2
4 YEAR COLLEGE OR UNIVERSITY 3	4 YEAR COLLEGE OR UNIVERSITY 3	4 YEAR COLLEGE OR UNIVERSITY 3
VOCATIONAL TRAINING CENTER 4	VOCATIONAL TRAINING CENTER 4	VOCATIONAL TRAINING CENTER 4
ADULT ED/COMMUNITY SCHOOL/ ADULT HS/NIGHT SCHOOL 5	ADULT ED/COMMUNITY SCHOOL/ ADULT HS/NIGHT SCHOOL 5	ADULT ED/COMMUNITY SCHOOL/ ADULT HS/NIGHT SCHOOL 5
COMMUNITY BASED ORGANIZATION OR OTHER NON-PROFIT PRIVATE AGENCY 6	COMMUNITY BASED ORGANIZATION OR OTHER NON-PROFIT PRIVATE AGENCY 6	COMMUNITY BASED ORGANIZATION OR OTHER NON-PROFIT PRIVATE AGENCY 6
BUSINESS SCHOOL 7	BUSINESS SCHOOL 7	BUSINESS SCHOOL 7
COMPANY 8	COMPANY 8	COMPANY 8
SOME PLACE ELSE? (SPECIFY) [specify]	SOME PLACE ELSE? (SPECIFY) [specify]	SOME PLACE ELSE? (SPECIFY) [specify]

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.... 9	 9	 9
DON'T KNOW .... d	DON'T KNOW .... d	DON'T KNOW .... d
REFUSED .... r	REFUSED .... r	REFUSED .... 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	$ |___|___|,|___|___|___| DON'T KNOW.......(GO TO G32) ....d REFUSED.............(GO TO G32) ....r
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]	**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]

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	#1 (FIRST SCHOOL OR TRAINING PROGRAM AFTER JOB END DATE)	#2 (SECOND SCHOOL OR TRAINING PROGRAM AFTER JOB END DATE)
G32. (Do/Did) you or your family pay for all, some, or none of this training?	PAID FOR ALL.........(GO TO G35).......1 PAID FOR SOME.................................2 PAID FOR NONE.....(GO TO G34)......3 DON'T KNOW......................................d REFUSED...r	PAID FOR ALL.........(GO TO G35).......1 PAID FOR SOME.................................2 PAID FOR NONE.....(GO TO G34)......3 DON'T KNOW......................................d REFUSED...r
G33. How much (do/did) you or your family pay for this training?	$ |__|,|__|__|__| <1> Total cost <2> Semester DK............d <3> Year REF..........r <4> Other	$ |__|,|__|__|__| <1> Total cost <2> Semester DK............d <3> Year REF..........r <4> Other
G34. Who (else) (pays/paid) for this training? **CIRCLE ALL THAT APPLY**	TAA BENEFITS/TRADE ACT...............1 OTHER GOVERNMENT AGENCY.......2 WIA..3 ITA VOUCHER....................................4 EMPLOYER...5 PRIVATE ORGANIZATION OR SCHOLARSHIP FUND..........................6 PELL GRANT......................................7 VA (VETERANS) ASSISTANCE...........8 OTHER? (SPECIFY) [specify]..............9 _____ DON'T KNOW......................................d REFUSED...r	TAA BENEFITS/TRADE ACT...............1 OTHER GOVERNMENT AGENCY.......2 WIA..3 ITA VOUCHER....................................4 EMPLOYER...5 PRIVATE ORGANIZATION OR SCHOLARSHIP FUND..........................6 PELL GRANT......................................7 VA (VETERANS) ASSISTANCE...........8 OTHER? (SPECIFY) [specify]..............9 _____ DON'T KNOW......................................d REFUSED...r
G35. **INTERVIEWER: CHECK G24. IS RESPONDENT STILL IN PROGRAM?**	YES......................(GO TO G41)..........1 NO...0	YES......................(GO TO G41)..........1 NO...0
G36. Did you complete the program? **PROBE:** Did you receive a certificate or degree?	YES..1 NO.......................(GO TO G38)..........0 NO SPECIFIC COMPLETION......(GO TO G40)..........2 DON'T KNOW......................................d REFUSED...r	YES..1 NO.......................(GO TO G38)..........0 NO SPECIFIC COMPLETION......(GO TO G40)..........2 DON'T KNOW......................................d REFUSED...r
G37. Did you receive a certificate, degree or license for completing the [fill PROGRAM/COURSE NAME]?	YES..1 NO...0 DON'T KNOW......................................d REFUSED...r **GO TO G40**	YES..1 NO...0 DON'T KNOW......................................d REFUSED...r **GO TO G40**

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#3 (THIRD SCHOOL OR TRAINING PROGRAM AFTER JOB END DATE)	#4 (FOURTH SCHOOL OR TRAINING PROGRAM AFTER JOB END DATE)	#5 (FIFTH SCHOOL OR TRAINING PROGRAM AFTER JOB END DATE)
PAID FOR ALL.........(GO TO G35).......1 PAID FOR SOME.................................2 PAID FOR NONE.....(GO TO G34).......3 DON'T KNOW.....................................d REFUSED...r	PAID FOR ALL.........(GO TO G35).......1 PAID FOR SOME.................................2 PAID FOR NONE.....(GO TO G34).......3 DON'T KNOW.....................................d REFUSED...r	PAID FOR ALL.........(GO TO G35).......1 PAID FOR SOME.................................2 PAID FOR NONE.....(GO TO G34).......3 DON'T KNOW.....................................d REFUSED...r
$ |___|,|___|___|___| <1> Total cost <2> Semester DK............d <3> Year REF.........r <4> Other	$ |___|,|___|___|___| <1> Total cost <2> Semester DK............d <3> Year REF.........r <4> Other	$ |___|,|___|___|___| <1> Total cost <2> Semester DK............d <3> Year REF.........r <4> Other
TAA BENEFITS/TRADE ACT...............1 OTHER GOVERNMENT AGENCY.......2 WIA...3 ITA VOUCHER....................................4 EMPLOYER...5 PRIVATE ORGANIZATION OR SCHOLARSHIP FUND........................6 PELL GRANT......................................7 VA (VETERANS) ASSISTANCE...........8 OTHER? (SPECIFY) [specify].............9 _____ DON'T KNOW.....................................d REFUSED...r	TAA BENEFITS/TRADE ACT...............1 OTHER GOVERNMENT AGENCY.......2 WIA...3 ITA VOUCHER....................................4 EMPLOYER...5 PRIVATE ORGANIZATION OR SCHOLARSHIP FUND........................6 PELL GRANT......................................7 VA (VETERANS) ASSISTANCE...........8 OTHER? (SPECIFY) [specify].............9 _____ DON'T KNOW.....................................d REFUSED...r	TAA BENEFITS/TRADE ACT...............1 OTHER GOVERNMENT AGENCY.......2 WIA...3 ITA VOUCHER....................................4 EMPLOYER...5 PRIVATE ORGANIZATION OR SCHOLARSHIP FUND........................6 PELL GRANT......................................7 VA (VETERANS) ASSISTANCE...........8 OTHER? (SPECIFY) [specify].............9 _____ DON'T KNOW.....................................d REFUSED...r
YES....................(GO TO G41)..........1 NO...0	YES....................(GO TO G41)..........1 NO...0	YES....................(GO TO G41)..........1 NO...0
YES...1 NO.......................(GO TO G38)..........0 NO SPECIFIC COMPLETION......(GO TO G40)..........2 DON'T KNOW.....................................d REFUSED...r	YES...1 NO.......................(GO TO G38)..........0 NO SPECIFIC COMPLETION......(GO TO G40)..........2 DON'T KNOW.....................................d REFUSED...r	YES...1 NO.......................(GO TO G38)..........0 NO SPECIFIC COMPLETION......(GO TO G40)..........2 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
GO TO G40	**GO TO G40**	**GO TO G40**

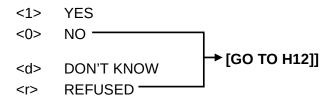|	#1 (FIRST SCHOOL OR TRAINING PROGRAM AFTER JOB END DATE)	#2 (SECOND SCHOOL OR TRAINING PROGRAM AFTER JOB END DATE)
G38. What was the main reason that you stopped attending (the/that) program? **CODE ONE ONLY**	NOT INTERESTED/DIDN'T LIKE PROGRAM...................................1 DIDN'T THINK IT WOULD HELP TO FIND JOB..2 FOUND JOB/REEMPLOYED................3 STARTED (OTHER) SCHOOL/ TRAINING...4 DECIDED DIDN'T WANT JOB..............5 ILLNESS/PREGNANCY........................6 CHILD CARE/FAMILY TRANSPORTATION/ LOGISTICAL PROBLEMS....................7 PERSONAL PROBLEMS......................8 POOR GRADES...................................9 COULDN'T AFFORD TO CONTINUE .... 10 COURSES OR PROGRAM POORLY TAUGHT .... 11 OTHER? (SPECIFY) [specify] .... 12 _____ DON'T KNOW.......................................d REFUSED..r	NOT INTERESTED/DIDN'T LIKE PROGRAM...................................1 DIDN'T THINK IT WOULD HELP TO FIND JOB..2 FOUND JOB/REEMPLOYED................3 STARTED (OTHER) SCHOOL/ TRAINING...4 DECIDED DIDN'T WANT JOB..............5 ILLNESS/PREGNANCY........................6 CHILD CARE/FAMILY TRANSPORTATION/ LOGISTICAL PROBLEMS....................7 PERSONAL PROBLEMS......................8 POOR GRADES...................................9 COULDN'T AFFORD TO CONTINUE .... 10 COURSES OR PROGRAM POORLY TAUGHT .... 11 OTHER? (SPECIFY) [specify] .... 12 _____ DON'T KNOW.......................................d REFUSED..r
G39. **NO QUESTION G39 IN THIS VERSION.**		
G40. How useful is (the/that) program to you in your current job? Is it useful, somewhat useful, or is it not useful?	USEFUL...1 SOMEWHAT USEFUL...........................2 NOT USEFUL...3 TOO SOON TO KNOW.........................4 NO CURRENT JOB...............................n DON'T KNOW.......................................d REFUSED..r	USEFUL...1 SOMEWHAT USEFUL...........................2 NOT USEFUL...3 TOO SOON TO KNOW.........................4 NO CURRENT JOB...............................n DON'T KNOW.......................................d REFUSED..r
G41. **INTERVIEWER: CHECK G22. IS THERE ANOTHER PROGRAM?**	YES.................(GO TO G23)................1 NO...................(GO TO H1)..................0	YES................(GO TO G23)................1 NO...................(GO TO H1)..................0

#3	#4	#5
(THIRD SCHOOL OR TRAINING PROGRAM AFTER JOB END DATE)	**(FOURTH SCHOOL OR TRAINING PROGRAM AFTER JOB END DATE)**	**(FIFTH SCHOOL OR TRAINING PROGRAM AFTER JOB END DATE)**
NOT INTERESTED/DIDN'T LIKE PROGRAM......................1	NOT INTERESTED/DIDN'T LIKE PROGRAM......................1	NOT INTERESTED/DIDN'T LIKE PROGRAM......................1
DIDN'T THINK IT WOULD HELP TO FIND JOB........................2	DIDN'T THINK IT WOULD HELP TO FIND JOB........................2	DIDN'T THINK IT WOULD HELP TO FIND JOB........................2
FOUND JOB/REEMPLOYED...............3	FOUND JOB/REEMPLOYED...............3	FOUND JOB/REEMPLOYED...............3
STARTED (OTHER) SCHOOL/ TRAINING.....................................4	STARTED (OTHER) SCHOOL/ TRAINING.....................................4	STARTED (OTHER) SCHOOL/ TRAINING.....................................4
DECIDED DIDN'T WANT JOB.............5	DECIDED DIDN'T WANT JOB.............5	DECIDED DIDN'T WANT JOB.............5
ILLNESS/PREGNANCY........................6	ILLNESS/PREGNANCY........................6	ILLNESS/PREGNANCY........................6
CHILD CARE/FAMILY TRANSPORTATION/ LOGISTICAL PROBLEMS...................7	CHILD CARE/FAMILY TRANSPORTATION/ LOGISTICAL PROBLEMS...................7	CHILD CARE/FAMILY TRANSPORTATION/ LOGISTICAL PROBLEMS...................7
PERSONAL PROBLEMS.....................8	PERSONAL PROBLEMS.....................8	PERSONAL PROBLEMS.....................8
POOR GRADES.................................9	POOR GRADES.................................9	POOR GRADES.................................9
COULDN'T AFFORD TO CONTINUE 10	COULDN'T AFFORD TO CONTINUE 10	COULDN'T AFFORD TO CONTINUE 10
COURSES OR PROGRAM POORLY TAUGHT 11	COURSES OR PROGRAM POORLY TAUGHT 11	COURSES OR PROGRAM POORLY TAUGHT 11
OTHER? (SPECIFY) [specify] 12	OTHER? (SPECIFY) [specify] 12	OTHER? (SPECIFY) [specify] 12
DON'T KNOW......................................d	DON'T KNOW......................................d	DON'T KNOW......................................d
REFUSED..r	REFUSED..r	REFUSED..r
USEFUL...1	USEFUL...1	USEFUL...1
SOMEWHAT USEFUL.........................2	SOMEWHAT USEFUL.........................2	SOMEWHAT USEFUL.........................2
NOT USEFUL.......................................3	NOT USEFUL.......................................3	NOT USEFUL.......................................3
TOO SOON TO KNOW........................4	TOO SOON TO KNOW........................4	TOO SOON TO KNOW........................4
NO CURRENT JOB.............................n	NO CURRENT JOB.............................n	NO CURRENT JOB.............................n
DON'T KNOW......................................d	DON'T KNOW......................................d	DON'T KNOW......................................d
REFUSED..r	REFUSED..r	REFUSED..r
YES.................(GO TO G23)...............1	YES.................(GO TO G23)...............1	YES................(GO TO G23)...............1
NO..................(GO TO H1).................0	NO..................(GO TO H1).................0	NO..................(GO TO H1).................0

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SECTION H – JOBS SINCE PRE-CLAIM JOB

H1.   The next questions are about jobs you may have had since we spoke to you last. Please think about the time since [fill LAST INTERVIEW DATE], when we interviewed you about [fill #] year(s) ago.

H2.   **CATI: CHECK LAST INTERVIEW DATE. WAS THE SAMPLE MEMBER WORKING [H1 = 1] ON LAST INTERVIEW DATE?**

        <1>   YES
        <0>   NO **[GO TO H13]**

        CATI: PRIMARY EMPLOYER IS THE ONE NAMED IN H5, JOB 1 IN PRIOR INTERVIEW. SECONDARY EMPLOYER IS THE SECOND ONE NAMED IN H5, JOB 2 OF PRIOR INTERVIEW.

H3.   The last time we interviewed you we learned that you were working at [fill PRIMARY EMPLOYER]. Is that correct?

        <1>   YES
        <0>   NO
        <d>   DON'T KNOW   → **[GO TO H12]]**
        <r>   REFUSED

H4.   Are you still working at [fill PRIMARY EMPLOYER]?

        <1>   YES **[GO TO H6]**
        <0>   NO

        <d>   DON'T KNOW
        <r>   REFUSED

H5.   When did you stop working at [fill PRIMARY EMPLOYER]?

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

        <d>   DON'T KNOW
        <r>   REFUSED

H6.   **CATI: ENTER THE NAME OF THIS JOB IN H24 IN COLUMN 1. ENTER CODE n IN H25 AND ENTER DATE STOPPED IN H26. ENTER CODE n IN H26 IF STILL WORKING WITH THIS EMPLOYER.**

H7.   **CATI: CHECK LAST INTERVIEW DATA. IS THERE A SECOND EMPLOYER LISTED IN H5?**

    <1>   YES
    <0>   NO **[GO TO H19]**

H8.   You were also working at [fill SECONDARY EMPLOYER] the last time we interviewed you on [fill LAST INTERVIEW DATE]. Is that correct?

    <1>   YES
    <0>   NO

    <d>   DON'T KNOW   **[GO TO H19]]**
    <r>   REFUSED

H9.   Are you still working for that employer?

    <1>   YES **[GO TO H11]**
    <0>   NO

    <d>   DON'T KNOW
    <r>   REFUSED

H10.   When did you stop working for [fill SECONDARY EMPLOYER]?

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

    <d>   DON'T KNOW
    <r>   REFUSED

H11.   **CATI: ENTER THE NAME OF THIS EMPLOYER IN H24 IN COLUMN 2, AND ENTER THE DATE STOPPED IN H26. ENTER CODE n IN H26 IF STILL AT THIS JOB.**

<div align="center">

┌────────────────────────┐
│   **GO TO H19**   │
└────────────────────────┘

</div>

             (REV—2/18/05)

H12.   Were you working on [fill LAST INTERVIEW DATE]?

   PROBE: When we interviewed you last year?

   <1>   YES **[GO TO H14]**
   <0>   NO
   <d>   DON'T KNOW
   <r>   REFUSED
   → [GO TO H19]]

H13.   The last time we interviewed you, we learned that you were **not** working on [fill LAST INTERVIEW DATE]. Is that correct?

   <1>   YES, WAS NOT WORKING **[GO TO H19]**
   <0>   NO, WAS WORKING

   <d>   DON'T KNOW
   <r>   REFUSED
   → GO TO H19

H14.   Where were you working then; what was the name of your employer?

   _____

   <d>   DON'T KNOW
   <r>   REFUSED

H15.   When did you begin working at [fill EMPLOYER IN H14]?

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

   <d>   DON'T KNOW
   <r>   REFUSED

H16.   Are you still working for [fill EMPLOYER FROM H14]?

   <1>   YES **[GO TO H18]**
   <0>   NO

   <d>   DON'T KNOW
   <r>   REFUSED

(REV—2/17/05)

H17.   When did you stop working for [fill EMPLOYER FROM H14]?

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

<d>   DON'T KNOW

<r>   REFUSED

H18.   **CATI: ENTER THE NAME OF THIS EMPLOYER IN H24 IN THE NEXT AVAILABLE
        COLUMN, AND ENTER THE DATES BEGAN AND STOPPED IN H25 AND
        H26. ENTER CODE n IN H26 IF STILL AT JOB.**

        ┌─────────────────────────┐
        │   **GO TO H19**   │
        └─────────────────────────┘

        **CATI: USE COLUMNS 1-2 FOR LINKED JOBS. USE COLUMNS 3-7 FOR NEW
        JOBS.**

H19.   The next questions are about [fill "other" only for those with linked jobs] jobs you've held
        since [fill LAST INTERVIEW DATE]. Please include part-time and full-time jobs, and
        jobs in which you were self-employed. Have you had any (other) jobs since [fill LAST
        INTERVIEW DATE]?

        <1>   YES **[GO TO H22]**

        <0>   NO

        <d>   DON'T KNOW

        <r>   REFUSED

H20.   **CATI: ARE THERE ANY JOBS LISTED IN H24 AS A RESULT OF ASKING H2 –
H18?**

        <1>   YES **[GO TO H24]**

        <0>   NO **[GO TO H43b]**

        <d>   DON'T KNOW

        <r>   REFUSED

H22.   How many different jobs have you had since [fill LAST INTERVIEW DATE]? [if any
linked jobs: Please do not include the job(s) you had at [fill LAST INTERVIEW DATE] that you
just mentioned].

        (1 – 10)

        |___||___| # OF JOBS SINCE LAST INTERVIEW

        <d>   DON'T KNOW

        <r>   REFUSED

H21 and H23 OMITTED

CATI: FILL IN DATA FROM H1 - H18 SERIES. ALLOW FOR 5 JOBS. ASK H24 ACROSS FIRST. THEN ASK H25 – H43 FOR EACH PROGRAM	JOB 1	JOB 2
H24. Please tell me the name of the (other) companies, organizations, and people you've worked for since your job ended around [fill JOB END DATE], starting with the most recent job that you had. H24A. What's the next job you had since [fill LAST INTERVIEW DATE]?	JOB 1 - (SPECIFY) [specify]...................1 _____ DON'T KNOW...d REFUSED..r **TREAT A JOB INTERRUPTED BY TWO OR MORE UNPAID WEEKS AS SEPARATE JOBS, <u>EVEN IF IT IS WITH THE SAME EMPLOYER</u>. IF SEPARATION IS LESS THAN TWO WEEKS, TREAT AS ONE JOB.**	JOB 2 - (SPECIFY) [specify]...................1 _____ DON'T KNOW...d REFUSED..r **TREAT A JOB INTERRUPTED BY TWO OR MORE UNPAID WEEKS AS SEPARATE JOBS, <u>EVEN IF IT IS WITH THE SAME EMPLOYER</u>. IF SEPARATION IS LESS THAN TWO WEEKS, TREAT AS ONE JOB.**
H25. When did you <u>start</u> working for [fill JOB NAME]? **RECORD MONTH, DAY, AND YEAR. IF SAMPLE MEMBER CANNOT GIVE EXACT DATE, PROBE FOR BEGINNING (CODE DAY 1), MIDDLE (CODE DAY 15), OR END OF MONTH (CODE DAY 30).**	|___|___| / |___|___| / |___|___|___|___| MONTH DAY YEAR WORKING AT JOB ON LAST INTERVIEW DATE...................................n DON'T KNOW...d REFUSED..r	|___|___| / |___|___| / |___|___|___|___| MONTH DAY YEAR WORKING AT JOB ON LAST INTERVIEW DATE...................................n DON'T KNOW...d REFUSED..r
H26. When did that job <u>end</u>? **RECORD MONTH, DAY, AND YEAR. IF SAMPLE MEMBER CANNOT GIVE EXACT DATE, PROBE FOR BEGINNING (CODE DAY 1), MIDDLE (CODE DAY 15), OR END OF MONTH (CODE DAY 30).**	|___|___| / |___|___| / |___|___|___|___| MONTH DAY YEAR STILL WORKING AT JOB......................n DON'T KNOW...d REFUSED..r	|___|___| / |___|___| / |___|___|___|___| MONTH DAY YEAR STILL WORKING AT JOB......................n DON'T KNOW...d REFUSED..r

(REV—2/18/05)

JOB 3	JOB 4	JOB 5
JOB 3 - (SPECIFY) [specify] 1	JOB 4 - (SPECIFY) [specify] 1	JOB 5 - (SPECIFY) [specify] 1
_____	_____	_____
DON'T KNOW .... d	DON'T KNOW .... d	DON'T KNOW .... d
REFUSED...r	REFUSED...r	REFUSED...r
TREAT A JOB INTERRUPTED BY TWO OR MORE UNPAID WEEKS AS SEPARATE JOBS, <u>EVEN IF IT IS WITH THE SAME EMPLOYER</u>. IF SEPARATION IS LESS THAN TWO WEEKS, TREAT AS ONE JOB.	**TREAT A JOB INTERRUPTED BY TWO OR MORE UNPAID WEEKS AS SEPARATE JOBS, <u>EVEN IF IT IS WITH THE SAME EMPLOYER</u>. IF SEPARATION IS LESS THAN TWO WEEKS, TREAT AS ONE JOB.**	**TREAT A JOB INTERRUPTED BY TWO OR MORE UNPAID WEEKS AS SEPARATE JOBS, <u>EVEN IF IT IS WITH THE SAME EMPLOYER</u>. IF SEPARATION IS LESS THAN TWO WEEKS, TREAT AS ONE JOB.**
|___|___| / |___|___| / |___|___|___|___| MONTH DAY YEAR WORKING AT JOB ON LAST INTERVIEW DATE .... n	|___|___| / |___|___| / |___|___|___|___| MONTH DAY YEAR WORKING AT JOB ON LAST INTERVIEW DATE .... n	|___|___| / |___|___| / |___|___|___|___| MONTH DAY YEAR WORKING AT JOB ON LAST INTERVIEW DATE .... n
DON'T KNOW .... d	DON'T KNOW .... d	DON'T KNOW .... d
REFUSED...r	REFUSED...r	REFUSED...r
|___|___| / |___|___| / |___|___|___|___| MONTH DAY YEAR STILL WORKING AT JOB .... n	|___|___| / |___|___| / |___|___|___|___| MONTH DAY YEAR STILL WORKING AT JOB .... n	|___|___| / |___|___| / |___|___|___|___| MONTH DAY YEAR STILL WORKING AT JOB .... n
DON'T KNOW .... d	DON'T KNOW .... d	DON'T KNOW .... d
REFUSED...r	REFUSED...r	REFUSED...r

	JOB 1	JOB 2
H33. How did you find (this/that) job? **PROBE:** How did you hear about it? **CODE ONE ONLY**	RECALL BY FORMER EMPLOYER.....1 STATE EMPLOYER AGENCY/ STATE JOB SERVICE..........................2 PRIVATE EMPLOYMENT AGENCY.....3 FRIENDS AND RELATIVES.................4 WANT ADS...5 DIRECTLY WITH EMPLOYER.............6 UNION...7 SELF-EMPLOYED...............................8 THROUGH SCHOOL............................9 INTERNET, INTERNET JOB SERVICE, TV.......................................10 OTHER (SPECIFY) [specify].................11 _____ DON'T KNOW.......................................d REFUSED...r	RECALL BY FORMER EMPLOYER.....1 STATE EMPLOYER AGENCY/ STATE JOB SERVICE..........................2 PRIVATE EMPLOYMENT AGENCY.....3 FRIENDS AND RELATIVES.................4 WANT ADS...5 DIRECTLY WITH EMPLOYER.............6 UNION...7 SELF-EMPLOYED...............................8 THROUGH SCHOOL............................9 INTERNET, INTERNET JOB SERVICE, TV.......................................10 OTHER (SPECIFY) [specify].................11 _____ DON'T KNOW.......................................d REFUSED...r
H34. What kind of company is [fill JOB]—what do they make, sell, or do?	(SPECIFY) [specify]................................1 _____ DON'T KNOW.......................................d REFUSED...r	(SPECIFY) [specify]................................1 _____ DON'T KNOW.......................................d REFUSED...r
H36. What (do/did) you do there—what (is/was) your job? **PROBE:** What (are/were) your most important duties at (this/that) job?	(SPECIFY) [specify]................................1 _____ DON'T KNOW.......................................d REFUSED...r	(SPECIFY) [specify]................................1 _____ DON'T KNOW.......................................d REFUSED...r
H37. (Do/Did) you belong to a union on this job?	YES..1 NO..0 DON'T KNOW.......................................d REFUSED...r	YES..1 NO..0 DON'T KNOW.......................................d REFUSED...r

(REV—2/18/05)

JOB 3	JOB 4	JOB 5
RECALL BY FORMER EMPLOYER.....1	RECALL BY FORMER EMPLOYER.....1	RECALL BY FORMER EMPLOYER.....1
STATE EMPLOYER AGENCY/ STATE JOB SERVICE.........................2	STATE EMPLOYER AGENCY/ STATE JOB SERVICE.........................2	STATE EMPLOYER AGENCY/ STATE JOB SERVICE.........................2
PRIVATE EMPLOYMENT AGENCY.....3	PRIVATE EMPLOYMENT AGENCY.....3	PRIVATE EMPLOYMENT AGENCY.....3
FRIENDS AND RELATIVES.................4	FRIENDS AND RELATIVES.................4	FRIENDS AND RELATIVES.................4
WANT ADS..5	WANT ADS..5	WANT ADS..5
DIRECTLY WITH EMPLOYER.............6	DIRECTLY WITH EMPLOYER.............6	DIRECTLY WITH EMPLOYER.............6
UNION...7	UNION...7	UNION...7
SELF-EMPLOYED...............................8	SELF-EMPLOYED...............................8	SELF-EMPLOYED...............................8
THROUGH SCHOOL...........................9	THROUGH SCHOOL...........................9	THROUGH SCHOOL...........................9
INTERNET, INTERNET JOB SERVICE, TV 10	INTERNET, INTERNET JOB SERVICE, TV 10	INTERNET, INTERNET JOB SERVICE, TV 10
OTHER (SPECIFY) [specify] 11	OTHER (SPECIFY) [specify] 11	OTHER (SPECIFY) [specify] 11
DON'T KNOW......................................d	DON'T KNOW......................................d	DON'T KNOW......................................d
REFUSED...r	REFUSED...r	REFUSED...r
(SPECIFY) [specify] 1	(SPECIFY) [specify] 1	(SPECIFY) [specify] 1
DON'T KNOW .... d REFUSED...r	DON'T KNOW .... d REFUSED...r	DON'T KNOW .... d REFUSED...r
(SPECIFY) [specify] 1	(SPECIFY) [specify] 1	(SPECIFY) [specify] 1
DON'T KNOW .... d REFUSED...r	DON'T KNOW .... d REFUSED...r	DON'T KNOW .... d REFUSED...r
YES 1	YES 1	YES 1

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

		JOB 1	JOB 2
H38.	How many hours per week, including regular overtime hours (do/did) you **usually** work on (this/that) job?	|__|__|__| # HOURS PER WEEK DON'T KNOW..d REFUSED...r	|__|__|__| # HOURS PER WEEK DON'T KNOW..d REFUSED...r
H39.	How much (are/were) you making before taxes and other deductions (when you left that job)? Please include tips, commissions, bonuses, and regular overtime. **INTERVIEWER: ACCEPT MOST CONVENIENT PAY PERIOD. IF NECESSARY, CONFIRM PAY PERIOD.**	$ |__|__|__|,|__|__|__|.|__|__| ENTER TIME PERIOD: PER HOUR...1 PER WEEK..2 ONCE EVERY TWO WEEKS...............3 TWICE A MONTH................................4 PER MONTH...5 PER YEAR...6 IN-KIND ONLY.....................................7 OTHER (SPECIFY) [specify]................8 _____ NOT YET PAID.....................................n DON'T KNOW..d REFUSED...r	$ |__|__|__|,|__|__|__|.|__|__| ENTER TIME PERIOD: PER HOUR...1 PER WEEK..2 ONCE EVERY TWO WEEKS...............3 TWICE A MONTH................................4 PER MONTH...5 PER YEAR...6 IN-KIND ONLY.....................................7 OTHER (SPECIFY) [specify]................8 _____ NOT YET PAID.....................................n DON'T KNOW..d REFUSED...r
H40.	(Are/Were) any of the following benefits available to you at [fill JOB]? **INTERVIEWER: IF BENEFITS WILL BE AVAILABLE TO SAMPLE MEMBER AFTER A STANDARD PROBATIONARY PERIOD, CODE YES, EVEN IF NOT USED.**	YES NO DK RF a. Health insurance or membership in an HMO or PPO plan?.............................1 0 d r b. Paid vacation?...............1 0 d r c. Paid holidays?...............1 0 d r d. Paid sick leave?............1 0 d r e. Retirement or pension benefits?..........1 0 d r	YES NO DK RF a. Health insurance or membership in an HMO or PPO plan?.............................1 0 d r b. Paid vacation?...............1 0 d r c. Paid holidays?...............1 0 d r d. Paid sick leave?............1 0 d r e. Retirement or pension benefits?..........1 0 d r
H40A.	**INTERVIEWER: CHECK H7. IS CODE "n," STILL AT JOB, CIRCLED?**	YES................(GO TO NEXT JOB OR CATI INSTRUCTIONS BEFORE H44)................1 NO..0	YES................(GO TO NEXT JOB OR CATI INSTRUCTIONS BEFORE H44)................1 NO..0

(REV—2/17/05)

JOB 3	JOB 4	JOB 5
|__|__|__| # HOURS PER WEEK	|__|__|__| # HOURS PER WEEK	|__|__|__| # HOURS PER WEEK
DON'T KNOW..d REFUSED..r	DON'T KNOW..d REFUSED..r	DON'T KNOW..d REFUSED..r
$ |__|__|__|,|__|__|__|.|__|__|	$ |__|__|__|,|__|__|__|.|__|__|	$ |__|__|__|,|__|__|__|.|__|__|
ENTER TIME PERIOD:	ENTER TIME PERIOD:	ENTER TIME PERIOD:
PER HOUR...1 PER WEEK...2 ONCE EVERY TWO WEEKS...............3 TWICE A MONTH................................4 PER MONTH...5 PER YEAR...6 IN-KIND ONLY.......................................7 OTHER (SPECIFY) [specify]................8 _____ NOT YET PAID.......................................n DON'T KNOW..d REFUSED..r	PER HOUR...1 PER WEEK...2 ONCE EVERY TWO WEEKS...............3 TWICE A MONTH................................4 PER MONTH...5 PER YEAR...6 IN-KIND ONLY.......................................7 OTHER (SPECIFY) [specify]................8 _____ NOT YET PAID.......................................n DON'T KNOW..d REFUSED..r	PER HOUR...1 PER WEEK...2 ONCE EVERY TWO WEEKS...............3 TWICE A MONTH................................4 PER MONTH...5 PER YEAR...6 IN-KIND ONLY.......................................7 OTHER (SPECIFY) [specify]................8 _____ NOT YET PAID.......................................n DON'T KNOW..d REFUSED..r

YES NO DK
RF
 	
a. Health insurance or
   membership in an
   HMO or PPO
   plan?..............................1   0   d
   r
 	
b. Paid vacation?...............1   0   d
   r
 	
c. Paid holidays?...............1   0   d
   r
 	
d. Paid sick leave?............1   0   d
   r
 	
e. Retirement or
   pension benefits?..........1   0   d
   r
	YES NO DK
	RF
	
	a. Health insurance or
	   membership in an
	   HMO or PPO
	   plan?..............................1 0 d
	   r
	
	b. Paid vacation?...............1 0 d
	   r
	
	c. Paid holidays?...............1 0 d
	   r
	
	d. Paid sick leave?............1 0 d
	   r
	
	e. Retirement or
	   pension benefits?..........1 0 d
	   r
		YES NO DK
		RF
		
		a. Health insurance or
		   membership in an
		   HMO or PPO
		   plan?..............................1 0 d
		   r
		
		b. Paid vacation?...............1 0 d
		   r
		
		c. Paid holidays?...............1 0 d
		   r
		
		d. Paid sick leave?............1 0 d
		   r
		
		e. Retirement or
		   pension benefits?..........1 0 d
		   r

YES...............(GO TO NEXT
    JOB OR CATI INSTRUCTIONS
       BEFORE H19)................1
 	
NO...0
	YES...............(GO TO NEXT
	    JOB OR CATI INSTRUCTIONS
	       BEFORE H19.................1
	
	NO...0
		YES...............(GO TO NEXT JOB OR
		    CATI INSTRUCTIONS
		       BEFORE H44)................1
		
		NO...0

	JOB 1	JOB 2
H41. Why did you stop working at that job—were you laid off, did you quit, retire, were you fired, or was there some other reason? **INTERVIEWER:** LAID OFF INCLUDES JOB COMPLETED/ TEMP. WORK/SEASONAL WORK/WORK PERIOD ENDED/REORGANIZATION/ DOWNSIZING/COMPANY SOLD/ COMPANY MOVED/COMPANY WENT OUT OF BUSINESS/END OF TERM IN SERVICE/ENLISTMENT UP.	LAID OFF...1 QUIT...2 RETIRED...3 FIRED...4 ILLNESS/PREGNANCY/ LEAVE OF ABSENCE............................5 STRIKE...6 INJURY ON JOB.....................................7 OTHER (SPECIFY) [specify]..................8 _____ DON'T KNOW..d REFUSED...r	LAID OFF...1 QUIT...2 RETIRED...3 FIRED...4 ILLNESS/PREGNANCY/ LEAVE OF ABSENCE............................5 STRIKE...6 INJURY ON JOB.....................................7 OTHER (SPECIFY) [specify]..................8 _____ DON'T KNOW..d REFUSED...r
H42. Did you look for work after that job ended?	YES..1 NO...0 DON'T KNOW..d REFUSED...r	YES..1 NO...0 DON'T KNOW..d REFUSED...r
H43. **CATI: DID RESPONDENT HAVE MORE THAN ONE JOB?**	YES................(GO TO H25)...................1 NO..................(GO TO H43a CATI INSTRUCTIONS)............0	YES...............(GO TO H25)...................1 NO..................(GO TO H43a CATI INSTRUCTIONS)............0
H43a. **CATI CHECK: IF THERE ARE ANY JOBS LISTED IN THE GRID BUT H26 NEVER = n, GO TO H43c.**		

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JOB 3	JOB 4	JOB 5
LAID OFF 1	LAID OFF 1	LAID OFF 1
QUIT 2	QUIT 2	QUIT 2
RETIRED 3	RETIRED 3	RETIRED 3
FIRED 4	FIRED 4	FIRED 4
ILLNESS/PREGNANCY/ LEAVE OF ABSENCE 5	ILLNESS/PREGNANCY/ LEAVE OF ABSENCE 5	ILLNESS/PREGNANCY/ LEAVE OF ABSENCE 5
STRIKE 6	STRIKE 6	STRIKE 6
INJURY ON JOB 7	INJURY ON JOB 7	INJURY ON JOB 7
OTHER (SPECIFY) [specify] 8	OTHER (SPECIFY) [specify] 8	OTHER (SPECIFY) [specify] 8
DON'T KNOW .... d REFUSED..r	DON'T KNOW .... d REFUSED..r	DON'T KNOW .... d REFUSED..r
YES .... 1 NO .... 0 DON'T KNOW .... d REFUSED..r	YES .... 1 NO .... 0 DON'T KNOW .... d REFUSED..r	YES .... 1 NO .... 0 DON'T KNOW .... d REFUSED..r
YES...............(GO TO H25) ....1 NO.................(GO TO H43a CATI INSTRUCTIONS)	YES...............(GO TO H25) ....1 NO.................(GO TO H43a CATI INSTRUCTIONS)	YES...............(GO TO H25) ....1 NO.................(GO TO H43a CATI INSTRUCTIONS)

| 0 | 0 | 0 |

	JOB 1	JOB 2
H43b. What are you currently doing?	GOING TO SCHOOL/PARTICIPATING IN AN EDUCATION OR TRAINING PROGRAM...1 LOOKING FOR WORK...........................2 CARING FOR CHILDREN/OTHER FAMILY MEMBERS................................3 ILL/DISABLED.......................................4 RETIRED...5 NOT LOOKING FOR WORK..................6 NOTHING...7 OTHER (SPECIFY) [specify]..................8 _____ DON'T KNOW..d REFUSED..r **GO TO CATI INSTRUCTIONS BEFORE H44**	GOING TO SCHOOL/PARTICIPATING IN AN EDUCATION OR TRAINING PROGRAM...1 LOOKING FOR WORK...........................2 CARING FOR CHILDREN/OTHER FAMILY MEMBERS................................3 ILL/DISABLED.......................................4 RETIRED...5 NOT LOOKING FOR WORK..................6 NOTHING...7 OTHER (SPECIFY) [specify]..................8 _____ DON'T KNOW..d REFUSED..r **GO TO CATI INSTRUCTIONS BEFORE H44**
H43c. Based on what you've told me, it appears that you are not currently working. What are you currently doing?	GOING TO SCHOOL/PARTICIPATING IN AN EDUCATION OR TRAINING PROGRAM...1 LOOKING FOR WORK...........................2 CARING FOR CHILDREN/OTHER FAMILY MEMBERS................................3 ILL/DISABLED.......................................4 RETIRED...5 NOT LOOKING FOR WORK..................6 NOTHING...7 OTHER (SPECIFY) [specify]..................8 _____ I AM CURRENTLY WORKING...............9 DON'T KNOW..d REFUSED..r	GOING TO SCHOOL/PARTICIPATING IN AN EDUCATION OR TRAINING PROGRAM...1 LOOKING FOR WORK...........................2 CARING FOR CHILDREN/OTHER FAMILY MEMBERS................................3 ILL/DISABLED.......................................4 RETIRED...5 NOT LOOKING FOR WORK..................6 NOTHING...7 OTHER (SPECIFY) [specify]..................8 _____ I AM CURRENTLY WORKING...............9 DON'T KNOW..d REFUSED..r

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H44. As part of the Alternative TAA or ATAA program, instead of retraining, you might have been eligible to receive a wage supplement at your job. Since [fill LAST INTERVIEW DATE], did you apply for this benefit?

        <1>   YES **[GO TO H45]**

        <0>   NO

        <d>   DON'T KNOW   **[GO TO CATI INSTRUCTIONS BEFORE H47]**

        <r>   REFUSED

H45. Did you receive the wage supplement?

        <1>   YES

        <0>   NO

        <d>   DON'T KNOW   **[GO TO J1]**

        <r>   REFUSED

H46. Since [fill LAST INTERVIEW DATE], how much did you receive in total?

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

        <d>   DON'T KNOW

        <r>   REFUSED

GO TO J1

H47. Why didn't you apply?

    CODE ALL THAT APPLY:

        <1>   NOT ENOUGH MONEY TO BE WORTHWHILE

        <2>   WANTED TRAINING

        <3>   COULD NOT FIND A JOB

        <4>   OTHER (SPECIFY) [specify]

    _____

        <d>   DON'T KNOW

        (REV—2/17/05)

<r>	REFUSED

SECTION I OMITTED FROM THE FOLLOW-UP SURVEY

J1.   Now I have some general questions. Are you currently married, living together unmarried, separated, divorced, widowed, or have you never been married?

CODE ONE ONLY

<1>   MARRIED
<2>   LIVING TOGETHER UNMARRIED
<3>   SEPARATED
<4>   DIVORCED
<5>   WIDOWED
<6>   NEVER MARRIED   **[GO TO K9]**

<d>   DON'T KNOW
<r>   REFUSED

J2.   Is your (spouse/partner) currently working for pay?

<1>   YES
<0>   NO

<d>   DON'T KNOW   **[GO TO K9]**
<r>   REFUSED

J3.   Currently, how many hours per week does your (spouse/partner) work?

(1 – 120)

|__|__|

<d>   DON'T KNOW
<r>   REFUSED

J4.   Currently, how much does your (spouse/partner) usually make before taxes and other deductions? Please include tips, commissions, bonuses, and regular overtime.

$ |__|__|__|,|__|__|__|.|__|__| **PER . . .**

<1>   HOUR
<2>   WEEK
<3>   MONTH
<4>   ONCE EVERY TWO WEEKS
<5>   TWICE A MONTH
<6>   YEAR
<n>   NOT YET PAID

<d>   DON'T KNOW

<r>   REFUSED

K1 – K6 OMITTED

HOUSING

K7. Do you (and your (spouse/partner)) currently own the residence where you live?

    <1>   YES **[GO TO K9]**

    <0>   NO

    <d>   DON'T KNOW

    <r>   REFUSED

K8. Do you rent, do you live rent-free, or do you have some other kind of arrangement?

CODE ONE ONLY

    <1>   RENTED (INCLUDING RENT PAID
             TO ANOTHER HOUSEHOLD MEMBER)

    <2>   OCCUPIED RENT FREE

    <3>   OCCUPIED FOR SERVICES

    <4>   PUBLIC HOUSING

    <5>   OTHER (SPECIFY) [specify]

           _____

    <d>   DON'T KNOW

    <r>   REFUSED

K9.   The next questions are about *other* sources of income and support besides unemployment benefits that you may have received **since** [fill LAST INTERVIEW DATE]. These questions will go very quickly.

   PENSION

   Since [fill LAST INTERVIEW DATE], did you or anyone else in your household receive pension benefits from a private or government employer or from a 401K or IRA account?

   <1>   YES
   <0>   NO
   <d>   DON'T KNOW   **[GO TO K12]**
   <r>   REFUSED

K10.   Since [fill LAST INTERVIEW DATE], for approximately how many months did you receive pension benefits?

   |___|___| # OF MONTHS

   <1>   ALL THE MONTHS

   <d>   DON'T KNOW
   <r>   REFUSED

K11.   How much was received each month since [fill LAST INTERVIEW DATE]?

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

   $ |___|___|,|___|___|___| PER MONTH

   <d>   DON'T KNOW
   <r>   REFUSED

FOOD STAMP BENEFITS

K12. **READ STEM IF NECESSARY:** Since [fill LAST INTERVIEW DATE], did you or anyone else in your household receive . . .

food stamp benefits?

<1>   YES
<0>   NO
                        [GO TO K15]
<d>   DON'T KNOW
<r>   REFUSED

K13. Since [fill LAST INTERVIEW DATE], for approximately how many months did you or anyone else in your household receive food stamp benefits?

|___|___| # OF MONTHS

<1>   ALL THE MONTHS

<d>   DON'T KNOW
<r>   REFUSED

K14. How much was received each month since [fill LAST INTERVIEW DATE]?

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

$ |___|___|,|___|___|___| PER MONTH

<d>   DON'T KNOW
<r>   REFUSED

65   (REV—2/18/05)

CASH ASSISTANCE

K15. **READ STEM IF NECESSARY:** Since [fill LAST INTERVIEW DATE], did you or anyone else in your household receive . . .

Cash assistance from [fill LOCAL TANF NAME] or welfare, Supplemental Security Income (SSI), Social Security Retirement, Disability, or Survivors Benefits (SSA) or General Assistance (GA)?

<1>   YES
<0>   NO
<d>   DON'T KNOW   **[GO TO K18]**
<r>   REFUSED

K16. Since [fill LAST INTERVIEW DATE], for approximately how many months did you or anyone else in your household receive cash assistance?

|___|___| # OF MONTHS

<1>   ALL THE MONTHS

<d>   DON'T KNOW
<r>   REFUSED

K17. How much was received each month since [fill LAST INTERVIEW DATE]?

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

$ |___|___|,|___|___|___| PER MONTH

<d>   DON'T KNOW
<r>   REFUSED

(REV—2/17/05)

K18. What was the total income for you and all the members of your household, before taxes and other deductions in [fill INTERVIEW YEAR-1]? Please include all of the sources of income we've talked about, plus any others you may have had.

PROBE, IF NEEDED: Include sources such as self-employment, regular jobs, and earnings from odd side jobs, under-the-table jobs, and other activities, social security, pensions, rent, interest and dividends, unemployment compensation, welfare, other public assistance, food stamps, child support, and money from any other sources. Your best estimate is fine.

$ |__|__|__|,|__|__|__| **[GO TO L1]**   <1>   PER MONTH

                                                <2>   PER YEAR

<d>   DON'T KNOW ⌐
<r>   REFUSED ────┘→ **ASK K19**

INTERVIEWER: ACCEPT A "DON'T KNOW" ANSWER WITHOUT PRESSING RESPONDENT FOR AN ANSWER. GO TO RANGES TO GET INCOME AMOUNT.

K19. Would you say your household income in [fill INTERVIEW YEAR-1] was less than $30,000 or $30,000 or more?

<1>   LESS THAN $30,000 **[GO TO K21]**
<2> $30,000 OR MORE

<d>   DON'T KNOW
<r>   REFUSED

K20. Would you say it was . . .

<1> $30,000 to under $45,000,

<2> $45,000 to under $60,000,

<3> $60,000 to under $75,000,

<4> $75,000 to under $90,000,

<5> $90,000 to under $105,000, or

<6> $105,000 or more?

<d>   DON'T KNOW

<r>   REFUSED

GO TO L1

67   (REV—2/18/05)

K21.   Would you say it was . . .

                                                      <1>   less than $5,000,

                                                      <2> $5,000 to under $10,000,

       <3> $10,000 to under $15,000,

       <4> $15,000 to under $20,000,

       <5> $20,000 to under $25,000, or

       <6> $25,000 to under $30,000?

       <d>   DON'T KNOW

       <r>   REFUSED

(REV—2/17/05)

L1.   Now I have some questions about your health and health care insurance.

Would you say your health in general is . . .

    <1>   excellent,

    <2>   good,

    <3>   fair, or

    <4>   poor?

    <d>   DON'T KNOW

    <r>   REFUSED

L2 OMITTED

L3.   Do you have a physical, emotional, or other health condition that <u>limits</u> the amount of work you could do?

    <1>   YES

    <0>   NO

    <d>   DON'T KNOW   **[GO TO L7]**

    <r>   REFUSED

L4. What kind of work-limiting health problems do you have? Do you have . . . **(READ a – e)**

	YES	NO	DON'T KNOW	REFUSED
a. a physical disability or illness?....................................	1	0	d	r
b. an emotional or mental health problem?......................	1	0	d	r
c. a problem with drugs or alcohol?................................	1	0	d	r
d. a learning disability?...	1	0	d	r
e. any other problems? (SPECIFY) [specify]..................	1	0	d	r

_____

CATI: FOR EACH "YES" ANSWER IN L4, ASK:

L5. For how long have you had this problem?

INTERVIEWER: IF RESPONDENT SAYS "MY WHOLE LIFE," ENTER R's AGE AS NUMBER AND CODE "3" FOR YEARS.

	NUMBER	INDICATE: WEEKS	MONTHS	YEARS	DON'T KNOW	REFUSED
a. A physical disability or illness?......................	|__|__|	1	2	3	d	r
b. An emotional or mental health problem?.......	|__|__|	1	2	3	d	r
c. A problem with drugs or alcohol?..................	|__|__|	1	2	3	d	r
d. A learning disability?....................................	|__|__|	1	2	3	d	r
e. Any other problems? (SPECIFY) [specify]…	|__|__|	1	2	3	d	r

_____

(REV—2/17/05)

HEALTH INSURANCE COVERAGE

L6 OMITTED

L7.   Have you been covered by health insurance at any time since [fill LAST INTERVIEW DATE]?

          <1>   YES

          <0>   NO

          <d>   DON'T KNOW   → **[GO TO CATI INSTRUCTIONS BEFORE L11**

          <r>   REFUSED

L8.   Were you covered by health insurance for the entire period since [fill LAST INTERVIEW DATE]?

          <1>   YES **[GO TO L10]**

          <0>   NO

          <d>   DON'T KNOW

          <r>   REFUSED

L9.   Since [fill LAST INTERVIEW DATE], for approximately how many months were you covered by health insurance?

          |___|___| NUMBER OF MONTHS

          <1>   ALL THE MONTHS

          <d>   DON'T KNOW

          <r>   REFUSED

L10. Since [fill LAST INTERVIEW DATE], what was the main type of health insurance or health coverage that you had?

READ IF NECESSARY.

    <1>   A HEALTH INSURANCE PLAN FROM YOUR
                  CURRENT OR FORMER EMPLOYER, UNION, OR SCHOOL,

    <2>   A HEALTH INSURANCE PLAN FROM YOUR SPOUSE'S
                  CURRENT OR FORMER EMPLOYER, UNION, OR SCHOOL,

    <3>   A HEALTH INSURANCE PLAN BOUGHT ON YOUR OWN,
                  INCLUDING THOSE FROM PROFESSIONAL ASSOCIATIONS,

    <4>   A HEALTH INSURANCE PLAN PROVIDED BY SOMEONE
                  WHO DOES NOT LIVE IN YOUR HOUSEHOLD,

    <5>   MEDICARE, THE HEALTH INSURANCE PLAN FOR PEOPLE
                  65 YEARS OLD AND OLDER OR PERSONS WITH CERTAIN
                  DISABILITIES,

    <6>   MEDICAID, THE GOVERNMENT ASSISTANCE PROGRAM
                  THAT PAYS FOR HEALTH CARE,

    <7>   ANOTHER STATE SPECIFIC PLAN,

    <8>   VA, CHAMPUS, CHAMP-VA, TRICARE, OR SOME
                  OTHER MILITARY CARE, OR

    <9>   INDIAN HEALTH SERVICE?

  <10>   OTHER (SPECIFY) [specify]

                _____

    <d>   DON'T KNOW
    <r>   REFUSED

CATI: ASK L11 - L13 ONLY OF THE TAA SAMPLE MEMBERS WHO APPLIED FOR TAA BASELINE E11 = 1, OR FOLLOW-UP E11 = 1.

L11.   Under the TAA program, you might have been eligible for a federal Health Coverage Tax Credit or HCTC, equal to 65 percent of the premiums you would pay for qualified health coverage for you and your family members. Since [fill LAST INTERVIEW DATE], did you apply for a Health Coverage Tax Credit?

   PROBE: A Health Coverage Tax Credit provided to those eligible for TAA services.

   <1>   YES **[GO TO L14]**
   <0>   NO

   <d>   DON'T KNOW
   <r>   REFUSED

L12 OMITTED

L13. Why didn't you apply for a Health Coverage Tax Credit?

READ IF NECESSARY.

    <1>   NOT ELIGIBLE FOR THE TAX CREDIT

    <2>   DESIRED HEALTH PLAN WAS NOT A QUALIFIED PLAN

    <3>   ALREADY HAD HEALTH COVERAGE THROUGH MEDICARE

    <4>   ALREADY HAD HEALTH COVERAGE THROUGH MEDICAID OR S-CHIP

    <5>   ALREADY HAD HEALTH COVERAGE FROM FORMER EMPLOYER

    <6>   ALREADY HAD HEALTH COVERAGE FROM SPOUSE'S EMPLOYER

    <7>   DESIRED HEALTH PLAN WAS STILL TOO EXPENSIVE, EVEN AFTER TAX CREDIT

    <8>   PROGRAM RULES WERE TOO COMPLICATED/DID NOT UNDERSTAND THEM

    <9>   WORRIED WOULD NOT GET REIMBURSED

   <10>   DIDN'T THINK THE TAX CREDITS WOULD LAST LONG ENOUGH
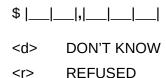
   <11>   OTHER (SPECIFY) [specify]

    _____

    <d>   DON'T KNOW
    <r>   REFUSED

GO TO L16
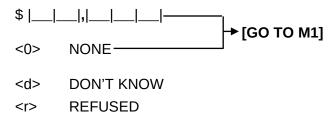
L14. Did you ever receive a Health Coverage Tax Credit?

<1> YES

<0> NO

<d> DON'T KNOW   **[GO TO L17]**

<r> REFUSED

L15. About how much was the tax credit that you received?

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

<d> DON'T KNOW

<r> REFUSED

L16. During the past 12 months, about how much did (you/your family) spend out-of-pocket for medical care? Do not include the cost of dental care, health insurance premiums, or any costs that were paid by your health insurance.

   PROBE: Your best estimate is fine.

   PROBE: Include out-of-pocket expenses for prescription drugs, co-payments, and deductibles, but do not include health insurance premiums, dental costs, or any other costs paid by your health insurance.

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

<0> NONE   **[GO TO M1]**

<d> DON'T KNOW

<r> REFUSED

L17. Would you say you spent . . .

<0> nothing,

<1> less than $500,

<2> $500 to $1,999,

<3> $2,000 to $2,999,

<4> $3,000 to $4,999, or

<5> $5,000 or more?

<d> DON'T KNOW

<r> REFUSED

(REV—2/18/05)

M1.   We're almost finished. I just have a few final questions. What was the highest diploma
      or degree you currently have?

   <0>   NONE

   <1>   LESS THAN HIGH SCHOOL GRADUATE

   <2>   HIGH SCHOOL DIPLOMA

   <3>   HIGH SCHOOL EQUIVALENCY/GED

   <4>   VOCATIONAL/TECHNICAL/BUSINESS

   <5>   ASSOCIATE'S (2 YEARS)

   <6>   BACHELOR'S (4 YEARS)

   <7>   MASTERS

   <8>   DOCTORATE/Ph.D.

   <9>   SOME COLLEGE

   <10>   OTHER (SPECIFY) [specify]

   _____

   <d>   DON'T KNOW

   <r>   REFUSED

┌─────────────────────────┐
│ **M2 – M9 OMITTED**   │
└─────────────────────────┘

SECTION N – HOUSEHOLD SIZE AND NUMBER OF CHILDREN

N1.   How many people, including yourself, currently live or stay with you?

      PROBE: Please include people who were temporarily away, for example, at school or in the hospital and people not related to you.

      (1-20)

      |___|___| PEOPLE IN HOUSEHOLD

      <d>   DON'T KNOW ⎫
      <r>   REFUSED   ⎬→ **[GO TO O1]**

N2.   Currently, how many children under 18 are financially dependent upon you?

      (0-20)

      |___|___| # CHILDREN UNDER 18

      <d>   DON'T KNOW
      <r>   REFUSED

N3.   Currently, how many children or other dependents 18 years of age or <u>OLDER</u> do you support?

      |___|___| # CHILDREN/DEPENDENTS 18 OR OLDER

      <d>   DON'T KNOW
      <r>   REFUSED

O1.   Now I would like you to think back to [fill LAST INTERVIEW DATE]. According to my
      information, you lived in [fill STATE] at that time. Is that correct?

      <1>   YES ➝ **[GO TO O3]**
      <0>   NO

      <d>   DON'T KNOW
      <r>   REFUSED

O2.   In what state did you live?

      STATE NAME: _____

      <d>   DON'T KNOW
      <r>   REFUSED

O3.   Since then, have you lived, worked, or gone to school or training in a different state or
      country?

      <1>   YES
      <0>   NO

      <d>   DON'T KNOW   ➝ **[GO TO P1]**
      <r>   REFUSED

O4.   In what (other) states or countries have you lived, worked, or gone to school in since
      [fill LAST INTERVIEW DATE]?

      PROBE: Do not include vacations or short visits.

      OTHER (SPECIFY) [specify]

      STATE/COUNTRY 1:_____

      STATE/COUNTRY 2:_____

      STATE/COUNTRY 3:_____

      STATE/COUNTRY 4:_____

      <d>   DON'T KNOW
      <r>   REFUSED

(REV—2/17/05)

P1.   I would like to thank you for participating in the survey. We plan to contact you again next year and I need to know how to get in touch with you.

P2.	**INTERVIEWER: IF TELEPHONE NUMBER NOT KNOWN WITH CERTAINTY, ASK IF TELEPHONE NUMBER KNOWN WITH CERTAINTY?** (What is/Is TELEPHONE NUMBER) your telephone number?	TELEPHONE NUMBER SAME AS SAMPLE INFORMATION...............................1 NEW TELEPHONE NUMBER: |__|__|__|-|__|__|__|-|__|__|__|__| NO TELEPHONE...0 DON'T KNOW..d REFUSED...r
P3.	Is that number listed in your name or is it in someone else's?	SAMPLE MEMBER'S.......................................1 → **GO TO P11** OTHER'S...2
P4.	Whose telephone is it?	_____ → **GO TO P7** Name DON'T KNOW..d REFUSED...r
P5.	What is (his/her/their) address?	_____ _____ House Number/Street Name Apt. # _____ _____ _____ City State Zip Code SAME AS SAMPLE MEMBER'S.......................1 DON'T KNOW..d REFUSED...r

P6.	What is (his/her/their) relationship to you?	A. SPOUSE/PARTNER..............................1 B. MOTHER...2 C. FATHER...3 D. SISTER..4 E. BROTHER..5 F. GRANDMOTHER.................................6 G. GRANDFATHER..................................7 H. AUNT..8 I. UNCLE..9 J. FRIEND..10 K. OTHER (SPECIFY).............................11 _____ DON'T KNOW..d REFUSED...r **GO TO P11**
P7.	Can you give me a number where you can be reached, perhaps a cell phone number?	NEW TELEPHONE NUMBER: |__|__|__|-|__|__|__|__|-|__|__|__|__| NO TELEPHONE...0 **GO TO P11** DON'T KNOW..d REFUSED..r **GO TO P11**
P8.	Whose telephone is that?	 _____ NAME DON'T KNOW..d REFUSED..r
P9.	What is (his/her/their) address?	 _____ _____ HOUSE NUMBER/STREET NAME APT. # _____ _____ _____ CITY STATE ZIP CODE DON'T KNOW..d REFUSED..r

(REV—2/17/05)

P10. What is (his/her/their) relationship to you? **CODE ALL THAT APPLY**	A. SPOUSE/PARTNER...............................1 B. MOTHER...2 C. FATHER..3 D. SISTER...4 E. BROTHER...5 F. GRANDMOTHER...................................6 G. GRANDFATHER....................................7 H. AUNT..8 I. UNCLE..9 J. FRIEND..10 K. OTHER (SPECIFY)...............................11 _____ DON'T KNOW..d REFUSED..r
P11. In order to mail you your check, I need your correct address. Please give me your permanent address and telephone number. **PROBE:** What is the apartment number?	_____ _____ HOUSE NUMBER/STREET NAME APT. # _____ _____ _____ CITY STATE ZIP CODE PHONE NUMBER: |__|__|__|-|__|__|__|-|__|__|__|__| DON'T KNOW...d REFUSED..r

P12.	What is the name, address, and telephone number of a relative who will know how to contact you a year from now?	**OTHER RELATIVE'S NAME, ADDRESS, AND TELEPHONE NUMBER**
		_____
		OTHER RELATIVE'S FULL NAME
	PROBE FOR FULL NAMES, INCLUDING MIDDLE INITIALS.	
		_____ _____
		HOUSE NUMBER/STREET NAME APT. #
	PROBE FOR SPOUSES' NAMES.	
		_____ _____ _____
		CITY STATE ZIP CODE
		PHONE NUMBER: |__|__|__|-|__|__|__|-|__|__|__|__|
		_____
		SPOUSE'S NAME (IF APPLICABLE)
		_____
		RELATIONSHIP TO SAMPLE MEMBER
		DON'T KNOW..d
		REFUSED...r
		DOES NOT HAVE OTHER RELATIVES..........0
		SAME AS SAMPLE MEMBER'S......................s
		NO OTHER CONTACTS................................n

This is the end of the interview. Thank you very much for your time and cooperation.

Interviewer:_____

Date: _____

TIME ENDED: \|__\|__\|:\|__\|__\| AM/PM

ELAPSED TIME: \|__\|__\|:\|__\|__\| AM/PM
                                HOUR   MINUTE

(REV—2/17/05)

(REV—2/18/05)